

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/frontlines-psoriasis/scalp-psoriasis-care-when-should-systemic-therapy-be-considered/32438/>

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Scalp Psoriasis Care: When Should Systemic Therapy Be Considered?

Announcer:

This is *On the Frontlines of Psoriasis* on ReachMD. On this episode, we'll hear from Dr. Andrew Blauvelt, who's a dermatologist and clinical researcher with a focus on innovative treatments for psoriasis. He'll be sharing key factors that can help determine when a systemic therapy like deucravacitinib should be considered for patients with scalp psoriasis. Here's Dr. Blauvelt now.

Dr. Blauvelt:

So if you're encountering a patient who has scalp psoriasis, in my view, you should consider deucravacitinib. To me, it's an excellent choice. Now, we know that the drug is approved "only in patients with moderate-to-severe plaque psoriasis," and in the trials, that was patients who had a body surface area of 10 percent or more. Now, that's the classic entry criteria for all systemic drugs for psoriasis except for apremilast. So apremilast has recently gotten approval in more mild cases of psoriasis or with more limited body surface area.

I am a strong believer that we should be using systemic therapies for psoriasis like deucravacitinib in cases other than 10 percent of body surface area or more. I've done work recently with the International Psoriasis Council, an international group of world experts, and our recommendation is to treat patients with low BSA or limited BSA with a systemic therapy if they have involvement of a high-impact site or a special area, and we consider the scalp a high-impact site or a special area in psoriasis. So I always tell the anecdote regarding this topic about a patient I was seeing one time who had severe scalp psoriasis, and she was miserable. And really, when we looked at the rest of her body, she didn't have any other psoriasis, and so, technically, she had 4 percent BSA and would not have qualified for a clinical trial with an oral drug or a biologic because of the low body surface area. And I commented to her, and I used the word "mild," because she did not have 10 percent body surface area. So I said, "Well, you only have mild psoriasis," and of course, she's sitting there with a head full of horrible scalp psoriasis. She looked at me, and she almost punched me. She almost punched me when I said the word "mild." And from that point on—maybe that was 10, 12 years ago—I have not used the word "mild" when patients have low BSA psoriasis that is very problematic or very severe.

So I've really tried to practice and teach that you can treat patients with a pill, like deucravacitinib, or you can treat patients with a biologic that don't have 10 percent body surface area; that should not be the be-all and end-all for using a systemic therapy. You treat the patient who's sitting in front of you, and if they have severe involvement of the scalp, for example, or the nails or the genitals, that patient is definitely a candidate for systemic therapy. And so we put that in writing. The International Psoriasis Council now recommends treating patients with pills and shots who have a low body surface area if they have special area involvement that is moderate to severe.

Announcer:

That was Dr. Andrew Blauvelt talking about when we should consider systemic therapies like deucravacitinib for patients with scalp psoriasis. To access this and other episodes in our series, visit *On the Frontlines of Psoriasis* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!