

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/psoriasis-whats-beneath-surface/is-complete-skin-clearance-the-answer-to-psoriasis/10504/>

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Is Complete Skin Clearance the Answer to Psoriasis?

Announcer:

This is ReachMD, and you're listening to *Psoriasis: What's Beneath the Surface*, sponsored by Lilly.

On this episode, titled, *What Complete Skin Clearance Means to Patients*, we will hear from Dr. Stefan Weiss from Hollywood, Florida.

Dr. Weiss:

I guess the important part of that question is what is truly complete skin clearance in terms of its meaningfulness. So I'll give you an example. I have a patient on treatment for about a decade at this point, and he has 1 residual plaque on his knee, and he has had 1 residual plaque on his knee from almost the beginning of when the biologic he was put on started to work. He is thrilled. I mean, he went from 12%, 15% body surface area to that single plaque. He wouldn't meet the definition of complete skin clearance because there is that residual plaque, but I'm not necessarily certain that I would change his therapy based on that.

And so I think that complete skin clearance, although nice, is not necessarily the ultimate goal. I think you want to have the good majority of the skin clear. I think there will always be times when individuals with plaque psoriasis will have certain flares that can be usually addressed topically, especially if these

are flares occurring on a systemic medicine, but I'm not convinced that we should rule out certain therapies simply because they don't achieve "complete skin clearance" at the same ratio as others in clinical trials. I think it's very important to go case by case and see how meaningful the response is to the individual patient, because in the end, what we're trying to do is make our patients satisfied, and there are a lot of things that will go into that. For some, it's convenience. For some, it's they want an oral. For some, they don't mind taking a shot. For those who want a shot, some don't mind twice a month. Others may want it once every 3 months. And with each of those choices come pluses and minuses, so the therapies that may be more convenient or less convenient or safer on aggregate or less safe on aggregate—again, depending on how one defines that from the standpoint of a package insert—may or may not provide "complete skin clearance." So I think that that should just be 1 variable that's taken into consideration when we address our patient holistically.

Announcer:

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