Treatment Goals for Plaque Psoriasis: Treat to Target

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Treat to Target: Patient Cases
Case 1

- 54 year old male with 25 year history of psoriasis.
- Previously treated with adalimumab and etanercept.
- Initially cleared with both agents but over time lost efficacy and each of these medications were discontinued.
- Most recent medication was stopped 4 month prior to this visit.
- Now presents with worsening psoriasis.
- Denies joint symptoms or GI symptoms.
- Exam was remarkable for widespread erythematous plaques with overlying silvery scaling of the scalp, chest, abdomen, back, right and left arms and legs.
- BSA 20%.
Case 1

**Physician plan:** Start patient on secukinumab 300 mg as per protocol.

**F/u evaluation at 3 months post initiation:** BSA 1%

**Physician response:** Continue therapy secukinumab 300 mg once monthly & f/u 6 months
Case 2

• 62 year old female with psoriasis of 5 years duration and new onset psoriatic arthritis.
• Has previously used only topical steroids with limited benefit. PMH negative for IBD, CHF.
• No FH MS. Physical exam was remarkable for large erythematous plaques of the arms and legs bilaterally.
• BSA 16%.
Case 2

Physician plan: Start patient on adalimumab 80 mg x 1, then 40 mg eowk.

F/u evaluation at 3 months post initiation: BSA 4% (75% improvement from baseline BSA)

Physician response: Continue therapy adalimumab 40 mg every other week & f/u 6 mo
Case 3

- 35 year old female with plaque psoriasis involving primarily the legs.
- Psoriasis causing patient extreme distress since lesions show when tries to wear dresses or shorts.
- Very itchy.
- No prior systemic therapy.
- Rare use of topical meds.
- Denies joint symptoms. PMH-negative.
- Exam remarkable for large erythematous plaques of the right and left legs.
- BSA 10%.
Case 3

**Physician plan:** Start patient on apremilast (standard dosing protocol).

**F/u evaluation at 3 months post initiation:** BSA 5% (50% improvement of baseline BSA)

**Physician response:** Continue therapy apremilast 30 mg twice daily, counsel pt on need for compliance with topical steroids to leg lesions & f/u 6 mo

**F/u evaluation at 6 months post initiation:** BSA <1%
Case 4

• 42 year old African American male with 10 year history of psoriasis.
• Previously failed treatment with etanercept and infliximab.
• In both cases had no response to a 6 month course of each medication.
• Insurance requires use of adalimumab.
• Physical exam is remarkable for silvery plaques of the chest, abdomen, back, buttocks, scalp and right and left knees.
• BSA 25%.
### Case 4

**Physician plan:** Start patient on adalimumab 80 mg x 1, then 40 mg eow

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<th>F/u evaluation at 3 months post initiation: BSA 26% (no improvement of baseline BSA)</th>
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**Physician response:** Stop adalimumab since pt is demonstrating lack of responsiveness to TNF inhibitor class. Consider alternative biologic class of medication. Begin ustekinumab 300 mg q 12 wks.

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<th>F/u evaluation at 3 months post initiation: BSA 5% (&gt; 75% improvement in baseline BSA)</th>
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<th>F/u evaluation at 6 months post initiation: BSA &lt;1%</th>
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Case 5

• 67 year old woman
• Long-standing, excellent response to secukinumab presents complaining of new lesions after a recent viral illness.
• Tried topical steroids, but the lesions are persistent. She also notes new lesions.
• Baseline BSA had been 15% prior to starting biologic therapy.
• On exam you note that she now has 5% BSA whereas she previously had a BSA <1%.
Case 5

**Physician plan:** Start patient on ixekizumab as per protocol

**F/u evaluation at 3 months post initiation:** BSA <1%

**Physician response:** Continue ixekizumab & recheck pt in 6 mo from time of initiation.
Psoriasis treat-to-target overview:

Establish treatment targets for clinical practice

- Reduce psoriasis disease burden
  - Inform treatment decisions
  - Enhance patient satisfaction
Upcoming 2017 CME Programs

Online CME
• Managed Care in Psoriatic Disease – April 2017

Early Career Physician Symposium
• June 15 | Hollywood, FL
  *In conjunction with Florida Society of Dermatology & Dermatologic Surgery*

Allied Healthcare Provider Psoriasis Recognition Program (A-PReP)
• May 19 | Newport Beach, CA
  *In conjunction with Real World Dermatology*
• Navigators provide ongoing support and guidance to patients coping with the range of issues related to disease management, access to care, and adherence

• Open to all people with psoriatic disease, their families and caregivers

• Communicate via phone, text, email, and instant messaging and Skype

www.psoriasis.org/navigationcenter