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TRANSCRIPT

Transcript Details

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Personalizing Treatment in Moderate-to-Severe Psoriasis

Announcer:
Welcome to *DermConsult* on ReachMD. On this episode, we'll hear from Dr. James Song, who's a clinical instructor at the University of Washington, as well as the Co-Chief Medical Officer and Director of Clinical Research at Frontier Dermatology. He'll be discussing how we can approach treatment selection for patients with moderate-to-severe psoriasis. Here's Dr. Song now.

Dr. Song:
We are very fortunate to have many good systemic treatment options for moderate-to-severe plaque psoriasis. We have a number of very effective biologic classes, like TNF inhibitors, IL-12/23 inhibitors, and IL-17 and 23 inhibitors. I think the vast majority of us are probably using an IL-17 or IL-23 inhibitor just because of the superior efficacy and safety compared to some of our predecessors.

When you look at the oral space, that has been somewhat stagnant for quite some time. But over the last few years, we've built upon some of our older traditional immunosuppressant agents, including the PDE4 inhibitor. We also have a novel TYK2 inhibitor, and most recently, we got a IL-23 peptide that you can take orally as well. So we have a lot of options for these patients, and really it's going to come down to patient preference—whether they like to prioritize the way you take the medication versus the dosing frequency, the speed of onset, or the ability to address some of the other comorbidities that are more common with our psoriasis patients.

So as more targeted therapies become available, we have to come up with a more systematic way of approaching treatment selection. For me, I always start with, is there a medication class that a patient can't be on because they have some type of medical condition that could be potentially worsened by my treatment? So for example, if a patient has multiple sclerosis, I would avoid a TNF inhibitor. If a patient has inflammatory bowel disease, I'd probably avoid an IL-17 inhibitor.

But beyond that, I want to look at, do they have other medical conditions then that I can treat together with a single agent? So going back to the IBD example, I might prefer an IL-23 inhibitor in that patient because they could treat both conditions. If a patient has psoriatic arthritis and they have axial disease, I might prefer an IL-17 inhibitor.

Beyond that though, it's really going to come down to patient preference—whether they want to be on an oral medication or an injectable and what they prioritize. Do they prioritize the speed of onset? Do they prioritize the dosing frequency?

And then, and I hate to say this, coverage is also very important. Sometimes that's the most important thing when we decide on a medication.

I also think that the location of involvement can be important. So in a patient who has what we call these high-impact sites, like the scalp, palmoplantar skin, or nail disease, certain classes may perform a little bit better. Specifically, IL-17s and oral small molecule inhibitors like oral JAK inhibitors seem to perform the best in some of these tougher to treat areas. Not to say you can't use the other classes of medications, but that would be my preference if I had the choice.

Announcer:
That was Dr. James Song discussing key considerations in treatment selection for moderate-to-severe psoriasis. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!