

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/dermconsult/treatment-success-psoriasis/39693/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Redefining Treatment Success in Psoriasis

Announcer:

This is *DermConsult* on ReachMD. On this episode, we'll hear from Dr. Steven Feldman, a Professor of Dermatology at Wake Forest University School of Medicine in Winston-Salem. He'll be discussing how treatment goals in psoriasis have evolved. Here's Dr. Feldman now.

Dr. Feldman:

The treatment goals in psoriasis have evolved over the last decade and longer. I started taking care of psoriasis more than three decades ago, and the goal was to get the psoriasis better to make people's lives more livable. The treatments have become so much more effective and so much safer than what we had back when I started, and the goals now are to get people basically completely clear on the one hand.

But on the other hand, the goal that I use in the clinic hasn't really changed. My goal is having a happy patient, and I think we're able to do that more easily and more effectively now than ever before. Now, along with that, we can look at the goals of success in clinical trials. A couple decades ago, even ten years ago, the goal was to see if patients had success, which was defined in clinical trials as having a 75 percent improvement in the Psoriasis Area Severity Index. This is not exactly the same as 75 percent improvement in disease, but it's a 75 percent improvement in that score. As treatments have become more and more effective, we've moved towards clinical trials using maybe 90 percent improvement in the Psoriasis Area and Severity Index as an outcome, or maybe even getting to completely clear of psoriasis as the primary outcome.

In some ways, it doesn't really matter which of these outcomes you use in clinical trials because they all will help you get the drug approved as long as you prove that you're more effective than placebo. But these more stringent endpoints are better for distinguishing between two highly effective drugs. So for example, when the first IL-17 inhibitors came out, they were rip-roaringly effective. Now we have an IL-17 blocker that blocks even more of the IL-17, and if you just looked at low levels of success, they would appear pretty similar. When you look at high complete clearing, that's where you can distinguish the newest treatments from the ones that were pretty good already.

Announcer:

That was Dr. Steven Feldman sharing insights on treatment goals in 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!