

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-treatment-examining-deucravacitinibs-efficacy-and-safety/32429/>

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Scalp Psoriasis Treatment: Examining Deucravacitinib's Efficacy and Safety

Announcer:

You're listening to *On the Frontlines of Psoriasis* on ReachMD. On this episode, we'll learn about the efficacy and safety of deucravacitinib for scalp psoriasis with Dr. Andrew Blauvelt, who's a dermatologist and clinical researcher with a focus on innovative treatments for psoriasis. Let's hear from him now.

Dr. Blauvelt:

So deucravacitinib is the newest oral drug available for treatment of moderate-to-severe plaque psoriasis. It was approved several years ago based upon the strength of the phase III clinical studies, and in those studies, it was compared to another common oral drug, apremilast, and placebo during the trials. And what we found was that deucravacitinib was superior to both placebo and apremilast in those trials.

Now, of interest today and to this topic is the fact that many patients did well with their scalp during the trial. They had clearance of their scalp psoriasis during those clinical studies. So what the company and the investigators decided to do was a subset analysis to look at the patients who had a particularly severe scalp psoriasis within those phase III clinical trials, and what we saw in that subset analysis was that indeed our assumptions were correct—patients with scalp psoriasis who were in those phase III trials did very well. And so we decided to publish a separate paper, which we did last year in the *Journal of the American Academy of Dermatology*, on the subset analysis of how the scalp did with deucravacitinib. And, of course, we had the comparisons with apremilast and placebo. And in that study, we saw 64 percent of patients actually achieve what we call a scalp-specific IgA0 or 1, which translates to clear scalp or almost clear scalp in about 2/3 of the patients treated with deucravacitinib. And by contrast, we saw that same number in about 38 percent of patients treated with the apremilast. And so this is over a 16-week period—again, about 2/3 versus about 38 percent with the apremilast.

Deucravacitinib is a TYK2 inhibitor, and we know that TYK2 is a member of the JAK family. And we also know that there are many JAK inhibitors that have been approved by the FDA for a variety of different diseases. Now, when we look at what I call “classic” JAK inhibitors, they inhibit other members of the JAK family: JAK 1, 2, and 3. And TYK2 inhibitors, such as deucravacitinib—which is the only TYK2 inhibitor—specifically just inhibits that one particular JAK member, TYK2, and does not interfere at all with JAK 1, 2, and 3. And so when we inhibit TYK2, we're not inducing broad immune suppression; we're not inducing hematologic effects like we would with classic JAK inhibitors. So it's a completely novel kind of JAK inhibitor, and indeed, the FDA now has considered deucravacitinib a new class of medicine, and it is not lumping deucravacitinib with the other classic JAK inhibitors but actually giving it its own designation of a selective TYK2 inhibitor.

Now, what side effects do we see? First of all, usually nothing. There may be a small signal—1 to 2 percent at most—of herpes virus reactivation, so rarely, we might see herpes zoster or herpes simplex, but the signal is very low and that's about it. We don't see blood test problems. We don't really see a need for blood test monitoring. Just a side note: We do suggest testing for TB prior to using deucravacitinib because of the potential to be involved in TB reactivation because one of the cytokines is interleukin 12, which can potentially interfere with TB.

So the overall message is that deucravacitinib is very safe. Do a TB test prior, but very few cases if anything go on in the TB area; there's no blood test monitoring, no blood clots, no increased death, and no increased cancer that we would see with classic JAK inhibitors, so the overall news is very good for safety of deucravacitinib.

Announcer:

That was Dr. Andrew Blauvelt talking about the efficacy and safety of deucravacitinib for 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!