



# masterclasses in dermatology saturday morning live

PRESENTED BY THE **dermatologist**

Supported by an independent educational grant from Johnson & Johnson



masterclasses in dermatology  
**saturday morning live**

PRESENTED BY THE **dermatologist**

# Transforming Psoriasis Care: Oral IL-23 Therapy and the Next Frontier in Patient-Centered Care

**Andrew Blauvelt, MD, MBA**

*Owner, Blauvelt Consulting, LLC*

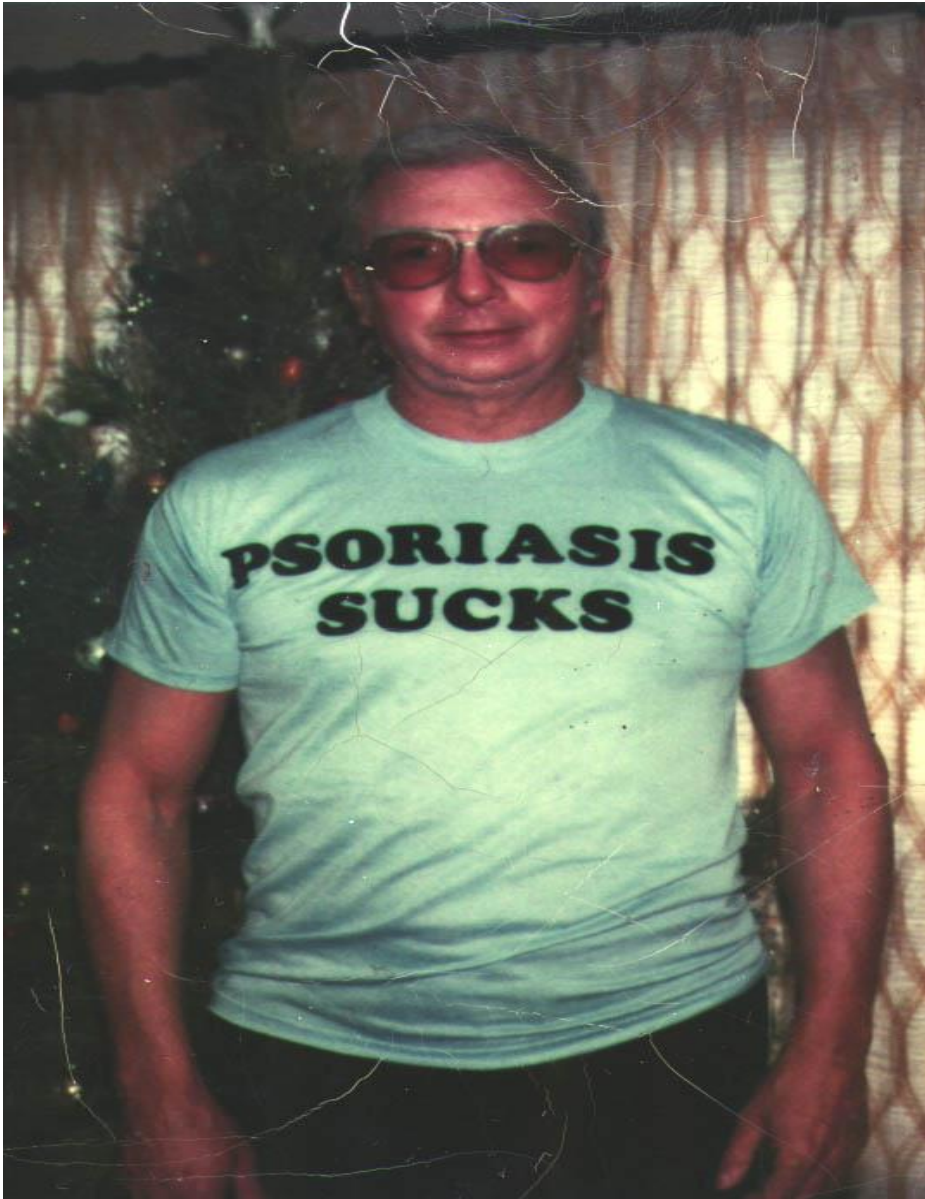
*Annapolis, MD*

# Disclosures

- **Andrew Blauvelt, MD, MBA:** Speaker's bureau – Almirall, Eli Lilly, Leo, Sanofi, UCB; scientific advisory board – AbbVie, Almirall, Alumis, Amgen, Anaptysbio, Apogee, Arcutis, Eli Lilly, Incyte, Janssen, Khanda Therapeutics, Leo, Novartis, Oruka, Paragon, Pfizer, Re-AIM, Regeneron, Sanofi, Sun Pharma, Takeda, and UCB; stockholder – Lipidio, Oruka

# Learning Objectives

- Examine limitations of injectable biologics in psoriasis, including barriers to adherence and patient preference for non-injectable options
- Assess the safety/efficacy data and mechanisms of action of current and emerging oral therapies for moderate-to-severe PsO, including head-to-head comparisons and long-term data
- Identify strategies to determine when patients may benefit from oral versus injectable treatment approaches



# My Father, Joe Blauvelt

- Hx of **severe psoriasis** for many years
- Tx with Goeckerman therapy, MTX, cyclosporine, acitretin
- **2 heart attacks and 2 strokes in his 60s**
- Passed at age 74 (1998)

# Overview

- Don't undertreat psoriasis; treat to clearance or near clearance
- Benefits of treating psoriasis go beyond the skin
- Current biologic choices are excellent, especially IL-23 inhibitors
- Emerging oral IL-23 inhibitors provide excellent efficacy, safety, and convenience for patients

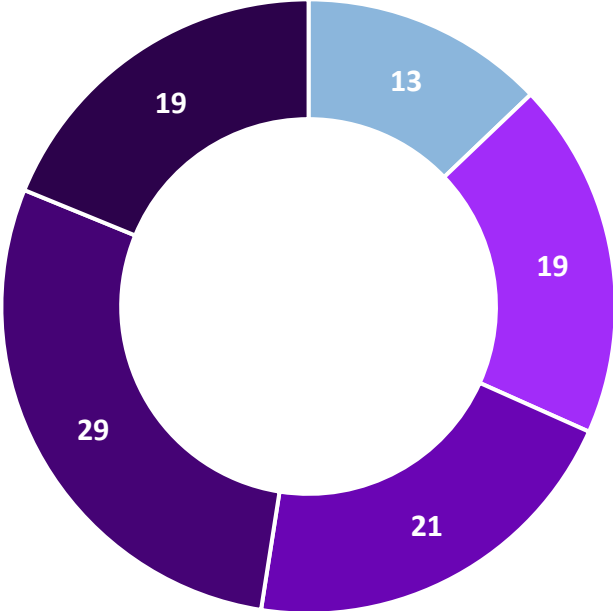
# Overview

- **Don't undertreat psoriasis; treat to clearance or near clearance**
- Benefits of treating psoriasis go beyond the skin
- Current biologic choices are excellent, especially IL-23 inhibitors
- Emerging oral IL-23 inhibitors provide excellent efficacy, safety, and convenience for patients

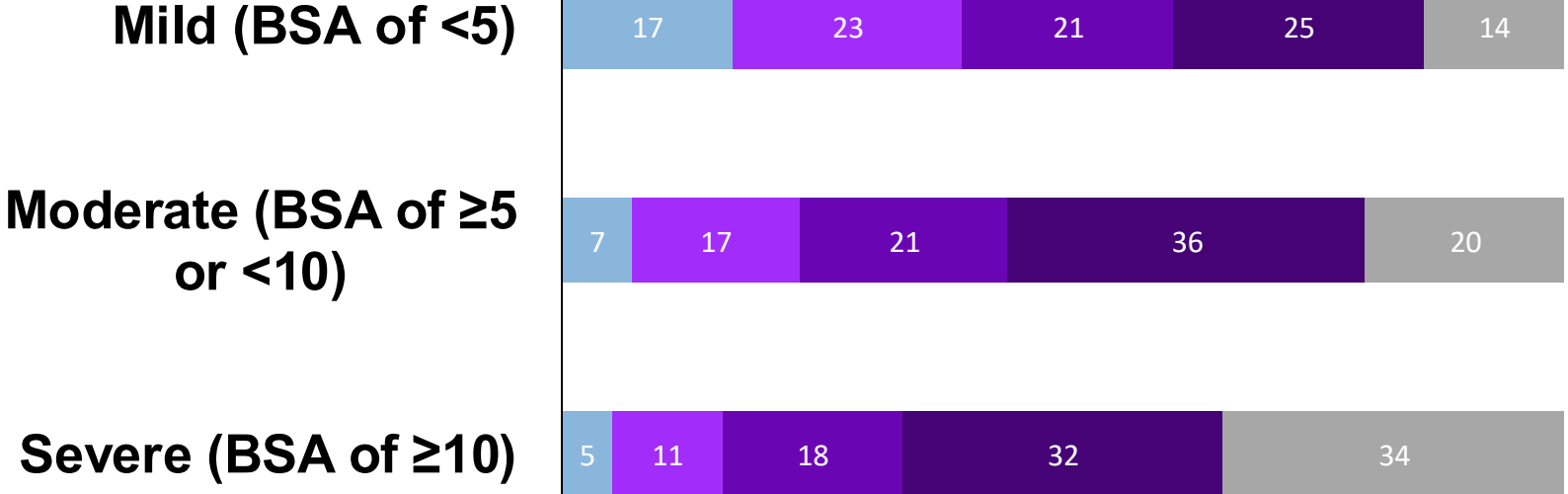
# Psoriasis Has a Significant Impact on Quality of Life

■ No effect on QOL (DLQI 0-1)    
 ■ Small (2-5)    
 ■ Moderate (6-10)    
 ■ Very large (11-20)    
 ■ Extremely large effect on QOL (21-30)

Effect on Patients' QOL



Impact on QOL Based on Current Disease Severity



QOL = quality of life; BSA = body surface area.  
 Armstrong AW, et al. *Dermatology*. 2023;239(4):621-634.

# **Psoriasis Involving Special Areas is Associated with Worse Quality of Life, Depression, and Limitations in the Ability to Participate in Social Roles and Activities**

**Andrew Blauvelt, MD, MBA<sup>1</sup>, George C. Gondo, MA<sup>2</sup> , Stacie Bell, PhD<sup>2,\*</sup> , Cristina Echeverría, MD<sup>3</sup>, Marcus Schmitt-Egenolf, MD, PhD<sup>4</sup>, Lone Skov, MD<sup>5</sup>, Peter van de Kerkhof, MD, PhD<sup>6</sup> , Leah McCormick Howard, JD<sup>2</sup>, and Bruce Strober, MD, PhD<sup>7</sup> **

# Special Areas = High Impact Sites<sup>a</sup>

- Scalp
- Face
- Palms/soles
- Genitalia
- Nails

<sup>a</sup>Jonathan Barker, former IPC President.

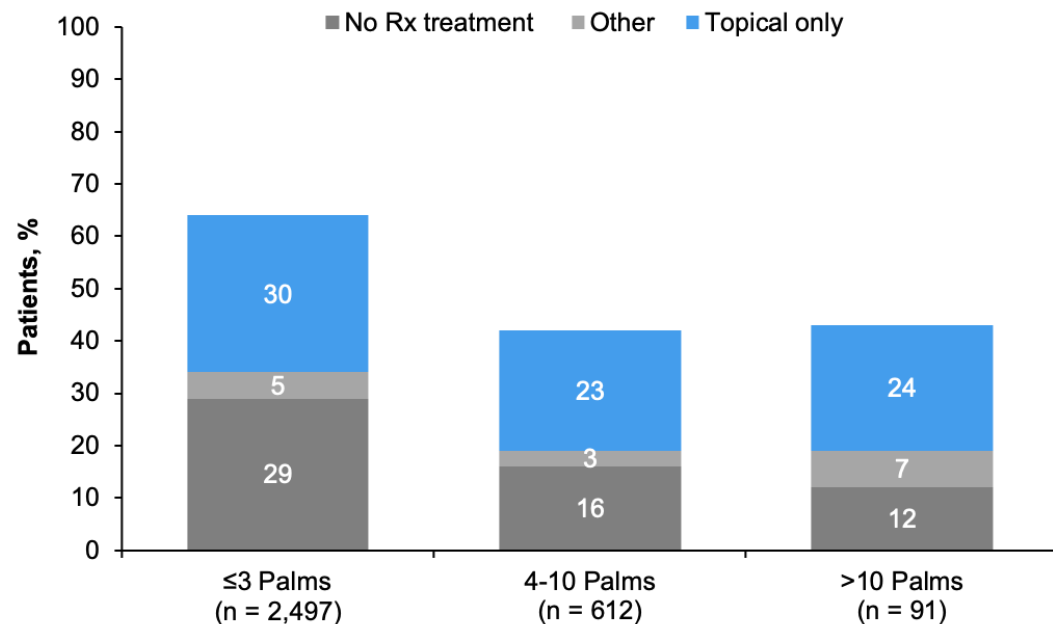
# Undertreatment of Psoriasis: Uplift Survey Summary

- The 2020 UPLIFT survey revealed substantial patient burden, treatment dissatisfaction, and potential undertreatment with systemic therapy in PsO, including for patients with limited skin involvement, involvement in special areas, or bothersome symptoms such as itching and pain

# Moderate-to-Severe Psoriasis Remains Persistently Untreated or Undertreated

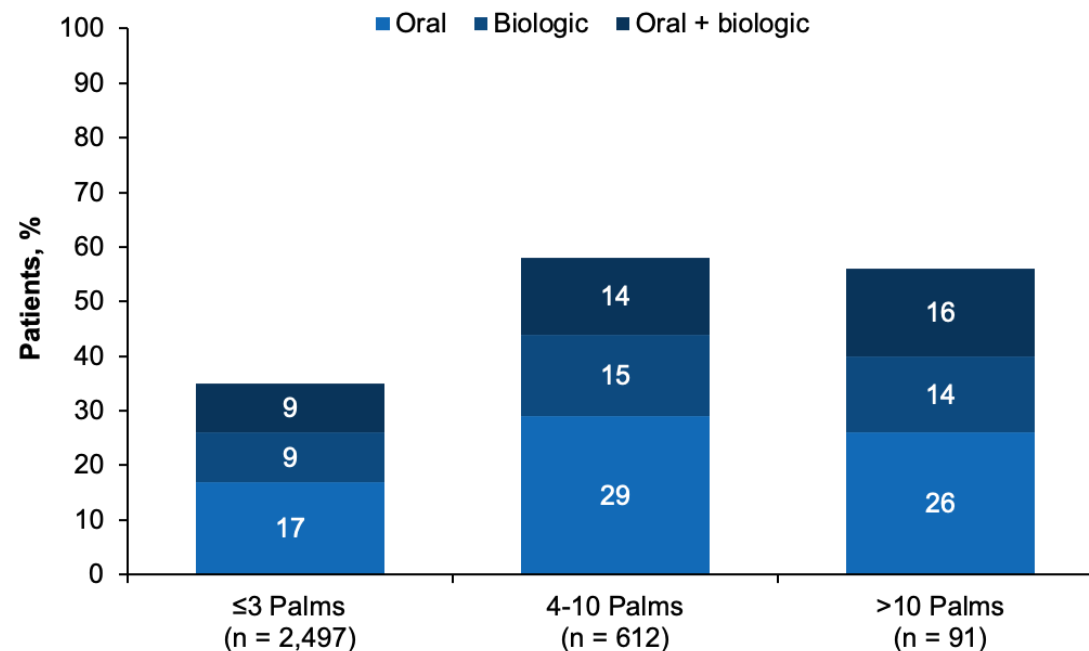
- Nearly one-quarter of people with psoriasis have cases that are considered moderate to severe

### Topical Treatment by Level of BSA Involvement



12% (>10 palms) to 29% (≤3 palms) of patients reported they were not currently receiving **any** treatment for their PsO

### Systemic Treatment by Level of BSA Involvement



≥50% of patients with BSA >3 palms were receiving systemic therapy (oral and/or biologic therapy) compared with 35% of those with ≤3 palms

## ORIGINAL ARTICLE

---

# Recategorization of psoriasis severity: Delphi consensus from the International Psoriasis Council

Bruce Strober, MD, PhD,<sup>a,b</sup> Caitriona Ryan, MD,<sup>c</sup> Peter van de Kerkhof, MD, PhD,<sup>d</sup> Joelle van der Walt, PhD,<sup>d</sup>  
Alexa B. Kimball, MD, MPH,<sup>e</sup> Jonathan Barker, MD, FRCP, FRCPath,<sup>f</sup> and Andrew Blauvelt, MD, MBA,<sup>g</sup> on  
behalf of International Psoriasis Council Board Members and Councilors

*New Haven and Cromwell, Connecticut; Dublin, Ireland; St Louis, Missouri; Boston, Massachusetts;  
London, United Kingdom; and Portland, Oregon*

# \* IPC Psoriasis Severity Reclassification Statement \*

- Patients with psoriasis should be classified as either ***candidates for topical therapy*** or ***candidates for systemic therapy***; the latter are patients who meet at least 1 of the following criteria
  - **BSA >10%**
  - **Disease involving special areas**
  - **Failure of topical therapy**

# \* NPF Psoriasis Severity Reclassification Statement \*

- Psoriasis severity should be classified as either ***mild or moderate-to-severe***. ***“Mild psoriasis”*** is defined as psoriasis affecting individuals who are ***candidates for topical therapy***. ***“Moderate-to-severe psoriasis”*** is defined as psoriasis affecting individuals who are ***candidates for systemic therapy*** and who meet at least one of the following criteria
  - ***BSA >10%***
  - ***Disease involving high-impact sites***
  - ***Failure of topical therapy***

# Failure of Topical Therapy

- "Inability to achieve clear/nearly clear skin (BSA 1%, Physician's Global Assessment 0/1) after two consecutive 4-week topical therapy courses, per guidelines."

All 4 of these patients  
have a total **BSA of 1-4%**.

**NEW:** They all have **moderate-to-severe** psoriasis and they  
are all candidates for systemic therapy



# From the Medical Board of the National Psoriasis Foundation: Treatment targets for plaque psoriasis

April W. Armstrong, MD, MPH,<sup>a</sup> Michael P. Siegel, PhD,<sup>b</sup> Jerry Bagel, MD,<sup>c,d</sup> Erin E. Boh, MD, PhD,<sup>e</sup> Megan Buell,<sup>b</sup> Kevin D. Cooper, MD,<sup>f</sup> Kristina Callis Duffin, MD, MS,<sup>g</sup> Lawrence F. Eichenfield, MD,<sup>h</sup> Amit Garg, MD,<sup>i</sup> Joel M. Gelfand, MD, MSCE,<sup>j</sup> Alice B. Gottlieb, MD, PhD,<sup>k</sup> John Y. M. Koo, MD,<sup>l</sup> Neil J. Korman, MD, PhD,<sup>f</sup> Gerald G. Krueger, MD,<sup>g</sup> Mark G. Lebwohl, MD,<sup>m</sup> Craig L. Leonardi, MD,<sup>n</sup> Arthur M. Mandelin, MD, PhD,<sup>o</sup> M. Alan Menter, MD,<sup>p</sup> Joseph F. Merola, MD, MMSC,<sup>q</sup> David M. Pariser, MD,<sup>r,s</sup> Ronald B. Prussick, MD, FRCP,<sup>t</sup> Caitriona Ryan, MD,<sup>p</sup> Kara N. Shah, MD,<sup>u</sup> Jeffrey M. Weinberg, MD,<sup>m</sup> MaryJane O. U. Williams, MD,<sup>a</sup> Jashin J. Wu, MD,<sup>v</sup> Paul S. Yamauchi, MD, PhD,<sup>w</sup> and Abby S. Van Voorhees, MD<sup>f</sup>

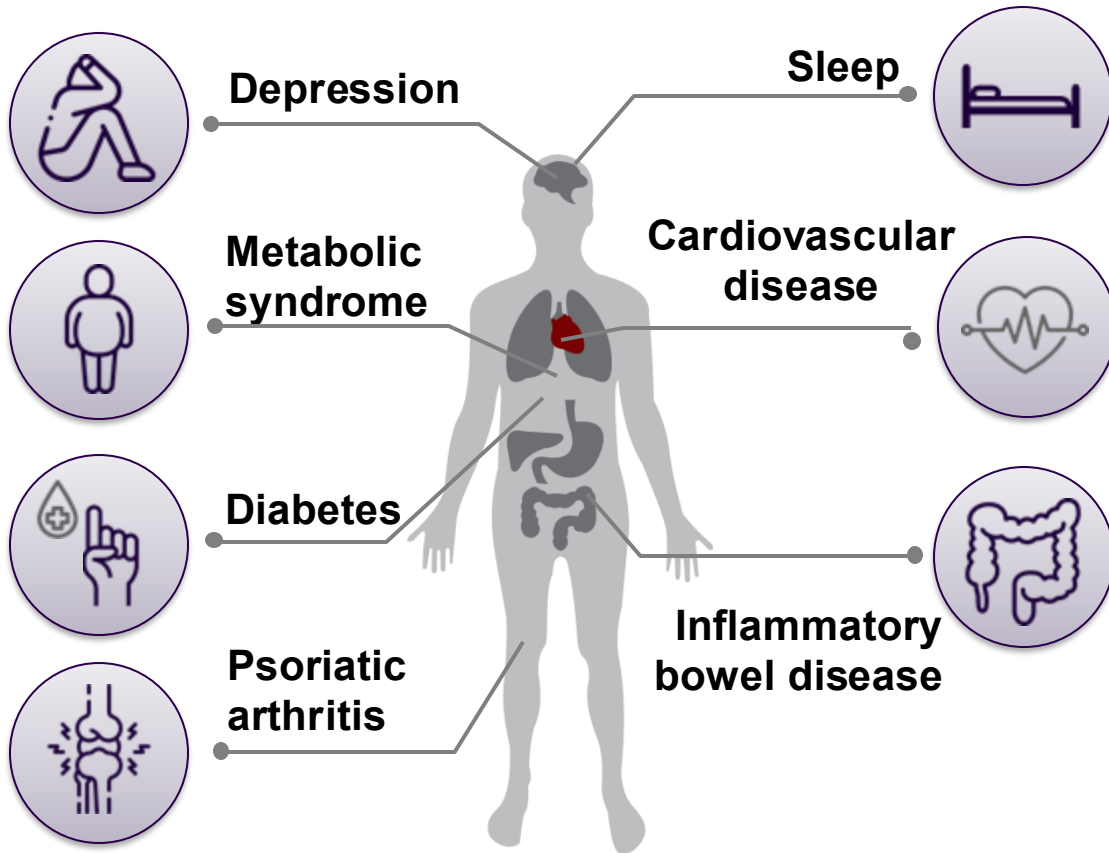
# NPF Treat-to-Target

- Establishing treatment goals can help **improve treatment outcomes**
- Target response after initiating a new treatment should be a **BSA of 1% or less** (at 6 months)
- Treatment targets establish expectations and encourage providers to evaluate progress and **adjust treatments accordingly**

# Overview

- Don't undertreat psoriasis; treat to clearance or near clearance
- **Benefits of treating psoriasis go beyond the skin**
- Current biologic choices are excellent, especially IL-23 inhibitors
- Emerging oral IL-23 inhibitors provide excellent efficacy, safety, and convenience for patients

# Psoriasis Affects the Whole Person



Psoriatic arthritis affects approximately 30% of people who have psoriasis

30%

- Increasing evidence supports the recognition of psoriasis as a multisystem chronic inflammatory disorder with multiple associated comorbidities
- People who treat their psoriasis effectively may also lower their risk of other comorbidities

# Improvements in Mental Health Have Been Reported Following Treatment of PsO with Systemic Therapy

- Reported for nearly every systemic therapy for psoriasis
- Improvements in quality of life
- Improvements in anxiety/depression
- Improvements in suicidal ideation and behavior

# Clinical meaningfulness of complete skin clearance in psoriasis

Bruce Strober, MD, PhD,<sup>a</sup> Kim A. Papp, MD, PhD,<sup>b,c</sup> Mark Lebwohl, MD,<sup>d</sup> Kristian Reich, MD,<sup>e</sup> Carle Paul, MD, PhD,<sup>f</sup> Andrew Blauvelt, MD,<sup>g</sup> Kenneth B. Gordon, MD,<sup>h</sup> Cassandra E. Milmont, PhD,<sup>i</sup> Hema N. Viswanathan, PhD,<sup>j</sup> Joanne Li, PhD,<sup>j</sup> Lionel Pinto, PhD,<sup>j</sup> David J. Harrison, PhD,<sup>j</sup> Greg Kricorian, MD,<sup>j</sup> Ajay Nirula, MD, PhD,<sup>j</sup> and Paul Klekotka, MD, PhD<sup>j</sup>

## Importance of Complete Skin Clearance in Psoriasis as a Treatment Goal: Implications for Patient-Reported Outcomes

Andrew Blauvelt MD,<sup>a</sup> Jashin J. Wu MD,<sup>b</sup> April Armstrong MD,<sup>c</sup> Alan Menter MD,<sup>d</sup> Clive Liu MD,<sup>e</sup> Abby Jacobson MS<sup>f</sup>

### Complete Skin Clearance is Associated with the Greatest Benefits to Health-Related Quality of Life and Perceived Symptoms for Patients with Psoriasis

Matthias Augustin<sup>1</sup>, Alice B Gottlieb<sup>2</sup>, Mark Lebwohl<sup>2</sup>, Andreas Pinter<sup>3</sup>, Richard B Warren<sup>4 5</sup>, Luis Puig<sup>6</sup>, Rhys Warham<sup>7 8</sup>, Jérémy Lambert<sup>9</sup>, Susanne Wiegratz<sup>10</sup>, Balint Szilagyi<sup>10</sup>, Andrew Blauvelt<sup>11</sup>

# Retrospective Studies Suggest that Biologic Treatment of PsO May Reduce Risk of PsA

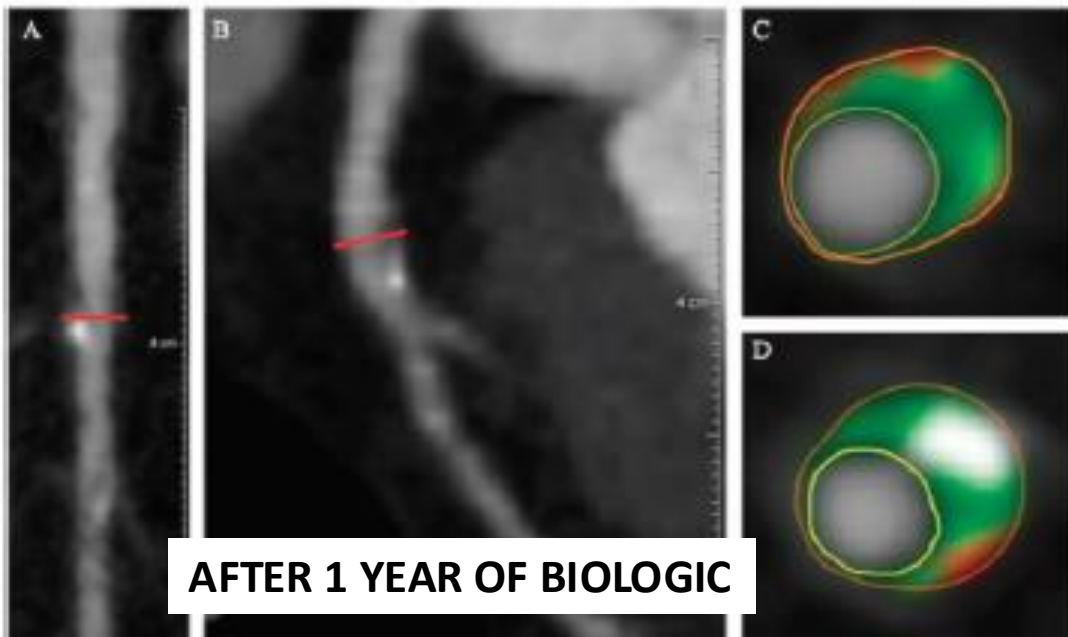
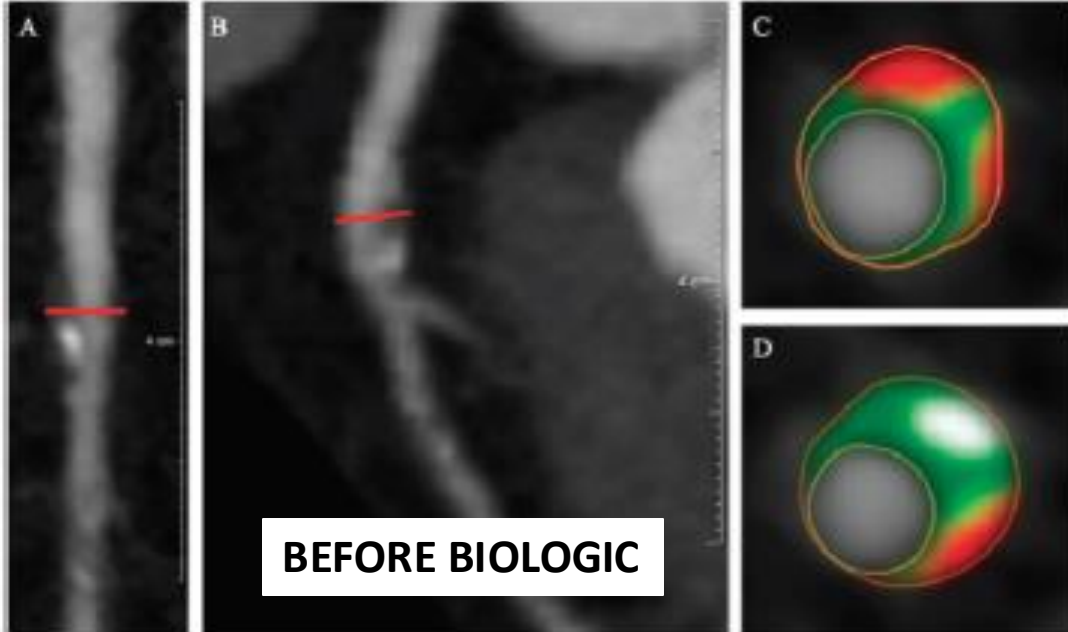
- 464 patients with mod-to-sev PsO treated with biologics or phototherapy over  $\geq 5$  years
  - Biologic treatment was associated with a lower risk of incident PsA (adjusted HR 0.27, 0.11-0.66)
- 1,719 patients representing 14,721 patient years received no treatment/topicals (n= 1387), conventional DMTs (n= 229), or biologics (n=103)
  - Risk of developing PsA in patients with PsO treated with biologics was significantly lower (IRR)=0.26; 95% CI 0.03 to 0.94;  $P=0.0111$ ) vs topicals, but not vs conventional DMTs (IRR=0.35; 95% CI 0.035 to 1.96;  $P =0.1007$ )
- In 15,501 patients with psoriasis: **Treatment with IL-12/23 inhibitors or IL-23 inhibitors was associated with reduced risk of progression to inflammatory arthritis** compared with treatment with TNF inhibitors

PsA = psoriatic arthritis; DMT = disease-modifying therapy; IRR = incidence rate ratio; TNF = tumor necrosis factor.

Gisoni P, et al. *Ann Rheum Dis.* 2022;81(1):68-73. Acosta Felquer ML, et al. *Ann Rheum Dis.* 2022;81(1):74-79. Singla S, et al. *Lancet Rheumatol.* 2023;5(4):e200-e207.

# Visualization of Coronary Artery Plaques by CCTA

- Total plaque burden
- Dense-calcified plaque burden (white)
- Non-calcified plaque burden
  - Fibrous burden (dark green)
  - Fibro-fatty burden (light green)
  - Necrotic burden (red)
- Plaque morphology index

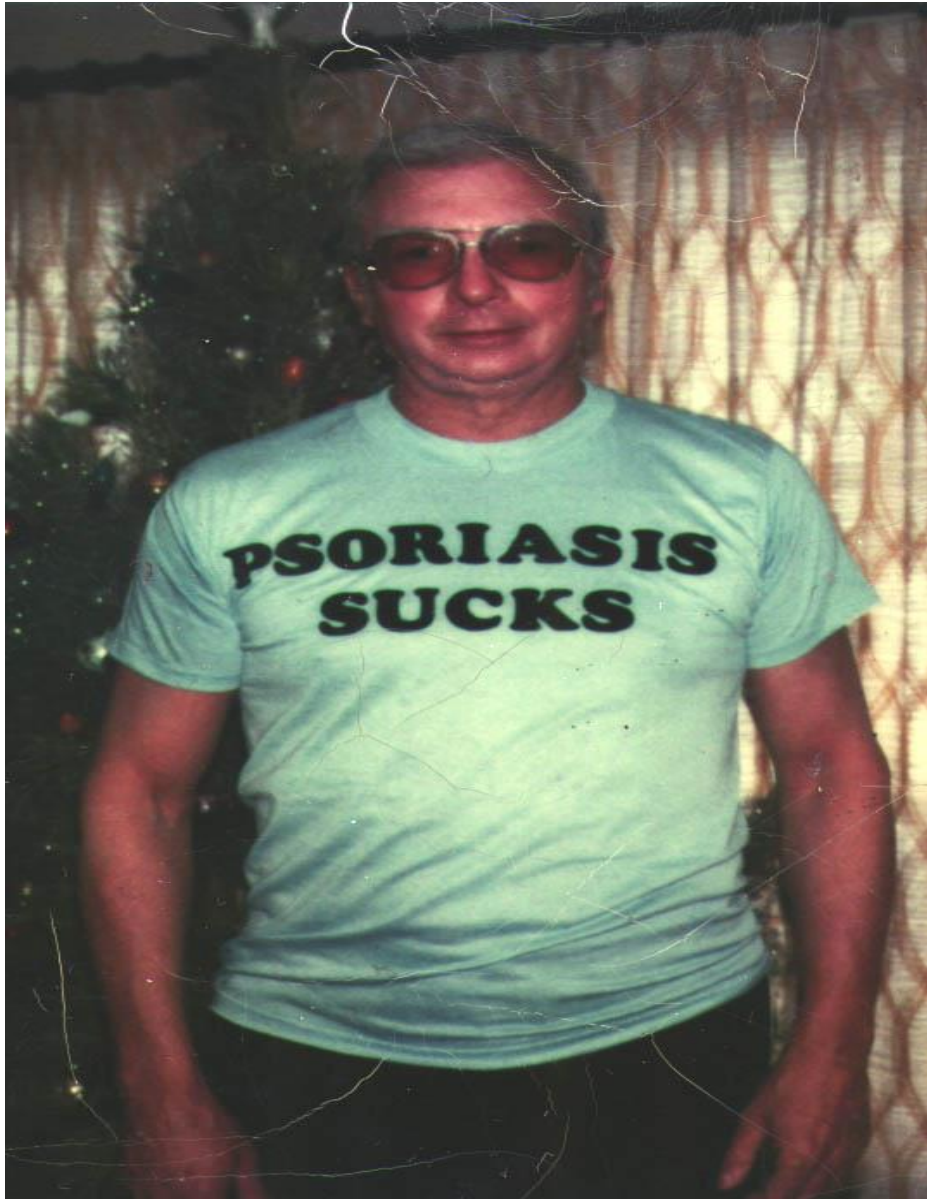


# Summary of Improvements in Lipid-Rich Atherosclerosis after 1 Year of Biologics

- TNF blockers
  - **5% reduction** (48 patients)
  - **3.3% reduction** (69 patients)
- IL-12/23 blocker
  - **2% reduction** (19 patients)
  - **8.2% reduction** (26 patients)
- IL-17 blockers
  - **12% reduction** (22 patients)
  - **14.7% reduction** (29 patients)

# Overview

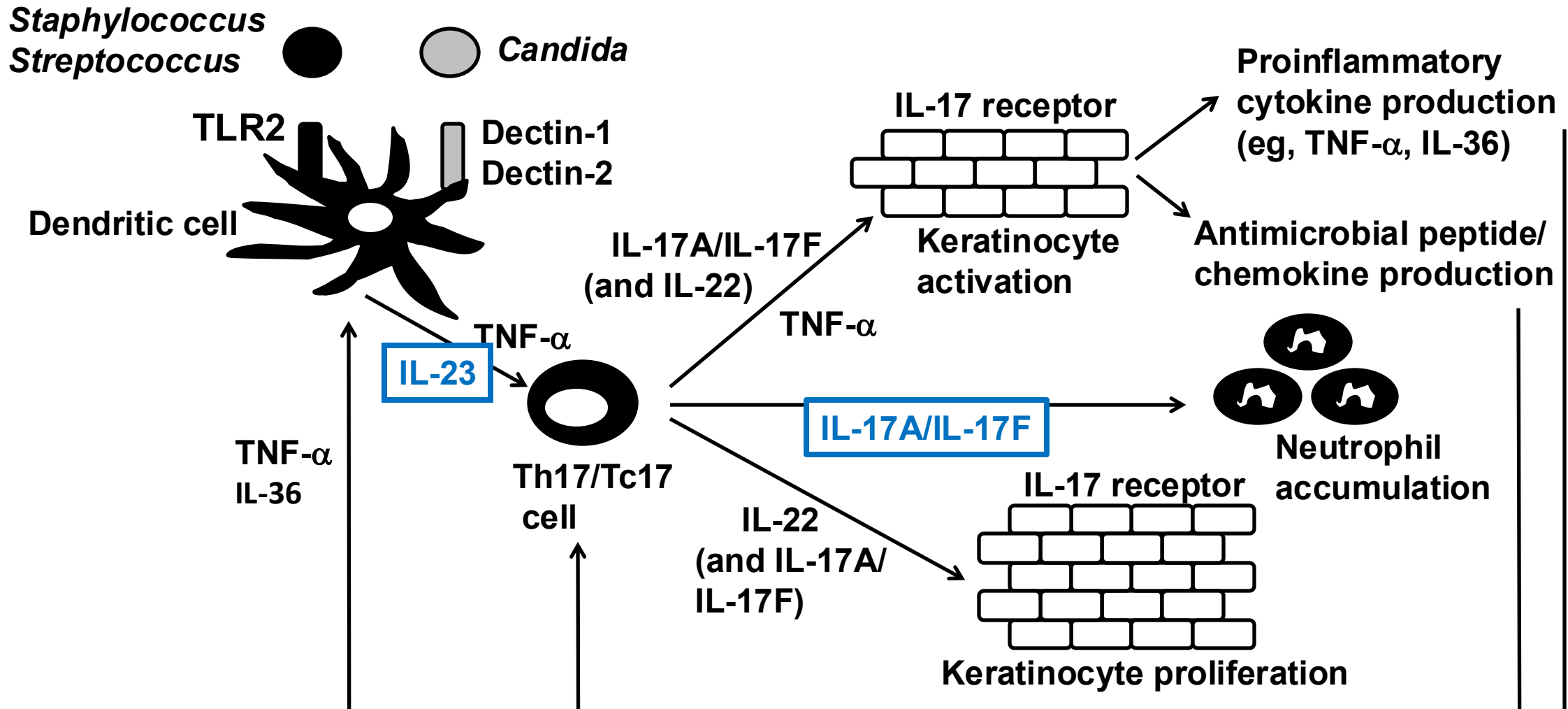
- Don't undertreat psoriasis; treat to clearance or near clearance
- Benefits of treating psoriasis go beyond the skin
- **Current biologic choices are excellent, especially IL-23 inhibitors**
- Emerging oral IL-23 inhibitors provide excellent efficacy, safety, and convenience for patients



# What Do Patients Want?

- Efficacy
- Safety
- Convenience

# Understanding the Immunology of PsO Has Directly Led to the Development of Highly Safe and Effective Therapies for this Disease



# Current and Future Biologic and Oral Drug Choices for PsO

## TNFi

Etanercept  
Infliximab  
Adalimumab  
Certolizumab  
Biosimilars

## IL-17i

Secukinumab  
Ixekizumab  
Brodalumab  
Bimekizumab

## IL-23i

Ustekinumab  
+biosimilars  
Guselkumab  
Tildrakizumab  
Risankizumab

- Methotrexate
- Cyclosporine
- Acitretin
- Apremilast
  - Roflumilast
  - Other PDE4 B/D inhibitors
- Deucravacitinib
  - Zasocitinib
  - Envudeucitinib
- Cytokine inhibitors
  - Icotrokinra
  - Simepdekinra

**BLUE HIGHLIGHTS = PIPELINE**

# Comparison of Biologics and Oral Treatments for Plaque PsO: A Meta-Analysis

Table. Estimated Response Rates From the NMA of Short-term PASI (Base Case)

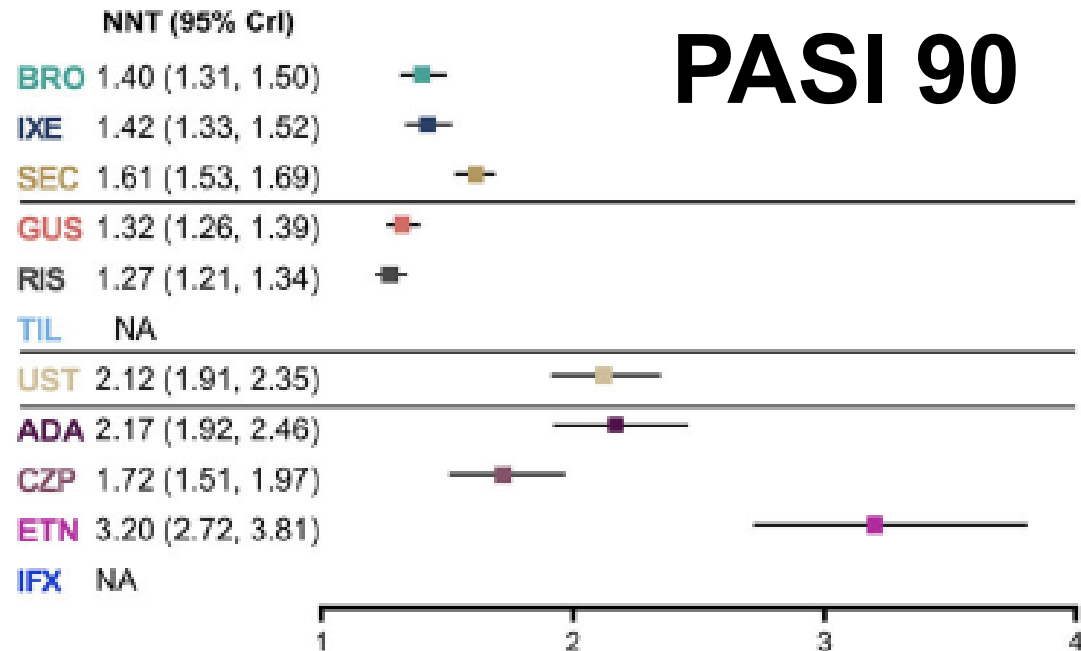
Treatment	Posterior Median, % (95% CrI)		
	PASI 75	PASI 90	PASI 100
Risankizumab-rzaa, 150 mg	89.2 (86.9-91.3)	71.6 (67.5-75.4)	40.4 (35.9-45.0)
Ixekizumab, 80 mg	88.8 (86.5-90.9)	70.8 (66.8-74.6)	39.5 (35.2-44.0)
Brodalumab, 210 mg	88.7 (86.5-90.8)	70.6 (66.8-74.6)	39.2 (35.2-43.9)
Guselkumab, 100 mg	86.8 (83.8-89.4)	67.3 (62.5-71.9)	35.7 (30.9-40.7)
Secukinumab, 300 mg	83.1 (80.2-85.7)	61.4 (57.2-65.6)	29.9 (26.3-33.9)
Infliximab, 5 mg/kg	80.4 (76.5-84.0)	57.4 (52.2-62.8)	26.5 (22.3-31.4)
Certolizumab pegol, 400 mg	71.1 (65.4-76.5)	45.6 (39.3-52.2)	17.7 (13.8-22.3)
Ustekinumab, 45 mg ≤100 kg, 90 mg >100 kg	69.7 (66.3-73.1)	43.9 (40.2-47.9)	16.7 (14.4-19.3)
Adalimumab, 40 mg	69.5 (66.0-72.6)	43.7 (40.0-47.4)	16.5 (14.2-19.0)
Certolizumab pegol, 200 mg	66.2 (59.6-72.4)	40.2 (33.5-47.2)	14.4 (10.7-18.8)
Tildrakizumab-asmn, 200 mg	64.9 (59.4-70.3)	38.8 (33.3-44.7)	13.6 (10.6-17.1)
Tildrakizumab-asmn, 100 mg	62.9 (57.3-68.4)	36.8 (31.4-42.5)	12.5 (9.7-15.8)
Etanercept, 25 mg twice weekly/50 mg once weekly	40.1 (35.4-45.1)	17.9 (14.9-21.4)	4.2 (3.1-5.4)
Apremilast, 30 mg	30.8 (26.8-35.0)	12.1 (9.9-14.7)	2.4 (1.8-3.1)
Dimethyl fumarate	29.6 (22.0-38.3)	11.4 (7.5-16.7)	2.2 (1.2-3.8)
Placebo	5.3 (4.8-5.9)	1.1 (1.0-1.3)	0.1 (0.1-0.1)

PASI = Psoriasis Area and Severity Index; NMA = network meta-analysis.  
 Armstrong AW, et al. *JAMA Dermatol.* 2020;156(3):258-269.

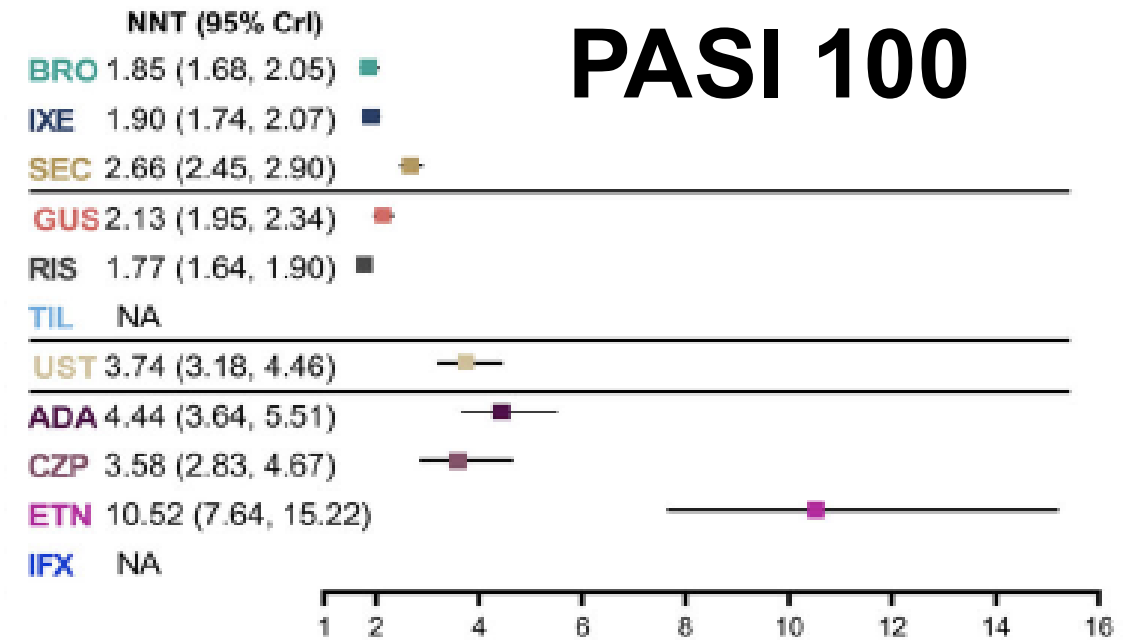
# Ranking Efficacy: Many Meta-Analyses Showing Similar Results

## Number Needed to Treat Network Meta-Analysis to Compare Biologic Drugs for Moderate-to-Severe Psoriasis

### PASI 90

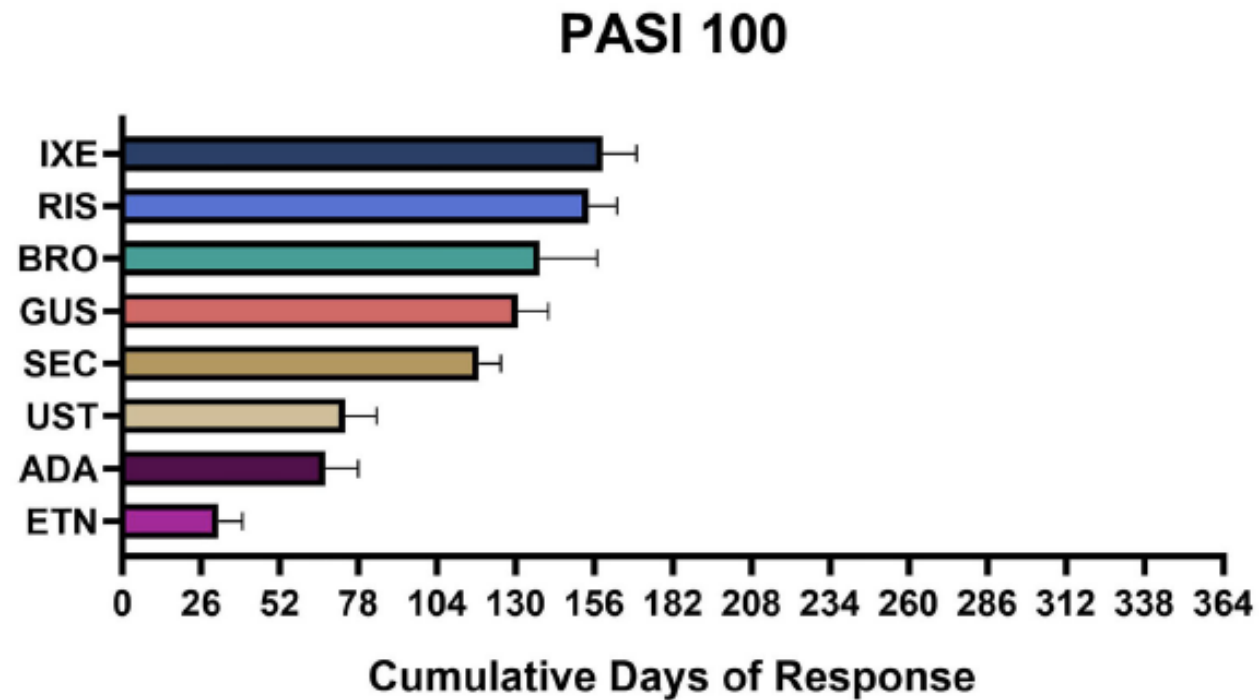
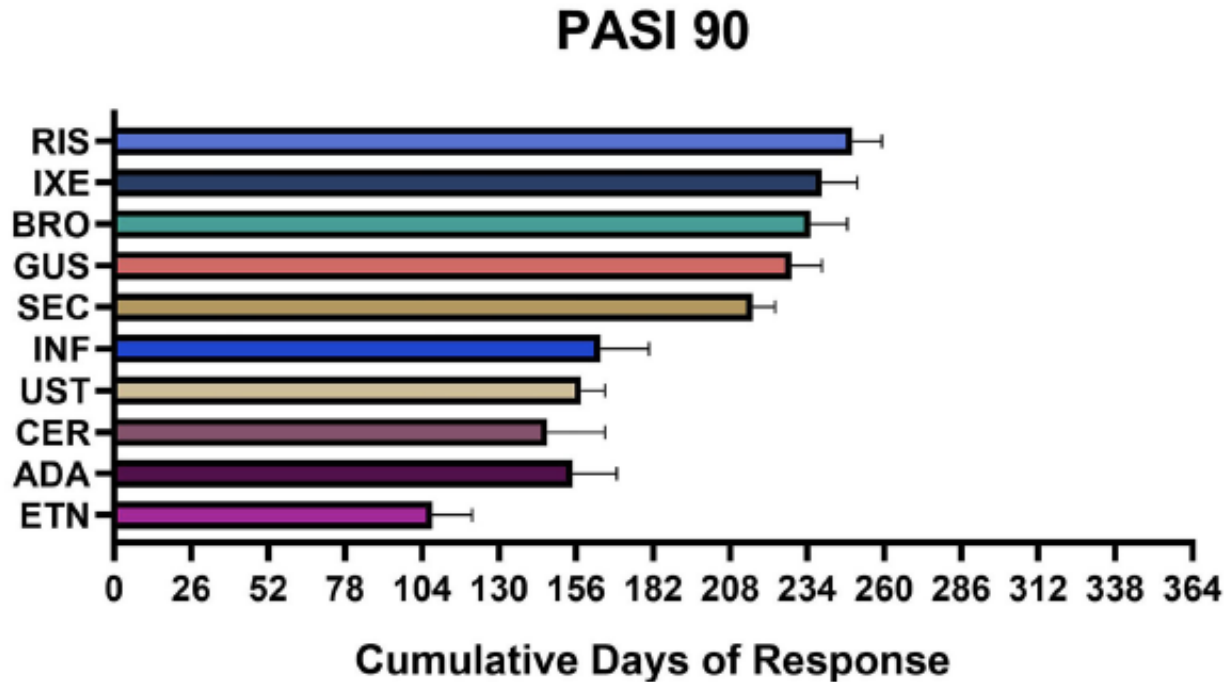


### PASI 100



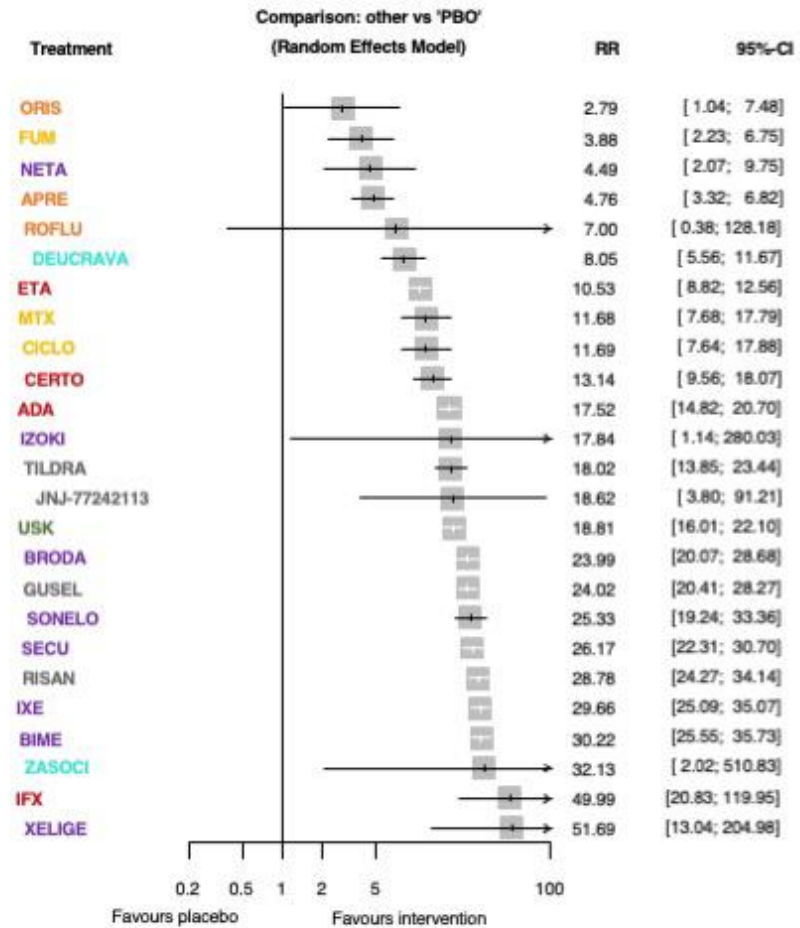
# Ranking Efficacy: Many Meta-Analyses Showing Similar Results

## Cumulative Clinical Benefits of Biologics in the Treatment of Patients with Moderate-to-Severe Psoriasis over 1 Year: a Network Meta-Analysis

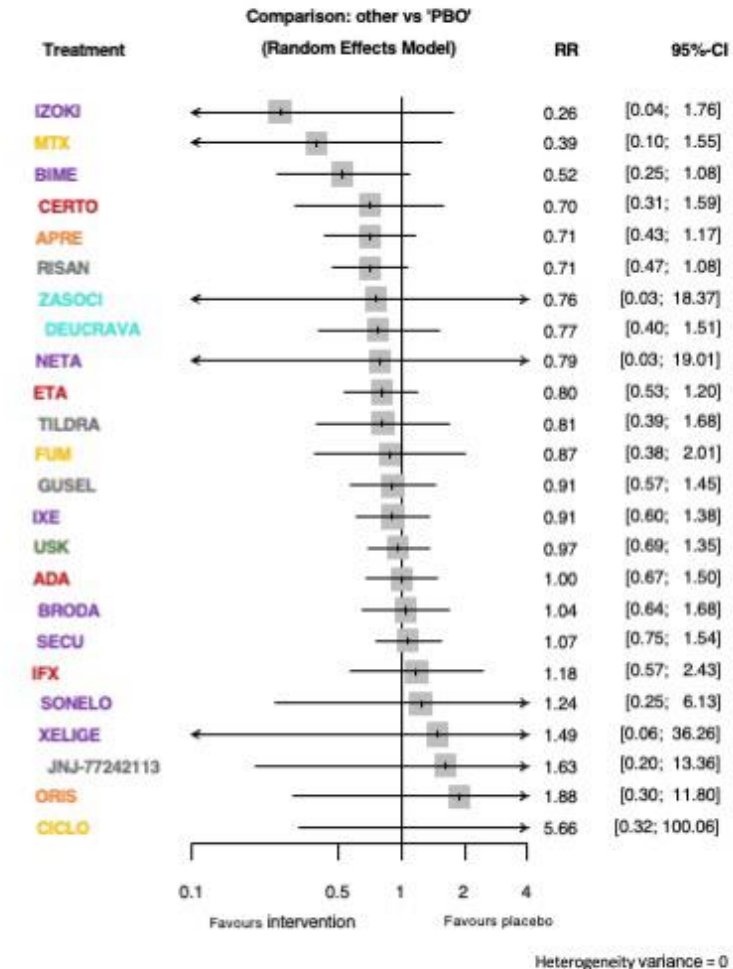


# Ranking Efficacy: Many Meta-Analyses Showing Similar Results

PASI 90



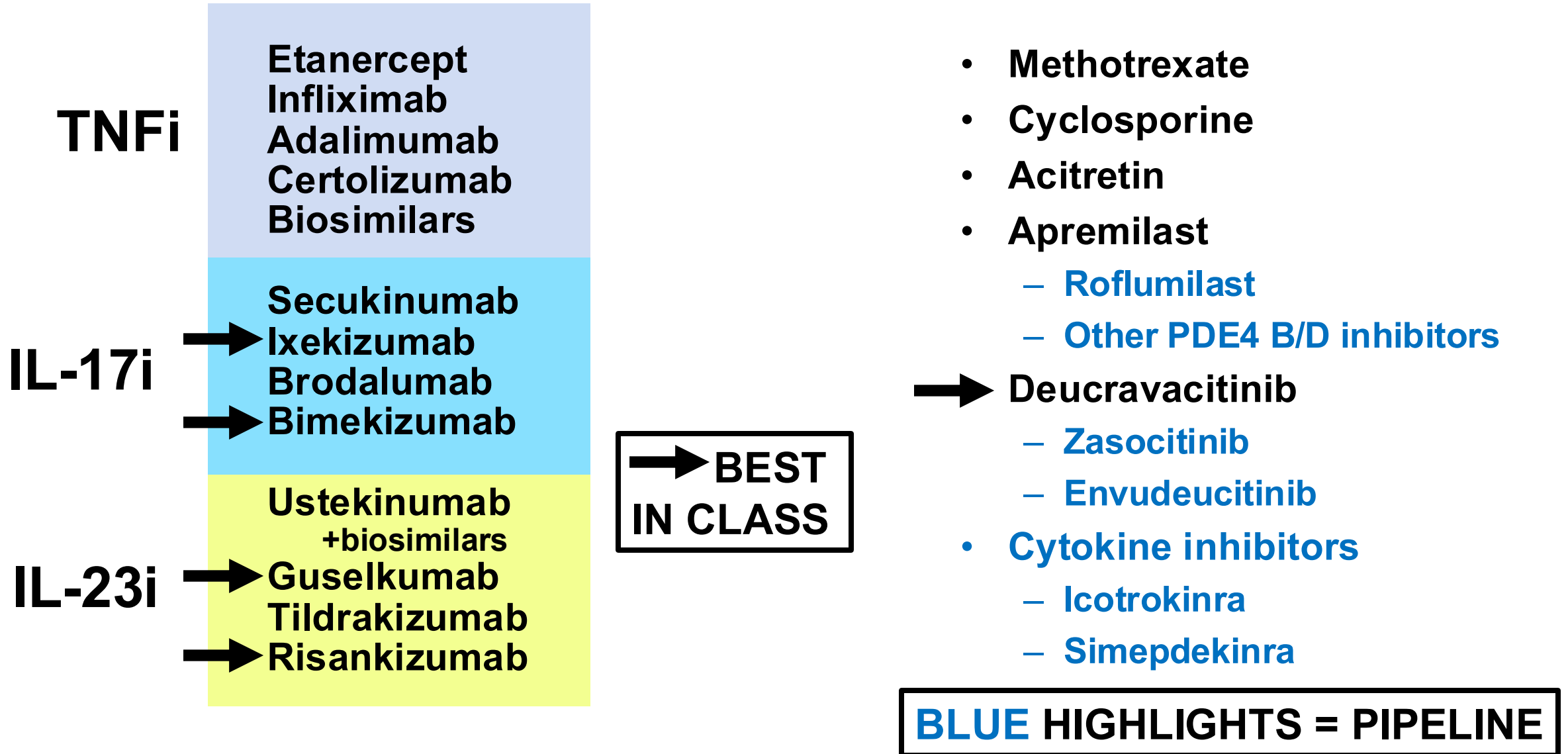
SAE



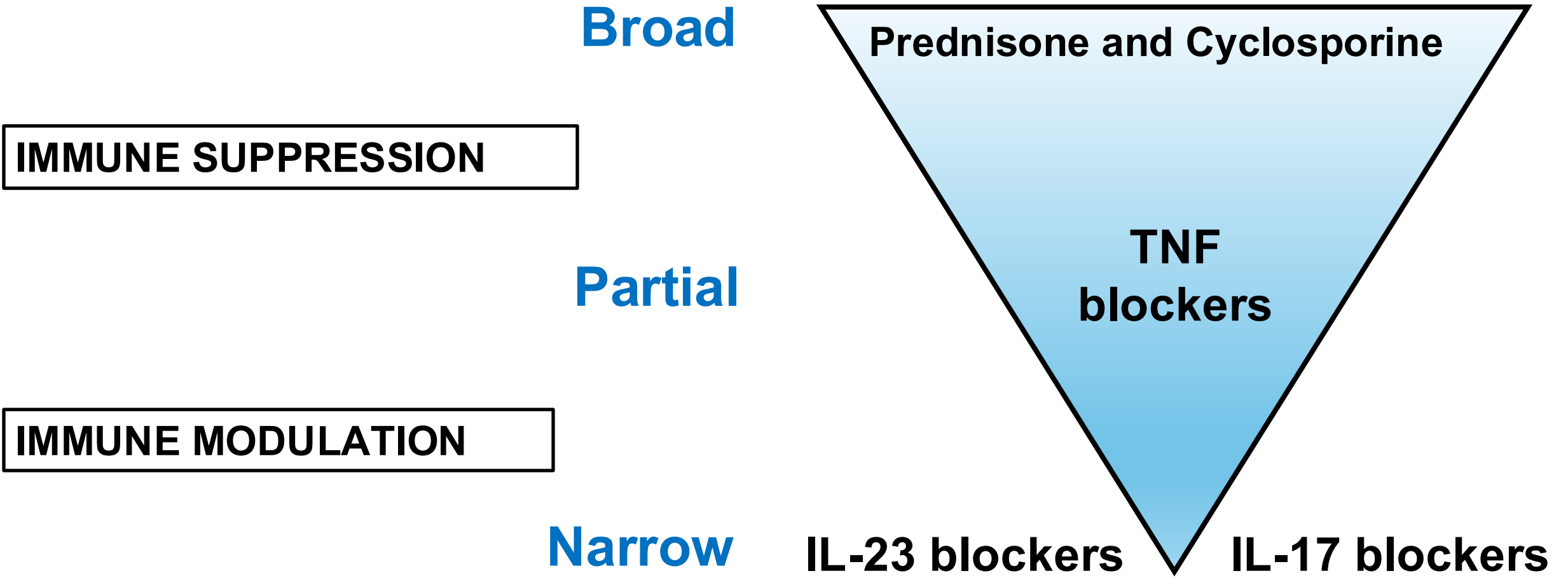
SAE = serious adverse event.

Sbidian E, et al. *Cochrane Database Syst Rev.* 2025;8(8):CD011535

# Current and Future Biologic and Oral Drug Choices for PsO



# “Which Are the Safest Biologics for Psoriasis?”



# Joint position statement from the National Psoriasis Foundation Medical Board and the International Psoriasis Council on routine testing for latent tuberculosis infection prior to and during treatment of psoriasis patients with interleukin 17 or interleukin 23 inhibitors

Andrew Blauvelt <sup>1</sup>, Bruce E Strober <sup>2</sup>, Guy S Eakin <sup>3</sup>, Leah McCormick Howard <sup>3</sup>,  
Christy Langan <sup>4</sup>, Peter C M van de Kerkhof <sup>5</sup>, Lluís Puig <sup>6</sup>, Mark G Lebwohl <sup>7</sup>, Ricardo Romiti <sup>8</sup>,  
April W Armstrong <sup>9</sup>, Siew Eng Choon <sup>10</sup>, Ravi Ramessur <sup>11</sup>, Joel M Gelfand <sup>11</sup>,  
Joseph F Merola <sup>12</sup>, Kevin L Winthrop <sup>13</sup>, Tiago Torres <sup>14</sup>

# Methods: Joint Position Statement from the NPF and the IPC

- Combined forces of two major groups, consisting of **world experts in psoriasis and infectious disease**
- Reviewed existing **basic science data, clinical trial data**, and real-world evidence on roles of IL-17i and IL-23i in latent TB infection
- Reviewed **FAERS data base** for post-marketing reports of extra-pulmonary TB
- Formulated a new **Joint Position Statement**
- Presented statement to all members (approx. 200) of the NPF medical board and councilors of the IPC for a **vote**

The Following Statement Was Formally Adopted by Both  
the NPF and the IPC

***Routine testing for latent tuberculosis infection is not  
required prior to or during treatment of psoriasis patients  
with IL-17 or IL-23 inhibitors.***

# Summary: Joint Position Statement

- **Exceptions** can always be made if clinicians wish to know the TB status of their patients
- Routine latent TB testing should continue for patients on **concomitant medications** that affect TB immunity, e.g., corticosteroids, JAKi
- This new guideline should
  - **Decrease costs** for unnecessary medical testing
  - **Allay patient fears** over drug side effects
  - Avoid complications from **false positive tests**
  - **Simplify** and quicken initiation of therapy with IL-17i and IL-23i
  - Avoid **regulatory burden**

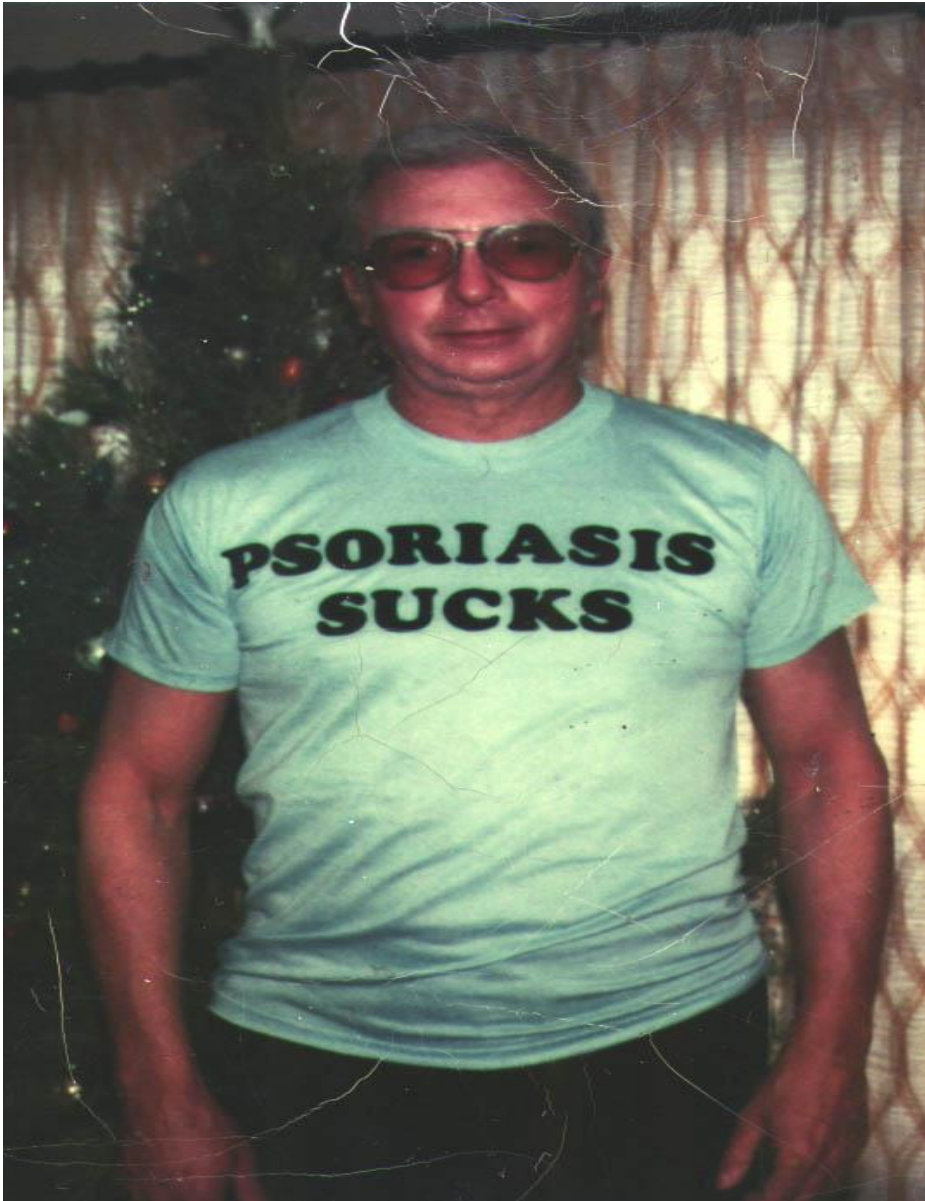
# IL-23 Blockers Are the Safest Class of Systemic Drugs for Psoriasis

- **No evidence/no signals** for
  - Serious infections
  - TB reactivation
  - Hepatitis B reactivation
  - Cancer
  - Congestive heart failure (CHF)
  - Multiple sclerosis
  - Major adverse cardiovascular events (MACE)
  - **Candidiasis (reported with all IL-17 blockers)**
  - **Inflammatory bowel disease (reported with all IL-17 blockers)**
  - **Suicide (reported with IL-17RA blockers)**
  - Laboratory or EKG abnormalities
- Long-term studies have revealed no new concerns

**Best biologic class to use in patients with potential safety issues, e.g., patients with cancer or who are HIV+**

# Convenience: Maintenance Dosing for Biologics

<b>BIOLOGIC</b>	<b>MOA</b>	<b>MAINTENANCE DOSING</b>
etanercept	TNFi	every week
infliximab	TNFi	every 8 weeks
adalimumab	TNFi	every 2 weeks
certolizumab	TNFi	every 2 weeks
secukinumab	IL-17Ai	every 4 weeks
ixekizumab	IL-17i	every 4 weeks
brodalumab	IL-17RAi	every 2 weeks
bimekizumab	IL-17A/Fi	every 8 weeks
ustekinumab	IL-12/23i	every 12 weeks
guselkumab	iL-23i	every 8 weeks
tildrakizumab	IL-23i	every 12 weeks
risankizumab	iL-23i	every 12 weeks

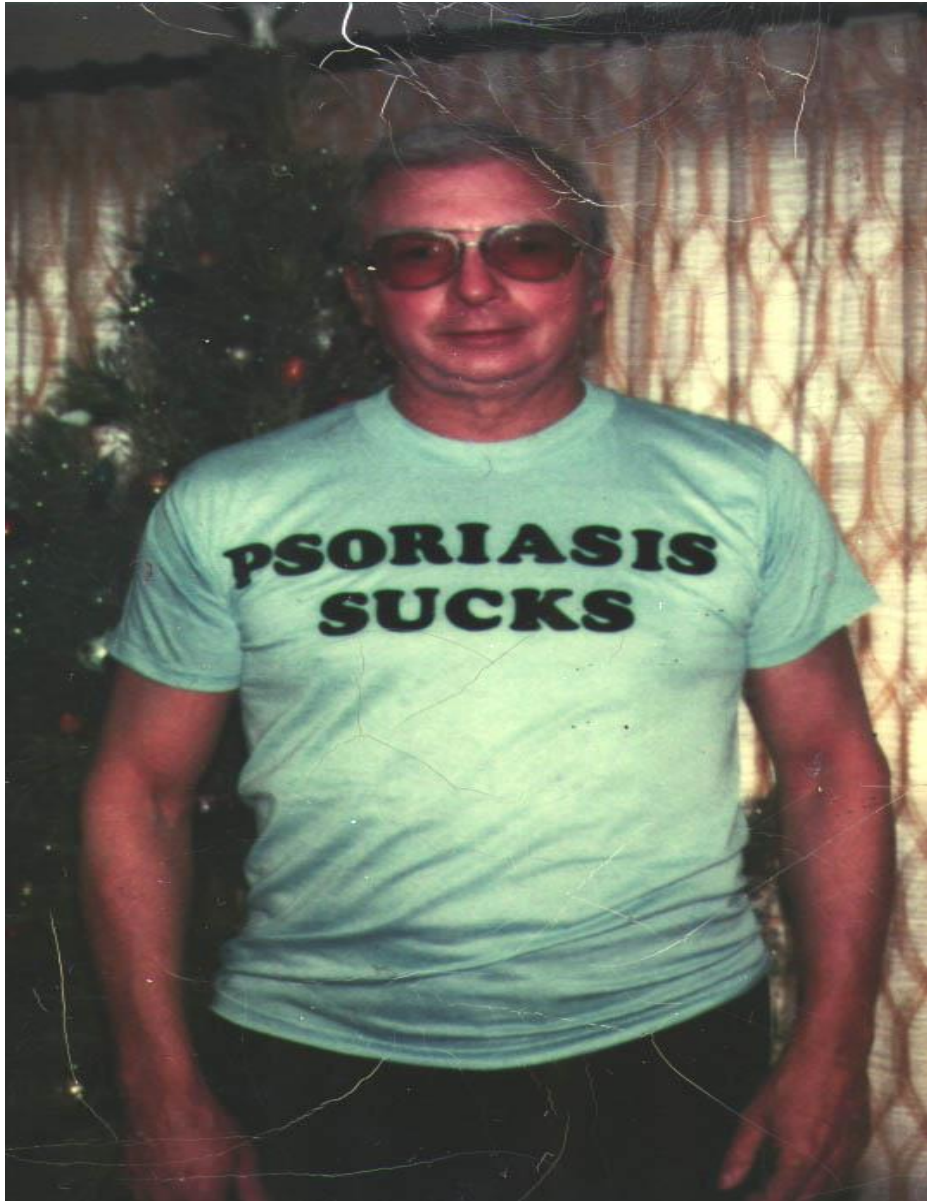


# IL-23i Deliver in All 3 Areas

- Efficacy ✓
- Safety ✓
- Convenience ✓

# Overview







- Don't undertreat psoriasis; treat to clearance or near clearance
- Benefits of treating psoriasis go beyond the skin
- Current biologic choices are excellent, especially IL-23 inhibitors
- **Emerging oral IL-23 inhibitors provide excellent efficacy, safety, and convenience for patients**

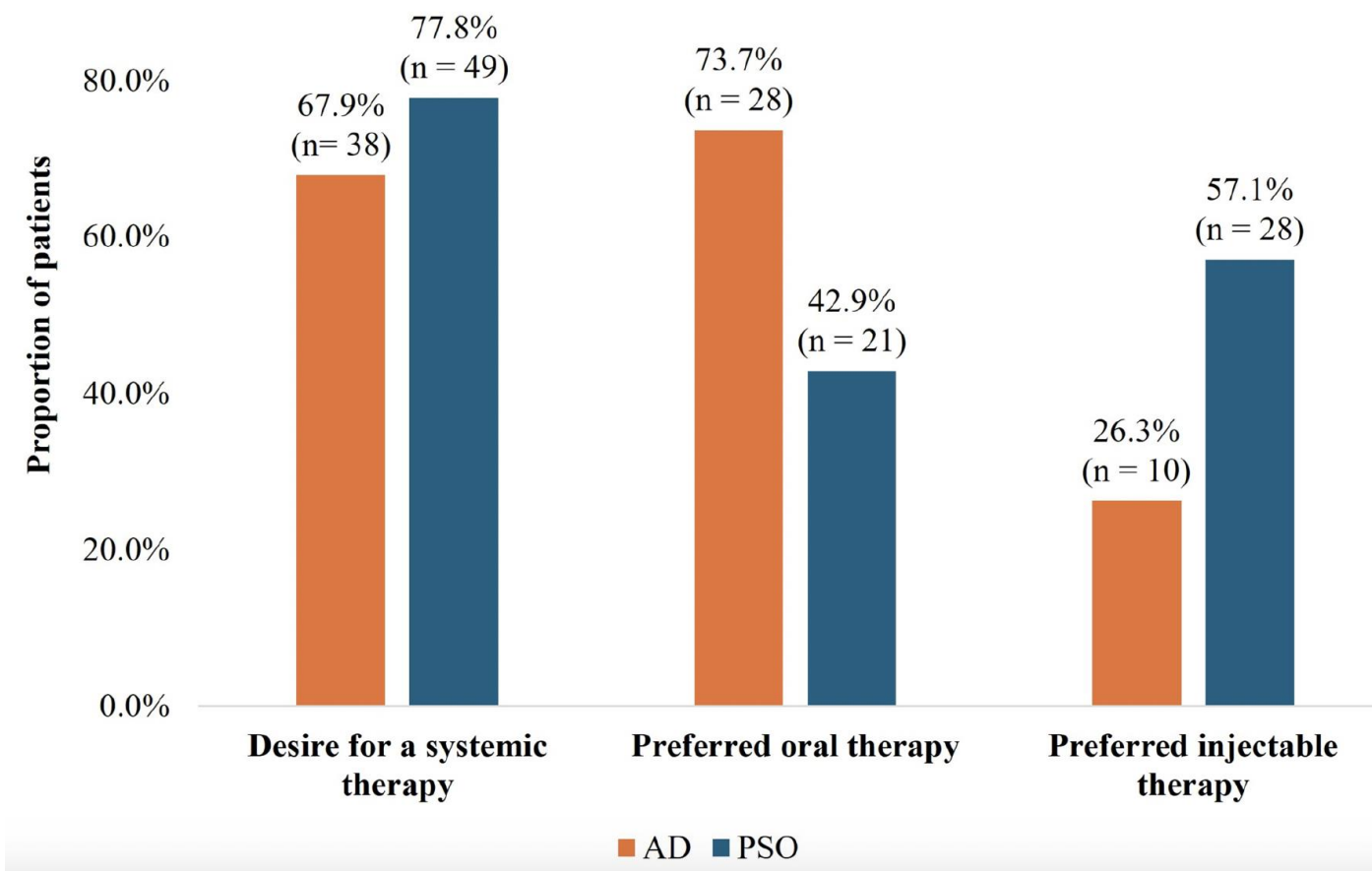


## IL-23i Deliver in All 3 Areas

- Efficacy ✓
- Safety ✓
- Convenience ✓

# Treatment Preferences Among Systemic Therapy-Naïve Patients with Atopic Dermatitis or Psoriasis in Germany: A Multicentre Study

Svenja Royeck  · Anna Daphne Bamidis · Conrad Weckbecker · Silke C. Hofmann  ·  
Sonja Ständer  · Natalija Novak  · Galina Balakirski  · Dagmar Wilsmann-Theis 



# A discrete choice experiment on oral and injection treatment preferences among moderate-to-severe psoriasis patients in Japan

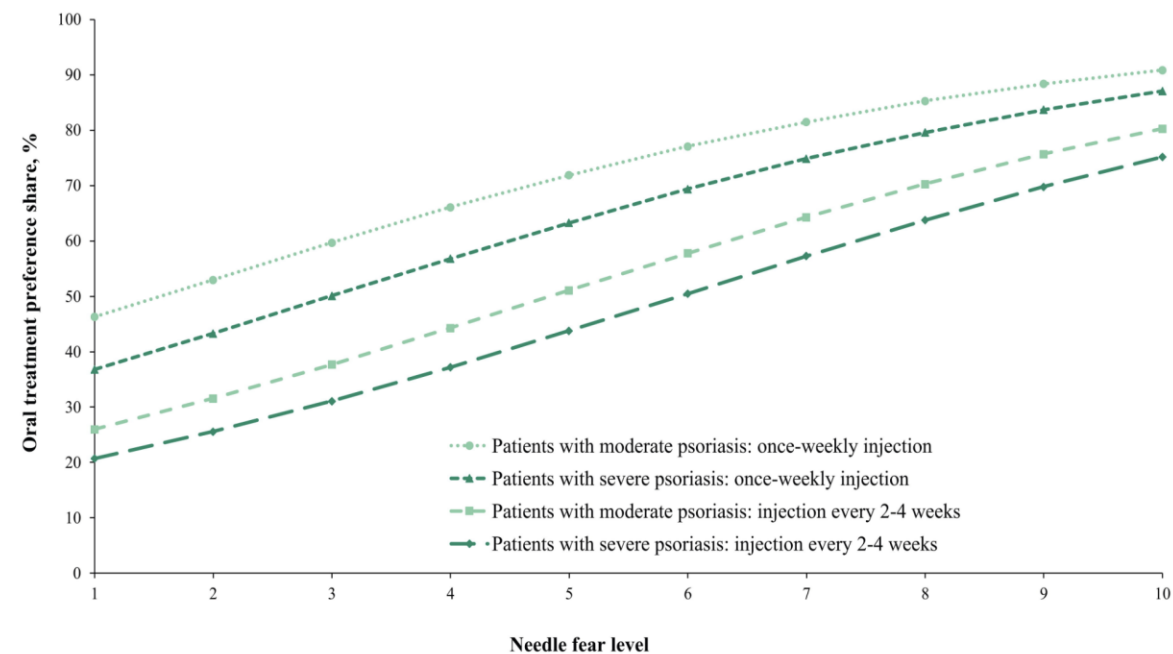
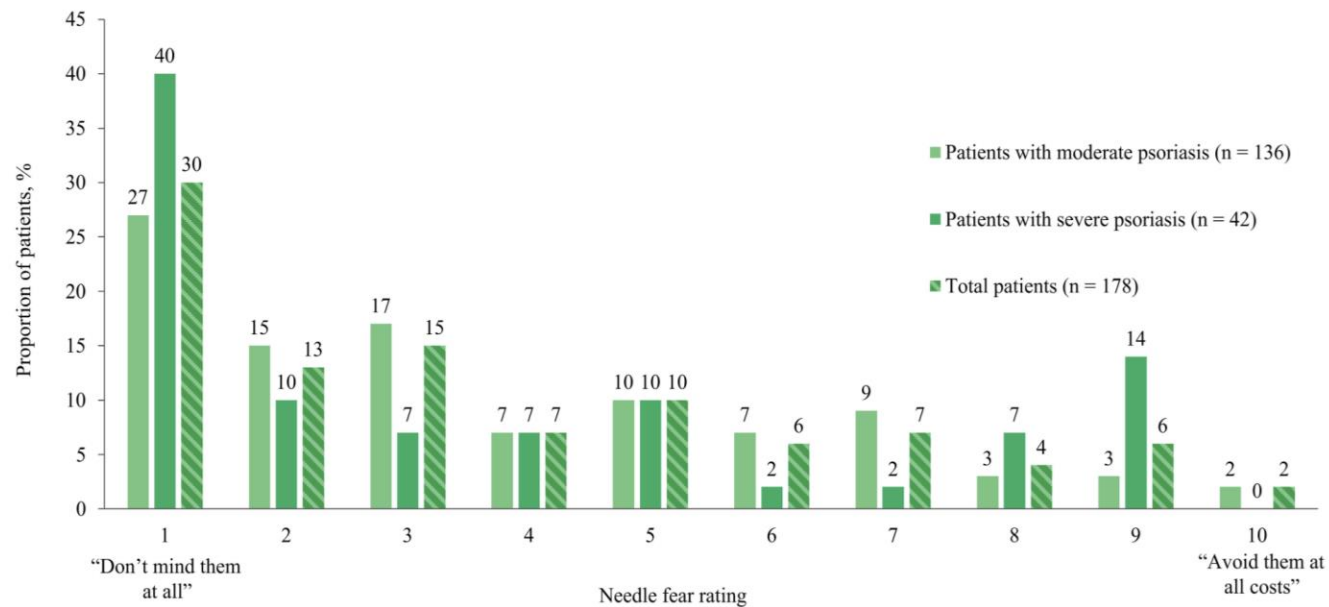


Mayumi Komine<sup>1</sup>  | Hyunchung Kim<sup>2</sup>  | Jingbo Yi<sup>3</sup> | Yichen Zhong<sup>4</sup> | Yoko Sakai<sup>3</sup>  
Bruce Crawford<sup>3</sup> | Katsuyoshi Habiro<sup>2</sup> | Yusuke Hikichi<sup>2</sup>  | Steven R. Feldman<sup>5</sup>

treatment characteristics are not well understood. A discrete choice experiment (DCE), informed by qualitative patient interviews, was conducted to assess patient preferences for different attributes of PsO treatments; 222 adult patients with moderate-to-severe PsO receiving systemic therapy participated in the DCE web survey. Better long-term efficacy and lower cost were preferred (preference weights  $p < 0.05$ ). Long-term efficacy had the highest relative importance (RI) and mode of administration was as important as the outcome attributes (efficacy and safety). Patients also preferred oral to injectable administration. In subgroup analyses by disease severity, residence, psoriatic arthritis as

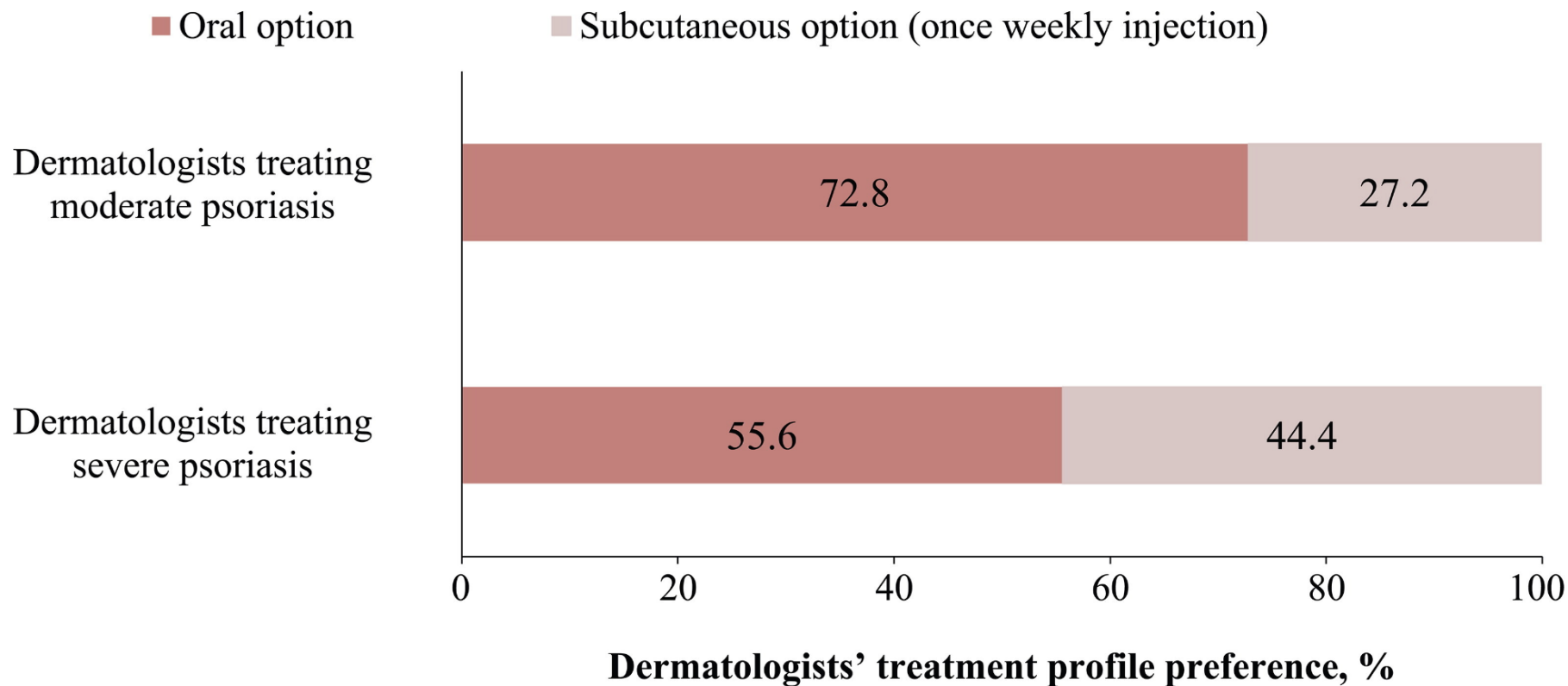
# Tradeoffs and decision-making in moderate to severe psoriasis for oral versus injectable treatments: data from patients and dermatologists in Australia

Saxon D. Smith, Simon Fifer, Meredith Edwards, Anne Walter, Yichen Zhong, Joe Zhuo, Bronwyn West & Lynda Spelman

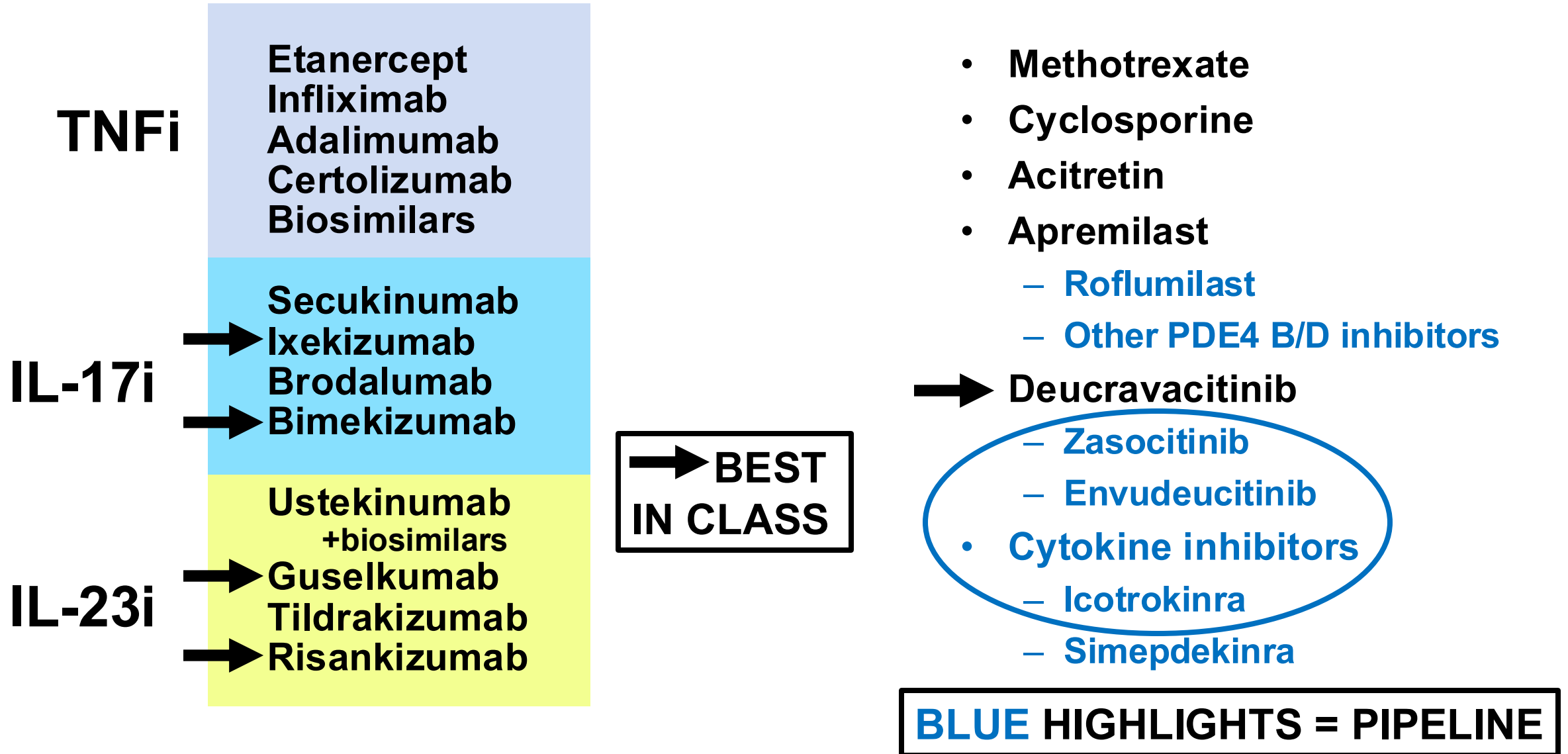


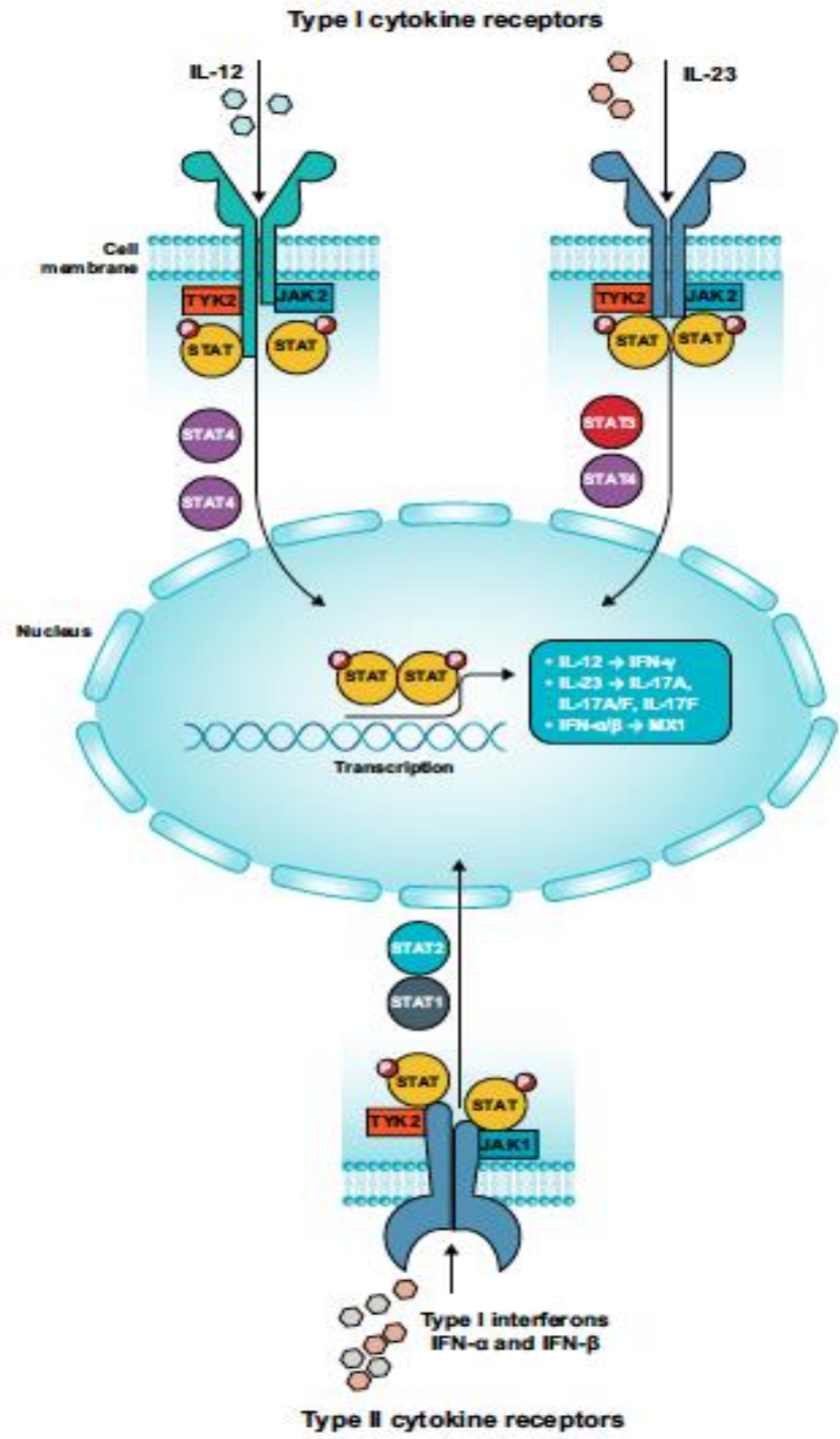
# Tradeoffs and decision-making in moderate to severe psoriasis for oral versus injectable treatments: data from patients and dermatologists in Australia

Saxon D. Smith, Simon Fifer, Meredith Edwards, Anne Walter, Yichen Zhong, Joe Zhuo, Bronwyn West & Lynda Spelman



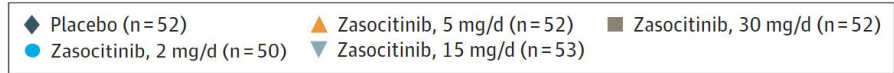
# Current and Future Biologic and Oral Drug Choices for PsO



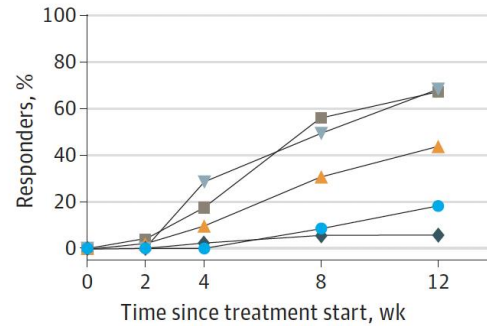


Zasocitinib and envudeucitinib are TYK2 inhibitors that block IL-23, IL-12, and type interferon signaling

# Zasocitinib: Phase 2, Short-Term Efficacy

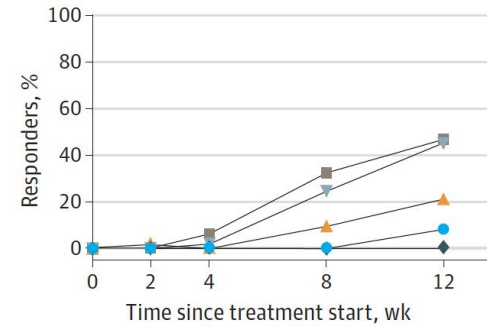


**A** PASI 75



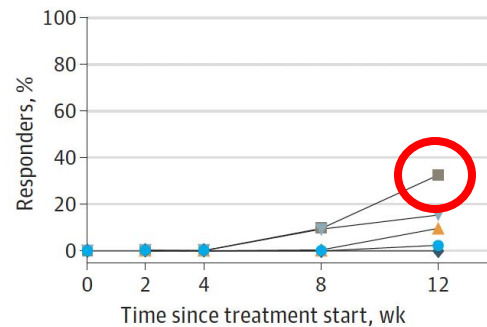
Response rate, No. (%)	0	2	4	8	12
Placebo	0	1 (2)	3 (6)	3 (6)	3 (6)
Zasocitinib 2 mg	0	0	4 (8)	9 (18)	9 (18)
Zasocitinib 5 mg	0	1 (2)	5 (10)	16 (31)	23 (44)
Zasocitinib 15 mg	0	0	15 (28)	26 (49)	36 (68)
Zasocitinib 30 mg	0	2 (4)	9 (17)	29 (56)	35 (67)

**B** PASI 90



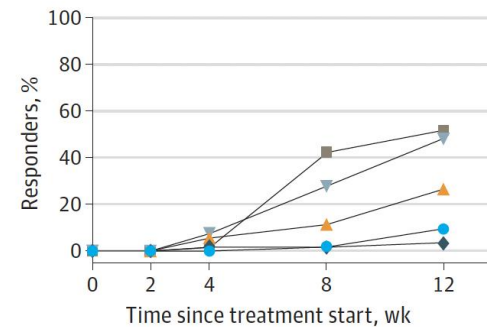
Response rate, No. (%)	0	2	4	8	12
Placebo	0	0	0	0	0
Zasocitinib 2 mg	0	0	0	0	4 (8)
Zasocitinib 5 mg	0	1 (2)	0	5 (10)	11 (21)
Zasocitinib 15 mg	0	0	1 (2)	13 (25)	24 (45)
Zasocitinib 30 mg	0	0	3 (6)	17 (33)	24 (46)

**C** PASI 100



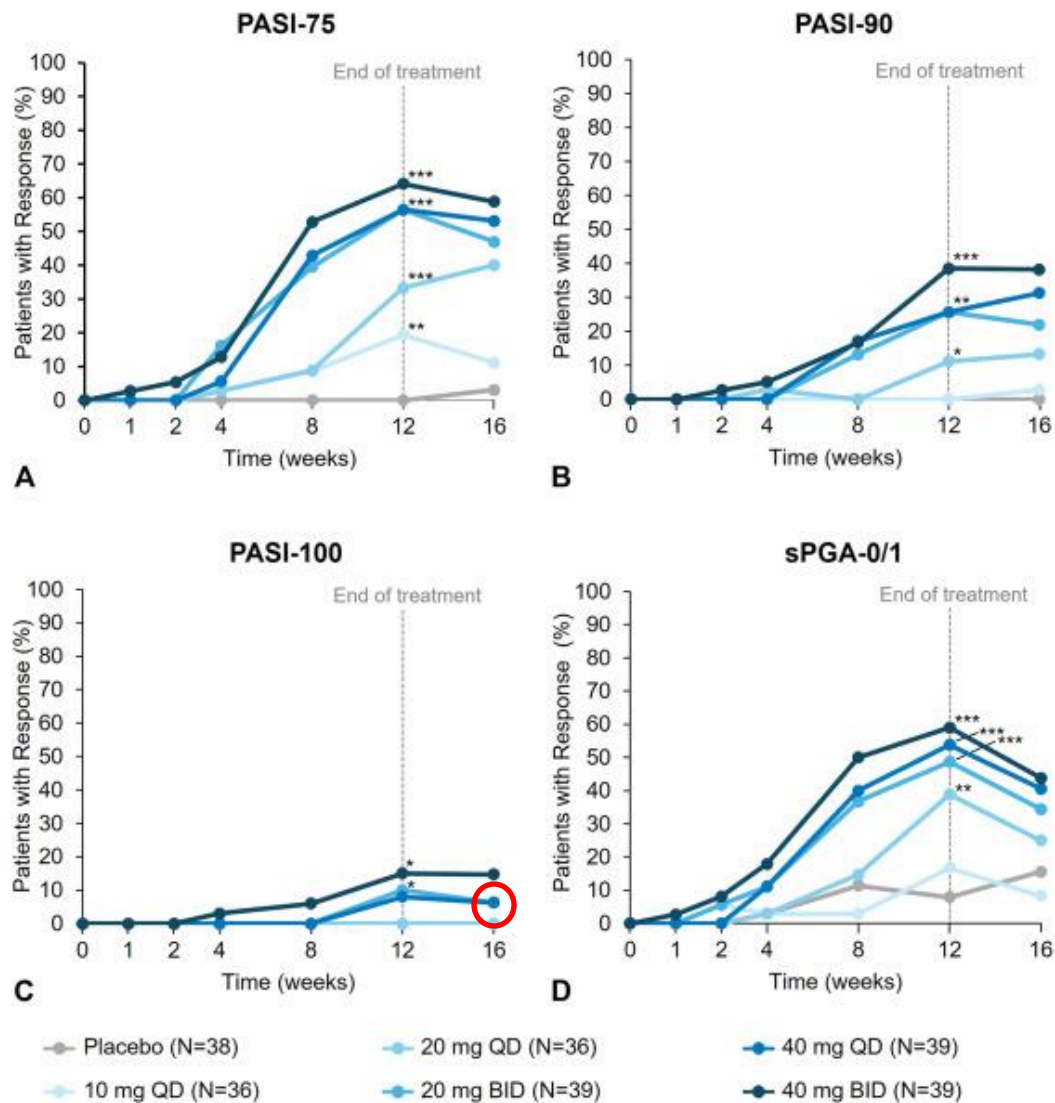
Response rate, No. (%)	0	2	4	8	12
Placebo	0	0	0	0	0
Zasocitinib 2 mg	0	0	0	0	0
Zasocitinib 5 mg	0	0	0	0	0
Zasocitinib 15 mg	0	0	0	0	0
Zasocitinib 30 mg	0	0	0	0	3 (6)

**D** PGA score of 0 or 1

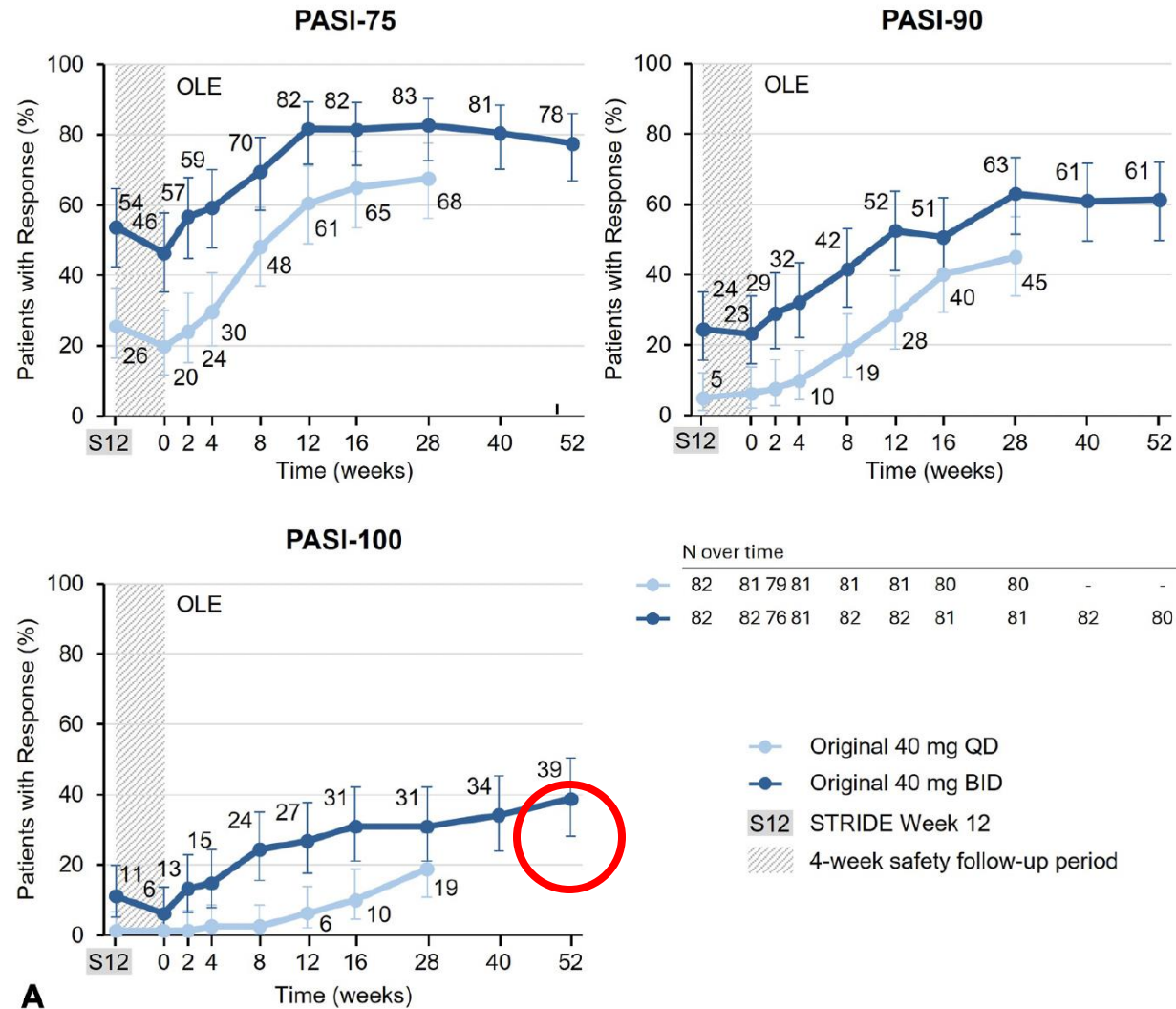


Response rate, No. (%)	0	2	4	8	12
Placebo	0	0	0	0	0
Zasocitinib 2 mg	0	0	0	0	0
Zasocitinib 5 mg	0	0	0	0	0
Zasocitinib 15 mg	0	0	0	0	0
Zasocitinib 30 mg	0	0	0	0	5 (10)

# Envudeucitinib: Phase 2, Short-Term Efficacy



# Envudeucitinib: Phase 2, Long-Term Efficacy



**A**

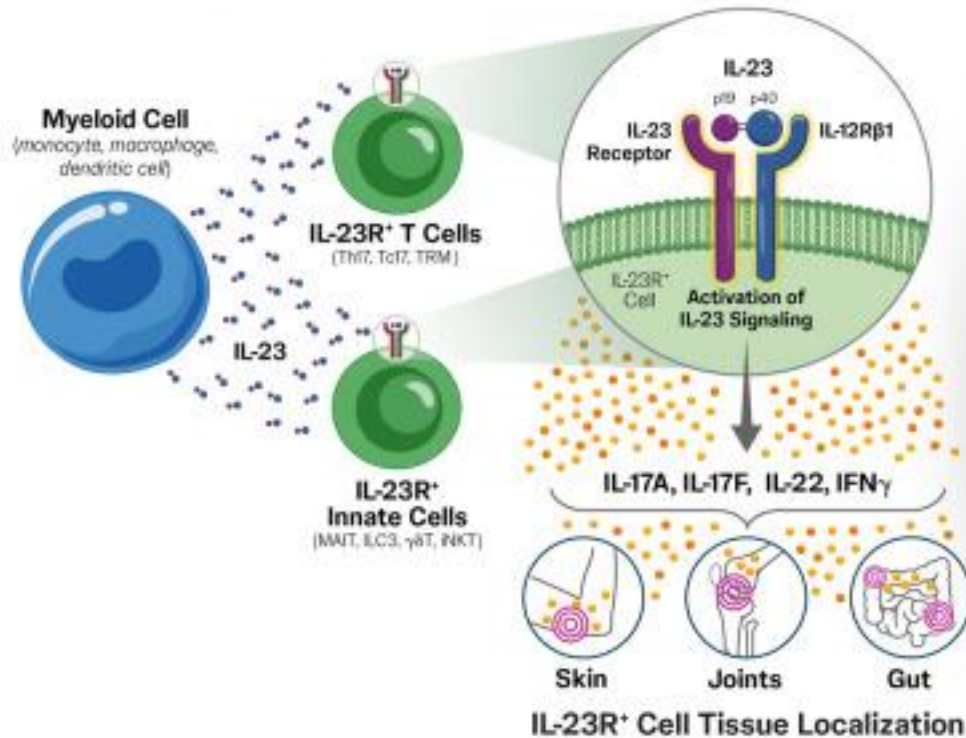
# Zasocitinib and Envudeucitinib Highlights

- Novel oral TYK2 inhibitors
- **Phase 2 efficacy better than deucravacitinib**
- **Phase 3 data being revealed** at AAD 2026 in Denver
- Also being studied in **PsA** and **lupus**
- **Approvals in 2027?**

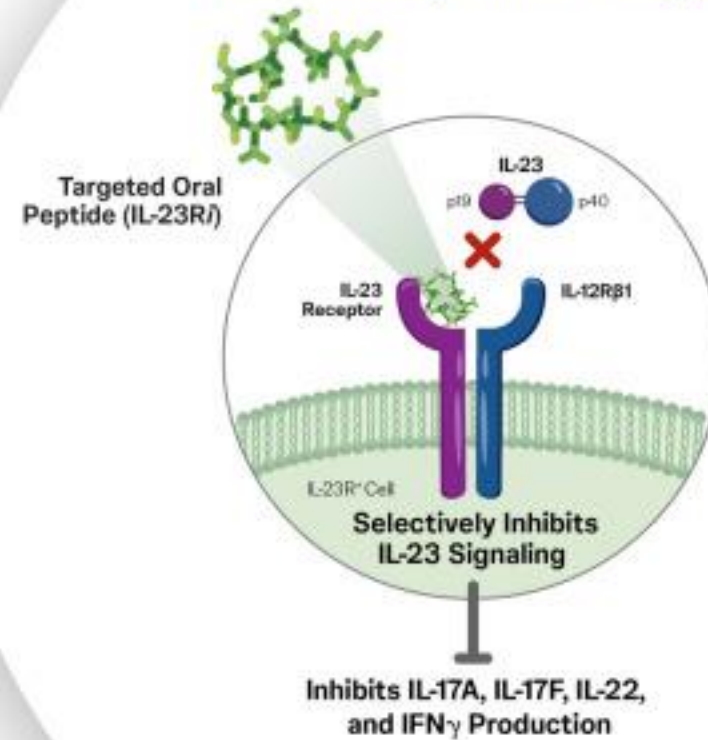
# Icotrokinra Blocks IL-23 from Binding to Its Receptor

## Pathogenesis of IL-23-Mediated Inflammatory Diseases

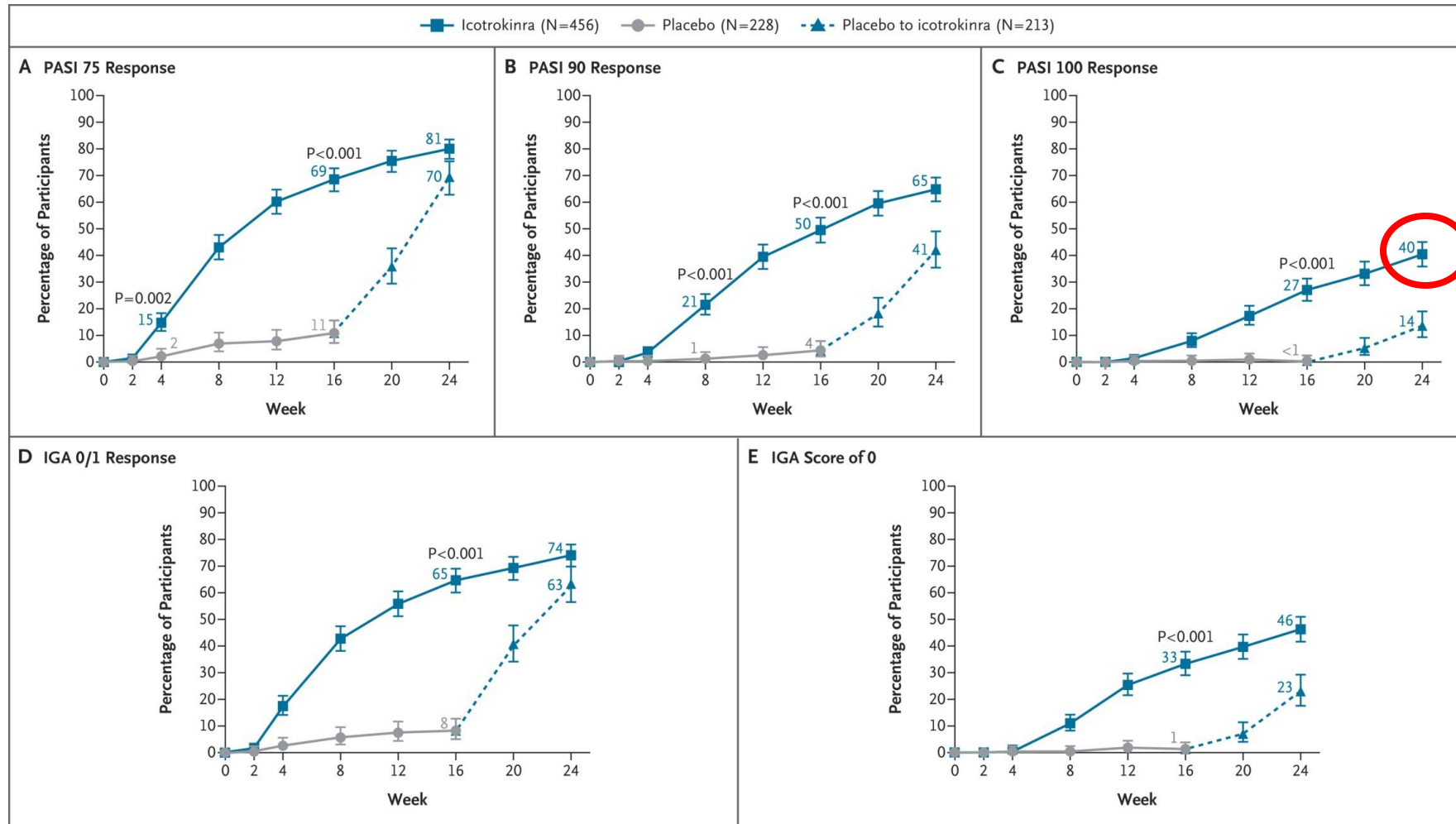
• Microbiome • Genetics/Epigenetics • Environment



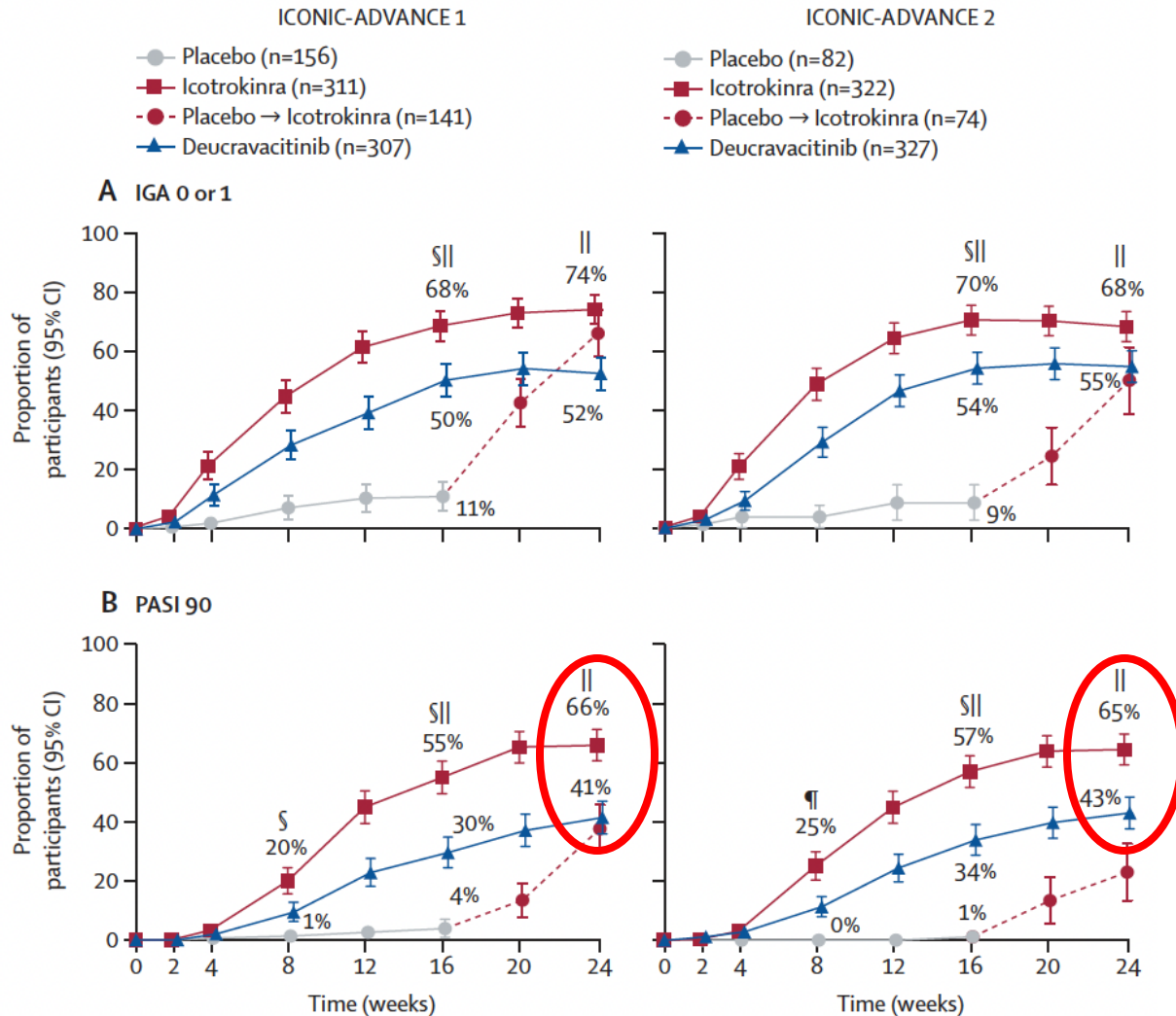
## Icotrokinra Blocks IL-23 From Binding to its Receptor



# Icotrokinra: Phase 3, Short-Term Efficacy

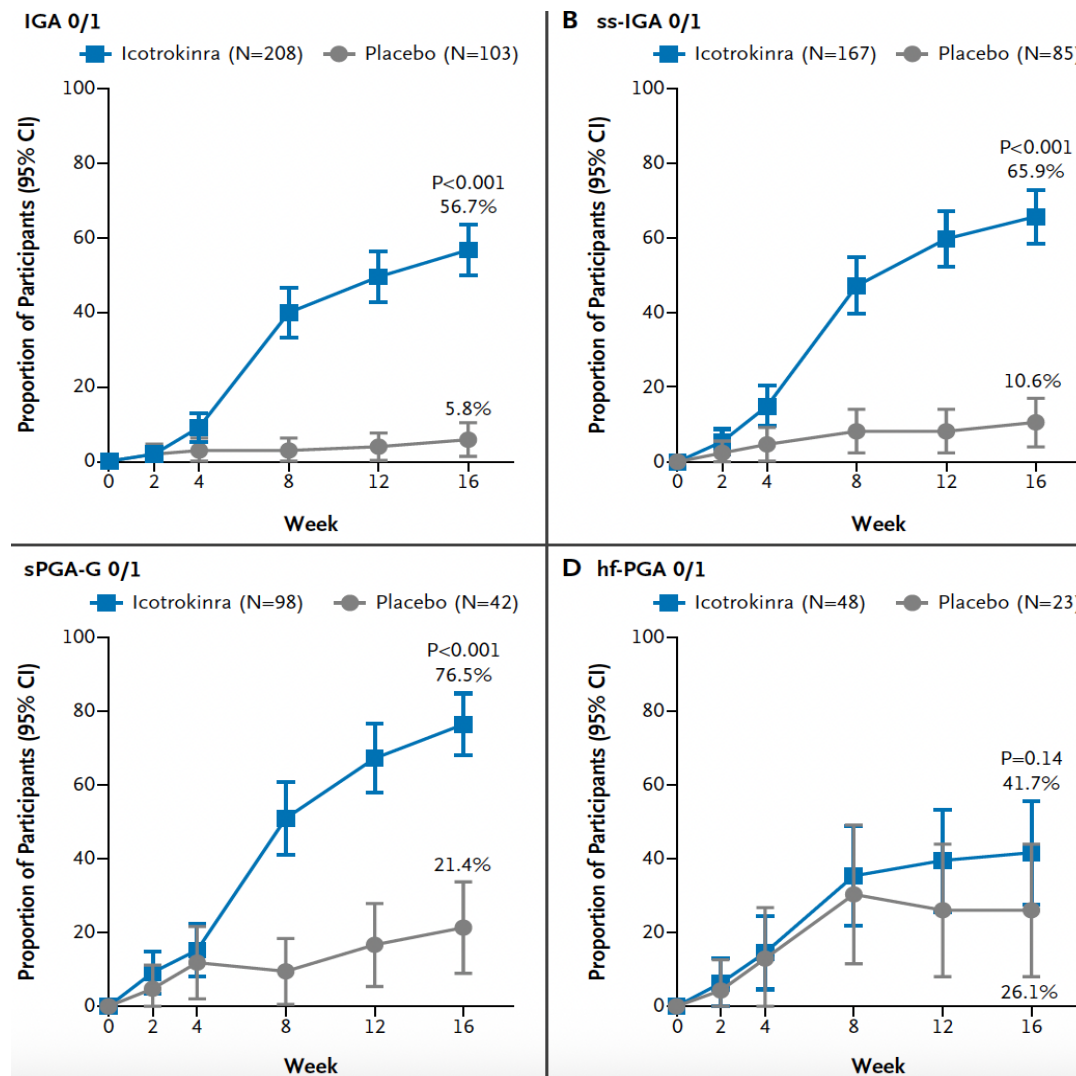


# Icotrokinra: Phase 3, Short-Term Efficacy vs Deucravacitinib



**Icotrokinra was statistically superior to deucravacitinib for both IGA 0/1 and PASI 90 in both studies**

# Icotrokinra: Efficacy in High-Impact Sites



# Icotrokinra: Summary



- Novel oral drug
- **Targeted peptide** that binds and **blocks the IL-23 receptor**
- **Once daily** dosing on empty stomach
- **Best efficacy for oral agent** to date
- Efficacy established in **high-impact sites**
- No major safety issues
- **Approval soon?**

# Oral vs Injectables?



- For patients, this is most often dictated by personal choice
  - **Patients with less severe disease prefer oral therapy**
  - Fear of needles depends on how many shots are involved, and the degree of pain associated with each injection
  - Refrigeration during travel can be a problem with shots
  - Cost is often a factor
  - **Patients don't want to compromise; they want it all: Efficacy, safety, and convenience**
- Engage in **shared-decision making** when choosing systemic therapy with your patients with psoriasis

# Key Learning Points



- Psoriasis has a huge impact on **overall quality of life**
- Don't undertreat it; **treat to clearance** or near clearance
- **Benefits of treating** psoriasis go beyond the skin
- Current **biologic choices are excellent**, especially IL-23 inhibitors
- **Emerging oral IL-23 inhibitors** provide excellent efficacy, safety, and convenience for patients
- **Patients often favor treatment with long-term efficacy, lower cost, and oral administration**



masterclasses in dermatology  
**saturday morning live**

PRESENTED BY THE **dermatologist**

Thank you!

[blauveltconsults@gmail.com](mailto:blauveltconsults@gmail.com)