

Abstract N°: 59

Online health information-seeking behavior of patients with psoriasis and its effect on health behavior and decision-making: An analytical cross-sectional study

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Introduction & Objectives:

The internet is a global network that enables us to obtain different types of information. Due to its wide reach, seeking information online has never been easier. The convenience it provides and the low cost associated with internet connectivity has made online health information-seeking behavior (HISB) popular behavior, and the world wide web the first source of information. Since information found online is unfiltered, those who seek health information on the internet are at risk of making bad decisions from misinformation (incorrect information) and disinformation (deliberately disseminated misinformation). Although online HISB has become popular behavior, its study among psoriasis patients in the Philippines is not yet available.

Materials & Methods:

This was an analytical cross-sectional study conducted from April to July 2023. The survey questionnaire underwent three forms of validity testing: construct equivalence, content validity, and face validity. The final self-administered questionnaire contained 14 items that were divided into patient profile (demographic data, disease duration and clinical severity of respondents), and online HISB (prevalence, the most commonly used platforms, types of health information sought, reasons for seeking these information, perceived reliability of health information found online, and effect of seeking health information online on their health behavior and decision-making).

Results:

A total of 181 psoriasis patients were included in the analysis. An overwhelming majority was found to engage in online HISB at 96.69%. Females were 9x more likely to participate in online HISB (p=.05) while age had no association with participating in online HISB. However, younger patients found online information more reliable (46.74%, p=0.044), were more influenced by what they read online (78.26%, p=0.019), bought products endorsed or advertised on social media (25%, p =0.029) and were more active in posting about their experiences online (44.4%, p=0.001).

Conclusion:

The results of this study strengthen the hypothesis that age plays a role in shaping health behavior and decision-making. Therefore, age should be considered as an important factor when developing tailored interventions and patient education strategies. Using social media the way that young adults use them will allow information to penetrate its target audience more. Reliable information that is communicated creatively through interactive and engaging content will enable the younger population to make more informed decisions; moreover, being present on multiple social media platforms reaches a wider audience with different preferences. Engaging in online HISB can have encouraging and beneficial effects to both patients and physicians. While patients can save on cost and gain mastery of their disease, healthcare providers can spend more time during consult addressing the psychosocial needs of patients, especially among those with psoriasis. When used correctly, online HISB can help promote health literacy and healthy behavior among Filipinos where the doctor-patient ratio in the country is

inadequate and skewed.



Abstract N°: 71

Rapid onset of action and quality of life improvements in Chinese patients with plaque psoriasis treated with calcipotriol plus betamethasone dipropionate aerosol foam

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Introduction & Objectives:

The aerosol foam formulation of the calcipotriol 50 µg/g (Cal) plus betamethasone dipropionate 0.5 mg/g (BD) fixed combination is an efficacious topical treatment for psoriasis, with greater efficacy than corresponding ointment or gel formulations1. A 4-week phase 3 trial in Chinese patients with plaque psoriasis has recently demonstrated superior efficacy and similar tolerability of Cal/BD foam compared with Cal/BD ointment2. Here, a post-hoc analysis of Week 2 data are reported, along with patient-reported outcomes.

Materials & Methods:

LP0053-2277 (NCT05919082) was a randomized, investigator-blind, active-controlled phase 3 trial. Adult Chinese patients with at least mild psoriasis were randomized in a 1:1 ratio to treatment with Cal/BD foam or Cal/BD ointment once daily for 4 weeks on the trunk/limbs. Exploratory endpoints included percent change in modified Psoriasis Area and Severity Index (mPASI; excluding face, scalp, genitals, and skin folds), percent change in body surface area (BSA) affected, change in Dermatology Life Quality Index (DLQI), and change in total Psoriasis Symptom Inventory (PSI) score – all from baseline to Week 4. Week 2 data were analyzed post-hoc.

Results:

Among the 604 patients randomized, 72.5% were male, the median age was 46 years, and the baseline patient characteristics were generally comparable across the treatment groups. At baseline, the median mPASI was 6.50 (range: 1.8–22.8), the median BSA affected was 5.0% (range: 2–30%), the median DLQI was 8.0 (range: 0–30), and the mean total PSI score was 11.0 (range: 0–32).

At both Week 2 and Week 4, the mPASI, BSA, DLQI, and total PSI scores showed statistically significant reductions from baseline, reflecting substantial improvements, in both treatment groups. For mPASI, the percent changes from baseline to Week 2 and Week 4 were statistically significantly greater with Cal/BD foam than with Cal/BD ointment (Figure 1).

Conclusion:

Rapid onset of action with clinically meaningful improvements in signs, symptoms, and quality of life were demonstrated for both Cal/BD foam and Cal/BD ointment in Chinese patients with plaque psoriasis. This is consistent with results previously reported for non-Chinese patients3.

References:

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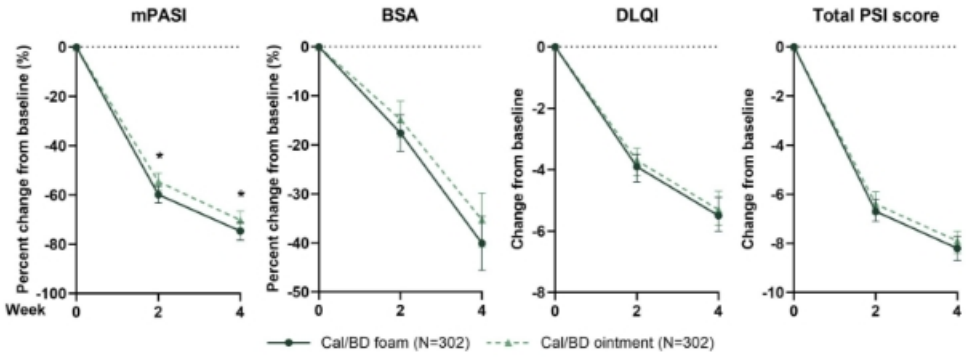


Figure 1. Improvements from baseline to Week 2 and Week 4 in mPASI, BSA, DLQI, and total PSI score. Data are shown as least square mean with 95% confidence interval. **P*<0.05 for Cal/BD foam vs. Cal/BD ointment. BSA=body surface area; Cal/BD=50 µg/g calcipotriol and 0.5 mg/g betamethasone dipropionate; DLQI=Dermatology Life Quality Index; mPASI=modified Psoriasis Area and Severity Index; N=number of patients in full analysis set; PSI=Psoriasis Symptom Inventory.



Abstract N°: 76

enthesis assessment in patients with chronic plaque psoriasis by hrus. a hospital based cross sectional study

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Introduction & Objectives:

Psoriasis is a chronic immune-mediated disorder affecting 2–3% of the population. While primarily a skin disease, it has systemic implications, including musculoskeletal involvement. Enthesitis, an inflammation at tendon and ligament insertions, is a hallmark of psoriatic arthritis (PsA) but can also occur in psoriasis without clinical arthritis. Early detection of subclinical enthesitis is essential to identify patients at risk for PsA progression. Ultrasonography (USG) is a reliable tool for detecting early entheseal changes, with the OMERACT scoring system providing a standardized method for assessing inflammatory and structural abnormalities.

Materials & Methods:

This prospective cross-sectional study was conducted at a tertiary care hospital in East India from January 2024 to January 2025. A total of 91 chronic plaque psoriasis patients were enrolled, with sample size determination based on previous prevalence data. Patients with psoriatic arthritis, systemic inflammatory conditions, or comorbidities like diabetes, hypertension, or cardiovascular disease were excluded. The Psoriasis Epidemiology Screening Tool (PEST) questionnaire was used to rule out PsA. Clinical evaluation included PASI and DLQI scoring. USG of 12 entheseal sites was performed by a single musculoskeletal radiologist using a high-resolution Voluson E6 ultrasound machine. The OMERACT scoring system was used to assess inflammatory (hypoechogenicity, thickening, Doppler signal) and structural (calcifications, enthesophytes, erosions) changes. Data were analyzed using SPSS, with $p < 0.05$ considered statistically significant.

Results:

The mean age of the study population was 42.8 ± 9.6 years, with a male-to-female ratio of 2.1:1. The mean PASI score was 7.2 ± 3.1, and the average disease duration was 2.3 years. Plaque psoriasis was the most common subtype (72%), followed by palmoplantar (10%) and scalp psoriasis (5%).Subclinical enthesitis was detected in 85.7% (78/91) of patients, with a total of 929 USG-positive sites.Structural abnormalities were observed in 75% (69/91) of patients, affecting 423 sites, including calcifications (351 sites), enthesophytes (60 sites), and erosions (12 sites).Inflammatory changes were present in 72 patients (506 sites), with thickening (480 sites), hypoechogenicity (11 sites), and PD signal (15 sites).The Achilles tendon (263 sites) was the most affected, followed by the triceps tendon (226 sites), distal patellar ligament (131 sites), quadriceps tendon (124 sites), and plantar fascia (100 sites).Higher PASI scores were significantly associated with entheseal abnormalities ($p < 0.05$), but no correlation was found with disease duration.

Conclusion:

This study highlights the high prevalence of subclinical enthesopathy in psoriasis patients, emphasizing **the** role of ultrasonography in early detection**.** The Achilles and triceps tendons were the most commonly affected sites, and increased** enthesis thickness was the most frequent** abnormality**.** A significant correlation** between PASI scores and entheseal changes reinforces the systemic inflammatory burden of psoriasis. The OMERACT scoring system provides a standardized, reliable method for assessing enthesitis, supporting the need for routine

musculoskeletal screening in psoriasis patients **to** enable** early intervention and prevent PsA progression**.**



Abstract N°: 137

Evaluation Of Plasma Homocysteine level As A Cardiovascular Risk Factor In Patients With Psoriasis

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease with a strong genetic predisposition and autoimmune pathogenic traits. Individuals with psoriasis are at an increased risk of several comorbidities including cardiovascular disorders. Hyperhomocysteinemia (HHcy) has been shown to be an independent risk factor for vascular diseases such as atherosclerosis.

Objective: This work was aiming at evaluating the level of plasma homocysteine in psoriatic patients and its relation to disease severity by PASI (Psoriasis Area and Severity Index) and assessment of possible relation between homocysteine and current or past cardiovascular disease.

Materials & Methods:

This was a cross sectional study conducted on 55 psoriatic patients (23 males and 32 females) . The studied cases were subjected to history taking, general examination, dermatological examination including evaluation using the Psoriasis Area and Severity Index (PASI) score and laboratory investigations including plasma homocysteine level (by Double-antibody sandwich enzyme-linked immunosorbent assay (ELISA)),Lipid profile, Blood sugar, C reactive protein (CRP),Echo cardiography and Doppler US.

Results:

A statistically significantly higher homocysteine was recorded in cases with increased carotid intima/media thickness (CAIMT) than those with normal CAIMT ($P<0.05$) so higher homocysteine levels positively correlated with CAD. A moderate strength positive correlation was detected between homocysteine and LVESD. Statistically significant higher PASI score, homocysteine level, and diastolic dysfunction were recorded in cases with Valve lesions vs. those without Valve lesions ($P<0.05$).

Conclusion:

There is a positive correlation between homocysteine and psoriasis severity. There is a positive correlation between homocysteine and cardiovascular diseases including increased CAIMT, valvular heart disease, diastolic dysfunction, ventricular hypertrophy and aortic root dilatation. Homocysteine can be used as a screening tool for cardiovascular risk in patients with psoriasis.

Tables:

Clinical and laboratory characteristics of the studied cases (n=55)

Categorical characteristic	N	%
Sex Male Female	 23 32	 41.8 58.2
Positive C-reactive protein (CRP)	14	25.5
Numerical characteristic	Median	Q1-Q3
Age (years)	48	33-60
Body mass index (BMI kg/m^2)	27	24.9-29.2
Systolic blood pressure (SBP mmHg)	110	100-120
Diastolic blood pressure (DBP mmHg)	70	65-80
Mean arterial pressure (MAP mmHg)	86.7	76.7-93.3
PASI score	22.3	15.9-27.7
Homocysteine (nmol/ml)	17	15.1-18
Total cholesterol (mg/dl)	182	134-203
Triglycerides (TGs mg/dl)	109	79-140
Low density lipoprotein cholesterol (LDL-C mg/dl)	106.6	62-132.8
High-density lipoprotein cholesterol (HDL-C mg/dl)	50	48-60
Random blood glucose (RBG mg/dl)	98	71-119

Cardio-vascular parameters of the studied cases (n=55)

Categorical characteristic	N	%
Diastolic dysfunction	28	50.9
Sclerotic mitral valve	30	54.5
Sclerotic aortic valve	18	32.7
Mitral regurgitation	15	27.3
Tricuspid regurgitation	16	29.1
Numerical characteristic	Median	Q1-Q3
Right common carotid artery thickness (RT CCA)	0.075	0.06-0.08
Left common carotid artery thickness (LT CCA)	0.075	0.062-0.08
Left ventricular end-systolic diameter (LVESD)	3.4	3.2-3.7
Left ventricular end-diastolic diameter (LVEDD)	5.2	4.5-5.5
Ejection fraction (EF %)	65	60-67
Fractional shortening (FS)	36	32-38
Posterior wall thickness (PWT)	1	0.9-1.1
Septal wall thickness (SWT)	1	0.9-1.1
Left atrial diameter (LAD)	3.66	3.4-4.1
Aortic root diameter (ARD)	2.8	2.5-3.2

Regarding ECHO parameters of the present study:

Diastolic dysfunction was present in 50.9 % of cases, sclerotic mitral valve in 54.5 % of cases, sclerotic aortic valve in 32.7 % of cases, mitral regurgitation in 27.3 % of cases, tricuspid regurgitation in 29.1% of cases, median LVESD was 3.2-3.7, median LVEDD was 4.5-5.5 and median EF was 65%.

Clinical and laboratory characteristics of CAIMT groups

Characteristic	CAIMT				Sig.
	Normal (<0.08 cm)		Increased		
Categorical	N	%	N	%	
Sex					
Male	12	48	11	36.7	.396
Female	13	52	19	63.3	
Age (years)					
≤48	20	80	9	30	<.001
>48	5	20	21	70	
Positive CRP	4	16	10	33.3	.142
Homocysteine (nmol/ml)					
≤15.9	14	56	6	20	.006
>15.9	11	44	24	80	
PASI score					
≤17.2	13	52	6	20	.013
>17.2	12	48	24	80	

Notes: N = absolute frequency. % (percentage) = relative frequency. Q1-Q3 = 25th – 75th percentiles.

This table shows a statistically significantly higher age and homocysteine (>15.9) in those with increased CAIMT vs. those with normal CAIMT.

Correlations of homocysteine and PASI score with study parameters

Parameter	Homocysteine		PASI score	
	r_s	Sig.	r_s	Sig.
Homocysteine	-	-		
PASI score	.772	<.001	-	-
Age (years)	.229	.092	.144	.295
BMI (kg/m^2)	-.121	.378	-.002	.987
SBP (mmHg)	.132	.338	.009	.950
DBP (mmHg)	.137	.320	.086	.534
MAP (mmHg)	.132	.337	.041	.765
Total cholesterol (mg/dl)	-.023	.866	.118	.389
TGs (mg/dl)	.219	.109	.229	.093
Calculated LDL-C (mg/dl)	-.092	.506	.041	.764
HDL-C (mg/dl)	-.088	.522	.014	.918
RBG (mg/dl)	.098	.478	-.068	.623
RT CCA	.230	.092	.140	.306
LT CCA	.407	.002	.217	.111
LVESD	.324	.016	.232	.089
LVEDD	.399	.003	.293	.030
EF (%)	.232	.088	.053	.703
FS	.205	.133	.002	.989
PWT	.550	<.001	.343	.010
SWT	.488	<.001	.263	.053
LAD	.138	.315	-.050	.716
ARD	.281	.038	.197	.148

Notes: r_s = Spearman's correlation coefficient. Sig. = significance (p-value).

Predictors of the likelihood of occurrence of increased CAIMT

Predictor	Univariate				Multivariate			
	Sig.	COR	95% CI		Sig.	AOR	95% CI	
			Lower	Upper			Lower	Upper
Age (years)								
≤48	<.001	r (1)			.002	r (1)		
>48		9.3	2.7	32.7		9	2.3	34.7
Positive CRP								
Negative	.149	r (1)			-	-	-	-
Positive		2.6	0.71	9.7				
Homocysteine (nmol/ml)								
≤15.9	.008	r (1)			.120	r (1)		
>15.9		5.1	1.5	16.8		3.9	0.7	21.4
PASI score								
≤17.2	.016	r (1)			.600	r (1)		
>17.2		4.3	1.3	14.2		1.6	0.3	8.9



Abstract N°: 158

Recommendations for approach to genital psoriasis physical exam, diagnosis, and treatment: a progress report from the Genital Psoriasis Wellness Consortium consensus panel

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Introduction & Objectives:

Genital psoriasis (gPsO) remains underdiagnosed and undertreated despite its substantial impact on quality of life (QoL). The sensitive nature of genital involvement contributes to diagnostic delays, patient distress, and treatment challenges. The absence of a specific ICD-10 code also limits data collation. The Genital Psoriasis Wellness Consortium consensus panel, a multidisciplinary group of 13 US-based board-certified clinicians specializing in the care of patients with gPsO, previously developed consensus statements regarding gPsO physical diagnosis and patient conversations, impact on patient QoL and interpersonal relationships, and treatment decisions. To build on this work, the Consortium conducted a follow-up initiative to refine best practices and expand guidance in 3 areas: 1) physical exam, diagnosis and patient conversations, 2) pediatric and adolescent treatment, and 3) adult and geriatric treatment.

Materials & Methods:

A modified Delphi process incorporating a nominal group technique was used to determine consensus. Sub-groups were formed to address the 3 key areas. A systematic literature review informed discussions and statement drafting.

An initial meeting identified core clinical questions to guide discussions. Each sub-group then held a virtual meeting to develop statements, which were voted on by the full panel. Statements were refined based on feedback and re-voted on in a second round.

Consensus was defined as ≥75% agreement (i.e., score of ≥5 on a 7-point Likert scale).

Results:

The panel emphasized the importance of comprehensive skin exams, including genital assessment, as part of routine PsO care. Clinicians should proactively discuss genital involvement with empathetic, nonjudgmental language to reduce stigma and discomfort. Verbal consent and the option for a chaperone should be standard practice. When forming a differential diagnosis, clinicians should consider lesion morphology and classify it as inflammatory, infectious, or neoplastic, as genital manifestations can differ from those in other areas.

When working with pediatric patients, shared decision-making among parents, patients (as appropriate for age), and clinicians should guide treatment to foster satisfaction and adherence. Adherence strategies (e.g., gamification) should be considered and incorporated into care plans. PsO care should align with routine pediatric care, especially vaccination schedules.

For adults and older patients, treatment decisions should be guided by comorbidities, concomitant medications, and health goals rather than age alone. Therapies with documented safety and efficacy in genital/intertriginous areas should be prioritized. Long-term corticosteroid use should be minimized, particularly due to skin fragility in older adults. Overcoming access and insurance coverage-based barriers is crucial. Simple, durable treatment regimens should be emphasized to improve adherence, particularly in the context of polypharmacy or cognitive challenges.

Conclusion:

This initiative offers a structured framework for evaluating and managing gPsO across age groups. By integrating best practices in communication, treatment selection, and individualized care, these recommendations aim to improve diagnosis, optimize treatment, and enhance adherence—leading to holistic improvements in overall patient outcomes. Future efforts should focus on implementation and equity in care access.



Abstract N°: 385

Excimer Light versus Topical Methotrexate 1% Hydrogel in Treatment of Scalp Psoriasis: Clinical and Dermoscopic Study

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Introduction & Objectives:

One of the most frequently impacted locations by psoriasis is the scalp. It is seen in about 80% of psoriasis cases worldwide, and its treatment is challenging.

Objective: To compare the efficacy and safety of excimer light versus topical methotrexate (MTX) 1% hydrogel in treatment of scalp psoriasis.

Materials & Methods: This randomized prospective intra-patient comparative study was carried out on 30 patients with scalp psoriasis.** Lesions were divided randomly into two areas: **Area A** and **Area B**. **Area A** received biweekly sessions of 308-nm excimer light and **Area B** received topical MTX 1% hydrogel once daily for 3 consecutive months. Psoriatic Scalp Severity Index (PSSI), itching score, patient satisfaction and dermoscopic red dots and white scales were used for assessment at the baseline, at the end of treatment protocol and 1 month after the last treatment session.

Results: Both treatment modalities induced significant improvement in PSSI, itching score and dermoscopic red dots and white scales ($p < 0.001$ for each). The mean percentage of improvement of PSSI was 75.82 ± 33.72 in **Area A** and 74.19 ± 31.64 in **Area B** with non-significant difference between both areas ($p = 0.763$). Moreover, the mean percentage reduction of itching score was 77.40 ± 24.61 in **Area A** and 67.67 ± 34.94 in **Area B** with non-significant difference between both areas ($p = 0.430$). Additionally, a notable improvement in dermoscopic red dots and white scales was observed in 83.3% of patients in **Area A** and in 60% in **Area B** at the end of treatment protocol with non-significant difference between both areas ($p = 0.518$) ($p = 0.436$). Marked patient satisfaction was noticed in both areas with non-significant difference between both areas ($p = 0.433$).

Conclusion: 308-nm excimer light and topical MTX 1% hydrogel are equally safe and effective treatment options for scalp psoriasis with minimal side effects.

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Abstract N°: 401

A Randomized, Double-blind, Vehicle-controlled Phase I Study Evaluating the Safety and Pharmacokinetic Profile of RSS0393 Ointment as a Single and Multiple Dose Ascending Local Dermal Administration in Healthy and Adult Subjects with Psoriasis

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Introduction & Objectives:

RSS0393 is a highly potent, selective PDE-4 inhibitor in development for once-daily topical treatment of chronic plaque psoriasis. This first-in-human study was objected to evaluate the safety, tolerability, pharmacokinetic parameters in healthy adults and also to evaluate the clinical response in patients with plaque psoriasis of RSS0393 ointment treatment.

Materials & Methods:

This phase 1, randomized, double-blind, vehicle-controlled, first-in-human study contained three parts (Clinicaltrials.gov, NCT 06308393). Part 1 was single-ascending dose (SAD) study in healthy subjects randomized (3:1) in 4 groups of 2 doses (0.01% and 0.03% of RSS0393) or corresponding vehicle to apply to about 2% – 20% of skin measured by the body surface area (BSA), respectively. Part 2 was a multiple ascending dose (MAD) study consecutively administrated for 10 days in healthy subjects randomized (3:1) in 3 groups of 2 doses or corresponding vehicle, respectively. Part 3 was a multiple dose groups study consecutively administrated for 28 days in psoriasis patients randomized (2:1) in 2 groups of 2 doses or corresponding vehicle (Figure 1). The primary endpoints of safety and tolerance were including treatment-emergent adverse events (TEAEs) and percent of local skin tolerance. Clinical response was measured by the percentage change in psoriasis area and severity index (PASI) score from baseline, the percentage of subjects' achieving physician's global assessment (PGA) score of 0 or 1 and which improvement ≥ 2 from baseline, and PASI75, etc.

Results:

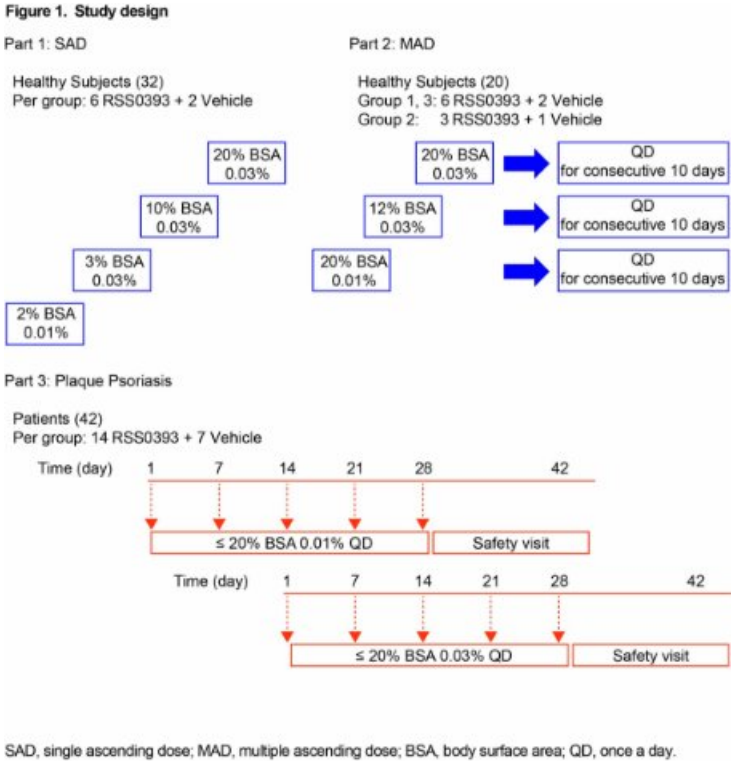
In total, 52 healthy subjects (32 of SAD and 20 of MAD) and 46 psoriasis patients were randomized. Demographics and baseline characteristics were balanced across groups. Most TEAEs in this study were mild or moderate. In healthy subjects of SAD and MAD, TEAEs occurred in 33.3% to 66.7% of RSS0393 groups while in 50% to 80% of vehicle groups. In psoriasis patients, the incidence of TEAEs in RSS0393 groups and vehicle was 71.4%, 64.7% and 33.33%, respectively. The majority of TEAEs were laboratory test abnormalities and no participants discontinued study due to TEAEs (Table 1). Additionally, the tolerability assessment of RSS0393 group

showed no skin irritation reported in healthy subjects, and several mild skin irritation cases in psoriasis patients (2 in physician's assessment and 3 in patient's assessment). As the exposure of RSS0393 through local dermal administration was low, the geometric mean of Cmax was from 47.7 to 62.0 pg/mL in SAD and from 95.9 to 109.0 pg/mL in MAD after the last dose. The mean percentage change in PASI from baseline was up to -56.8% in RSS0393 groups (vs. -25.3% in vehicle). Clinical response of PGA score of 0 or 1 and which improvement ≥ 2 from baseline and PASI 75 also outperformed in RSS0393 compared to vehicle (Table 2).

Conclusion:

Local dermal administration of RSS0393 showed acceptable safety and tolerance of in healthy subjects and potential efficacy in psoriasis patients. These results support further clinical development of RSS0393 ointment for plaque psoriasis.

Figure 1. Study design



SAD, single ascending dose; MAD, multiple ascending dose; BSA, body surface area; QD, once a day.

Table 1. Treatment-emergent adverse events

	SAD		MAD				PsO		
TEAE，n (%)	Total Vehicle (N=8)	Total RSS0393 (N=24)	Total Vehicle (N=5)	0.01% 20% BSA (N=6)	0.03% 12% BSA (N=3)	0.03% 20% BSA (N=6)	Total Vehicle (N=15)	0.01% (N=14)	0.03% (N=17)
Any TEAEs	4 (50.0)	12 (50.0)	4 (80.0)	2 (33.3)	1 (33.3)	4 (66.7)	5 (33.3)	10 (71.4)	11 (64.7)
Mild	4 (50.0)	11 (45.8)	4 (80.0)	2 (33.3)	1 (33.3)	4 (66.7)	3 (20.0)	9 (64.3)	9 (52.9)
Moderate	0	1 (4.2)	0	0	0	0	2 (13.3)	1 (7.1)	2 (11.8)
Severe	0	0	0	0	0	0	0	0	0
TEAE leading to study discontinuation	0	0	0	0	0	0	0	0	0
Serious TEAEs	0	0	0	0	0	0	0	0	0
TEAEs occurring in ≥ 2 participants in any groups									
Bilirubin conjugated increased	2 (25.0)	4 (16.7)	0	0	0	1 (16.7)	0	0	1 (5.9)
Blood triglycerides increased	0	2 (8.3)	3 (60.0)	1 (16.7)	1 (33.3)	0	1 (6.7)	1 (7.1)	2 (11.8)
Blood uric acid increased	0	0	2 (40.0)	0	1 (33.3)	2 (33.3)	0	0	0
Blood bilirubin unconjugated increased	0	1 (4.2)	0	0	0	2 (33.3)	0	0	0
Urinary occult blood positive	0	0	0	0	0	0	0	1 (7.1)	4 (23.5)
Blood lactate dehydrogenase increased	0	1 (4.2)	0	0	0	0	0	2 (14.3)	1 (5.9)
Hypophagia	0	0	0	0	0	4 (66.7)	0	0	0
Nausea	0	0	0	0	0	3 (50.0)	0	0	0
Abdominal discomfort	0	0	0	0	0	3 (50.0)	0	0	0
Headache	0	0	0	0	0	2 (33.3)	0	0	0
Dizziness	0	0	0	0	0	2 (33.3)	0	0	0
Hyperuricaemia	0	0	0	0	0	0	0	2 (14.3)	0
Sinus bradycardia	0	0	0	0	0	0	0	0	3 (17.6)
Ventricular extrasystoles	0	0	0	0	0	0	0	0	2 (11.8)

TEAE, Treatment-emergent adverse event; SAD, single ascending dose; MAD, multiple ascending dose; PsO, psoriatic patients.

Table 2. Demographic, baseline characteristics and clinical response of RSS0393 ointment in 4 weeks treatment

	Vehicle	RSS0393 Ointment	
		0.01%	0.03%
Baseline, n	15	14	17
Age, year (SD)	45.1 (14.1)	41.7 (11.3)	46.1 (8.8)
Male sex, n (%)	12 (80.0)	13 (92.9)	13 (76.5)
PASI, mean (SD)	7.5(2.6)	8.6 (2.1)	7.8 (3.6)
PGA score 2, n (%)	7 (46.7)	3 (21.4)	7 (41.2)
PGA score 3, n (%)	8 (53.3)	11 (78.6)	10 (58.8)
BSA, mean (SD)	7.3 (4.0)	9.8 (4.2)	7.9 (4.2)
4 Weeks, n	9	13	17
Percentage change in PASI from baseline, mean (SD)	-25.3 (17.3)	-46.3 (23.3)	-56.8 (21.3)
PGA score of 0 or 1 and which improvement ≥ 2 from baseline, n (%)	0	1 (7.1)	3 (17.6)
PASI 75, n (%)	0	0	3 (17.6)

SD, standard deviation; PASI, psoriasis area and severity index; PGA, physician's global assessment; BSA, body surface area.

PASI 75 indicates a reduction from baseline in the PASI score of at least 75%.



Abstract N°: 470

Switching from Intravenous to Subcutaneous Infliximab in Patients with Plaque Psoriasis

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Introduction & Objectives:

Infliximab (IFX) is a chimeric anti-TNFa IgG1 antibody approved for the treatment of immune mediated diseases including chronic plaque psoriasis (PsO). Since 2021 it has become available in Greece in a subcutaneous (SC) formulation, giving the opportunity to patients to self-administer at home after initial training.

This study aimed to report the efficacy and safety of elective switching from intravenous (IV) to SC IFX in patients with PsO.

Materials & Methods:

A retrospective analysis was conducted at a tertiary referral center involving 25 patients with PsO who were stable receiving IFX-IV for maintenance of remission (standard maintenance IFX-IV infusions 5mg/kg 8-weekly) and were switched to IFX-SC based on their physician's assessment. All patients were in clinical remission defined by the Psoriasis Area Severity Index (PASI) score of 90-100 and a Physician Global Assessment (PGA) score of 0 or 1.

The primary endpoint was disease deterioration during the follow up period, according to worsening in disease specific composite measures, which was defined as a PASI score 90 and a PGA score >1. Disease deterioration was also determined if there was an agreement between the patient and the investigator. Secondary endpoints included time to disease deterioration, IFX discontinuation and any clinical or laboratory adverse events.

Results:

After a mean follow up of 7 months, all the patients (100%) maintained stable disease without requiring treatment escalation, unscheduled visits or experiencing clinical or laboratory adverse events.

Conclusion:

These results suggest that switching from IFX-IV to IFX-SC is a safe and effective strategy for maintaining clinical remission, inactive disease or low disease activity in patients with PsO in a real world clinical setting.

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Abstract N°: 484

Positive associations between triglyceride-glucose (TyG) and TyG-body mass index (TyG-BMI) with cardiovascular disease in patients with psoriasis: Cross-sectional results from the SPEECH

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Positive associations between triglyceride-glucose (TyG) and TyG-body mass index (TyG-BMI) with cardiovascular disease in patients with psoriasis: Cross-sectional results from the SPEECH

Introduction & Objectives:

Patients with psoriasis have an increased risk of developing cardiovascular diseases (CVD), yet reliable markers for early risk assessment remain insufficient. The triglyceride-glucose (TyG) index and TyG-body mass index (TyG-BMI) have been identified as potential indicators of metabolic and cardiovascular risk in the general population. However, their specific role in psoriasis-related CVD has not been systematically evaluated. This study aimed to investigate the relationship between CVD and TyG and TyG-BMI in patients with psoriasis.

Materials & Methods:

This cross-sectional study utilized data from the Shanghai Psoriasis Efficacy Evaluation Cohort (SPEECH), which includes Chinese patients with moderate to severe psoriasis. Defined by strict inclusion and exclusion criteria, 1112 psoriasis patients were included. CVD included any cerebrovascular events and coronary atherosclerotic heart disease. Multivariate logistic regression and restricted cubic spline analysis (RCS) were used to examine the relationship between TyG, TyG-BMI, and CVD risk. Subgroup and sensitivity analyses were conducted to validate the robustness of the findings.

Results:

Among the study participants, 223 (20.1%) had CVD. Compared to non-CVD patients, those with CVD were older, had a higher BMI, a higher prevalence of hypertension and diabetes, a longer course of psoriasis, higher levels of blood glucose, triglycerides, and higher levels of TyG and TyG-BMI. Subsequent multivariate logistic regression analysis showed a significant positive association between TyG and TyG-BMI withCVD risk in psoriasis patients. RCS analysis showed that there was a dose-response relationship between TyG and TyG-BMI withCVD risk. Subgroup analysis showed that TyG and TyG-BMI were significantly associated with CVD in most subgroups. Patients who were excluded from systematic therapy were subjected to sensitivity analysis, and the results were consistent with the main analysis, suggesting a robust correlation between TyG and TyG-BMI and CVD.

Conclusion:

Elevated TyG and TyG-BMI indices are independently associated with CVD in psoriasis patients, suggesting their potential as practical markers for cardiovascular risk stratification in this population.



Abstract N°: 488

Impact of β-Blockers on Methotrexate Effectiveness in Psoriasis Patients with Comorbid Hypertension: A Retrospective Cohort Analysis

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Impact of β-Blockers on Methotrexate Effectiveness in Psoriasis Patients with Comorbid Hypertension: A Retrospective Cohort Analysis

Introduction & Objectives:

Psoriasis, a chronic immune-mediated inflammatory disease, is frequently associated with comorbidities such as hypertension. β-blockers, a cornerstone of anti-hypertensive therapy, have been implicated in potentially exacerbating psoriasis severity through mechanisms involving β-adrenergic receptor inhibition and subsequent pro-inflammatory cytokine upregulation. Conversely, methotrexate (MTX), a first-line systemic therapy for moderate-to-severe psoriasis, exerts anti-inflammatory and immunosuppressive effects. However, concerns persist that β-blockers may antagonize MTX efficacy, complicating treatment decisions in patients requiring dual management of hypertension and psoriasis.

Existing observational studies present conflicting evidence, with limited focus on clinically relevant endpoints such as Psoriasis Area and Severity Index (PASI) response rates. This study aims to address this knowledge gap by evaluating whether concurrent β-blocker use impacts MTX-induced PASI 75/90/100 achievement at 12 weeks in hypertensive psoriasis patients. Secondary objectives include exploring dose-dependent effects of β-blockers and identifying subgroups at potential risk for therapeutic interference.

Materials & Methods:

This retrospective cohort study utilized data from the Shanghai Psoriasis Effectiveness Evaluation CoHort (SPEECH), including 480 patients. Propensity score matching was performed in a 1:2 ratio, resulting in two cohorts. Outcomes were PASI 75/90/100 response rates at 12 weeks. Subgroup and sensitivity analyses were conducted.

This retrospective cohort analysis utilized data from the Shanghai Psoriasis Effectiveness Evaluation CoHort (SPEECH), a multicenter registry prospectively collecting clinical and demographic data from psoriasis patients in Eastern China. Inclusion criteria: adults (≥18 years) with moderate-to-severe plaque psoriasis (baseline PASI≥10), hypertension requiring pharmacotherapy, and initiation of MTX monotherapy (dose range: 7.5–15 mg/week). Exclusion criteria: concomitant biologic use, hepatic/renal dysfunction, or incomplete follow-up.

Results:

From 480 eligible patients, 149 β-blocker users were matched to 276 non-users.At 12 weeks, PASI 75/90/100 responses did not differ significantly between groups.No differential effects were observed across β-blocker subtypes or MTX dose tiers.

Conclusion:

This study provides robust evidence that β-blockers do not attenuate MTX efficacy in achieving PASI responses among hypertensive psoriasis patients. These findings alleviate concerns about β-blocker use in this population, supporting their safe continuation for cardiovascular risk management without necessitating MTX dose escalation

or alternative psoriasis therapies.



Abstract N°: 564

Adipose-Derived Regenerative Therapy for Psoriasis Vulgaris: Unlocking New Frontiers in Autoimmune Skin Disease Treatment

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Introduction & Objectives:

Psoriasis vulgaris is an inflammatory skin disorder characterized by the NF-kB activation and aberrant differentiation of keratinocytes and infiltrating immune cells that stop keratinocyte barrier functions. Some research postulated that mesenchymal stem cells (MSCs) from psoriatic patients' skin displayed immunomodulatory gene overexpression that encodes Th1 and TH17 cytokines, which made the skin in psoriatic patients lose their anti-inflammatory properties, further exacerbating the interactions between keratinocytes and immune cell. Adipose-derived regenerative therapy (ADRT), such as stem cells (ADSCs), stromal vascular fraction (SVF), secretomes/conditioned medium, and exosomes, are currently being studied for treating autoimmune diseases due to their immunomodulatory and anti-inflammatory properties. Furthermore, compared to stem cells originating from bone marrow or umbilical cord, ADRT has a minimum immunological rejection. ADSC can activate IL-2 expression and modulate the differentiation of naive T cells to regulatory T cells, thus modulating the expression and function of cytotoxic T Lymphocyte cells. Therefore, this review aims to gather the latest evidence from in vitro, in vivo, and clinical studies on the therapeutic efficacy of AT in psoriasis treatment and the mechanism and interplay of AT in psoriasis pathogenesis.

Materials & Methods:

The literature search was performed on PubMed and Scopus using the keywords combination of "adipose-derived stem cells" OR "mesenchymal stem cells" AND "psoriasis." A total of 344 articles were yielded. After resolving the duplicates and applying the inclusion and exclusion criteria based on population, intervention, comparison, outcome (PICO), and study design, 10 articles were included.

Results:

The application of adipose tissue (AT) and its derivatives—including stromal vascular fraction (SVF), stem cells, secretomes, and exosomes, via injection or topical administration, from both autologous and allogeneic sources—has demonstrated clinical improvement in a total of 34 psoriasis patients. This is displayed by reductions in Psoriasis Area and Severity Index (PASI), Body Surface Area (BSA) score, skin thickness, scaling, and improvements in quality of life.

The therapeutic mechanisms involve keratinocyte regulation, immunomodulation (decreasing pro-inflammatory cytokines and regulating adaptive immunity), oxidative stress reduction, regulating pro-angiogenic factors, and autophagy enhancement. The effectiveness of therapy appears to be dose-dependent, with benefits lasting up to 2 years, although some cases reported relapse within 2 months after ADRT-based therapies. ADRT-based therapies are generally safe, with minimal side effects such as mild burning, pain, erythema, transient increase in blood pressure, flu-like symptoms, headache, dizziness, and transient fever.

Conclusion:

ADRT-based therapies have shown efficacy at both preclinical and clinical levels. ADRT and its derivatives demonstrate significant potential as therapeutic options for psoriasis, particularly in cases refractory to conventional treatments with a low relapse rate and a favorable safety profile.



Abstract N°: 577

Best responders to calcipotriol/betamethasone dipropionate (CAL/BDP) PAD-cream: six case reports of patients with mild-to-moderate plaque psoriasis

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Introduction & Objectives: Individual endpoints from phase 3 trials have demonstrated the high efficacy and convenience of calcipotriol/betamethasone dipropionate (CAL/BDP) cream based on polyaphron dispersion (PAD) technology for the treatment of adults with mild-to-moderate psoriasis. Recently, a *post-hoc* pooled analysis of the two phase 3 trials showed that, after the recommended 8-week treatment period, more than one in four patients treated with CAL/BDP PAD-cream achieved a best response composite endpoint (defined in Materials & Methods). When compared to CAL/BDP gel, the active comparator in the phase 3 trials, the result was statistically significant, with a higher best response rate observed for CAL/BDP PAD-cream than CAL/BDP gel (27.4% vs. 16.1%; $p<0.0001$) at Week 8. The aim of this analysis is to provide further insights into the demographic characteristics and outcomes of some best responder patients to CAL/BDP PAD-cream.

Materials & Methods: We report six cases of best responders to CAL/BDP PAD-cream from the MC2-01-C7 trial (NCT03802344), in which patient photographs were taken at baseline and at each study visit. Best responders were defined as patients achieving at Week 4 and/or Week 8 a restrictive composite endpoint made by the combination of: 1) Physician's Global Assessment (PGA) controlled disease (i.e., any improvement in PGA to score of 0-1 from baseline), 2) modified Psoriasis Area and Severity Index (mPASI) success (i.e., mPASI <2) and 3) Dermatology Life Quality Index (DLQI) satisfaction (i.e., DLQI 0-1). For each patient, demographic and clinical characteristics are presented.

Results: Six male patients with mild-to-moderate psoriasis are analysed, with a mean age of 54.7 years (range: 34-68 years), a mean body mass index (BMI) of 28.8 kg/m2 (range: 22.3-36.3 kg/m2) and a mean psoriasis duration of 15.0 years (range: 0.0-25.6 years). PGA, mPASI, and DLQI results per patient at baseline, Week 4 and Week 8 are shown in Table 1. Although all patients were best responders at Week 8, two of them had already reached best response at Week 4. Case 2 and Case 5 demonstrated an early response to the composite endpoint, as both patients achieved a PGA score of 0-1, an mPASI <2 and a DLQI score of 0-1 by Week 4.

Conclusion: We present six case reports demonstrating the efficacy of CAL/BDP PAD-cream in treating mild-to-moderate psoriasis while improving patients' quality of life. Despite the existing variability in key baseline characteristics, this entire group of patients reached the restrictive best response composite endpoint, which combines two efficacy outcomes (PGA and mPASI) and one quality of life outcome (DLQI) after 8 weeks of treatment. Furthermore, two of them showed an early response after only 4 weeks of treatment with CAL/BDP PAD-cream.

Table 1. PGA, mPASI and DLQI at baseline, Week 4 and Week 8

Case Number	PGA			mPASI			DLQI		
	Baseline	Week 4	Week 8	Baseline	Week 4	Week 8	Baseline	Week 4	Week 8
1	3	1	1	5.4	2.2	1	11	0	0
2	2	1	1	0.8	0.4	0.4	1	0	0
3	3	2	1	3.6	1.8	0.4	1	0	1
4	3	2	0	7.2	4.8	0	11	4	0
5	3	1	0	4.8	1.8	0	10	0	0
6	3	2	1	7.8	1.4	1.5	5	2	1

PGA, Physician's Global Assessment; mPASI, modified Psoriasis Area and Severity Index; DLQI, Dermatology Life Quality Index.



Abstract N°: 611

comparative efficacy of topical methotrexate and topical tazarotene in psoriasis vulgaris

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Introduction & Objectives:

Psoriasis vulgaris is a chronic inflammatory dermatological disorder, influenced by both genetic and environmental factors.Topical therapy is the preferred treatment in psoriasis affecting <10% body surface area (BSA). Topical forms of methotrexate have been tried in different concentrations with varied results.Topical tazarotene has proven effective in controlling psoriasis by modulation of abnormal keratinocyte differentiation. Current literature lacks a comparative analysis of the efficacy of topical methotrexate and topical tazarotene. This study aims to compare the effectiveness of these two treatments in psoriasis vulgaris.

Material and methods: Patients of psoriasis vulgaris with <10% BSA, not lactating and not desirous of pregnancy during the study period were included in the study.** Patients were instructed to apply topical methotrexate on all plaques on one side of body and topical tazarotene on all plaques on other side of body twice daily. Clinical assessment was done on 2nd, 4th, 6th and 8th week and Psoriasis Area and severity index (PASI) and modified Psoriasis Area and severity index(mPASI) score was calculated.

Results: 35 patients were included in the study. 31 completed the study period and 4 were lost to follow up.Mean PASI score reduced by 27.5% at end of 8 weeks. A reduction of 32.05% was observed in mean mPASI score on methotrexate side and 25% reduction was observed in mean mPASI score on tazarotene side.(p=0.982). Adverse effects, such as itching, burning and irritation was observed in was observed in 25% patients on methrotrexate side and 16% patients on tazarotene side.No systemic side effects were observed.

Conclusion: Topical methotrexate and topical tazarotene are mildly effective in treatment of psoriasis vulgaris with comparable efficacy. Adverse effects of both topical methotrexate and topical tazarotene were mild and well tolerable. However their use as monotherapy cannot be advocated from the study findings.

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Abstract N°: 618

Racial and Ethnic Differences in Quality of Life, Health Care Access, and Resource Utilization in Patients with Psoriasis

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Introduction & Objectives: This cross-sectional, web-based survey explored differences in quality of life(QoL), health care access, and resource utilization by race/ethnicity in patients(pts) with psoriasis(PsO).

Materials & Methods: The survey included USA-based adults with self-reported PsO recruited by the National Psoriasis Foundation and the AmeriSpeak panel. Survey questions covered participants' disease knowledge and perception of illness, health care access and utilization, and impact on QoL (measured using the Dermatology Life Quality Index [DLQI]).

Results: Analysis reports on completed surveys from 285 adults (mean age:46.7 years; females:48.8%); 194 (68.1%) were White, 55 (19.3%) Black/African American(BAA), 18 (6.3%) multiple races, 10 (3.5%) Asian, 5 (1.8%) American Indian/Alaskan Native(AI/AN), 3 and (1.1%) Native Hawaiian/Other Pacific Islander(NH/OPI); 58 [20.4%] were Hispanic/Latino(HSP/L). Twenty (34.5%) HSP/L participants reported moderate/severe PsO in the month before survey. Moderate/severe PsO was reported by 89 (45.9%) White, 20 (36.4%) BAA, 14 [77.8%] multiple races, 7 (70%) Asian, 2 (66.7%) NH/OPI, and 2 (40%) AI/AN participants. Based on the DLQI scores, 23 (39.7%) HSP/L, 11 (5.7%) White and 23 (41.8%) BAA participants indicated PsO had an 'extremely large effect' on QoL. Three most common sources of support identified for PsO management were dermatologists (BAA: 30 [54.5%], HSP/L: 29 [50.0%], White: 94 [48.5%]), primary care providers (BAA: 24 [43.6%], HSP/L: 19 [32.8%], White: 79 [40.7%]), and online resources (BAA: 16 [29.1%], HSP/L: 20 [34.5%], White: 65 [33.5%]). BAA (42 [76.4%]) and HSP/L (37 [74.0%]) pts trusted their health care providers (HCPs) "somewhat", "a little bit", or "not at all" (NH/OPI: 2 [66.7%], AI/AN: 2 [50.0%], multiple races: 6 [40.0%], White: 59 [36.9%]). During a flare, 29 (52.7%) BAA and 33 (66.0%) HSP/L pts took at least 2 months to get an appointment with their HCP (White: 25 [15.6%], Asian: 2 [22.2%], NH/OPI: 1 [33.3%]). BAA (36 [65.5%]) and HSP/L (33 [66.0%]) took at least 30 minutes of travel time to visit their HCPs (Asian: 3 [33.3%], White: 53 [33.1%], multiple races: 5 [33.3%]). BAA and HSP/L pts more reported usually using non-medical interventions/home remedies (17 [30.9%] and 22 [37.9%], respectively) for flare-up vs White pts (31 [16.0%]). BAA (23 [41.8%]) and HSP/L (22 [37.9%]) pts had higher rates of emergency room visits during flare-ups vs White pts (4 [2.1%]).

Conclusion: There are significant racial/ethnic disparities in PsO management, health care access, and QoL. BAA and HSP/L pts reported more emergency room visits, reliance on over-the-counter treatments and home remedies, longer travel times to HCPs, and greater delays in securing appointments during flares vs White pts. There is a need for targeted interventions to address the challenges faced by racial and ethnic minorities in managing PsO and accessing timely, effective care.

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Abstract N°: 808

Peripheral galectins levels in relation to cardiometabolic complications in psoriasis

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Introduction & Objectives:

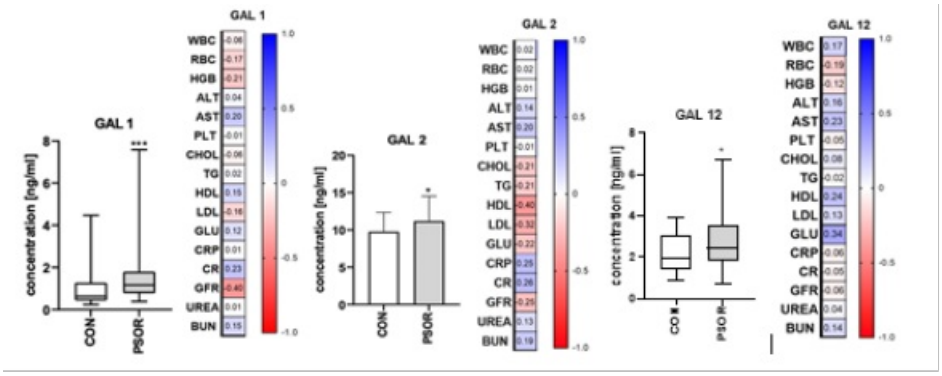
Psoriasis is a complex inflammatory systemic disease associated with many comorbidities. Metabolic complications leading to cardiovascular incidences are the cause of increased mortality in psoriatic patients. Galectins (gal) are beta-galactoside-binding lectins that exert various functions. They have been hardly ever or even never assessed in psoriasis. Gal-1 is involved in atherosclerosis, participates in the regulation of keratinocyte proliferation and influences the immune response in several autoimmune diseases. Gal-2 is engaged in immune response, angiogenesis, apoptosis. Gal-12 is involved in cell death, proliferation and regulatation of skin immune response. It has a prominent role in obesity, atherosclerosis and carbohydrates metabolism disorders which are most common psoriasis comorbidities. We aimed to determine potential role of galectins in psoriasis and its metabolic complications.

Materials & Methods:

Plasma concentrations of galectins (gal) 1, 2 and 12, then serum and urinary concentrations of tumor necrosis factor (TNFα), endothelin (ET-1) and alpha-1-acid-glicoprotein (α1AGP) were assessed by ELISA in 60 psoriatic patients and 30 healthy volunteers. Psoriasis severity was assessed using Psoriasis Activity and Severity Index (PASI), basic laboratory parameters were examined.

Results:

Plasma concentrations of galectins were significantly higher in patients than controls ($p<0.05$, for gal-1 $p<0.001$). Gal-1 and 12 significantly negatively correlated with GFR ($p<0.05$, $p<0.001$ respectively), and gal-2 with HDL ($p<0.05$). Gal-2 significantly positively correlated with CRP and gal-12 with glucose ($p<0.05$, $p<0.01$ respectively). Serum TNFα, ET-1 and α1AGP were significantly higher in patients compared to controls ($p<0.001$, for ET-1 $p<0.05$). TNFα was undetectable in the urine in half of patients. The urinary ET-1/creatinine concentration ratio was significantly lower in psoriatics than controls ($p<0.001$), whereas the absolute urinary α1AGP/creatinine ratio insignificantly different. There was no correlation between serum, plasma or urinary markers and PASI.



Conclusion:

We investigated the role of gal-1, gal-2 and gal-12 in psoriasis, and we were the first to report on the potential role of the latter two in this dermatosis. Galectins studied and serum TNFα, ET-1 and α1AGP could be potential markers of metabolic complications in psoriatics. ET-1 could serve as an urinary marker of metabolic disorders and gal-2 of inflammation, gal-1,-12 could be predictors of renal impairment in psoriasis. Additionally, gal-12 might be considered a marker of carbohydrate metabolism disorders in psoriatics.



Abstract N°: 813

Instrumental Method in the Assessment of Nail Involvement in Psoriasis

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Introduction & Objectives:

Psoriasis is an autoinflammatory disease associated with keratinocyte dysfunction and pathology of the Th17/ IL23 immunologic axis. Psoriatic lesions are predictors of psoriatic arthritis. Therefore, analyzing the nail plate lesion is part of the treatment strategy.

The current evaluation of nail lesions in psoriasis is based on the analysis of its visible part (NAPSI), which includes: depressions, oil spots, leukonychiae and nail plate destruction (onycholysis, splinter hemorrhages, subnail hyperkeratosis). However, these lesions are preceded by changes in the matrix of the nail plate, which are prognostically more important, relevant and not a late delayed phase of psoriasis as changes on the visible part of the nail.

We suggest that in daily practice we should not rely on the eye assessment data (NAPSI) but on a new index we have proposed (MAPSI). This index is formed on the basis of a clearer instrument than the eye - the ultrasound transducer. Given the non-invasive but greater specificity of NAPSI, we argue that it is more effective in the therapeutic algorithm and can be used not only as a prognostic marker of psoriasis severity, but also as a basis for decision making on stopping, continuing, intensifying antipsoriatic therapy.

Materials & Methods:

A cohort case-control study with a sample of 25 patients based at our center for the period from January 2023 to January 2025 was conducted. The study group included 17 males and 8 females with established diagnosis of nail psoriasis under systemic antipsoriatic therapy (Mtx, CsA, iIL17, -12/23,23, TNF, iTYR2). All patients, including a control group of 20 patients without psoriasis, underwent nail matrix evaluation with an Esaote Mylab Twice ultrasound machine using a high-resolution 18 MHz compact linear transducer. The data were statistically evaluated.

Results:

Nineteen (76%) of the 25 patients studied had a reduction in psoriasis recurrence compared to the control group. In 14 (56%) patients during the next 6 months there were no complaints of joint pain, even after withdrawal of antipsoriatic therapy, in 4 (16%) patients previously receiving iIL17 it was possible to avoid the development of severe forms of candidiasis, including 2 (8%) patients resistant to azole therapy, in 3 (12%) patients to reduce the risk of bacterial pneumonia, registered earlier on iTNF background.

Conclusion:

Our study demonstrated the efficacy of nail matrix ultrasound analysis in patients with psoriasis under systemic therapy. The data obtained from matrix ultrasound helps to improve the efficacy of patient treatment, optimize

therapy, and reduce the incidence of adverse events from biologic therapy.



Abstract N°: 845

Subacute Annular Pustular Psoriasis with flexural accentuation: Dramatic response to Risankizumab

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Introduction & Objectives:

Annular pustular psoriasis (APP) is a rare variant of pustular psoriasis presenting with annular erythema, sterile pustules and a subacute-chronic course. Risankizumab is an interleukin-23 (IL-23) inhibitor previously used in APP refractory to other biologics. We report a case of subacute APP responding dramatically to Risankizumab.

Materials & Methods:

A 48-year-old Chinese male presented with four months of a pustular rash. He denied new contactants or medications and had no features of autoimmunity. He was afebrile and non-toxic. Examination revealed erythematous annular plaques with a studded rim of pustules over the flanks, flexures, axillae and groin creases. No hypopyon was seen. There were also thick scaly psoriatic plaques over the scalp.

Results:

Skin biopsy showed a subcorneal pustule with neutrophilic spongiosis and exocytosis. Direct immunofluorescence was negative. A diagnosis of subacute APP was made. Risankizumab and high potency topical corticosteroids were started with skin desquamation seen by day two, and marked improvement within a month. Complete clearance was achieved at 15 weeks, and no adverse effects were reported.

Conclusion:

IL-23 and IL-17 expression has been reported in pustular psoriasis, and the success of Risankizumab in treating our patient further strengthens the role of IL-23/Th17/IL-17 axis in its pathogenesis. The optimal treatment for APP is still unknown, and this report highlights the safety and efficacy of Risankizumab as an important treatment modality in APP.



Abstract N°: 876

Comprehensive analysis of pustular psoriasis: Clinical characteristics, treatment outcomes, and relapse patterns in a specialized dermatology Center

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Introduction & Objectives:

Pustular psoriasis is a rare, immune-mediated skin disorder characterized by pustules on an erythematous base, presenting various clinical manifestations[1]. This study describes the clinical, demographic, and treatment characteristics of patients diagnosed with pustular psoriasis at a dermatology department in a high-complexity hospital.

Materials & Methods:

A descriptive, observational study was conducted with 50 patients diagnosed with pustular psoriasis, treated at a dermatology department between 2012 and 2023. Data were extracted from electronic records, ensuring unbiased inclusion. The study aimed to analyze the presentation, management, and follow-up of pustular psoriasis.

Results:

The study included 50 patients, 64% of whom were female. The mean age was 31.26 years (SD: 15.43), with a range from 16 to 81 years. Most patients (84%) were from a specific region. The median age was 25.5 years, with a range from 16 to 81 years. Time to primary care was within 1-2 weeks for 40%, and the first consultation was in outpatient settings for 44%. The most common initial diagnoses were impetigo (18%), drug reactions (14%), and folliculitis (10%). In dermatology, 54% were attended outpatient, and 46% in emergency services. Generalized pustular psoriasis (82%) was the most common diagnosis. Confirmatory skin biopsy was performed in 98% of cases. Initial treatments included systemic therapy for 86% of patients, with cyclosporine most frequently used (42%). Second-line treatments included guselkumab, ixekizumab, and secukinumab, while third-line treatments like certolizumab and ustekinumab were used in resistant cases. Sixty-six percent of patients experienced relapses in the first year, with a mean of 1.72 relapses (SD: 0.97). The mean duration of relapses was 4.24 months (SD: 2.00). Emotional stress triggered relapses in 15% of patients. A mortality rate of 2% was reported. Post-therapy, a significant reduction in body surface area (BSA) was observed in patients, indicating improvement. Chi-square analysis revealed a significant p-value of 0.006 for relapse rates depending on follow-up duration. The highest relapse rates were in patients followed for 4+ years (54.55%) and 5+ years (59.38%).

Conclusion: The study highlights the high prevalence of generalized pustular psoriasis, requiring continuous, specialized care due to its complex course and high relapse rates. Emotional stress was a significant trigger for relapses, emphasizing the need for psychosocial support in treatment plans. The findings align with studies showing the effectiveness of biological therapies like IL-17 inhibitors, which show better outcomes compared to traditional therapies like methotrexate[2-4]. The study also emphasizes the role of newer biologics in managing resistant cases[5-7]. Accurate diagnosis is critical, with 98% undergoing confirmatory skin biopsy[8]. The findings

contribute to understanding the pathogenesis, involving genetic predisposition and environmental triggers such as stress[9-11]. Despite a low mortality rate (2%), the disease burden remains high. Long-term management combining biological therapies and psychosocial interventions is necessary for improving patient outcomes. Further research is needed to evaluate the long-term efficacy and safety of these treatments.



Abstract N°: 898

Rapid response to bimekizumab for psoriasis and seborrheic dermatitis

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Introduction & Objectives:

Psoriasis (Pso) is a chronic, inflammatory skin disease, affecting up to 3% of the worldwide population. Even if the exact etiology is still not fully elucidated, it appears to be multifactorial given the interaction between several exogenous and endogenous factors that justify the extremely variable clinical expression and severity.1 Seborrheic dermatitis (SD) is a common, chronic, relapsing skin disease affecting the seborrheic areas of the body including the scalp, face, and upper part of the trunk.2 While the pathogenesis is not certain, 3 key factors generally agreed upon include lipid secretion by sebaceous glands, *Malassezia* spp. colonization, and some form of immunologic dysregulation that predisposes the patient to SD.3 Bimekizumab (BKZ) is a humanised monoclonal (IgG1) antibody designed to inhibit interleukin (IL) A and IL-F on the outer layer of the skin. The drug is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. BKZ is given as two subcutaneous injections of 160 mg each, once every four weeks to week 16 and once every eight weeks thereafter.4 We will present a case of a patient who achieved rapid improvement in both Pso and SD after treatment with BKZ.

Materials & Methods:

A 32-year-old male patient presented to the outpatient clinic with erythematous scaly spots or plaques on the scalp, face, retroauricular regions, trunk and gluteal region. He reported that this clinical condition had appeared 2 years ago, without improvement after carrying out treatments using shampoos with pyrithione zinc or selenium disulfide, and ointments, including many corticosteroids alone or combined with calcipotriol. There was no joint pain or nail lesions. After evaluating blood tests, chest x-ray and IGRA, the patient was prescribed BKZ, with the therapeutic regimen recommended for Pso. The patient signed an informed consent form, agreeing to all terms, including the disclosure of his photographic images.

Results:

After only 5 weeks of treatment, the patient returned with significant improvement in psoriatic lesions, including facial and retroauricular ones, which could also be attributed to SD. There were no reports of adverse events.

Conclusion:

Pso and SD can often be confused or even overlap in the same patient, creating a diagnostic and therapeutic challenge. Bernardini et al. demonstrated a rapid response to treatment with BKZ in 5 patients with Pso on the face.5 Unfortunately, the restriction to biopsies on the face could favor the eventual loss of diagnosis between Pso and SD, in some cases in which neither clinically nor by dermoscopy can distinguish such lesions.6,7 The dual action mechanism of inhibiting both IL-17A and IL-17F with BKZ could explain the therapeutic efficacy in SD. BKZ can be a safe and quick-response therapeutic option also for those psoriatic patients who do not respond to conventional treatments for SD.

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Abstract N°: 934

Generalized Pustular Psoriasis: A Distinct Entity or Severe End of the Psoriasis Spectrum? Reassessing Pathogenetic Divergence (IL-36 vs. IL-23/Th17) and Therapeutic Implications

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Introduction & Objectives:

Generalised pustular psoriasis (GPP) is a rare skin disease that can be life-threatening. Serious complications of GPP include heart failure and severe infections, which can be life-threatening. The current treatment options are not good enough. The cause of GPP is complicated and involves genes, the immune system and the environment. In the past, people thought that GPP was a subtype of psoriasis. However, there are new ideas that GPP and psoriasis vulgaris are different diseases for following reasons: (i) data on pathology, genetic markers and molecular pathways have been available to show that the two diseases are caused differently; (ii) Psoriasis vulgaris(PsV) is mainly caused by over-activation of IL-23/TH17 pathway by abnormally activated T-cells, while GPP is caused by IL-36 mediating abnormal aggregation of neutrophils in the skin; (iii) the treatment regimens and principles for GPP and PsV are very different in international and national guidelines as well as in the real world; (iv) more interestingly, while some patients with GPP in the real world have a past history of PsV, others do not at all; (v) for patients with a previous history of PsV, the transition to a sudden worsening of GPP is often due to inappropriate treatments, like steriods.

So, do GPP and PsV have different causes? Or are they different types of the same disease? Is there a period where the two conditions overlap, or a transition period? Although both are recurring diseases, the acute exacerbation of GPP is characterised by more severe generalised pustules, systemic multisystemic involvement. Because of the different treatment options, it is very important to be able to identify and diagnose GPP (PsV progressing to GPP) early on, as it can ‘masquerade’ as a progressive transition in PsV. This is crucial for clinical treatment and patient outcome, and for determining whether early intervention can interrupt the progression of PsV to GPP.

The possible mechanisms underlying the process of remyelination of a portion of PsV to GPP were analysed from multiple dimensions, such as genetics and immunology, in conjunction with currently available publicly available single-cell transcriptomic and proteomic data.

Our single-centre data retrospectively counted patients with GPP, their genetic background, whether they had a history of comorbid psoriasis or not, and the healing with different target biologics were correlated.

Materials & Methods:

The study population comprised 30 patients diagnosed with GPP. A comprehensive data set was collated, encompassing patient demographics, including gender and age, the duration of the disease, prior medication history, and the ultimate outcome. Additionally, exon sequencing was conducted to facilitate further genetic analysis.

Results:

Of the 15 GPP patients with a documented history of previous psoriasis who had been treated with TNF-αi, IL-17i,IL-23i and other medications prior to the onset of the disease, 7 exhibited a favourable response, while 8 demonstrated primary or secondary failure.

Conclusion:

GPP is a heterogeneous disease, with multiple subtypes. The first type is IL-36 dominant GPP, which has a genetic background mostly associated with mutations such as IL-36, no previous history of psoriasis and poor outcome of IL-23/IL-17i therapy. The second is a class of PsV has been reified as GPP, which is IL-23/IL-17 dominant GPP. IL-23/IL-17 monoclonal antibody treatment is effective.



Abstract N°: 967

Analysis of Demographic Data in Psoriasis Patients with Special Area Involvement

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Introduction & Objectives: Psoriasis is a common, chronic, immune-mediated disease. The involvement of special areas such as the scalp, face, nails, genital region, palmar and plantar regions, and intertriginous areas significantly impacts quality of life and tends to be resistant to treatment. Therefore, the management of psoriasis patients with special area involvement requires a more meticulous approach. This study aims to share the demographic data of psoriasis patients with special area involvement who are being followed in our clinic.

Materials & Methods: The demographic data of psoriasis patients with special area involvement who presented to our clinic between July 2023 and February 2024 were recorded. Additionally, retrospective analysis of previous patient records was conducted to collect data on psoriasis patients with special area involvement.

Results:

A total of 381 patients were included in the study, consisting of 194 women and 187 men.

The mean age of the study population was 40.41 years (women: 40.55, men: 40.27).

Normal BMI (<25): 155 patients (40%)

High BMI (≥25): 226 patients (59%)

51% of patients (198) were smokers.

37% of patients (141) consumed alcohol.

43% of patients (164) had a family history of psoriasis.

40% of patients (153) had at least one comorbidity. The most common ones were:

- Hypertension : 21
- Psychiatric disorders: 20
- Thyroid dysfunction: 17

Disease Severity and Quality of Life:

The mean pre-treatment PASI score was 23.

The mean initial DLQI score was 20.

Mean DLQI Score by Affected Areas:

- Face: 22
- Scalp: 20

- Genital: 19
- Palmoplantar: 19
- Nail: 17
- Intertriginous: 10

Special Area Involvement Distribution:

Scalp involvement was the most common special area involvement in our clinic.

The most frequently affected special area in both men and women was the scalp.

Distribution by Affected Regions:

Scalp: 285 (52% women, 48% men)

Face: 154 (46% women, 53% men)

Nail: 128 (50% women, 50% men)

Genital: 127 (51% women, 48% men)

Intertriginous: 24 (41% women, 58% men)

- Submammarian: 7
- Axillary: 13
- Intergluteal: 4

Palmoplantar: 73 (43% women, 56% men)

Conclusion: In our clinic, scalp involvement was the most common form of special area involvement in psoriasis patients. Scalp involvement was more frequently observed in women, indicating the need for a more thorough evaluation of this region in female patients. While nail and genital involvement were observed at similar rates in both sexes, facial, inverse, and palmoplantar involvement were more prevalent in men, suggesting a potential influence of sex on regional involvement patterns.

Patients with special area involvement had a high comorbidity burden, with hypertension, psychiatric disorders, and thyroid dysfunction being the most frequently associated conditions. This finding highlights the necessity of a multidisciplinary approach in the management of psoriasis patients. Additionally, a significant proportion of patients with special area involvement were found to have a history of smoking and a high BMI, both of which may contribute to psoriasis pathogenesis and disease severity.

The high mean pre-treatment PASI and DLQI scores in patients with special area involvement suggest that these patients generally present with more severe forms of psoriasis and experience a substantial impairment in quality of life. Notably, patients with facial involvement had the highest mean DLQI scores, indicating a particularly profound impact on their quality of life.



Abstract N°: 982

Interplay of Lactiplantibacillus plantarum IS-10506 supplementation and immunopathogenesis in psoriasis vulgaris: a partial least squares-structural equation modelling approach

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Introduction & Objectives:

Psoriasis vulgaris is one of the chronic inflammatory skin conditions that occurs due to deranged immunity alongside dysbiosis in the gut microbiome.1,2 Some recent studies has indicated that probiotic supplementation may help restore microbial dysbiosis along with immune dysregulation.3,4 The purpose of this study is to explore the mechanism of *Lactiplantibacillus plantarum IS-10560* supplementation affects immunology biomarker and disease severity of psoriasis vulgaris patients.

Materials & Methods:

A double blind randomized clinical trial was carried out. Patients with mild to moderate psoriasis vulgaris were recruited at the Dermatology and Venereology Outpatient Clinic of Dr. Soetomo General Academic Hospital Surabaya. Eligible subjects randomized allocated into probiotic *L. plantarum IS-10560* and placebo groups. The interventions were administered twice daily for 12 weeks Disease severity was assessed using the Psoriasis Area Severity Index (PASI) and the Dermatology Life Quality Index (DLQI) scores. The level of serum TNF-α, IL-17, IL-10, and FoxP3 were documented before and after the intervention. The results were analyzed using SPSS 26.0 and Smart-PLS v.3.2.9 software.

Results:

The results of the path analysis showed that administration of the probiotic had a direct effect on reducing IL-17 levels (β=-0.412; p=0.041) and TNFa (β=-0.462; p=<0.001). It also showed to increase IL-10 (β=0.484; p=<0.001) and FoxP3 levels (β=0.293; p=0.019). The increase in FoxP3 showed its effect on increasing TNFa levels (β=0.327; p=0.011). The decrease in IL-17 levels would then increase the improvement of DLQI score (β=-0.388; p=0.006), and the increase in DLQI improvement would then have an effect on increasing PASI improvement (β=0.394; p=0.001). According to this findings, there was a relationship between the administration of *L. plantarum IS-10506* which can increase PASI score improvement through decreasing IL-17 levels and increasing DLQI score improvement.

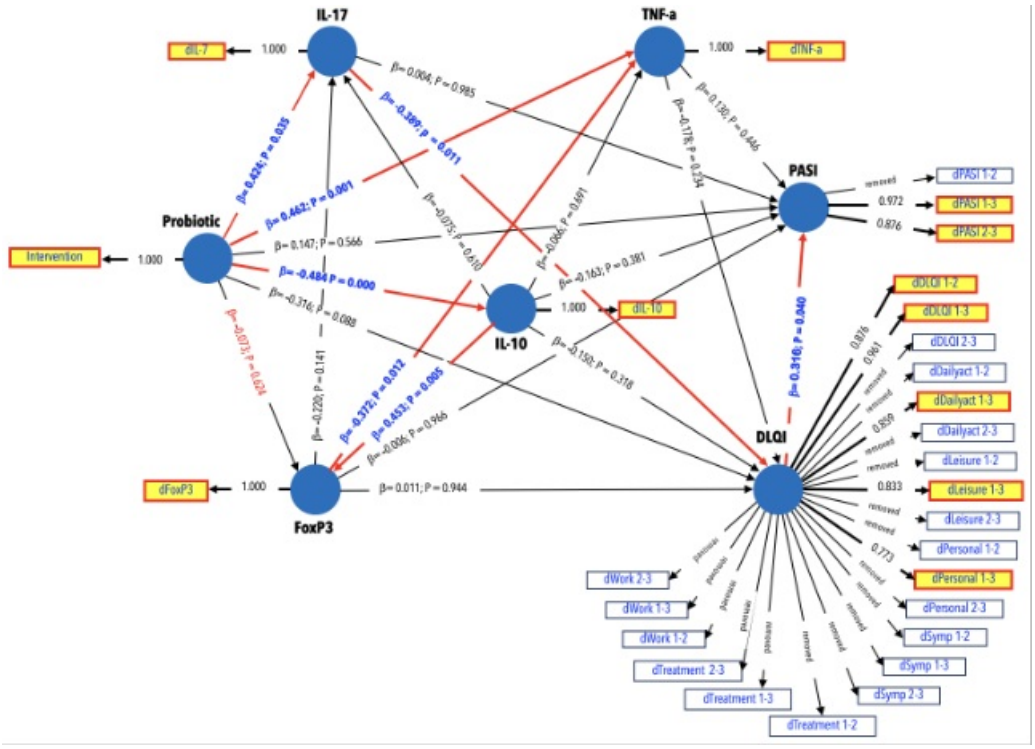


Figure 1. Path analysis between Probiotic immunology biomarker, and disease severity

Conclusion:

Results shows a correlation of probiotic *L.plantarum IS-10506* supplementation in recondition the immune dysregulation in psoriasis vulgaris and improving disease severity. The effect of *L.plantarum IS-10506* on PASI score is achieved through decreasing IL-17 and DLQI score. Further study is required in order to confirm these results and clarify its fundamental processes.

Keywords: Psoriasis, Immunopathogenesis, Probiotic, path analysis

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Abstract N°: 983

Physician-Reported Outcomes and Patient-Reported Outcomes of Secukinumab Treatment for Psoriatic Arthritis: 52-Week Results from the UNMASK2 Study

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Introduction & Objectives: Psoriatic arthritis (PsA) is a heterogeneous systemic inflammatory disease that requires a variety of outcome measures to describe the treatment effectiveness. This abstract reports the 52-week effectiveness and safety data of secukinumab in treating Chinese psoriasis (PsO) patients who have concomitant PsA at baseline.

Materials & Methods: UNMASK2 is a large, prospective, observational study conducted at 42 sites in China (NCT04894890). Patients (≥18 years old) with moderate to severe plaque PsO who initiated secukinumab for the first time were enrolled during December 2021 to October 2022, with an observation period of 52 weeks. This subgroup analysis included patients with concomitant PsA at baseline.

The following physician- and patient-reported outcomes were assessed: peripheral arthritis: Swollen joint count 28 (SJC28) and Tender joint count 28 (TJC28); Skin psoriasis : Psoriasis Area and Severity Index (PASI) and Body Surface Area Involvement Score (BSA); Nail psoriasis: modified Nail Psoriasis Severity Index (mNAPSI); Physician's Global Assessment (PGA): PGA Visual Analogue Scale score (VAS, scale 0-100 mm); Pain: Pain VAS (scale 0-100 mm); Patient's Global Assessment (PtGA): PtGA VAS (scale 0-100 mm); Physical function: Health Assessment Questionnaire Disability Index (HAQ-DI).

Results: Among 999 patients enrolled in the UNMASK2 study, 186 (18.62%) had PsA at baseline. The patients had a mean age of 46.5 years, 66.13% were male. 84.81% and 58.06% of patients had scalp and nail involvement, respectively. Compared to previous clinical trial, patients in this study had more severe skin psoriasis1. Specifically, the proportion of nail involvement in the PsA subgroup was higher than in the overall study population (37.04%) (Table 1).

Physician-reported outcomes: the mean SJC28 and TJC28 decreased from 3.6 and 5.4 at baseline to 1.2 and 1.7 at week 52, respectively. At week 52, 81.82%, 64.55%, and 40.00% of patients achieved PASI 75/90/100, respectively. Furthermore, 80.70% of patients reached BSA ≤3%, and 82.86% showed a PGA improvement of ≥30%. The mNAPSI reduced from 22.4 at baseline to 7.3 at week 52 (Table 2).

Patient-reported outcomes: 75.34%, 71.62%, and 76.00% of patients achieved pain VAS improvement ≥30% at week 12, 24 and 52, respectively. 72.60%, 75.68%, and 81.33% of patients achieved PtGA VAS improvement ≥30%, respectively. The mean HAQ-DI score decreased from 0.5 at baseline to 0.20 at week 52 (Table 2).

In this subgroup analysis, 110 (59.14%) and 12 (6.45%) patients reported adverse events (AEs) and serious

adverse events (SAE), respectively. 26 (13.98%) and 1 (0.54%) patients experienced treatment related AE and SAE, respectively. 1 (0.54%) patient discontinued secukinumab due to AE.

Conclusion: Secukinumab significantly improves both physician-reported and patient-reported outcomes in Chinese patients with PsO and PsA over 52 weeks. The treatment is effective in reducing joint and skin symptoms, improving pain and physical function, and has a consistent safety profile with previous trials.

Table 1 Clinical characteristics of PsA patients

	N (%)/mean±SD
Baseline characteristics	
Age (years)	46.5±14.14
Sex, male	123 (66.13)
PsO duration (years)	12.5±9.59
PsA duration (years)	3.7±7.24
Physician-reported outcomes	
SJC 28	3.6±5.39
TJC 28	5.4±6.75
PASI	17.5±13.72
BSA	26.5±24.39
mNAPSI	22.4±24.29
PGA	50.5±24.15
Patient-reported outcomes	
Pain-VAS	42.7±28.72
PtGA	45.8±29.24
HAQ-DI	0.5±0.62

Note: PASI and BSA are summarized based on patients having psoriatic skin symptom (N=186); mNAPSI are summarized based on patients with nail manifestations and baseline mNAPSI>0 (N=94); TJC, SJC, PGA, pain-VAS, PtGA and HAQ-DI are summarized based on patients who have joint symptoms with TJC>0 or SJC>0 at baseline (N=135). SD: standard deviation.

Table 2. Physician- and Patient-Reported Outcomes in PsO with PsA (52 Weeks)

N (%)/mean±SD	Week 4	Week 12	Week 16	Week 24	Week 36	Week 52
	N=169	N=133	N=129	N=137	N=135	N=129
Physician-reported outcomes						
SJC 28	2.0±4.16	1.0±2.34	0.9±2.23	0.8±2.41	1.0±2.86	1.2±3.64
TJC 28	3.2±5.08	1.9±4.03	2.0±4.14	1.1±2.10	1.3±2.52	1.7±4.17
PASI 75	71 (47.65)	91 (84.26)	90 (89.11)	96 (87.27)	99 (87.61)	90 (81.82)
PASI 90	34 (22.82)	76 (70.37)	74 (73.27)	80 (72.73)	86(76.11)	71 (64.55)
PASI 100	16 (10.74)	48 (44.44)	44 (43.56)	51 (46.36)	51 (45.13)	44 (40.00)
BSA≤3%	50 (32.89)	84 (74.34)	84 (80.77)	95 (84.07)	102 (88.70)	92 (80.70)
mNAPSI	20.3±24.94	18.6±27.23	10.4±18.67	7.8±13.82	7.1±12.47	7.3±17.25
PGA ≥30% improvement	66 (64.08)	56 (83.58)	54 (81.82)	63 (90.00)	66 (90.41)	58 (82.86)
Patient-reported outcomes						
Pain-VAS≥30% improvement	68 (63.55)	55 (75.34)	44 (65.67)	53 (71.62)	61 (76.25)	57 (76.00)
PtGA ≥30% improvement	62 (57.94)	53 (72.60)	44 (65.67)	56 (75.68)	60 (75.95)	61 (81.33)
HAQ-DI	0.3±0.52	0.3±0.49	0.2±0.35	0.2±0.34	0.2±0.35	0.2±0.37

Note: PASI and BSA are summarized based on patients who have psoriatic skin symptoms (At week 4, 12, 24, 36 and 52, there were 169, 133, 129, 137, 135 and 129 patients with follow-up visits, respectively); mNAPSI are summarized based on patients with nail manifestations and baseline mNAPSI>0 (At week 4, 12, 24, 36 and 52, there were 88, 75, 73, 76, 77 and 69 patients with follow-up visits, respectively); TJC, SJC, PGA, pain-VAS, PtGA and HAQ-DIare summarized based on patients who have joint symptom with TJC>0 or SJC>0 at baseline (At week 4, 12, 24, 36 and 52, there were 125, 95, 96, 97, 99 and 94 patients with follow-up visits, respectively). Unless otherwise specified, reported in the table are n/N (%). N: Number of patients with non-missing data; n: Number of patients achieving the specified endpoint; SD: standard deviation.

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Abstract N°: 993

The effect of tildrakizumab on general health state, work productivity and psoriasis-related disability in patients with moderate-to-severe psoriasis: 28-week interim data from the ambispective observational PROCARE-T study

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Introduction & Objectives: Tildrakizumab (TIL) is an interleukin-23p19 inhibitor indicated for the treatment of moderate-to-severe plaque psoriasis. The objectives were to assess the effect of TIL on health status, work productivity and daily activities, as well as associated disability in patients with moderate-to-severe psoriasis in routine care.

Materials & Methods: Ambispective, 12-month observational study in patients with moderate-to-severe plaque psoriasis treated with TIL according to clinical practice. The health status was assessed through the EQ-5D-5L index. It includes a visual analogue scale (EQ-VAS, range 0-100 [0=worst imaginable health, 100=best imaginable health]) and the EQ-5D-5L descriptive system, which contains 5 domains (mobility, self-care, usual activities,

pain/discomfort, anxiety/depression). Based on the 5 domains, an overall health state index score is calculated (range from less than 0 to 1, where 1=full health). The Work Productivity and Activity Impairment: Psoriasis (WPAI:PSO) questionnaire measures work time missed, impairment while working, overall work impairment and activity impairment due to psoriasis. WPAI:PSO component scores are reported as percent impairment (0%=no impairment, 100%=total loss of work productivity/activity). The disability associated with psoriasis was assessed through the Psoriasis Disability Index (PDI) questionnaire (range 0-45, the higher the score, the more interference of psoriasis; 5 domains: daily activities, work/studies, personal relationships, leisure, treatment). Here, we report 28-week (W) interim analysis based on observed cases.

Results: 63 patients were included (47.6% male, mean±95%CI age 53.8±3.7). The mean percent body surface area affected decreased from 16.3±5.4 at baseline to 3.3±1.8 at W28 and the mean Psoriasis Area and Severity Index decreased from 11.7±2.2 at baseline to 2.9±1.3 at W28 ($p<0.0001$, both). The mean EQ-5D-5L domain scores slightly decreased from 1.4±0.2, 1.3±0.2, 1.4±0.2, 2.1±0.3, and 1.9±0.3 at baseline to 1.4±0.2, 1.2±0.2, 1.3±0.2, 1.7±0.2, and 1.7±0.2 at W28 for mobility, self-care, usual activities, pain/discomfort, and anxiety/depression, respectively. The mean EQ-5D-5L Index was 0.8±0.0 at baseline and 0.8±0.1 at W28 (mean change from baseline [CFB] +0.1, $p<0.05$). The mean EQ-VAS score increased from 67.7±5.1 at baseline to 79.0±3.9 at W28 (mean CFB +10.9, $p<0.0001$). The mean scores on WPAI:PSO domains decreased from 4.2±7.5, 10.4±9.6, 10.8±9.5, and 18.0±7.4 at baseline to 0.0, 1.5±1.8, 1.5±1.8, and 9.7±5.8 at W28 for percent work time missed, percent impairment while working, percent overall work impairment, and percent activity impairment, respectively. The mean PDI total score decreased from 8.1±2.0 at baseline to 3.5±1.7 at W28 (mean CFB -4.9, $p<0.0001$). The mean scores on PDI domains decreased from 3.5±0.9, 1.4±0.6, 1.4±0.2, 1.3±0.5, and 0.5±0.2 at baseline to 1.4±0.6, 0.5±0.4, 0.6±0.2, 0.7±0.4, and 0.2±0.1 at W28 for daily activities, work/studies, personal relationships, leisure, and treatment, respectively ($p<0.001$, all).

Conclusion: In clinical practice, TIL demonstrated significant improvements in health status, work productivity, daily activities, and reduced psoriasis disability with high effectiveness rates in patients with moderate-to-severe plaque psoriasis after 28 weeks. Tildrakizumab reflects improvements that go beyond the skin, enhancing patients' health, work life, and daily activities.



Abstract N°: 994

Patient satisfaction with combined care by pharmacists and dermatologists: 28-week interim data from the ambispective observational PROCARE-T study in patients with moderate-to-severe plaque psoriasis treated with tildrakizumab

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Introduction & Objectives: As healthcare professionals, both hospital pharmacists and dermatologists play a key role in monitoring psoriasis. Tildrakizumab is an interleukin-23p19 inhibitor indicated for the treatment of moderate-to-severe plaque psoriasis. The objective of this analysis was to assess the patients' satisfaction with the care and follow-up of the disease by both professionals, in addition to the satisfaction of dermatologists and pharmacists with tildrakizumab treatment in routine care.

Materials & Methods: PROCARE-T is an ambispective, 12-month observational study in patients with moderate-to-severe plaque psoriasis treated with tildrakizumab according to clinical practice. Patients' satisfaction with the care and follow-up of the disease by the dermatologist and pharmacist, and satisfaction of the dermatologist and

pharmacist with tildrakizumab treatment were assessed through specifically created questionnaires (range 0-10 for each item). Here, we report 28-week interim analysis based on observed cases.

Results: A total of 63 patients were included (47.6% male, mean±95%CI age 53.8±3.7 years). At week 28, patients rated the quality of the visit to the dermatologist and the pharmacist (time, attention, and treatment) with a score of 9.3±0.3 and 9.6±0.2, respectively, and the explanations/guidelines received from the dermatologist and the pharmacist with a score of 9.1±0.3 and 9.7±0.2, respectively. The number of visits (in-person/virtual/phone) made to the dermatologist and the pharmacist for monitoring psoriasis was rated with a score of 9.2±0.3 and 9.6±0.2, respectively, at week 28. At week 28, the confidence in the dermatologist (diagnosis and follow-up of psoriasis) was rated with a score of 9.3±0.3. At week 28, patients rated their satisfaction and/or perception of improvement with the combined medical/pharmacist follow-up with a score of 9.5±0.2 and physicians and pharmacists rated patients' satisfaction with tildrakizumab treatment with a score of 8.7±0.5 and 9.0±0.5, respectively. At week 28, dermatologists rated the appropriateness of tildrakizumab for the patient, effectiveness in controlling the disease, and safety of tildrakizumab, with a score of 8.9±0.5, 8.8±0.5, and 9.1±0.5, respectively. Pharmacists rated the ease of handling, ease of storage, and safety of tildrakizumab with a score of 9.4±0.3, 9.5±0.3, and 9.4±0.5, respectively, at week 28.

Conclusion: Patients reported high levels of satisfaction with the care provided by both hospital pharmacists and dermatologists during tildrakizumab treatment, as indicated by the satisfaction questionnaire. Healthcare professionals also expressed high satisfaction with the treatment. Dermatologists perceived tildrakizumab as an appropriate, beneficial, and safe medication, while pharmacists found it easy to handle, store, and safe. This analysis also highlights the significance of a multidisciplinary approach and the value of close collaboration between dermatologists and hospital pharmacists in managing moderate-to-severe psoriasis.



Abstract N°: 1000

Real-World Characteristics, Comorbidities, and Treatment of Psoriasis Patients in Spain: A Multicenter Study Using Natural Language Processing and Machine Learning

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Introduction & Objectives:

Psoriasis, an immune-mediated skin disease, affects approximately 125 million people worldwide. However, there is limited real-world data (RWD) on psoriatic patients, particularly those with moderate to severe disease. This study aimed to describe the clinical characteristics, comorbidities, and treatments of patients with psoriasis in Spain by utilizing natural language processing (NLP) and machine learning (ML) techniques to extract RWD from electronic health records (EHRs).

Materials & Methods:

This multicenter and retrospective study analyzed both free-text and structured data from EHRs of adult patients with psoriasis across 4 Spanish hospitals between July 2018 and June 2023. The Overall Psoriasis (PsO) study population included all patients, regardless of diagnosis date. The Incident Psoriasis (InPt) group comprised those diagnosed for the first time during the study period. The Moderate to Severe Plaque Psoriasis (PsO-M/S and InPt-M/S) groups included patients with explicit mentions of “moderate to severe plaque psoriasis”, “psoriatic arthritis” or “recalcitrant plaque” or with a Psoriasis Area and Severity Index > 10, Body Surface Area > 10%, Dermatology Life Quality Index > 10, or a record of systemic treatment. Variables were extracted using EHRead® (Medsavana S.L.) an NLP/ML technology that incorporates SNOMED CT and ATC terminologies for mapping clinical and drug terms from EHRs. Descriptive analyses assessed clinical characteristics and treatments using “R” software.

Results:

A total of 13,517 PsO patients were included (Table 1). The median age was 53.7 years (Q1-Q3: 41.6-65.5), with 50.7% female patients. Common comorbidities included hypertension (32.2%), dyslipidemia (16.9%), and heart failure (13.7%). Notably, 6,711 (49.6%) were classified as PsO-M/S, 7,169 (53.0%) as InPt, and 3,125 (43.6%) as InPt-M/S cases. Compared to PsO, PsO-M/S exhibited a higher frequency of psoriatic arthritis (20.0% and 12.8%), greater involvement of affected areas, including hard-to-treat regions (face, anal, oral, and intertriginous), and greater use of systemic treatments (85.1% and 65.0%). Methotrexate, adalimumab, ustekinumab, secukinumab, and apremilast were more frequently used in PsO-M/S (35.6%, 22.5%, 8.6%, 7.1%, and 9.6%, respectively) compared to PsO (22.0%, 14.1%, 5.6%, 4.6%, and 6.2%, respectively).

Conclusion:

This hospital-based study reveals a high prevalence of moderate to severe cases, associated with increased psoriatic arthritis frequency, extensive involvement of hard-to-treat areas, and greater reliance on systemic treatments. The findings underscore the importance of early identification and comprehensive management of moderate to severe psoriasis patients. The high prevalence of comorbidities highlights the need for a multidisciplinary approach in psoriasis care.

Table 1. Real-World Characteristics, Comorbidities and Treatments of Psoriasis Patients in Spain

	Incident patients		Overall patients	
	InPt-M/S (N=3,125)	InPt (N=7,169)	PsO-M/S (N=6,711)	PsO (N=13,517)
Age, years, median (Q1-Q3)	53.1 (41.8, 63.5)	53.6 (41.1, 65.3)	53.0 (42.0, 63.6)	53.7 (41.6, 65.5)
Sex, female, n (%)	1,573 (50.3)	3,756 (52.4)	3,144 (46.8)	6,847 (50.7)
Comorbidities, n (%)				
Hypertension	905 (29.0)	2,240 (31.2)	19,76 (29.4)	4,347 (32.2)
Anxiety	504 (16.1)	1,309 (18.3)	963 (14.3)	2,310 (17.1)
Dyslipidemia	431 (13.8)	1,174 (16.4)	996 (14.8)	2,286 (16.9)
Psoriatic arthritis	519 (16.6)	633 (8.8)	1341 (20.0)	1,726 (12.8)
Crohn's disease	410 (13.1)	947 (13.2)	786 (11.7)	1,679 (12.4)
Obesity	367 (11.7)	823 (11.5)	713 (10.6)	1,467 (10.9)
Diabetes mellitus	287 (9.2)	734 (10.2)	600 (8.9)	1,390 (10.3)
Clinical type of psoriasis, n (%)				
Plaques (vulgar)	3,125 (100.0)	5,596 (78.1)	6711 (100.0)	10,660 (78.9)
Guttate	0 (<0.1)	433 (6.0)	0 (<0.1)	888 (6.6)
Pustular	0 (<0.1)	342 (4.8)	0 (<0.1)	746 (5.5)
Inverse	0 (<0.1)	291 (4.1)	0 (<0.1)	577 (4.3)
Erythrodermic	0 (<0.1)	16 (0.2)	0 (<0.1)	43 (0.3)
Clinical type of psoriasis missing	0 (<0.1)	491 (6.8)	0 (<0.1)	603 (4.5)
Affected area, n (%)				
Scalp psoriasis	384 (12.3)	797 (11.1)	911 (13.6)	1,695 (12.5)
Ungueal	273 (8.7)	478 (6.7)	600 (8.9)	970 (7.2)
Plantar	207 (6.6)	417 (5.8)	448 (6.7)	856 (6.3)
Elbow	142 (4.5)	283 (3.9)	403 (6.0)	683 (5.1)
Palmar	137 (4.4)	248 (3.5)	319 (4.8)	534 (4.0)
Lumbar	69 (2.2)	116 (1.6)	193 (2.9)	314 (2.3)
Knee	64 (2.0)	123 (1.7)	188 (2.8)	312 (2.3)
Genital	26 (0.8)	93 (1.3)	83 (1.2)	198 (1.5)
Face	37 (1.2)	70 (1.0)	88 (1.3)	163 (1.2)
Anal	22 (0.7)	35 (0.5)	57 (0.8)	96 (0.7)
Oral	19 (0.6)	33 (0.5)	61 (0.9)	86 (0.6)
Intertriginous	13 (0.4)	18 (0.3)	37 (0.6)	55 (0.4)
Affected area missing	1,732 (55.4)	4,458 (62.2)	3,323 (49.5)	7,555 (55.9)
Clinical manifestations, n (%)				
Skin pain	1,366 (43.7)	3,121 (43.5)	2,703 (40.3)	5,574 (41.2)
Skin itching	872 (27.9)	2,138 (29.8)	1,705 (25.4)	3,696 (27.3)
Joint pain	777 (24.9)	1,509 (21.0)	1,524 (22.7)	2,716 (20.1)
Flares	612 (19.6)	1,273 (17.8)	1,310 (19.5)	2,472 (18.3)
Treatments, n (%)				
Ultraviolet B therapy	263 (8.4)	427 (6.0)	779 (11.6)	1,173 (8.7)
Methotrexate	1,018 (32.6)	1,254 (17.5)	2,387 (35.6)	2,977 (22.0)
Adalimumab	640 (20.5)	809 (11.3)	1,511 (22.5)	1,905 (14.1)
Ustekinumab	174 (5.6)	247 (3.4)	580 (8.6)	757 (5.6)
Secukinumab	176 (5.6)	225 (3.1)	474 (7.1)	620 (4.6)
Apremilast	236 (7.6)	305 (4.3)	641 (9.6)	841 (6.2)
Any systemic treatment*	2,575 (82.4)	4,259 (59.4)	5713 (85.1)	8,787 (65.0)

*PsI: incident psoriasis. PsI-M/S: Moderate to severe incident plaque psoriasis. PsO: Overall psoriasis. PsO-M/S: Moderate to severe plaque psoriasis. *Includes Acitretin, Adalimumab, Apremilast, Baricitinib, Betamethasone systemic, Bimekizumab, Brodalumab, Certolizumab pegol, Cyclosporin, Etanercept, Fumarate, Golimumab, Hydrocortisone systemic, Infliximab, Ixekizumab, Methylprednisolone, Methotrexate, Prednisolone, Prednisone, Secukinumab, Tildrakizumab, Tofacitinib, Ustekinumab, and Upadacitinib.*



Abstract N°: 1009

Altered gut microbiota profile in Indonesian psoriasis patients: A new perspective on the role of Succinivibrio dextrinosolvens

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease that places a burden on health and quality of life with a prevalence of 1-3% in the Indonesian population.1 Recent studies has shown differences of gut microbiota profile in psoriasis patients compare to healthy individu, suggesting its role in the pathogenesis of psoriasis.2 The gut microbiota profile is strongly driven by dietary habits which are influenced by the environment and culture. Indonesia is an agriculture country which plant-based foods dominating the daily diets.3 This study aimed to explore the gut microbiota profile of psoriasis patients.

Materials & Methods:

Fecal samples were collected from mild-moderate psoriasis patients and healthy individuals. The 16s rRNA gene sequencing was done using Illumina MiSeq. Subjects with recent systemic imunosupressant, antibiotic, and severe ilness were excluded.

Results:

Forty psoriasis patients and 16 healthy controls were included. *Prevotella* genus were dominant in both groups, as is commonly found in agricultural populations.4 There were significant different in beta diversity, showed dissimilarity between groups (p=0.029). Specific microbial taxa were identified as being significantly changed in psoriasis patients. Psoriasis showed a higher *Bacteroidaceae* and lower *Succinivibrionaceae* family abundance (p=0.002; p=0.007). *Bacteroides* and *Faecallibacterium* genus were higher (p=0.002; p=0.011), while *Alloprevotella* was lower in psoriasis group (p=0.008). Higher abundance of *Faecallibacterium prausnitzii* (p=0.01) and lower abundance of *Succinivibrio dextrinosolvens*, *Prevotella stercorea*, and *Prevotellamasilia timonensis* (p=0.042, p=0.006, p=0.008) species were observed in psoriasis. The change in *Succinivibrio dextrinosolvens* was a new finding that has not been reported by previous studies. This species was known to produce beneficial metabolites, propionate and succinate.5

Table 1. Subjects characteristics

	Psoriasis	Control	p-value
Male (female)	20 (20)	8 (8)	1.000
Age (years, mean ± SD)	41.7 ± 13.13	35.6 ± 12.08	0.112
Height (cm, mean ± SD)	163.6 ± 6.4	161.2 ± 8.9	0.271
Weight (kg, mean ± SD)	68.9 ± 12.5	65.7 ± 11.3	0.374
BMI (kg/m², mean ± SD)	25.7 ± 4.1	25.1 ± 2.6	0.613

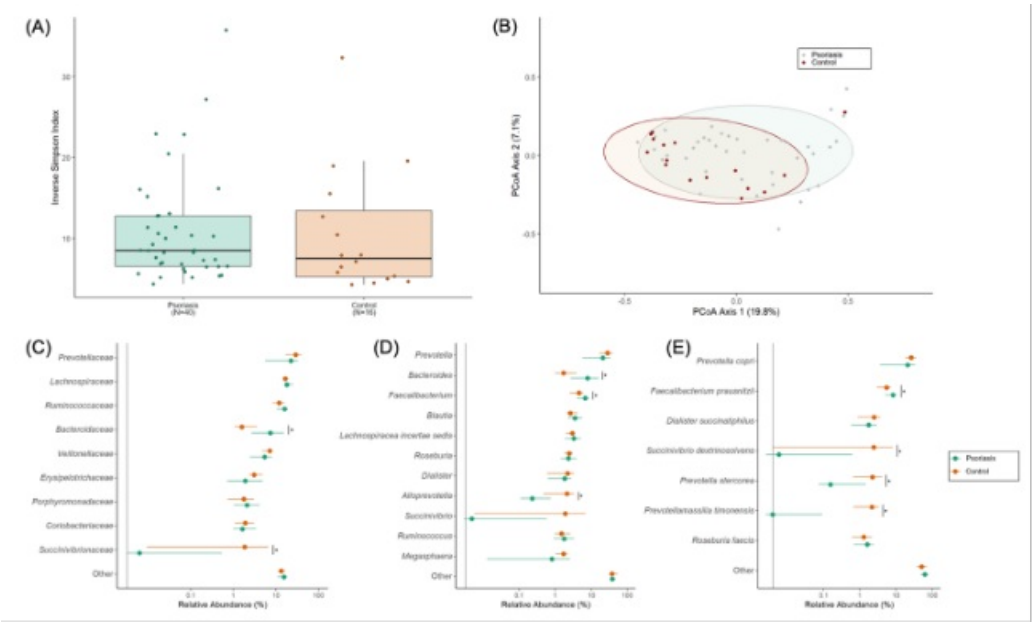


Figure 1. Gut microbiota alteration in psoriasis patients. (A) Alpha deversity, (B) Beta diversity, (C) Family, (D) Genus, and (E) Species relative abundance, *: $p < 0.05$

Conclusion:

The results of this study provide evidence that psoriasis patients had dysbiosis of the gut microbiota. A new finding that might offer new insights is the alteration of *Succinivibrio dextrinosolvents*. Further mechanisms related to this is need to be investigated.

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Abstract N°: 1013

Digital self-screening for psoriasis-arthritis using the eGEPARD: interim survey results

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Introduction & Objectives:

Around 30% of patients with psoriasis will develop psoriatic arthritis (PsA) during the course of their disease. PsA is a chronic inflammatory condition that can cause irreversible joint damage and therefore severely impair quality of life. Early diagnosis and treatment of PsA are crucial to prevent disease progression. Nevertheless, current research suggests that in 15% of patients the PsA is undiagnosed. The aim of the project is to develop an online tool that enables patients to regularly perform a PsA self-screening. In addition, we aim to explore the tool's impact on disease awareness, specialist referral and time to diagnosis.

Materials & Methods:

We developed an electronic version of the GErman Psoriasis ARthritis Diagnostic questionnaire (eGEPARD), in which a score (0-13) of ≥4 indicates a high probability for PsA. It is freely available on a digital platform that provides a comprehensive set of clinical and patient outcome measures for various skin diseases and associated comorbidities. Between April 2024 and March 2025, patients were recruited via flyers, relevant patient organizations, as well as an outpatient clinic. They were invited to fill out the eGEPARD questionnaire and participate in a subsequent anonymous online survey at two time points: immediately after eGEPARD completion (T0) and 5 months later (T1). In addition to feedback on the online tool, the T0 questionnaire included items on patients' previous knowledge and anamnesis. For interim results, all T0 items were evaluated descriptively.

Results:

At T0, the N=186 participants (77.4% female, 57.3±12.4 years old, psoriasis diagnosis since 22.9±18.2 years) had an average eGEPARD score of 8.7. In 94.1%, the eGEPARD score was ≥4. More than half (54.3%) had not yet been diagnosed with PsA, but a large proportion stated that they were already aware of both the disease (89.2%) and their increased risk of developing it (84.4%). In addition, about 4 out of 5 participants (82.3%) had already discussed PsA with their treating physician. The most common reasons for completing the online screening were self-diagnosis due to joint pain (57.5%), curiosity (29.6%), and uncertainty regarding an existing PsA diagnosis (26.9%). The use of digital questionnaires for the early detection of PsA was considered useful by 90.0%, 88% stated that they would pay more attention to PsA signs in the future, and 81% (here n=175 with eGEPARD ≥4) could imagine regularly completing digital questionnaires for the early detection of PsA. For 97.8%, 95.2%, and 97.8% of the participants, the eGEPARD was easy to answer, visually appealing and user-friendly. Of the participants who did not have a pending physician appointment to discuss joint problems or PsA (n=43), 50% planned to schedule one.

Conclusion:

The high proportion of patients with a positive screening result in combination with the comparatively low proportion of PsA diagnoses emphasizes the potential of the eGEPARD to support earlier detection and specialist referral for PsA. Preliminary results at T0 indicate that the online tool is acceptable and easy to use. Furthermore, it can empower patients to be more aware of joint-related symptoms and thus take a more active role in their

disease management.



Abstract N°: 1060

Shared Pathophysiology of Inflammatory Bowel Disease and Psoriasis: Unraveling the Connection

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Introduction & Objectives:

Psoriasis and inflammatory bowel disease (IBD) are chronic, immune-mediated conditions that significantly affect quality of life. Globally, around 60 million people are affected by psoriasis, while approximately three million in the U.S. live with IBD. Although these conditions impact different organ systems—skin and gastrointestinal tract—they share overlapping clinical and pathophysiological features.

Psoriasis is a long-term inflammatory skin condition influenced by genetic predisposition and autoimmune responses. Environmental triggers like stress, seasonal changes, infections, and UV exposure can provoke flares. Chronic plaque psoriasis accounts for 90% of cases, characterized by itchy, scaly plaques. Less common forms include guttate, pustular, and erythrodermic psoriasis.

IBD encompasses Crohn's disease (CD) and ulcerative colitis (UC), both marked by chronic inflammation of the gastrointestinal tract. CD can affect any GI segment, particularly the terminal ileum, while UC involves continuous inflammation starting from the rectum. Symptoms include abdominal pain, diarrhea, bloody stools, and weight loss. IBD pathogenesis involves genetic susceptibility, immune dysfunction, and environmental influences, including microbiome alterations.

Recent studies show a shared pathogenesis between psoriasis and IBD. Genome-wide association studies (GWAS) have identified common susceptibility loci such as *IL23R*, *IL12B*, and *TNFAIP3*, pointing to genetic and immunological overlap. Both diseases involve dysregulated Th17 pathways and a role for the gut-skin axis.

This review investigates the shared mechanisms and treatment responses in IBD and psoriasis, aiming to identify integrated approaches that may improve care and outcomes.

Materials & Methods: Articles were selected based on relevance and contribution to the current understanding of IBD and psoriasis. The data was synthesized to summarize current knowledge and identify trends. A special focus was placed on shared biomarkers and therapeutic approaches, particularly advances in precision medicine that may enhance treatment efficacy and minimize adverse effects.

Results: The review identified significant shared immunological and genetic pathways between IBD and psoriasis, including the IL-23/Th17 axis and pro-inflammatory cytokines such as TNF-α. GWAS highlighted overlapping loci (*IL23R*, *IL12B*, *TNFAIP3*), reinforcing the genetic link. Both conditions demonstrated comparable responses to biologic therapies targeting these pathways. These findings underscore the potential for cross-disease treatment strategies and a unified understanding of immune-mediated inflammation.

Conclusion: This review emphasizes the clinical and molecular parallels between IBD and psoriasis, particularly their multifocal inflammatory nature and shared immunopathogenesis via the gut-skin-joint axis. While IL-17 antagonism is effective in psoriasis, it may exacerbate IBD, highlighting the complexity of shared treatment. Dysbiosis and T-cell imbalance further illustrate the diseases' interconnection. New therapeutic agents like risankizumab and recombinant IL-25/IL-37 show promise, though more clinical trials are needed. Recognizing the overlap between these conditions may facilitate the development of integrated treatment models and improve

patient care.



Abstract N°: 1086

Biologics and Small Molecules for Psoriasis in China: Global Integration and Domestic Innovation

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Introduction & Objectives:

Psoriasis treatment in China has historically relied on costly foreign biologics, limiting patient access. Recent years, however, have seen a surge in domestic biosimilars and novel therapies aiming to bridge this gap. This review analyzes China's evolving psoriasis pipeline (2000s–2025), focusing on the interplay between global biologics/small molecules and homegrown innovations, and evaluates their clinical, economic, and global implications.

Materials & Methods:

Data were synthesized from clinical trial registries (ClinicalTrials.gov, China Drug Trials), regulatory filings (NMPA, FDA), and market analyses (2010–2024). Key metrics included efficacy (e.g., PASI75/90/100), approval timelines, pricing trends, and global trial participation.

Results:

Biosimilars: Domestic TNF-α inhibitors (e.g., Yisaipu) reduced costs by 50–60%, increasing systemic therapy uptake.

Innovative Biologics: IL-17A inhibitors (frunevetmab, sailizumab [Phase III PASI75: 90.7%]) and IL-23-targeted piconchizumab (NDA 2024) demonstrated non-inferiority to global counterparts (secukinumab, guselkumab).

Small Molecules: Local JAK1 (ivarmacitinib [NDA filed]) and TYK2 inhibitors (D-2570 [Phase II]) showed comparable efficacy/safety to upadacitinib and deucravacitinib.

Emerging Therapies: Bispecifics (XKH004 [IL-17A/F]), IL-36R mAb HB0034 (GPP-focused), CRISPR-edited IL-23/Th17 modulators, and engineered MSCs entered late-stage development.

Cost & Access: Biosimilar price erosion and medical insurance integration expanded treatment coverage by ~40% since 2020.

Conclusion:

China's psoriasis therapeutics have transitioned from import dependency to globally competitive innovation. Domestic biosimilars and novel agents now challenge foreign dominance, while cost-reduction strategies improve accessibility for 6–8 million patients. With 15+ candidates in global trials, China is poised to influence dermatology practice worldwide, balancing scientific ambition with equitable care.



Abstract N°: 1161

Secukinumab Treatment Patterns and Clinical Outcomes in Chinese Psoriasis Patients: A 52-Week Observational Study (UNMASK2)

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Introduction & Objectives: Secukinumab is an effective biologic therapy for moderate-to-severe plaque psoriasis (PsO). However, evidence of real-world treatment patterns and long-term outcomes in Chinese patients remain limited. This abstract reports treatment patterns and clinical outcomes of secukinumab in Chinese PsO patients in routine clinical practice.

Materials & Methods: UNMASK2 is a large prospective observational study conducted at 42 sites in China (NCT04894890). Patients (aged≥18 years) with moderate-to-severe plaque PsO who initiated secukinumab treatment for the first time between December 2021 and October 2022 were enrolled in the study, with a 52-week observation period. Drug discontinuation was defined as either having a clear record of drug withdrawal/switch or being >90 days without treatment. For those who did not discontinue drug, treatment patterns were described as persistent treatment (defined as all injection intervals ≤60 days) and intermittent treatment (with at least one injection interval >60 days, while all intervals ≤90 days). Effectiveness is measured by Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI).

Results: The study included 999 PsO patients. The baseline characteristics are presented in Table 1. By week 52, only 279 (27.9%) were persistent on secukinumab, while 154 (15.4%) were intermittent on secukinumab and 566 (56.6%) discontinued secukinumab. Statistically significant differences in PASI change (P=0.0155) and DLQI change (P=0.0068) were observed between the persistent and discontinued groups. Additionally, PASI 90 differences were significant at week 52 (P=0.0020), with 87.1% of persistent patients achieving PASI 90, compared to 75.7% of discontinued (Table 2). Those who discontinued treatment had a mean time of 23.0 weeks on treatment. The reasons for discontinuation encompassed achieving treatment goal (29.1%) or inconvenient medical care access (18.0%). Only 5.4% discontinued because of unsatisfied effectiveness. Safety data is presented in Table 3.

Conclusion: Secukinumab demonstrated strong effectiveness and favorable safety profile in Chinese PsO patients through the 52-week observational period with majority achieving sustained improvements in PASI and DLQI scores. Despite some patients discontinuing treatment, primarily due to personal decisions or other non treatment related reasons, adherence was generally high among those experiencing clinical improvement. This highlights the importance of patient education and ongoing clinical support to further optimize treatment persistence and maximize patient outcomes with secukinumab.

Table 1. Baseline clinical characteristics

Characteristic	Mean (SD)
Age (years)	41.07 (13.36)
Gender, male (n, %)	686 (68.67%)
BMI (kg/m^2)	24.75 (3.78)
Duration of PsO[a] (years)	11.61 (9.18)
Prior medication, n (100%)	
Conventional systemic therapy	187 (18.72%)
Biological treatment	39 (3.90%)

PsO: psoriasis; SD: standard deviation; kg: weight (kilograms); m: height (centimeters); BMI: body mass index. [a]Duration of PsO: Time from first PsO diagnosis to baseline.

Table 2. Secukinumab effectiveness by treatment pattern subgroups (Persistent vs. Intermittent vs. Discontinued)

	Discontinued mean (SD)	Intermittent mean (SD)	Persistent mean (SD)	Intermittent-Discontinued		Persistent-Discontinued	
				Mean difference/ Odds ratio (95% CI)	*P*-value	Mean difference/ Odds ratio (95% CI)	*P*-value
Baseline							
N	566	154	279				
PASI score	17.7 (11.8)	20.6 (13.3)	16.9 (10.9)				
DLQI score	13.5 (7.1)	12.6 (6.9)	13.0 (6.8)				
Week 24							
N	341	139	249				
PASI score	0.8 (2.3)	0.8 (1.8)	0.7 (1.8)				
PASI change from baseline	-16.5 (11.5)	-20.3 (13.4)	-15.8 (10.5)	0.1 (-0.3 to 0.6) [1]	0.5975 [1]	0.1 (-0.3 to 0.5) [1]	0.5458 [1]
Reduction in PASI score, n (%)							
PASI 75	235 (91.4)	109 (93.2)	209 (94.6)	1.3 (0.6 to 3.1) [2]	0.5704 [2]	1.6 (0.8 to 3.5) [2]	0.1879 [2]
PASI 90	206 (80.2)	95 (81.2)	190 (86.0)	1.1 (0.6 to 1.9) [2]	0.8138 [2]	1.5 (0.9 to 2.5) [2]	0.0940 [2]
PASI 100	153 (59.5)	68 (58.1)	145 (65.6)	0.9 (0.6 to 1.5) [2]	0.7966 [2]	1.3 (0.9 to 1.9) [2]	0.1719 [2]
DLQI score	2.4 (3.9)	2.0 (3.2)	1.7 (3.2)				
DLQI change from baseline	-11.3 (7.0)	-10.7 (6.7)	-11.2 (6.9)	0.2 (-0.6 to 0.9) [1]	0.6738 [1]	0.5 (-0.1 to 1.0) [1]	0.1311 [1]
Week 52							
N	334	135	254				
PASI score	1.2 (2.8)	1.4 (3.3)	0.7 (1.7)				
PASI change from baseline	-16.5 (11.1)	-19.2 (13.4)	-15.8 (10.2)	0.1 (-0.5 to 0.6) [1]	0.8322 [1]	0.6 (0.1 to 1.0) [1]	0.0155 [1]
Reduction in PASI score, n (%)							
PASI 75	223 (88.8)	102 (89.5)	204 (94.0)	1.1 (0.5 to 2.3) [2]	0.8585 [2]	2.0 (1.0 to 4.0) [2]	0.0522 [2]
PASI 90	190 (75.7)	84 (73.7)	189 (87.1)	0.9 (0.5 to 1.5) [2]	0.6804 [2]	2.2 (1.3 to 3.6) [2]	0.0020 [2]
PASI 100	128 (51.0)	62 (54.4)	130 (59.9)	1.2 (0.7 to 1.8) [2]	0.5481 [2]	1.4 (1.0 to 2.1) [2]	0.0536 [2]
DLQI score	2.6 (4.4)	2.0 (3.1)	1.6 (3.1)				
DLQI change from baseline	-10.9 (7.6)	-11.1 (6.7)	-11.4 (7.3)	0.5 (-0.3 to 1.4) [1]	0.2400 [1]	1.0 (0.3 to 1.7) [1]	0.0068 [1]

PASI, psoriasis area and severity index; DLQI, dermatology life quality index; SD, standard deviation; CI, confidence interval. [1] For mean change of each endpoint from baseline to each visit, covariance (ANCOVA) model was performed for comparison. The baseline value of the endpoint was included as covariate. [2] Odds ratio and corresponding p-value were derived from univariate logistic regression.

Table 3. Safety results

Parameter	Full Analysis Set (N=999)
Incidence of TEAEs, n (%)	506 (50.65%)
Incidence of treatment-related TEAEs, n (%)	146 (14.61%)
Incidence of TESAEs, n (%)	45 (4.50%)
Incidence of treatment-related TESAEs, n (%)	5 (0.50%)
Discontinuation due to TEAEs, n (%)	12 (1.2%)
Death[a], n (%)	2 (0.2%)

TEAE: Treatment-emergent adverse event; TESAE: Treatment-emergent serious adverse event. [a]Both deaths occurred more than 6 months after treatment discontinuation and were judged by investigators as unrelated to secukinumab therapy.



Abstract N°: 1162

Real-World Effectiveness and Safety of Secukinumab Among Chinese Adults with Moderate-to-Severe Plaque Psoriasis: Final Results from the UNMASK2 Study

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Introduction & Objectives: Psoriasis (PsO) is a chronic inflammatory skin disease affecting approximately 0.5–2% of the global population, with considerable physical and psychological burden. Secukinumab, a monoclonal antibody targeting IL-17A, has shown sustained effectiveness and a favorable safety profile, yet there is limited evidence in a real-world setting in China. This study aims to evaluate the effectiveness and safety of secukinumab in adult patients with moderate-to-severe plaque PsO in China.

Materials & Methods: UNMASK2 is a large prospective observational study conducted at 42 hospitals in China (NCT04894890). Patients (aged≥18 years) with moderate-to-severe plaque PsO who initiated secukinumab treatment for the first time between December 2021 and October 2022 were enrolled in the study, with a 52-week observation period. The effectiveness endpoints included the Psoriasis Area and Severity Index (PASI), Body Surface Area (BSA), Investigator's Global Assessment (IGA), and Dermatology Life Quality Index (DLQI). The safety was assessed by the incidence of adverse events (AEs), serious adverse events (SAEs), and treatment discontinuation due to AE.

Results: A total of 999 patients were enrolled in this study, with their baseline clinical characteristics presented in Table 1. PASI 75, PASI 90 and PASI 100 was achieved in 46.28%, 21.59% and 8.56% of patients at week 4, respectively, reaching 90.47%, 74.19% and 42.23% at week 12 and maintained to week 52 (90.89%, 79.55% and 54.98%). Compared with the baseline score, significant changes in BSA (mean ± standard deviation) were -12.0 ± 14.30 at week 4, -21.3 ± 18.77 at week 12, and -23.1 ± 19.76 at week 52, respectively ($P < 0.0001$). The proportions of patients achieving IGA 0/1 was 74.50% at week 12 and maintained to week 52 (76.98%). Furthermore, a total of 56.85% of patients achieved a DLQI 0/1 response at week 12, and 68.45% at week 52. Additional clinical outcomes are summarized in Table 2.

Safety results showed that 506 patients (50.65%) reported AEs, 146 patients (14.61%) experienced treatment-related AEs, 45 patients (4.50%) reported SAEs, and 5 patients (0.50%) experienced treatment-related SAEs. A total of 12 patients (1.20%) discontinued secukinumab due to AEs. The most common AEs are shown in Table 3.

Conclusion: Secukinumab demonstrated sustained clinical effectiveness and a good safety profile over 52 weeks in the treatment of moderate-to-severe plaque PsO patients in China. The treatment led to significant improvements in skin lesions and quality of life, with high proportions of patients achieving PASI 75, PASI 90, and PASI 100 responses. The safety profile was consistent with previous studies. These findings highlight secukinumab as an effective and safe treatment option for moderate-to-severe plaque PsO in real-world clinical practice.

Table 1. Baseline clinical characteristics

Characteristic	N (%)/mean±SD
Age (years)	41.07±13.36
Gender, male	686 (68.67)
BMI (kg/m^2)	24.75±3.78
Duration of PsO[a] (years)	11.61±9.18
Prior medication	
Conventional systemic therapy	187 (18.72)
Biologics	39 (3.90)
PASI	18.0±11.84
BSA	25.1±20.58
IGA	3.3±0.60
DLQI	13.2±6.99

SD: standard deviation. PsO: psoriasis; BMI: body mass index; PASI: Psoriasis Area and Severity Index; BSA: Body Surface Area; IGA: Investigator's Global Assessment; DLQI: Dermatology Life Quality Index. [a]Duration of PsO: Time from first PsO diagnosis to baseline.

Table 2. Clinical outcomes of PASI, BSA, IGA, and DLQI over a 52-week period

N (%)/mean±SD	Week 4	Week 12	Week 16	Week 24	Week 36	Week 52
	N=936	N=829	N=735	N=729	N=699	N=723
PASI score change[1]	-12.1±8.96	-16.9±11.13	-17.0±11.63	-17.0±11.62	-16.7±11.59	-16.7±11.33
PASI, n(%)						
≤3	376 (43.07)	648 (86.98)	580 (91.63)	588 (93.63)	562 (93.51)	571 (90.63)
≤1	168 (19.24)	492 (66.04)	488 (77.09)	494 (78.66)	476 (79.20)	461 (73.17)
PASI, n(%)						
PASI 75	373 (46.28)	617 (90.47)	541 (93.44)	553 (92.94)	535 (93.86)	529 (90.89)
PASI 90	174 (21.59)	506 (74.19)	466 (80.48)	491 (82.52)	487 (85.44)	463 (79.55)
PASI 100	69 (8.56)	288 (42.23)	327 (56.48)	366 (61.51)	353 (61.93)	320 (54.98)
BSA score change[1]	-12.0±14.30	-21.3±18.77	-22.3±18.82	-23.4±19.79	-23.0±19.66	-23.1±19.76
BSA, n(%)						
≤3%	267 (30.72)	577 (77.66)	541 (85.87)	570 (91.49)	556 (93.13)	560 (90.18)
≤1%	148 (17.03)	470 (63.26)	483 (76.67)	526 (84.43)	511 (85.59)	502 (80.84)
IGA score change[1]	-1.5±0.91	-2.5±0.96	-2.6±0.93	-2.7±1.00	-2.7±0.99	-2.5±1.09
IGA 0/1, n(%)	279 (31.96)	555 (74.50)	517 (81.80)	517 (82.59)	497 (82.83)	485 (76.98)
DLQI score change[1]	-7.8±6.59	-10.4±6.92	-10.8±7.19	-11.1±6.90	-11.2±7.11	-11.2±7.30
DLQI 0/1, n(%)	220 (25.43)	411 (56.85)	398 (63.28)	436 (67.39)	407 (68.52)	434 (68.45)

SD: standard deviation; PASI: Psoriasis Area and Severity Index; BSA: Body Surface Area; IGA: Investigator's Global Assessment; DLQI: Dermatology Life Quality Index. [1]Score change: Change in the score compared with baseline.

Table 3. The most frequent adverse events by MedDRA PT

Adverse event (by PT, >2%), n (%)	
COVID-19	131 (13.11)
Pyrexia	57 (5.71)
Upper respiratory tract infection	39 (3.90)
Eczema	36 (3.60)
Pruritus	29 (2.90)
SARS-CoV-2 test positive	24 (2.40)
Tinea pedis	21 (2.10)
Cough	21 (2.10)

Adverse events were coded by MedDRA PT. Listed are the most frequent adverse events with incidence greater than 2%. MedDRA, medical dictionary for regulatory activities; PT, preferred term.



Abstract N°: 1207

3-year data on effectiveness and quality of life in bio-naïve patients treated with risankizumab or other biologics in clinical practice – German cohort of the VALUE study

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Introduction & Objectives:

Risankizumab (RZB) inhibits the IL23 p19 subunit of IL-23 and is approved for the treatment of moderate to severe plaque psoriasis (PsO) and active psoriasis arthritis. Interim data from the real-world study VALUE has been published before1-4. This 3-year analysis of the VALUE study evaluates the clinical effectiveness and impact on quality of life (QoL) in bio-naïve patients treated either with RZB or other biologics (OtherBios).

Materials & Methods:

VALUE [NCT03982394] is a prospective post-marketing multi-country, multicenter, observational study for RZB and OtherBios as approved per local label for the treatment of PsO in a 2:1 allocation ratio. Treatment decisions were made at the discretion of the patients' physician independently of and prior to study enrolment.

For this interim analysis bio-naïve patients of the German VALUE cohort treated with either RZB or OtherBios were analyzed after 3 years (37 month) of treatment. Analyzed parameters include absolute and relative Psoriasis Area and Severity Index (PASI), several patients reported QoL parameters e.g., Dermatological Quality of Life Index (DLQI), stigmatization (6-item stigmatization scale: >12), and itch numeric rating scale (NRS; 0-10). Modified non-responder imputation analyses were also conducted using propensity score matching (PSM; 1:1 ratio) to account for differences in baseline characteristics which occur due to the observational nature of clinical practice in this study. Data cut-off for this interim analysis was December the 9th 2024. Data are presented as mean or percentage of patients with 95 % confidence interval [CI], where appropriate.

Results:

Baseline data was available for 238 and 132 bio-naïve patients treated either with RZB or OtherBios whereas 109 per group could be included in the PSM analysis. In the PSM analysis absolute PASI scores at baseline were comparable between RZB and OtherBios (mean: 16.4 and 16.7, respectively; $p=0.72$). After 3 years of treatment, mean PASI was 0.8 [0.27-1.38] in the RZB and 2.4 [1.38-3.36] in the OtherBios group with a significant difference between groups ($p<0.01$). Proportion of patients achieving DLQI 0/1 and improvement in stigmatization also reveals differences after 3 years of treatment between the RZB and OtherBios group (75.0 % vs. 57.1 %; $p<0.05$

and 98,8 % [91.6-100-0] vs. 87.3 % [76.5-94.4]; p<0.05, respectively). Mean itch NRS at baseline was 6.0 and 6.3 (p=0.41) and differs between groups after 3 years with 1.2 [0.73-1.68] and 2.5 [1.66-3.31] in the RZB and OtherBios group, respectively (p<0.01).

Conclusion:

Bio-naïve patients receiving RZB over the 3-year treatment period showed sustained improvements in effectiveness and QoL. Significant differences could be observed for patients receiving RZB compared to OtherBios after the 3-year observational period. The data indicates that choosing an effective treatment in bio-naïve patients might have favorable long-term treatment outcomes in clinical practice.

1. Stavermann et al. EADV Congress 2023, P2309.
2. Staubach et al. EADV Congress 2023, P2349.
3. Stavermann et al. AAD Annual Meeting 2024, P51362.
4. Staubach et al. EADV Congress 2024, P3158



Abstract N°: 1212

The Economic Value of Tildrakizumab Treatment in Patients with Moderate-to-Severe Plaque Psoriasis: A Norwegian Perspective

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Introduction & Objectives:

Chronic plaque psoriasis negatively impacts patients' work productivity, with substantial financial implications. This post hoc analysis aimed to assess associations between disease-related outcome measures (itch, pain, DLQI, and PASI) and work-related outcomes (absenteeism, presenteeism, activity and work impairment) in patients with moderate-to-severe plaque psoriasis. In this study, we sought to extrapolate the potential economic value of reducing work productivity loss with tildrakizumab treatment to Norway.

Materials & Methods:

We analyzed data from 116 patients with moderate-to-severe plaque psoriasis treated with tildrakizumab for 24 weeks in the TRIBUTE study, an international, multicenter, open-label phase IV clinical trial conducted exclusively in Spain and Italy. We employed linear regression models to examine associations between changes in disease-related and work-related outcomes. The economic impact of work productivity loss was extrapolated to the Norwegian context, assuming gradual improvement over 24 weeks followed by sustained improvement through week 52. Norway was selected as an ideal economic model due to shared healthcare system characteristics with Spain and Italy, high labor costs, and having one of the highest per capita healthcare expenditures in Europe, making the economic implications of psoriasis treatment particularly relevant.

Results:

Elevated pain and DLQI scores significantly increased absenteeism (β=2.03, p=0.005; β=0.79, p=0.016, respectively). Pain, DLQI, and itch were significantly positively associated with presenteeism, activity impairment, and work impairment, with pain showing the strongest association with presenteeism (β=4.81) and activity impairment (β=6.85), while itch showed the strongest association with work impairment (β=5.10). Notably, PASI did not associate with any work outcome measure. The economic impact due to work productivity loss was extrapolated at approximately EUR 12,700 per person annually in Norway, representing the potential savings when patients achieve disease control with tildrakizumab treatment.

Conclusion:

All disease outcome measures except PASI associated with work-related outcomes, suggesting that more holistic measures for assessing psoriasis disease burden may be more beneficial from a patient perspective. The economic savings when patients achieve disease control with tildrakizumab treatment was estimated at EUR 12,700 per person annually in Norway. Managing plaque psoriasis with tildrakizumab could provide significant clinical benefits to patients while simultaneously offering considerable economic value to society.

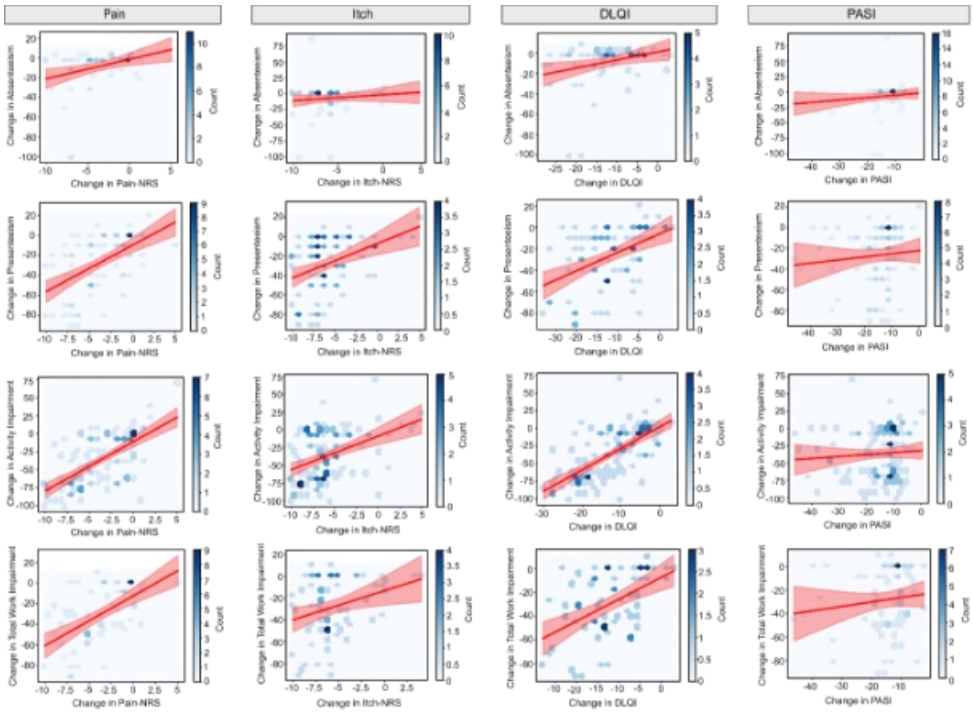


Figure 1. Association between change in work productivity and activity impairment domains and pain, itch, DLQI, and PASI. Red line represents the linear regression curve with 95% CI represented in light red. In hexbin plots, color intensity represents the count of data points within each hexagonal bin. Darker colors indicate higher densities, where more data points overlap in the same area.



Abstract N°: 1224

Efficacy of brodalumab in obese patients with psoriasis: case series in real clinical practice

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Introduction & Objectives:

Obesity is a common comorbidity in patients with psoriasis and it is associated with negative response to treatment. Brodalumab is a recombinant fully human monoclonal immunoglobulin IgG2 antibody with high affinity to human interleukin (IL)-17RA that is approved for the treatment of psoriasis. It offers the advantage of not requiring dose adjustment in obese patients.

Objetive: compare the outcomes between obese and non-obese patients treated with Brodalumab in terms of Psoriasis Area and Severity Index (PASI).

Materials & Methods:

This is a case series in real clinical practice attended in our service from 2019 to 2025.

Results:

In total 31 patients were included, 35% were obese (body mass index ≥30). Once completed 24 months follow up, we only have data of 29% of the initial patients. Most patients were non-naïve (81% obese vs 90% nonobese).

Initial mean PASI was 8,68 (9,23 obese vs 8,38 nonobese). PASI 100 response was achieved at 12 weeks of treatment by 63,6% obese vs 55% nonobese, at 12 months follow up by 57,1% obese vs 84,6% in nonobese and at 24 months by 100% of patients who completed follow-up without statical significative differences (p>0,05).

Conclusion:

These results show no differences in PASI100 response achieved between obese and nonobese patients, both in short and long term. Brodalumab is an interesting alternative in treatment of obese patients with psoriasis for whom achieving an optimal response is a therapeutic challenge.



Abstract N°: 1277

Ultrasound Dactylitis Predicts Bone Erosion in Early Psoriatic Arthritis: A Longitudinal Cohort Study

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Introduction & Objectives: Bone erosion is a predictor of progressive joint injury and poor prognosis in psoriatic arthritis. Early identification of high-risk patients and aggressive intervention can significantly inhibit joint inflammation and reverse the poor prognosis associated with joint destruction. This study aims to identify the association between clinical and ultrasonographic features with bone erosion developed in early PsA patients.

Materials & Methods: The study enrolled 82 early psoriatic arthritis (PsA) patients with articular and/or the entheseal involvement of less than 6-month duration from March 2022 to January 2024, who were prospectively observed within 24 months of follow-up. Data about demographic and clinical characteristics, clinical enthesitis and dactylitis, and medication were collected. Systemic peripheral joint ultrasound was performed at every visit (12 and 24 months). Inflammatory and structural changes were scored with the modified MAdrid Sonographic Enthesitis Index (MASEI) and Novel and reliable DACTylitis glObal Sonographic (DACTOS) score. Erosions were defined as cortical defects greater than 2 mm in diameter with an irregular floor on US. Logistic regression analysis was performed to identify variables associated with US joint bone erosion occurring within 2 years of initial diagnosis.

Results: Early PsA patients who developed bone erosions had later onset of the disease (40.70±13.35 vs 32.33±13.98, p = 0.008), higher proportion with metabolic syndrome (p = 0.043), and a greater number of swollen joints at baseline physical examination (p = 0.029) (Table 1). During the 24 months of follow-up, patients without bone erosion developed had a higher proportion of using IL-17i (p = 0.034). Higher age at symptoms onset (OR 1.049; p = 0.012) and DACTOS score (OR 1.082; p = 0.036) were significant predictors of erosion (Table 2).

Conclusion: This study demonstrates that ultrasonographic dactylitis and older age at onset are identified as significant risk factors for bone erosion developed in early PsA patients.

Table 1 Comparison of demographic and clinical characteristics of non-erosion and erosion PsA patients.

Variables	Overall (n=82)	Non-erosion (n=49)	Erosion (n=33)	P value
Sex, (male), n (%)	44 (53.66)	29 (59.18)	15 (45.45)	0.159
Age symptoms onset, (years), mean (SD)	35.70 (14.26)	32.33 (13.98)	40.70 (13.35)	**0.008**
Symptom duration (months), median (IQR)	12 (3, 51)	12 (3, 54)	12 (5, 50)	0.794
Current psoriasis, n (%)	75 (91.46)	45 (91.84)	30 (90.91)	0.591
Psoriatic nail dystrophy, n (%)	29 (35.37)	17 (34.69)	12 (36.36)	0.530
Arthritis types				
Axial involvement, n (%)	23 (28.05)	16 (32.65)	7 (21.21)	0.190
DIP, n (%)	36 (43.90)	18 (36.73)	18 (54.55)	0.086
PIP, n (%)	40 (48.78)	23 (46.94)	17 (51.52)	0.428
MCP, n (%)	28 (34.15)	13 (26.53)	15 (45.45)	0.063
Wrist, n (%)	14 (17.07)	6 (12.24)	8 (24.24)	0.132
Elbow, n (%)	14 (17.07)	7 (14.29)	7 (21.21)	0.299
Shoulder, n (%)	12 (14.63)	6 (12.24)	6 (18.18)	0.331
Knee, n (%)	26 (31.71)	15 (30.61)	11 (33.33)	0.491
Ankle, n (%)	16 (19.51)	9 (18.37)	7 (21.21)	0.482
Interphalangeal (IP), n (%)	12 (14.63)	10 (20.41)	2 (6.06)	0.065
Metatarsalphalangeal （MTP）, n (%)	18 (21.95)	12 (24.49)	6 (18.18)	0.346
Tarsometatarsal joints (TMT) , n (%)	14 (17.07)	11 (22.49)	3 (9.09)	0.099
Comorbidity				
Metabolic syndrome, n (%)	44 (53.66)	22 (44.90)	22 (66.67)	**0.043**
Anemia, n (%)	19 (23.17)	10 (20.41)	9 (27.27)	0.322
Seropositivity, n (%)	10 (12.20)	6 (12.24)	4 (12.12)	0.633

Table 2 Evaluation of factors associated with erosion - PsA in multivariate analysis.

Variables	Univariate Logistic		Logistic	
	OR（95%CI）	P	OR（95%CI）	P
Age symptoms onset, 1-yr increase	1.045 (1.010, 1.081)	**0.011**	1.049 (1.011, 1.089)	**0.012**
Metabolic syndrome	2.455 (0.981, 6.140)	0.055		
Swollen joint count, 1-unit increase	1.069 (0.992, 1.153)	0.081		
DACTOS score, 1-unit increase	1.086 (1.014, 1.164)	**0.019**	1.082 (1.005, 1.165)	**0.036**
Use of IL17i	0.385 (0.152, 0.975)	**0.044**	0.381 (0.138, 1.047)	0.061



Abstract N°: 1305

Safety and Efficacy of Risankizumab in Genital and Scalp Psoriasis in the UnlIMMited Phase 4 Randomized Clinical Trial at Week 16

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Introduction & Objectives:

Scalp and genital psoriasis (PsO) are high impact PsO areas associated with increased patient burden and impact on quality of life. Risankizumab (RZB), an IL-23 inhibitor, is approved for the treatment of moderate to severe PsO. Here we present the first data for treatment of PsO in the genital region and scalp with RZB from dedicated studies.

Materials & Methods:

UnlIMMited (NCT05969223) is a Phase 4, multicenter, randomized, double-blind, placebo-controlled study for adult patients with moderate to severe genital or scalp PsO. Patients were randomized within either Study-G (genital PsO) or Study-S (scalp PsO) at 1:1 to receive either 150 mg RZB or placebo (PBO) at weeks 0 and 4. Efficacy was assessed at week 16 and reported using non-responder imputation. Efficacy was assessed for patients in Study-G by static Physician's Global Assessment-Genital (sPGA-G) and scalp Investigators Global Assessment (scalp IGA) for patients in Study-S. Safety and additional efficacy endpoints for symptoms and quality of life were also assessed.

Results:

At week 16, a significantly higher proportion of patients with genital PsO receiving RZB, versus patients receiving PBO achieved sPGA-G 0/1 (69.1% [38/55] vs 13.0% [7/54]; $p<0.0001$). For patients with scalp PsO, a significantly higher proportion of patients receiving RZB achieved scalp IGA 0/1 versus those receiving PBO (60.8% [31/51] vs 13.0% [7/54]; $p<0.0001$) at week 16. No new safety signals were reported.

Conclusion:

A significantly higher proportion of patients in Study-G with genital PsO achieved the primary endpoint of sPGA-G 0/1 treated with RZB, compared to PBO. Similarly, a significantly higher proportion of patients in Study-S with scalp PsO treated with RZB, compared to PBO, achieved the primary endpoint of scalp IGA 0/1. No new safety signals were identified.



Abstract N°: 1317

Incidence of Psoriatic Arthritis in Biologic-Naïve Psoriasis Patients Achieving National Psoriasis Foundation's Treat to Target Goals: A Real-World Study With the CorEvitas Psoriasis Registry

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Introduction & Objectives:

Psoriasis (PsO) increases the risk of psoriatic arthritis (PsA), with higher disease severity linked to greater PsA risk. The National Psoriasis Foundation (NPF) set PsO treatment goals as acceptable (Body Surface Area [BSA] ≤3% or ≥75% improvement from baseline) or target response (BSA ≤1). We assessed PsA incidence among patients starting biologic therapy for PsO, based on achieving NPF treatment goals.

Materials & Methods:

Biologic-naïve patients with baseline BSA >3% and no history of PsA who initiated their first biologic treatment were identified in the CorEvitas Psoriasis Registry. Achievement of NPF treatment goals was evaluated 3-15 months after biologic initiation; incident PsA (rheumatologist-/dermatologist-diagnosed PsA or Psoriasis Epidemiology Screening Tool [PEST] score >3) was evaluated up to 5 years after NPF treatment goal assessment. Incidence rates per 100 person-years (PY) were calculated among all patients and by achievement of NPF treatment goals.

Results:

In total, 1,371 patients were evaluated (mean age 47.9 years, 40.9% female, mean baseline BSA 17.6%).** Among 1,352 patients evaluable for NPF target goal analysis, the incidence rate of PsA was 7.12 cases/100 PY (95%CI: 6.23-8.14). Of these, 958 (70.9%) met the target goal; their PsA incidence was lower (6.46/100 PY, 95%CI: 5.47-7.62) than those who did not meet target (8.82/100 PY, 95%CI: 7.04-11.07). Data on achieving the NPF acceptable goal will also be presented.

Conclusion:

These findings suggest that patients attaining the NPF treatment target goal after initiating their first biologic therapy for PsO may have reduced risk of PsA; multivariable analysis for adjusted associations is currently underway.



Abstract N°: 1343

Successful treatment of a 15-year-old male with severe plaque psoriasis using Vunakizumab (anti-IL-17) - a case report

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Introduction & Objectives: IL-17 is a pro-inflammatory cytokine involved in the pathophysiology of various inflammatory skin conditions, including plaque psoriasis, which accounts for over 80% of psoriasis cases. Vunakizumab (SHR- 1314) is a novel humanized IgG1/k monoclonal antibody that selectively targets IL-17A. Although it is approved for adult plaque psoriasis, its effectiveness and safety in patients under 18 remains unclear. We present the case of a 15-year-old adolescent with severe plaque psoriasis□treated under Vunakizumab. Despite extensive involvement of psoriasis on multiple body regions, the patient achieved PASI 90 after only 4-week treatment.

Materials & Methods: We report a 15-year-old male with a three-year history of severe plaque psoriasis, characterized by erythema and scaling on his trunk, limbs, scalp and face. Previous treatment with topical cream showed no improvement. He was diagnosed with severe plaque psoriasis (PASI 23.3, BSA 60%, DLQI 22). The patient subsequently received an injection of 240 mg vunakizumab at week 0,2,4, followed by maintenance dose of 240 mg every 4 weeks.

Results: After 4 weeks of treatment, his PASI score declined to 2.5, corresponding to a PASI90 response. Substantial improvement of erythema was also observed on difficult-to-treat areas such as scalp, face, nails and lower legs. Besides, his DLQI score was reduced to 2, reflecting enhanced quality of life. The patient was satisfied with the treatment results. Further clinical improvement was noticed at week 12, and this was maintained at the 28-week follow-up (PASI 2, DLQI 1). Despite receiving the standard adult dose(i.e.,240mg), the 15-year-old patient-weighing 65kg-responded well, with no adverse reactions.

Conclusion: We present the case of a 15-year-old adolescent patient with severe plaque psoriasis who was successfully treated with Vunakizumab. Clinical studies have demonstrated quick and meaningful responses to Vunakizumab in moderate-to-severe plaque psoriasis within 12 weeks. Likewise, our patient exhibited considerable improvement of both skin lesions and quality of life after just 4 weeks of treatment, with sustained response at 28 weeks. We demonstrate an early rapid response of this severe plaque psoriasis adolescent patient who was treated with adult dose of Vunakizumab. We also report no adverse events, which is in accordance with Vunakizumab favorable safety profile found in the literature. Further studies are needed in the future to evaluate the use of adult dosing of Vunakizumab in young plaque psoriasis patients and to investigate whether there is a relationship between the age at treament initiation and response time.



Abstract N°: 1352

Ixekizumab Demonstrates Continued Improvements in Nail and Scalp Psoriasis through 24 Weeks: Results from the Psoriasis in Special Areas (PSoSA) Study

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Introduction & Objectives: Ixekizumab (IXE) has demonstrated efficacy in treating moderate-to-severe plaque psoriasis in challenging body areas, such as nails and scalp. Here, we present 24-week results from the second interim analysis of a real-world study of patients with psoriasis in special areas (PSoSA).

Materials & Methods: PSoSA is an ongoing US-based, single-arm, 52-week, prospective, multicenter, observational study in adult patients with a confirmed diagnosis of moderate-to-severe plaque psoriasis and nail involvement, with or without scalp involvement, whose dermatologist has prescribed IXE, consistent with FDA on-label dosing. Improvement in nail psoriasis (modified Nail Psoriasis Severity Index [mNAPSI]) and scalp psoriasis (Psoriasis Scalp Severity Index [PSSI]) is assessed at weeks 4, 12, 24, and 52.

Results: At the second interim analysis, 127 patients were included in the population. Mean age was 49 (standard deviation [SD] 16) years, and most patients were male (58%); mean time since plaque psoriasis diagnosis was 12.2 (SD 13.8) years. For mNAPSI, mean percent change from baseline was −8.6 (SD 50.5) at week 4, −28.6 (SD 55.1) at week 12, and −57.6 (SD 48.8) at week 24. For PSSI, mean percent change from baseline was −67.6 (SD 43.9) at week 4, −69.1 (SD 110.7) at week 12, and −94.6 (SD 17.4) at week 24. Of patients with data at week 24, 46.9% (n/Nx=23/49) achieved ≥75% nail clearance (mNAPSI75) and 75.7% (n/Nx=28/37) achieved total scalp clearance (PSSI100).

Conclusion: This interim analysis of the PSoSA study demonstrates continued improvements with IXE over 24 weeks in nail and scalp psoriasis among patients initiating IXE in a real-world setting.

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Abstract N°: 1353

Ixekizumab Improves Musculoskeletal Symptoms Measured by the IDEOM MSK-8 Questionnaire in Patients with Psoriasis and PEST Scores <3 or ≥3: Results From the Real-World Psoriasis in Special Areas (PSoSA) Study

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Introduction & Objectives: We present real-world data from PSoSA on ixekizumab effectiveness on musculoskeletal symptoms reported by psoriasis patients using the International Dermatology Outcome Measures Musculoskeletal Questionnaire (IDEOM MSK-8).

Materials & Methods: PSoSA is a prospective, single-arm, observational study enrolling adult patients with moderate-to-severe psoriasis and nail involvement, with or without scalp involvement, initiating ixekizumab in US dermatology clinics. Patients completed the IDEOM MSK-8 at baseline and weeks 4, 12, 24, and 52; respondents answered 8 questions describing musculoskeletal symptoms over the last 7 days using an 11-point Likert-type scale. Patients with diagnosed psoriatic arthritis at baseline were excluded. Percent change was calculated for patients with non-missing baseline values. Data were stratified by baseline Psoriasis Epidemiology Screening Tool (PEST) score, with scores ≥3 indicating possible psoriatic arthritis.

Results: Of 110 enrolled psoriasis patients, 52 had PEST score <3 (mean age 44.4 years, 61.5% male, median time since diagnosis 8.0 years) and 58 had score ≥3 (mean age 51.9 years, 51.7% male, median time since diagnosis 5.9 years). Among patients with PEST score <3, median percent changes from baseline at week 4/week 12/week 24 were −40.0/−55.0/−71.7 for musculoskeletal pain, −41.7/−50.0/−75.0 for joint swelling, and −50.0/−66.7/−66.7 for time experiencing joint stiffness. Among patients with PEST score ≥3, median percent changes from baseline were −24.3/−38.8/−50.0 for musculoskeletal pain, −33.3/−66.7/−56.2 for joint swelling, and −33.3/−55.6/−40.0 for time experiencing joint stiffness.

Conclusion: Improvements from baseline in musculoskeletal symptoms were observed among psoriasis patients initiating ixekizumab, regardless of their likelihood of concurrent psoriatic arthritis. Patients with PEST scores <3 had greater changes from baseline.

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Abstract N°: 1363

Highlighting the value of CAL/BDP PAD cream in patients meeting the Rule of 10s: Indirect treatment comparison with CAL/BDP foam in plaque psoriasis

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Introduction & Objectives: Calcipotriol/betamethasone dipropionate (CAL/BDP) poly-aphron dispersion (PAD technology) cream has already demonstrated significantly higher efficacy against CAL/BDP gel in patients with plaque psoriasis meeting the Rule of 10s criteria1. The aim of this research was to compare the clinical benefits of CAL/BDP PAD cream and CAL/BDP foam in this subgroup of patients with plaque psoriasis who exhibit a more severe profile.

Materials & Methods: An anchored indirect treatment comparison (ITC) analysis of CAL/BDP PAD cream against CAL/BDP foam was conducted based on the Rule of 10s defined in a subgroup analysis of CAL/BDP foam2, which comprises patients with body surface area (BSA) ≥10%, or modified Psoriasis Area Severity Index (mPASI) score >10, or Dermatology Life Quality Index (DLQI) score >10 at baseline. Clinical efficacy was evaluated using three outcome measures: Physician's Global Assessment (PGA) success (PGA score <2 within a minimum 2-point improvement from baseline), mPASI75 (75% reduction in mPASI from baseline) and DLQI satisfaction (DLQI score 0/1 at the end of treatment). Clinical outcomes were extracted from a pool of two phase 3 clinical trials for CAL/BDP PAD cream (NCT03308799 and NCT03802344)3 and a subgroup analysis for CAL/BDP foam (NCT02132936)2. The time points for the ITC were 8 weeks for CAL/BDP PAD cream and 4 weeks for CAL/BDP foam, according to their respective summary of product characteristics. Bucher's method and anchored matching-adjusted indirect comparison (MAIC) were performed using CAL/BDP gel (active comparator) as the common comparator. Sensitivity analyses were explored to validate the robustness of the MAIC results.

Results: After adjusting the patient population for CAL/BDP PAD cream to the Rule of 10s, CAL/BDP PAD-cream remained significantly superior to CAL/BDP gel for PGA success (44.15% vs. 28.52%, p<0.001), mPASI75 (42.54% vs. 30.84%, p<0.001) and DLQI satisfaction (34.34% vs. 23.83%, p<0.001). Using Bucher's method or MAIC, CAL/BDP PAD cream did not exhibit statistically significant differences compared to CAL/BDP foam in the odds ratio (OR) for PGA success (OR 0.854 [0.368-1.978] or 0.992 [0.424-2.324], respectively), and mPASI75 (OR 0.692 [0.322-1.489] or 0.747 [0.343-1.624], respectively). In terms of DLQI satisfaction, a trend favouring CAL/BDP PAD cream was observed (OR 1.297 [0.591-2.844] for Bucher's method and 1.176 [0.526-2.629] for MAIC), although this difference between treatments was not statistically significant. Similar results were obtained in the sensitivity analysis.

Conclusion: CAL/BDP PAD cream shows comparable efficacy and quality of life outcomes to CAL/BDP foam in the treatment of patients with plaque psoriasis meeting the Rule of 10s, that is, who have a more severe profile.

Funding: This study was supported by funding from Almirall.

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Abstract N°: 1371

A Multicenter, Randomized, Double-Blind, Parallel-Arm, Phase 3 Study to Compare Efficacy and Safety of BAT2306 with Secukinumab in Patients with Moderate to Severe Plaque Psoriasis

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Introduction & Objectives: BAT2306 is being developed as a biosimilar to Secukinumab, the human IgG1 monoclonal antibody targeting IL-17A. This is a multicenter, randomized, double-blind, parallel-arm, phase 3 study with the primary objective of demonstrating equivalent efficacy of BAT2306 and Secukinumab in subjects with moderate to severe plaque psoriasis. The safety, pharmacokinetics (PK), and immunogenicity of BAT2306 and Secukinumab were compared as well.

Materials & Methods: This study composed of a 24-week initial treatment period (TP1) and a 28-week secondary treatment period (TP2). Subjects with moderate to severe plaque psoriasis were enrolled in the study and randomly assigned to BAT2306 or Secukinumab group in a 1:1 ratio at baseline. BAT2306 or Secukinumab were administered at Week 0, 1, 2, 3, 4, and then every 4 weeks until Week 40, followed by a 12-week efficacy and safety follow up period up to Week 52. Subjects who achieved a ≥PASI-75 response at Week 24 entered into TP2, in which those in the BAT2306 group in TP1 continued treatment with BAT2306, whereas those in Secukinumab group in TP1 were re-randomized 1:1 to either continue on Secukinumab or switch to BAT2306 in TP2. The primary endpoint was percent change from baseline (CfB) in PASI score to Week 8 or Week 12, and the equivalence was to be concluded if the 2-sided 90% or 95% confidence interval (CI) fell entirely within the predefined equivalence margins, depending on the regulatory agencies for submission.

Results: A total of 502 European, Japanese and Chinese subjects were enrolled in the study, with 487 subjects (97.0%) and 452 (90.0%) subjects completed TP1 and TP2, respectively. At week 8, the least square mean (standard error, SE) of CfB in PASI score were -90.474(1.2136) and -88.955(1.2222) for Secukinumab or BAT2306, respectively, with the least square (LS) mean difference 95% CI (-0.923□3.961) completely falling within the predefined equivalence margin. At week 12, the LS mean (SE) of CfB in PASI score were 93.281(1.0844) and -93.522(1.0951) for Secukinumab or BAT2306, respectively, with the LS mean difference 90% CI (-2.090□1.608) and 95% CI (-2.444□1.962) completely falling within the predefined equivalence margins. The primary estimand was comparable for the subgroups between BAT2306 and Secukinumab with no major effects seen. Overall 375 subjects (74.7%) experienced 1452 treatment-emergent adverse events (TEAEs), in which 505 were treatment related. The proportion of subjects who had at least 1 TEAE or treatment-related TEAE was similar across the treatment groups in both TP1 and TP2, with most TEAEs or treatment-related TEAE being mild. 28 subjects (5.6%) experienced 33 serious TEAEs and 9 subjects (1.8%) experienced 10 treatment-related serious TEAEs. No TEAE led to death during the study. Immunogenicity was comparable across treatment arms throughout the entire study,

and the transition from Secukinumab to BAT2306 in TP2 did not lead to an increased immunogenicity. No major differences were observed between the overall geometric means of serum concentrations of Secukinumab and BAT2306 in TP1, nor for the Secukinumab-Secukinumab or Secukinumab-BAT2306 groups compared with BAT2306 alone in TP2.

Conclusion: The current study showed that BAT2306 and Secukinumab are similar in terms of efficacy, safety, PK, and immunogenicity. Additionally, the transition from Secukinumab to BAT2306 in TP2 had no impact on efficacy, safety, PK, or immunogenicity.



Abstract N°: 1383

Guselkumab shows strong long-term effectiveness and high drug survival in patients with moderate-to-severe psoriasis across different treatment lines – first interim results of the non-interventional German G-REAL study

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Introduction & Objectives:

Guselkumab (GUS), a selective p19 subunit-targeted IL-23 inhibitor, has demonstrated significant efficacy in managing moderate-to-severe psoriasis1,2. Recent data indicate that early initiation of GUS therapy can offer numerous advantages for patients3. The prospective, non-interventional, multicenter study G-REAL aims to evaluate the impact of GUS across various treatment lines in patients with moderate-to-severe psoriasis in routine clinical practice in Germany.

Primary objective is to evaluate long-term effectiveness of GUS, particularly its impact on skin manifestations and patient-reported outcomes (PROs) over a period of 84 weeks (W). A secondary objective investigates outcomes of patients treated with GUS compared to those receiving secukinumab, an IL-17A inhibitor (findings to be presented in the future upon study completion).

Materials & Methods:

This interim analysis included patients who were enrolled from Nov 2021 to Dec 2022 (pre-defined Phase 1) and received GUS according to routine clinical practice. Here, 239 patients were analyzed through W84, stratified based on previous biological treatment: bionaïve patients (bn), patients with 1 prior biologic therapy (1pbt), and patients with two or more prior biologic therapies (≥2 pbt). Key parameters included Psoriasis Area Severity Index (PASI) and Dermatology Life Quality index (DLQI) in the total population and across different treatment lines, in addition to evaluation of drug survival and safety. Data were analyzed using “as observed” methodology.

Results:

Mean BL characteristics across different treatment lines were as follows: PASI 16.8, DLQI 13.4 for bionaïve patients; PASI 14.5, DLQI 14.6 for patients with 1pbt; and PASI 12.2, DLQI 13.9 for patients with ≥2 pbt.

During the study, the proportion of patients achieving PASI 90 increased across all treatment lines. Specifically, at W12, response rates were: 37.1% (bn), 41.8% (1pbt), 36.8% (≥2pbt), and had increased to 82.7% (bn), 74.6% (1pbt), and 66.7% (≥2pbt) at W84 (Figure 1). Among patients achieving PASI 90 at W52, overall maintenance of response through W84 was high, with bionaïve patients showing higher maintenance of PASI 90 response (97.4%) compared to those with prior biological treatment (1pbt: 90.9%; ≥2 pbt: 86.4%).

Quality of life improvement reflected similar patterns with 72.0% (bn), 63.9% (1pbt), and 52.8% (≥2 pbt) of patients achieving DLQI 0/1 at W84. Drug survival rates were high: after 18 months, patients in the total population had an 84.0% probability of drug survival. The highest rate was seen for bionaïve patients (92.4%), followed by those with 1 pbt (84.5%) and ≥2 pbt (72.8%) (Figure 2). No new safety signals emerged during the study.

Conclusion:

This interim analysis of the G-REAL study illustrates the robust long-term clinical outcomes of guselkumab (GUS) in both bionaïve patients and patients previously receiving biologic treatment. Notably, bionaïve patients achieved the highest response rates, underscoring the value of initiating treatment with GUS early in the sequence of treatment.

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Figures:

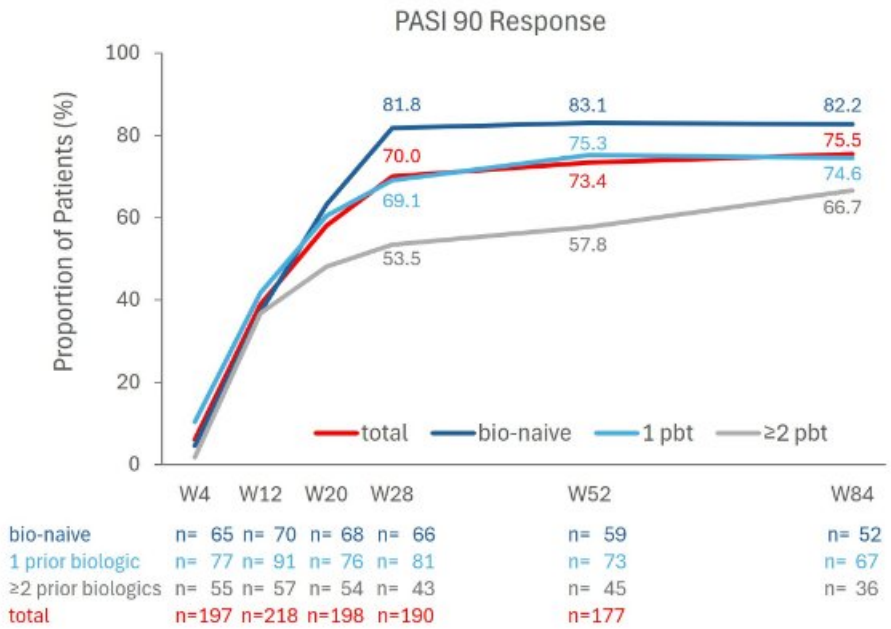


Figure 1: Proportions of patients achieving PASI 90 from Week 4 to Week 84 with guselkumab treatment in the total population and in different treatment lines

Data were analyzed using "as observed" methodology.

Abbreviations: PASI, Psoriasis Area and Severity Index; pbt, prior biologic therapy; W, week

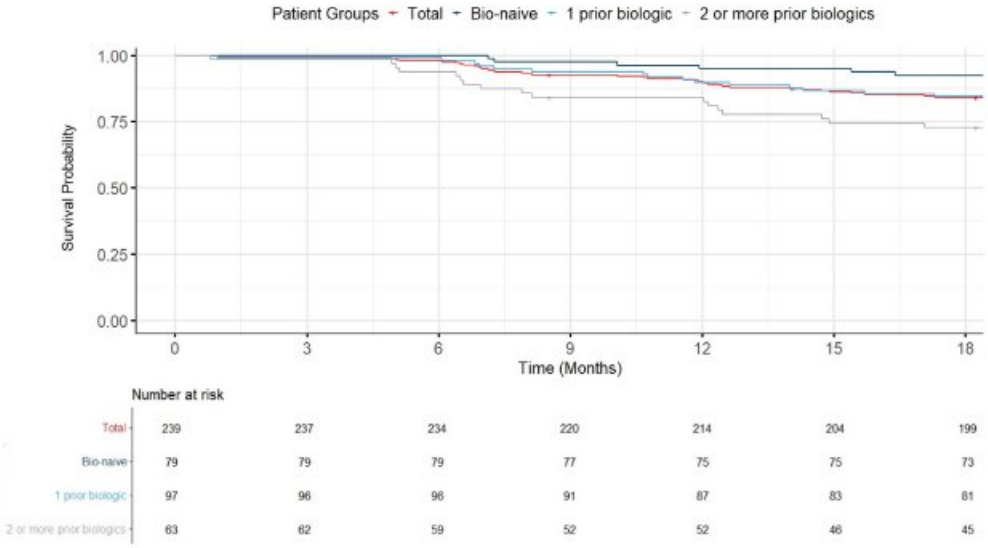


Figure 2: Probability of guselkumab drug survival over 18 months for the total population and for different treatment lines

Drug survival was assessed in the full analysis set (N=239) by Kaplan–Meier analysis. Each censored event corresponds to a patient discontinuation.



Abstract N°: 1471

Real-world effectiveness and safety of biologic switches in Chinese patients with plaque psoriasis: A Single-center retrospective study

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Introduction & Objectives:

This study assesses the real-world effectiveness and safety of biologic switching in plaque psoriasis, addressing the complexity of biologic therapies and the variability in optimal switching strategies to inform clinical decision-making.

Materials & Methods:

This single-center retrospective study included adult patients with plaque psoriasis (>18 years old) who received treatment with tumor necrosis factor (TNF-α inhibitors, interleukin (IL)-17 inhibitors, IL-23 inhibitors, or IL-12/23 inhibitors between January 2020 and November 2024. Baseline characteristics and data on treatment duration, treatment strategy, and severity of skin lesions were recorded. Patients were categorized into six groups based on their biologic switching strategies. Kaplan-Meier estimates and Cox regression analysis were employed to evaluate drug retention rates and associated factors.

Results:

This study included 1,144 patients (mean age: 44.29 years, 69.41% male) with an average biologic treatment duration of 20.5 months. IL-17 inhibitors were the most commonly used (61.1%), followed by IL-12/23 inhibitors (7.2%) and TNF-α inhibitors (4.9%). Among 114 patients who switched biologics, 128 switches occurred, most frequently from IL-17 to IL-23 inhibitors (30.5%), followed by intra-class IL-17 switches (27.3%). Kaplan-Meier analysis showed higher early dropout rates for IL-17 to IL-12/23 switches, while TNF-α to IL-17 switches had a marked retention decline after 600 days. Cox regression identified age and BMI as significant factors, with older age and lower BMI linked to higher retention. Notably, switching from IL-17 to IL-12/23 inhibitors significantly improved retention rates.

Conclusion:

Biologic switching is common in plaque psoriasis treatment, mainly due to inadequate initial efficacy. IL-17 inhibitors are favored for their rapid and potent effects, but switching to IL-12/23 or IL-23 inhibitors can restore clinical response when needed. Patient factors, including age and BMI, significantly influence switching outcomes. Larger multicenter studies are required to validate these findings and assess long-term impacts.

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Abstract N°: 1493

Psoriasis severity and correlation with Body Mass Index (BMI)

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Introduction & Objectives: Psoriasis is a common , chronic , T-lymphocyte-mediated inflammatory skin condition characterized by scaly, sharply demarcated, indurated erythematosus plaques on body surfaces. The lesions are present particularly over extensor surfaces, nails, scalp, genitalia, and the lumbosacral region.

Aim of the study:

\1) To study the demographic features of psoriasis in Ajdabia-Libya.

\2) To assess the patient's disease severity and BMI.

Materials & Methods: Sixty-four patients with the clinical diagnosis of psoriasis vulgaris attending the dermatology outpatient clinic at Ejdabia hospital were enrolled in this prospective cross-sectional study. All the patients had signed written consent and were exposed to detailed disease history regarding the onset, symptoms, sites involved, family history, and precipitated & aggravated factors. A complete dermatological examination was carried out on each patient. Disease severity of each patient was calculated using PASI score and BMI, also calculated by using patient weight and length according to patient proforma.

Statistical analysis: All statistical analyses were carried out using the Statistical Package for Social Sciences (SPSS version 18 for Windows). Descriptive statistics, such as the mean and standard deviation, were used when needed. Chi-square was used, and the P value was considered significant when <0.05.

Results: Among 64 patients with psoriasis included in this prospective cross-sectional study , the patient age ranged from 7 to 71 years (mean 36.7 years). The age group distribution showed that 32.8% of patients were in the age group 21-40 years, followed by the age group 41-60 years (28.1%). Females were more common in the age group <20 years, while males were more common in the age group >60 years. Males were slightly more commonly seen (53.6%) than females. In 44 patients (68%), the clinical type was plaque type, followed by scalp psoriasis (14%). Regarding the duration of the disease, 54% of cases had the condition for 1-5 years. Family history of psoriasis was recorded in 53.1% of cases. PASI score and disease severity showed that moderate psoriasis with a score of 6-10 was seen in 67.1% of patients, whereas only 12.3% of them had severe disease. Measurement of the BMI of our patients showed that the majority of them had normal scores and 29% had overweight scores.

Conclusion: Among the total study psoriasis patients, the mean age group was 37.2. Family history was recorded in more than half of the study cases, and moderate psoriasis with PASI scores 6-10 was seen in more than two-thirds of patients.



Abstract N°: 1507

Indirect Comparison Between Bimekizumab And Brodalumab For The Management Of Moderate To Severe Psoriasis: A 36-Week Real-Life Study

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Introduction & Objectives: Bimekizumab and brodalumab are characterized by a different mechanism of action if compared to the other anti-interleukin (IL)17s which target IL17A. Indeed, brodalumab acts on IL17RA whereas bimekizumab acts on IL17A, IL17F, and IL17AF cytokines. Currently, despite real-life data on the efficacy and safety of bimekizumab and brodalumab have been reported, data comparing these two drugs are absent. However, these data are mandatory to evaluate if a different target of the same IL can be correlated with a different profile in terms of effectiveness and safety. Moreover, it should be underlined that bimekizumab and brodalumab stood out as the psoriasis treatments with the fastest onset of action, delivering quicker therapeutic responses compared to other drugs acting on the IL17.

Thus, the aim of our study was to indirectly compare the efficacy and safety of bimekizumab and brodalumab in psoriasis patients, in a real-life setting.

Materials & Methods: A monocentric retrospective study was carried out enrolling patients affected by moderate-to-severe psoriasis undergoing treatment with brodalumab or bimekizumab. At baseline, clinical demographic details were collected. Clinical improvement [Psoriasis Area Severity Index (PASI), Body Surface Area (BSA)] was collected at week 4, 16 and 36. Safety data were analysed at the same timepoints.

Results: A total of 125 patients were enrolled in the study [bimekizumab: 53 (42.40%); brodalumab: 72 (57.6%)]. Psoriasis severity at baseline was similar between the two cohorts. Both PASI and BSA significantly reduced at each follow up for both treatment cohort. Bimekizumab group reached a higher percentage of PASI90/PASI100 response at each timepoint as compared to brodalumab cohort. In particular, the percentage of PASI100 response was significantly higher in bimekizumab group as compared to brodalumab cohort at week 4 (41.5% vs 23.6%, $p<0.05$) and at week 16 (67.9% vs 48.6%). Discontinuation for ineffectiveness was higher in brodalumab cohort (8.3%) as compared to bimekizumab group (3.8%), without statistical significance. As regards the safety, 2 cases of eczematous reactions (bimekizumab: 2, brodalumab:0), and 5 cases of candidiasis (bimekizumab: 4, brodalumab: 1) were collected. Globally, 3 (5.7%) and 1 (1.4%) patients discontinued bimekizumab and brodalumab for AEs, respectively.

Conclusion:

Our study confirmed the efficacy and safety for both bimekizumab and brodalumab, up to 36 weeks of treatment. Despite both drugs showed a significant improvement of the investigated scores since week 4, some differences in terms of PASI90 and PASI100 responses (higher for bimekizumab at each follow-up, with only PASI100 response significantly higher at week 4 and 16) were registered. No statistical significance was found for safety data and treatment failure.



Abstract N°: 1532

Apremilast Reduces Epicardial Adipose Tissue in Psoriasis

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Introduction & Objectives:

Psoriasis is associated with an increased risk of cardiometabolic disease and major cardiovascular events, and more recently, with increased epicardial adipose tissue (EAT). EAT is a highly pro-inflammatory and pro-fibrotic visceral fat depot that is in direct contact with the underlying coronary arteries and myocardium and is an independent risk factor for cardiovascular disease. The objective of this study was to evaluate the effect of apremilast, a phosphodiesterase-4 inhibitor on EAT volume.

Materials & Methods:

We conducted a single-arm, open-label, interventional, nonrandomized clinical trial at 7 dermatology sites in the US (NCT03082729) of apremilast in moderate to severe psoriasis patients to evaluate its cardioembolic effects. We evaluated EAT volume (measured by CT) and biomarkers of inflammation, lipid, glucose, and general metabolism at baseline, week 16 and 52 in this *post hoc* analysis.

Results:

70 patients with moderate to severe psoriasis were enrolled. Follow-up CT scans were available for 57 and 38 patients at week 16 and 52, respectively. Patients were a mean age of 47.5 years, with a 19-year history of psoriasis, psoriasis area and severity index (PASI) 18.6, body surface area 22.3%, and 11% with psoriatic arthritis. EAT at baseline was associated with age, sex, age at psoriasis diagnosis, body mass index and multiple biomarkers of inflammation and metabolism. Compared to baseline (mean EAT 105.84 cm3) there was a 4.3% decrease in EAT of 6.3 cm3 (95% CI -10.8 to -1.7, $p<0.01$) after 16 weeks of treatment and a 9% decrease in EAT of 11.3 cm3 (95% CI -17.3 to -5.2, $p<0.01$) after 52 weeks of treatment. The reduction in EAT was independent of change in PASI, blood-based markers of inflammation, and change in visceral adiposity, and only modestly associated with weight loss ($r=0.4$, $p=0.01$).

Conclusion:

Apremilast is associated with a decrease in EAT that is similar or greater in magnitude compared to sodium-glucose cotransporter-2 inhibitors, which are indicated for reducing cardiovascular risk. The reduction in EAT associated with apremilast treatment was independent of psoriasis activity and systemic inflammation and the effect is only modestly associated with weight loss. The decrease in EAT may result in a reduction in atrial fibrillation, coronary artery disease, and major cardiovascular events over time as these conditions are mediated in part by EAT.



Abstract N°: 1546

Seasonality of psoriasis – are there new trends?

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Introduction & Objectives:

Positive influence of the climate on psoriasis is a common assumption in dermatology. Northern and Central European climate is generally accepted for observing the seasonal influence on skin diseases. However, the role of seasonal effects on psoriasis and real actuality on nowadays needs to be clarified.

Materials & Methods:

A cross-sectional survey design was used to assess the prevalence of psoriasis seasonal types. From January 2025 till March 2025 a total of 136 patients with a confirmed diagnosis of psoriasis were included in the study. Data were collected using a structured questionnaire that included questions about patients' age and the seasonality of their disease. The study was conducted following prior approval from the ethics committee

Results:

Among the 136 participants, 64 (47%) reported no seasonal pattern in disease exacerbations, 60 (44%) indicated that symptoms worsened during winter, while 12 (9%) noted symptom aggravation during the summer. A Pearson's chi-square test was performed to analyze the relationship between seasonal exacerbations and patient distribution. The results revealed a statistically significant difference between the groups ($\chi^2(2, N = 136) = 36.941$, $p < 0.001$), indicating an uneven seasonal pattern of psoriasis exacerbations. Winter-type (Typus hiemalis) psoriasis was significantly more prevalent than summer-type (Typus aestivalis), while a substantial proportion of patients did not report a clear seasonal influence.

Conclusion:

Several variables can affect psoriasis, and studying seasonal changes independently is imprecise. Whether it is sunlight or heat that improves psoriasis or a combination of these factors is unknown. Contrary to expectations, the majority of study patients do not have the winter form of psoriasis, which would indirectly indicate the possibility of using light therapy in the treatment of these patients. Is phototherapy still as relevant as before for the treatment of psoriasis?

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Abstract N°: 1584

Analysis of the intensity of background erythema in pustular forms of psoriasis

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Introduction & Objectives:

In recent decades, the incidence of widespread forms of pustular psoriasis has increased, which significantly affect the quality of life of patients and permanently reduce their ability to work.

Materials & Methods:

Over the past 10 years, 23 patients with generalized forms of pustular psoriasis (PP) have been under our observation. When analyzing the clinical features of pustular psoriasis, it turned out that a characteristic feature of GPP, in addition to multiple pustules, was persistent erythema ("background erythema" (BE)). We drew attention to the fact that patients with intense BE already at the beginning of the disease noted more pronounced general toxic symptoms in the form of fever, myalgia, arthralgia, weakness, stiffness.

Results:

We assessed the intensity of BE in the areas of GPP lesion on a 5-point scale, where pink color corresponded to 1-2 points (moderate erythema), pale red color – 3-4 points (medium intensity of erythema), and deep red color – 5 points (intense erythema). See Table 1

Table 1. Intensity of background erythema in common forms of psoriasis

Intensity of erythema	Men	Women	Total	Average rate of erythema regression (months)	Average recurrence rate 6 months after achieving remission
moderate	3 (13,0%)	3 (13,0%)	6 (26%)	3,7±0,9	-
medium	3 (13,0%)	5(21,7%)	8(34,8%)	5,6±0,6	3,1±0,5
intense	4 (17,4%)	5(21,7%)	9(39,2%)	7,3±0,8	4,9±0,7

When assessing the intensity of erythema, it was found that moderate erythema was observed only in 6 (26%) patients of the observation group, among whom the number of men and women was represented in equal proportions - 3 (13%) cases each, the average intensity of erythema was found in 3 (13.0%) men and 5 (21.7%) women. Most often, in GPP, we observed intense BE (5 points according to the prominent criteria), which was found in 4 (17.4%) men and 5 (21.7%) women.

Patients with moderate erythema 1-2 points (6 (26%) people) had the lowest risk of GPP relapse (no relapse within 6 months) and the highest rate of regression of the disease manifestation, which averaged 3.7 ± 0.9 months. Patients with moderate intensity of erythema (8 (34.8%) people) had a slightly higher risk of relapse,

which was 3.1 ± 0.5 cases within 6 months. In cases of pustular psoriasis with intense BE (9 (39.2%) people), the average rate of regression of erythema was 7.3 ± 0.8 months, and the average frequency of relapse within 6 months was the highest and was 4.9 ± 0.7.

Conclusion:

Erythema is an important diagnostic criterion of GPP, which can be used not only to assess the severity of the disease but also the risks of its further relapses.

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Abstract N°: 1588

Severe Psoriasis in Common Variable Immunodeficiency patients: Guselkumab as a safe and effective option

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Introduction & Objectives:

Common variable immunodeficiency (CVID) is the most prevalent symptomatic immunodeficiency in adults. Dermatologic manifestations in CVID include skin infections and autoimmune diseases. Although plaque psoriasis was not considered common in these patients, recent studies report it as the most frequent skin manifestation, affecting up to 22% of cases in some series. Most cases are mild forms that respond to intravenous immunoglobulin (IVIG) therapy and topical treatment.

Moderate to severe psoriasis associated with CVID has also been described, though the safety and efficacy of biologic therapies in this context remain unclear due to the lack of evidence. Cases of severe infections have been reported in CVID patients treated with TNF inhibitors when indicated for inflammatory bowel disease or arthritis.

We present, to our knowledge, the first two reported cases of moderate to severe psoriasis in CVID patients successfully treated with the IL-23 inhibitor Guselkumab (GUS).

Materials & Methods:

Description of two clinical cases through retrospective review of clinical histories. Clinical outcomes were assessed using Psoriasis Area and Severity Index (PASI), Body Surface Area (BSA) and Dermatology Life Quality Index (DLQI). The efficacy and safety of biologic treatment were monitored.

Results:

The first case, a 41-year-old woman with CVID under IVIG therapy, chronic diarrhea and chronic kidney disease who presented with long-standing psoriasis and psoriatic arthritis since 2000. Despite treatment with topical corticosteroids, vitamin D analogs and narrowband UVB she persisted with severe involvement: PASI of 19.6, BSA of 30.6% and DLQI of 14. Systemic therapies including TNF inhibitors were avoided due to potential comorbidities and Ustekinumab was initiated without clinical response after 6 months. GUS was then started with significant improvement, achieving a PASI of 4.2, BSA of 8.5% and DLQI of 2. During treatment, she had two mild episodes of bacterial enteritis and an episode of bronchitis, requiring oral antibiotics but no hospitalization.

The second case, a 38-year-old woman with granulomatous CVID under IVIG therapy developed generalized erythematous and scaling papules and plaques in 2018, involving the scalp, palms, soles, and nails. Initial treatment with dupilumab, topical PUVA, and corticosteroids showed no response. The condition was later reclassified as psoriasis based on histological findings with an initial PASI of 12, BSA of 8% and DLQI of 30. Due to infection risk TNF inhibitors were avoided, and treatment with Risankizumab (150 mg/12 weeks) plus roflumilast was initiated, with no clinical response despite intensified treatment (150mg/8 weeks). GUS was then started and later intensified to monthly dosing due to partial response and persistent palmoplantar affectation and a PASI of 5. During treatment, no serious infections requiring hospitalization or systemic antibiotics have occurred.

Conclusion:

Severe psoriasis in patients with CVID represents a therapeutic challenge due to comorbidities and infection risk. We present two cases of patients with psoriatic disease effectively treated with GUS, with no increased risk of serious infections. Dose intensification may be required in refractory cases. Further IL-23 inhibitor indications, such as for inflammatory bowel disease, could be considered in CVID patients.



Abstract N°: 1610

Akkermansia muciniphila ameliorates imiquimod-induced skin thickening, colitis, and gut microbiota alterations: A Metagenome Association Study

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Introduction & Objectives:

A decreased abundance of fecal *Akkermansia muciniphila* (*Akk*) has been observed in patients with psoriasis and psoriatic arthritis. The potential beneficial effects of *Akk* in managing psoriasis have been proposed, yet results remain inconsistent and mechanisms unclear.

Materials & Methods:

Using imiquimod (IMQ)-treated C57BL/6 mice, we conducted a metagenomic association study of*Akk* in the IMQ mice through whole-genome shotgun sequencing. We also performed a dextran sodium sulfate (DSS)-induced colitis experiment and an intestinal permeability test. The association among *Akk* supplements, skin thickness, inflammatory profiles, fecal microbiota alterations, functional genetic predictions, intestinal epithelium inflammation, and barrier integrity was investigated.

Results:

The study demonstrated that *Akk* supplementation ameliorated IMQ-induced skin thickening, weight loss, spleen weight gain, serum IL-17A, TNF-α levels, and DSS-induced colitis. *Akk* supplementation was linked to greater fecal microbial diversity and alterations in fecal microbiota composition, with increased prevalence of *Muribaculaceae, Bifidobacterium pseudolongum, Desulfovirionaceae, Erysipelotrichaceae,* and *Alistipes ihumi,* which have been implicated in the Gamma-Aminobutyric Acid (GABA) shunt, cholinergic synapse, cell cycle, and Mitogen-Activated Protein Kinase (MAPK) pathways.

Conclusion:

Akk may mitigate IMQ-induced skin thickening and DSS-induced colitis associated with reduced IL-17A levels. *Akk* supplementation alters fecal microbiota and metabolism pathways in IMQ-treated mice.



Abstract N°: 1633

Early intervention with guselkumab is associated with greater efficacy and higher rates of complete skin clearance independent of super responder status: The phase 3b GUIDE trial in psoriasis

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Introduction & Objectives:

The GUIDE trial investigates the relevance of early intervention with guselkumab (GUS) in patients with moderate-to-severe psoriasis. Among the 880 enrolled patients, 40.6% had short disease duration (SDD; ≤24 months). Previous findings from GUIDE demonstrated that SDD increases the likelihood of becoming a super responder (SRe, defined as having PASI=0 at weeks [W] 20 and 28) and maintaining disease control for more than two years after GUS withdrawal. This post-hoc analysis aims to compare the efficacy of GUS treatment between SDD patients and those with long disease duration (LDD; >24 months) in the overall study population through W68.

Materials & Methods:

GUIDE is a phase 3b, randomised, double-blind, multicentre study. In part 1 (W0–28), all patients received GUS 100 mg at weeks 0, 4, 12, and 20. Overall, 303 (34.4%) patients achieved super response, including 43.7% of SDD and 28.1% of LDD patients[1]. In part 2 (W28–68), SRes were randomised to receive GUS 100 mg every 8 weeks (q8w) or at an extended dosing interval of q16w, further stratified by disease duration. Non-super responders (non-SRes) continued to receive GUS as per label guidance every 8 weeks until the end of part 2 (W68). Outcomes were evaluated using observed cases and the intention-to-treat (ITT) set; *P* values are considered nominal.

Results:

Guselkumab demonstrated substantial efficacy in the overall study population, with 75.2% achieving PASI≤1 and 55.2% achieving complete skin clearance (PASI=0) at W68. When stratified by disease duration, baseline characteristics were generally comparable. However, SDD patients were slightly younger (mean age 40.3 vs 44.1 years), had shorter mean disease duration (1.2 vs 20.2 years) and were less likely to have received prior treatment

with 1 or more biologic therapy (1.4% vs 22.6%) compared to LDD patients.

The results indicate superior efficacy outcomes for SDD vs LDD patients over time, with 85.1% vs 68.8% achieving PASI≤1 after 68 weeks of GUS treatment (*P*<0.001; Figure 1). Additionally, SDD patients achieved complete skin clearance (PASI=0) earlier and at higher rates over time, with 62.0% vs 50.7% having clear skin at W68 (*P*=0.0018; Figure 2). Even within the SRe population, SDD patients showed greater efficacy than LDD patients (PASI=0 at W68 in SRe SDD vs SRe LDD: 83.6% vs 75.7%; in non-SRe SDD vs non-SRe LDD: 43.6% vs 40.2%). Moreover, SDD patients were more likely to maintain complete skin clearance over time through W68 (PASI=0 from W36 to W68, OR=1.43, 95% CI: 1.05-1.94).

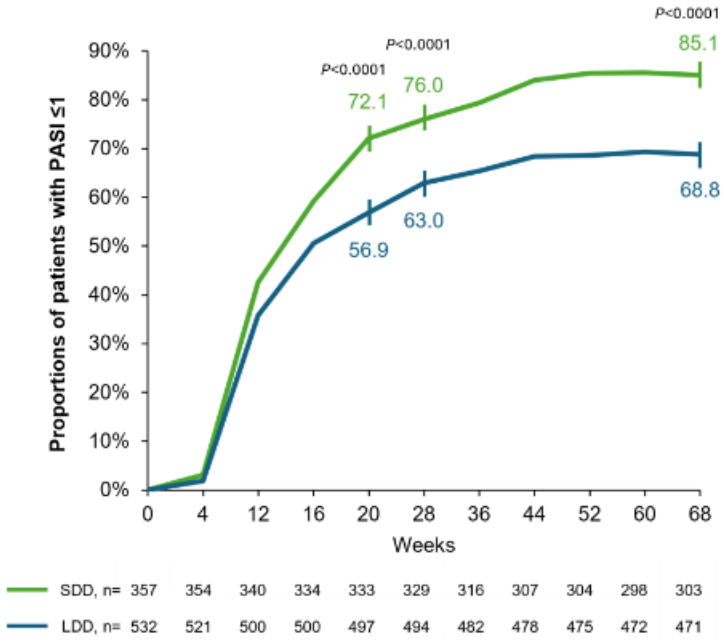
Conclusion:

Despite numerous effective treatment options for psoriasis, many patients receive adequate treatment rather late in their disease course, if at all[2]. These data from GUIDE reinforce the benefits of early treatment with guselkumab, demonstrating that patients with short disease duration achieve not only greater short-term efficacy, but also better long-term outcomes compared to those with longer disease duration. This advantage is evident in both the SRe and non-SRe populations, highlighting that all patients could benefit from guselkumab treatment early in their disease course.

References:

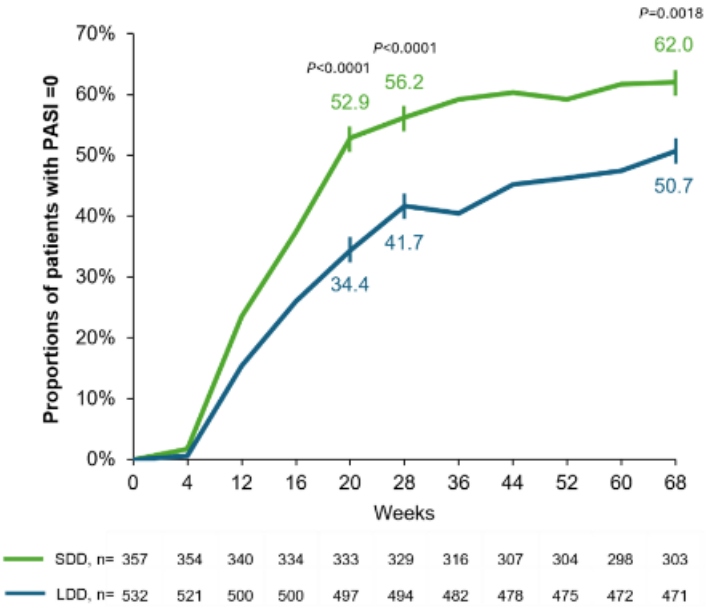
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Figure 1: Proportions of patients achieving PASI≤1 over time by disease duration (SDD ≤24 months or LDD >24 months)



Proportions of patients with SDD (≤24 months, green) or LDD (>24 months, blue) achieving a PASI≤1 over the course of 68 weeks of GUS treatment. Observed cases, *P* values are considered nominal. GUS: Guselkumab; LDD, long disease duration; n, number of patients; PASI, Psoriasis Area and Severity Index; SDD, short disease duration.

Figure 2: Proportions of patients achieving PASI=0 (complete skin clearance) over time by disease duration (SDD ≤24 months or LDD >24 months)



Proportions of patients with SDD (≤24 months, green) or LDD (>24 months, blue) achieving PASI=0 over the course of 68 weeks of GUS treatment. Observed cases, *P* values are considered nominal. GUS, guselkumab; LDD, long disease duration; n, number of patients; PASI, Psoriasis Area and Severity Index; SDD, short disease duration.



Abstract N°: 1640

Severe Generalized Pustular Psoriasis of von Zumbusch in an elderly patient: a case of remarkable response to IL-36 Inhibition

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Introduction & Objectives:

Generalized pustular psoriasis (GPP) is a rare, severe autoinflammatory skin disease characterized by widespread sterile pustules on erythematous skin, often with systemic involvement. The von Zumbusch subtype is the most acute and potentially life-threatening form. GPP may occur even in the absence of plaque psoriasis, posing diagnostic and therapeutic challenge. Dysregulation of the IL-36 signaling pathway plays a key pathogenic role in GPP flares.

Case Presentation:

An 81-year-old woman with no personal or family history of psoriasis presented to the emergency department with a 3-month history of pustular skin lesions. Initially treated with systemic corticosteroids (1.5 mg/kg/day), she experienced rapid worsening after abrupt discontinuation. She was admitted with systemic symptoms: fever, urinary tract infection, syncope, and atrial fibrillation decompensation. Examination revealed confluent pustules (2–3 mm) on erythematous plaques with peripheral scaling, affecting 38% of body surface area. GPPGA scores were 4 for pustules and 3 overall.

Blood tests showed leukocytosis (13.7 x10^3/µL) and elevated CRP (64.7 mg/L). Skin biopsy confirmed GPP (spongiform pustules of Kogoj, papillary edema, lymphocytic infiltrate). Due to the severity and comorbidities, a single intravenous dose of spesolimab was administered. The clinical response was rapid and significant: pustules resolved by day 3 (GPPGA pustules: 0), and only mild erythema remained at day 7 (GPPGA total: 1). No adverse effects were observed.

Conclusion:

This case underscores the importance of recognizing GPP in elderly patients without a history of psoriasis and highlights abrupt corticosteroid withdrawal as a key flare trigger. Spesolimab, a first-in-class IL-36 receptor antagonist, targets the key inflammatory pathway in the GPP pathogenesis. It provides rapid pustular clearance and systemic symptom relief, with a favorable safety profile and convenient single-dose administration. In this case, spesolimab enabled fast disease control and avoided escalation to broader immunosuppression. Its efficacy and tolerability support its role as a frontline therapy for acute GPP flares, especially in complex or high-risk patients.



Abstract N°: 1647

Characterization of ORKA-002, a Novel Extended Half-life Monoclonal Antibody Targeting IL-17A/F for the Treatment of Psoriasis and Other Indications

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Introduction & Objectives:

Interleukin 17 (IL-17) is a pro-inflammatory cytokine that has been implicated in the pathogenesis of multiple autoimmune conditions, including psoriasis and psoriatic arthritis (PsA). The IL-17 family of cytokines includes 6 members (IL-17A to IL-17F). Both IL-17A and IL-17F are key drivers in the pathogenesis of psoriatic disease, being highly overexpressed in psoriatic plaques and the inflamed synovium of patients with PsA. Recently, a biologic targeting both IL-17A and IL-17F, bimekizumab (BIME), has demonstrated high efficacy that exceeds therapies targeting IL-17A only. ORKA-002 is a novel, extended half-life, humanized, monoclonal antibody that binds to IL-17A/F with high affinity. ORKA-002 has been engineered to have optimized properties with the aim of delivering an enhanced clinical profile compared to currently available treatments for psoriasis and other inflammatory diseases.

Materials & Methods:

ORKA-002 was evaluated across multiple *in vitro* and *ex vivo* assays alongside BIME. Binding affinity to IL-17A and IL-17F was determined by surface plasmon resonance (SPR). Antagonism of IL-17A and IL-17F signaling was assessed through NFκB activation assays in reporter cell lines. Inhibition of IL-17A-induced or IL-17F-induced IL-6 secretion was measured *in vitro* using normal human dermal fibroblasts. Half-life extension was evaluated via pharmacokinetic (PK) analysis in cynomolgus monkeys following a single bolus dose of ORKA-002.

Results:

ORKA-002 bound specifically to human IL-17A and IL-17F with high affinity. IL-17A/F binding affinity and functional potencies for IL-17A/F antagonism were comparable to BIME. In cynomolgus monkeys, ORKA-002 demonstrated a significantly extended half-life relative to BIME. Predictive simulations, based on allometric scaling of ORKA-002 PK parameters, suggest that in humans, subcutaneous maintenance dosing every four to six months could sustain high antibody exposures.

Conclusion:

ORKA-002 exhibits high selectivity and affinity for IL-17A and IL-17F *in vitro*, potent inhibition of downstream cellular signaling *ex vivo*, and an extended half-life in non-human primates compared to BIME. These characteristics could result in comparable or increased efficacy compared to BIME with just two to three doses of ORKA-002 a year. Pre-clinical evidence for ORKA-002 reported here may lead to therapeutic improvements for psoriatic disease and other inflammatory conditions amenable to IL-17 inhibition. Clinical studies are planned to explore this potential.



Abstract N°: 1706

Efficacy and safety of picankibart in patients with psoriasis who had been treated with biologics: a multicenter, open-label phase 2 trial

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Introduction & Objectives:

Picankibart, an IL-23p19 inhibitor, has demonstrated favorable efficacy and safety profiles in clinical trials for moderate-to-severe plaque psoriasis patients without prior exposure to tumor necrosis factor-alpha (TNF-α) or IL-17 inhibitors within 3-6 months prior to treatment initiation. Switching to IL-23p19 inhibitors from other biologics has shown improved clinical outcomes. We aimed to evaluate the efficacy and safety of directly switching patients with psoriasis who had previously received TNF-α or IL-17 inhibitors to picankibart.

Materials & Methods:

This phase 2, open-label trial enrolled patients (18-75 years) with plaque psoriasis who had previously been treated with TNF-α or IL-17 inhibitors for at least 4 months. Patients who showed suboptimal response to prior

biologics at baseline (non-responders, defined as static Physician's Global Assessment [sPGA] score ≥2 or body surface area [BSA] ≥3%) received 200 mg picankibart without washout period at weeks 0, 4, and 8 followed by 200 mg picankibart every 12 weeks at weeks 20 and 32. Patients who responded to prior biologics at baseline (responders, defined as sPGA score of 0 or 1 [sPGA 0/1] and BSA <3%) received 200 mg picankibart every 12 weeks at weeks 0, 12, 24, and 36 without washout period. Primary endpoint was the proportion of patients achieving sPGA 0 or 1 and BSA <3% at week 16. Secondary endpoints included sPGA 0/1 and BSA <3% at week 44, sPGA 0/1, sPGA 0, and Dermatology Life Quality Index score of 0 or 1 (DLQI 0/1) at weeks 16 and 44. Safety was monitored throughout the trial.

Results:

A total of 152 patients were enrolled, including 83 non-responders and 69 responders. The mean age of patients was 41.3 years (SD 11.9), 114 (75.0%) were men. Among 83 non-responders, 40 (48.2%) achieved sPGA 0/1 and BSA <3% at week 16, and 45 (54.2%) achieved sPGA 0/1 and BSA <3% at week 44. At week 16, sPGA 0/1, sPGA 0 and DLQI 0/1 were achieved by 65.1%, 18.1% and 38.0%, respectively. At week 44, these proportions increased to 59.0% for sPGA 0/1, 20.5% for sPGA 0 and 46.5% for DLQI 0/1. Among 69 responders, 57 (82.6%) achieved sPGA 0/1 and BSA <3% both at week 16 and week 44. Proportions of responders achieving sPGA 0/1, sPGA 0 and DLQI 0/1 were 85.5%, 42.0% and 60.9% at week 16, respectively. The improvements were maintained at week 44. Most common adverse event (incidence ≥10%) was upper respiratory tract infection (25.0%). No new safety signals were observed.

Conclusion:

In patients with psoriasis, direct switching to picankibart demonstrated meaningful clinical improvements in both skin lesions and quality of life among non-responders to TNF-α or IL-17 inhibitors; responders can directly switch to picankibart without requiring a loading dose regimen, and still maintain clinical benefits under long-interval maintenance therapy. The safety profiles were favorable. These findings support further evaluation in phase 3 trials to further evaluate the efficacy and safety of picankibart in psoriasis patients with prior exposure other biologics.

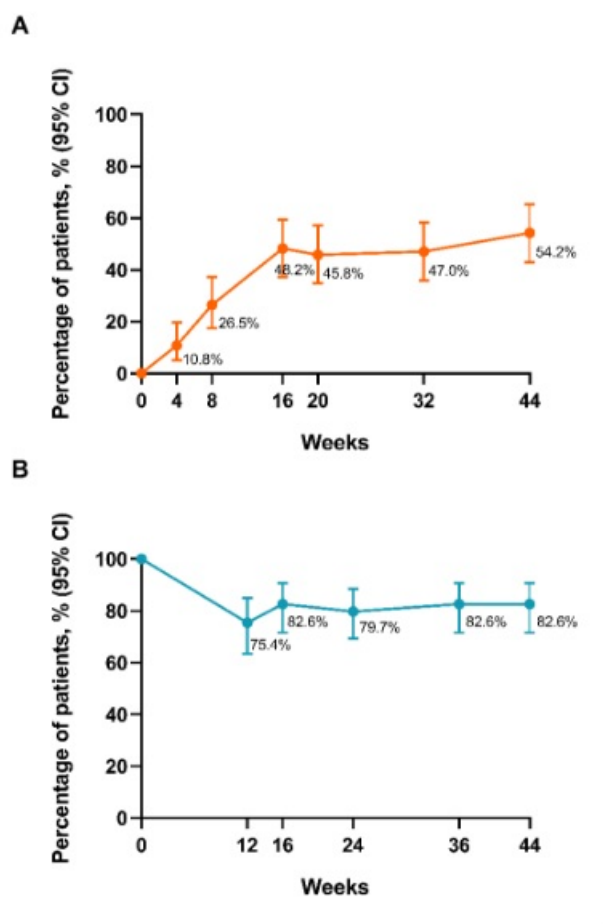


Figure 1. Achievements of sPGA 0/1 and BSA <3% over time in (A) non-responders and (B) responders. BSA= body surface area; CI=confidence interval; sPGA= static Physician's Global Assessment.



Abstract N°: 1739

The association between psoriatic disease severity and adherence to the Mediterranean diet: A systematic review of observational studies

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Introduction & Objectives:

Psoriasis is a chronic inflammatory disease characterized by relapses and remission with no definite cure. In spite of the expanding treatment armamentarium, the aim of psoriatic disease management remains limited to minimizing disease activity, improving quality of life, and preventing complications and other comorbidities. Because of this, lifestyle interventions have started to gain popularity as part of a holistic management of the disease. Among the many diets available, the Mediterranean diet has been most recommended due to its anti-inflammatory nature that counteracts the underlying inflammation in psoriasis. This study aims to summarize the evidence behind the role of a Mediterranean diet in psoriatic disease and to determine the association between its adherence and psoriatic disease severity.

Materials & Methods:

A systematic literature search was conducted in PubMed, Cochrane Library, Epistemonikos, Google Scholar, and HERDIN from their time of inception up to November 2023. Observational studies that reported data on adherence to a Mediterranean diet and how it affects the severity of cutaneous psoriasis and/or psoriatic arthritis were included in the study. The review was limited to peer-reviewed journals in the English language. Two investigators independently performed data extraction using a standardized data extraction form with a cross-verification process to ensure accuracy. A risk-of-bias assessment was also independently performed by both investigators using a validated critical appraisal checklist for cross-sectional studies; any disagreement was resolved by discussion. Outcome measures were presented as counts and percentages, and the certainty of the evidence obtained was assessed using the GRADE method.

Results:

Eighteen records were identified but only six studies were included in the final analysis. While these studies shared a common design, they varied in focus and measurement scales. Collectively, these studies consistently showed a potential association between adherence to a Mediterranean diet and a reduced psoriasis severity, as evidenced by the various statistical correlations and regression analyses. However, discrepancies in CRP level measurements and the inclusion of different psoriasis severity scales, as well as variations in dietary adherence assessments, were noted. Due to the diversity and inconsistency in methodology, a meta-analysis was not suitable for this systematic review. The certainty of evidence based on the GRADE assessment is also low due to the studies' observational nature (risk of bias), clinical heterogeneity, indirectness, and lack of precision to establish definite evidence.

Conclusion:

Regardless of the limited evidence available, our systematic review highlights the potential of the Mediterranean diet in improving psoriatic disease control by acting as an adjuvant treatment alongside medical management. Nevertheless, more quality studies are needed to support the evidence behind its theorized benefit.

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Abstract N°: 1750

Real-World Treatment Switch Rates for Risankizumab Compared With Deucravacitinib in Patients With Psoriasis

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Introduction & Objectives: Many patients with psoriasis (PsO) experience intolerance or inadequate response to treatment and may need to switch to other treatments. This study compared real-world treatment switch rates among patients with PsO treated with risankizumab (RZB) or deucravacitinib.

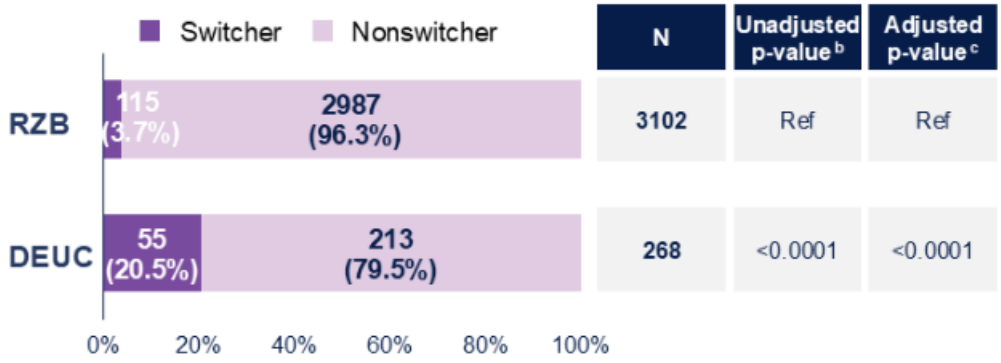
Materials & Methods: This study used claims data from the Merative MarketScan® database to identify patients with PsO in the United States. Eligible patients were aged ≥18 years and had ≥2 claims for PsO, no other autoimmune conditions 6 months pre- and post-index (excluding psoriatic arthritis), and continuous enrolment in medical and pharmacy benefits for at least 6 months pre- and post-initiation of either RZB or deucravacitinib between October 1, 2022 and October 31, 2024. Switch rate was defined as the proportion of patients who switched to a new targeted immunomodulator (TIM), including biologics, apremilast and deucravacitinib, in the 6- and 12-month follow-up periods after treatment initiation, among patients with ≥6 months and ≥12 months post-index continuous enrolment, respectively. Switch rates with RZB and deucravacitinib were compared at 6- and 12-months post-index among all patients, regardless of treatment history, as well as in a subgroup of patients who were TIM-naïve and biologic-naïve (+/− apremilast). Univariate logistic regression analyses were performed to compare switch rates between cohorts. Multivariate logistic regression analyses were performed to assess the impact of variations in baseline demographic and treatment characteristics on switch rates.

Results: Baseline characteristics were generally similar at 6- and 12-month assessments among patients receiving RZB (6 months: N=3102; 12 months: N=1875) and deucravacitinib (6 months: N=268; 12 months: N=145). The mean age was 47–50 years, with approximately one third of patients having baseline biologic use. Compared with RZB-treated patients, those receiving deucravacitinib were older and more likely to be female and have baseline TIM use. At 6 months, significantly fewer patients receiving RZB (3.7%, n=115) switched treatments compared with patients receiving deucravacitinib (20.5%, n=55; p<0.0001; **Figure 1A**). Likewise, at 12 months, patients receiving RZB (8.8%, n=164) had significantly lower treatment switch rates compared with patients receiving deucravacitinib (33.1%, n=48; p<0.0001; **Figure 1B**). Results were consistent after adjusting for differences in baseline characteristics at both 6 and 12 months. Adjusted odds of switching showed that patients were significantly more likely to switch with deucravacitinib than RZB at both 6 months (adjusted odds ratio; aOR [95% confidence interval; CI]=6.80 [4.70–9.84]; p<0.0001) and 12 months of follow-up (aOR [95% CI]=4.99 [3.33–7.49]; p<0.0001). Subgroup analyses of patients who were TIM-naïve and biologic-naïve (+/− apremilast) also showed similar results.

Conclusion: In this real-world setting, patients receiving RZB experienced significantly lower treatment switch rates over 6 and 12 months compared with patients receiving deucravacitinib. These results were consistent after adjusting for differences in baseline characteristics.

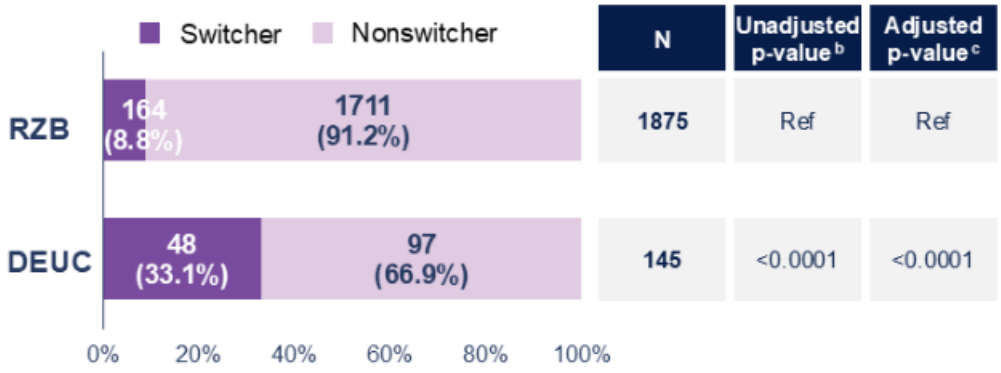
Figure 1. Switch rates among patients with (A) ≥6 months or (B) ≥12 months of follow-up

A) 6-month follow-up[a]



	N	Unadjusted p-value[b]	Adjusted p-value[c]
RZB	3102	Ref	Ref
DEUC	268	<0.0001	<0.0001

B) 12-month follow-up[a]



	N	Unadjusted p-value[b]	Adjusted p-value[c]
RZB	1875	Ref	Ref
DEUC	145	<0.0001	<0.0001

[a]The switching rates were calculated as (switchers / sum of switchers and non switchers)*100%.
[b]Univariate logistic regression analyses were performed to compare switch rates of different cohorts.
[c]Multivariate logistic regression analyses were performed to account for variations in baseline characteristics (baseline demographics, comorbidities, and treatment characteristics) on binary outcomes (switchers vs non switchers).
DEUC, deucravacitinib; Ref, reference; RZB, risankizumab.



Abstract N°: 1763

Predictive Factors and Biomarkers for Early PASI100 Response to Biologic Therapies in Psoriasis Patients: A 10-year single-center real-world study

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Introduction & Objectives: Psoriasis is a chronic systemic inflammatory skin disease associated with significant comorbidities and impairs quality of life. Identifying predictors of treatment response is essential for clinical management and cost-effective care. This retrospective study aimed to investigate clinical and laboratory predictors of short- and long-term response to biologic therapy in psoriasis patients.

Materials & Methods: This study evaluated adult patients with plaque psoriasis treated with biologic agents at a single tertiary center between January 2015 and October 2024. Patients were grouped by the timing of PASI100 achievement (≤16 weeks vs. >16 weeks) and by biologic class: IL-17A (ixekizumab, secukinumab), IL-23 (ustekinumab, risankizumab, guselkumab), and TNF-α inhibitors (etanercept, infliximab, adalimumab, certolizumab). Inflammatory marker dynamics, predictive factors, and their correlations with PASI scores were analyzed longitudinally. Statistical analysis was performed using IBM SPSS v21. Group comparisons employed Chi-square, Fisher's Exact, Mann-Whitney U, and Kruskal-Wallis tests, with Bonferroni correction for post-hoc analysis. Missing data were handled via the Last Observation Carried Forward (LOCF) method.

Results: This study evaluated 295 patients with moderate-to-severe psoriasis undergoing biologic therapy. The median age was 46.28 ± 14.04 years, and the median disease duration was 17.5 years. Biologic agents included TNF-α inhibitors (14.2%), IL-17A inhibitors (32.9%), and IL-23 inhibitors (52.9%). Nearly half (49.2%) were biologic-naïve. The TNF-α group had a significantly longer disease duration and higher overall drug survival compared to other groups. Psoriatic arthritis (PsA) was significantly less common in the IL-23 group (16%, $p < 0.001$). In terms of treatment response, 54.6% of patients had at least one comorbidity, most commonly hyperlipidemia (77.3%). However, no significant association was observed between comorbidities and early PASI100 achievement. Patients who achieved PASI100 after week 16 had a significantly longer treatment duration ($p < 0.001$).

Inflammatory biomarkers (CRP, NLR, ESR) at baseline did not significantly differ among biologic groups. In the TNF-α group, all markers significantly decreased by week 52 compared to baseline, with NLR showing consistent reductions at all time points. When stratified by treatment response, only ESR showed a significant reduction in the late responder group (weeks 24–36 and 52); no significant changes in NLR or CRP were observed in either early or late responders.

Conclusion: This study highlights the role of clinical and laboratory parameters in predicting treatment response to biologics in psoriasis.** TNF-α inhibitors showed favorable outcomes in terms of drug survival and biomarker reduction. ESR may serve as a useful marker in evaluating delayed treatment response. Identifying these predictors could enhance clinical decision-making and lead to more efficient use of resources in the management of psoriasis.



Abstract N°: 1776

Efficacy and tolerability of brodalumab in 42 adult patients with moderate to severe psoriasis: First French real-life case series on hard-to-treat areas

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Introduction & Objectives:

Hard to treat psoriatic localizations are associated with lower efficacy, treatment discontinuations and alteration of quality of life (QoL). Brodalumab, the only anti-interleukin-17 receptor indicated in treatment of moderate-to-severe plaque psoriasis in adults requiring systemic treatment, inhibits all five isoforms of IL-17. Clinical studies showed almost complete disappearance of the lesions in about 75% of patients after 3 months of treatment. Here, we evaluated the efficacy and safety of brodalumab in real life on hard to treat psoriatic localizations.

Materials & Methods:

Retrospective, multicenter study including psoriasis patients treated with Brodalumab between January 2022 and May 2024. All patients received at least one injection of brodalumab and were followed for a minimum period of 2 months after initiation. All scores were collected at baseline and between 2 and 8 months after initiation of treatment: BSA (Body Surface Area); PGA-G (Physician's Global Assessment of genitalia), PASI (Psoriasis Area Severity Index), ppPASI (Palmoplantar Pustulosis Area and Severity Index), NAPSI (Nail Psoriasis Severity Index) and PSSI (Psoriasis Scalp Severity Index). DLQI (Dermatology Life) Quality Index) was calculated to assess the impact on QoL.

Results:

42 patients (median age: 48.0 years; females: 38.1%; mean duration of psoriasis: 14.6 years) were analyzed. The median BSA at baseline was 10,5% ; mean baseline scores: PGA-G 2.3; PASI 11.9; ppPASI 14.9; NAPSI 16:3; PSSI 20.2. 95.1% of patients had DLQI ≥ 10. All patients had hard to treat locations: scalp 66.7%; nail 50,0% ; genital 50.0%; palmoplantar 35.7%. The duration of follow-up of patients under Brodalumab was 2 to 8 months old. At the end of the follow-up, the mean scores were respectively: PGA-G 0.3; PASI 0.8; ppPASI 1.1; NAPSI 2:1; PSSI 1.1. Some adverse events were reported in 9.5% of patients.

No French data are available on the efficacy of brodalumab on hard to treat locations. Here, brodalumab has demonstrated clinical efficacy on psoriasis lesions from 3 months of treatment, associated with a reduction in average PASI of 93.2%. 61.9% of patients were completely whitened at the follow-up visit and 78.4% had DLQI ≤ 1. Brodalumab showed a clinical effectiveness on hard to treat psoriatic localizations, with a reduction in average of 94.4% of the PSSI, 92.4% of the ppPASI, 88.0% of the PGA-G and 87.1% of the NAPSI, after a median treatment duration of 4.25 months.

Conclusion:

In this retrospective study of 42 patients, brodalumab showed a significant and rapid clinical efficacy on hard to treat psoriatic localizations associated with an improved quality of life.

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Abstract N°: 1812

Real-World Skin Clearance Target Achievement With Persistent Risankizumab Use in Patients With Moderate-Severe Psoriasis From the CorEvitas Psoriasis Registry

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Introduction & Objectives: Risankizumab (RZB) is an interleukin-23 (IL-23) inhibitor that targets the p19 subunit with high affinity and specificity and is approved for the treatment of moderate-severe plaque psoriasis. This real-world study assessed the long-term effectiveness of persistent RZB treatment in achieving treat-to-target goals in patients with moderate-severe plaque psoriasis from the CorEvitas Psoriasis Registry, an independent, observational, prospective registry of patients with psoriasis in North America.

Materials & Methods: This study included adult patients with moderate-severe plaque psoriasis (Investigator's Global Assessment ≥3) in the United States and Canada who initiated RZB at a Registry visit and had persistent use at 6 (5-9) months, 12 (9-15) months, and 24 (21-27) months. All patients initiated RZB after 2019 and had their follow-up visit by May 10, 2024. Outcomes included achievement of absolute Psoriasis Area and Severity Index (PASI) thresholds of 0, ≤1, and ≤3 (among patients with baseline PASI > 3) and achievement of National Psoriasis Foundation (NPF)-defined acceptable (involved body surface areas (BSA) ≤3% or BSA improvement ≥75% from baseline) and NPF-defined target (BSA ≤1%) responses (among patients with baseline BSA >3%).

Results: A total of 571, 531, and 350 patients were included in the 6-, 12- and 24-month analysis cohorts, respectively. Baseline characteristics were similar across cohorts: the mean age ranged from 48.5 to 49.0 years, and 42.9% to 45.5% were female. At baseline, the mean (SD) psoriasis duration was 16.1 (13.9) years, 16.0 (13.6) years, and 17.3 (13.8) years, for the 6-, 12- and 24-month cohorts, respectively. The mean (SD) PASI at baseline was 10.1 (7.8), 10.1 (7.1), and 10.4 (8.0), and the mean (SD) BSA % involvement at baseline was 15.4 (15.4), 15.4 (15.9), and 15.6 (16.6) among the 6-, 12- and 24-month cohorts, respectively.

At 6 months, among 502 patients with PASI >3 at baseline, PASI thresholds of ≤3, ≤1, and 0 were achieved by 427 (85.1%), 321 (63.9%), and 265 (52.8%) patients with persistent treatment with RZB, respectively (**Figure**). Among 500 patients with baseline BSA >3%, 429 (85.8%) and 344 (68.8%) achieved NPF acceptable and target responses, respectively (**Figure**).

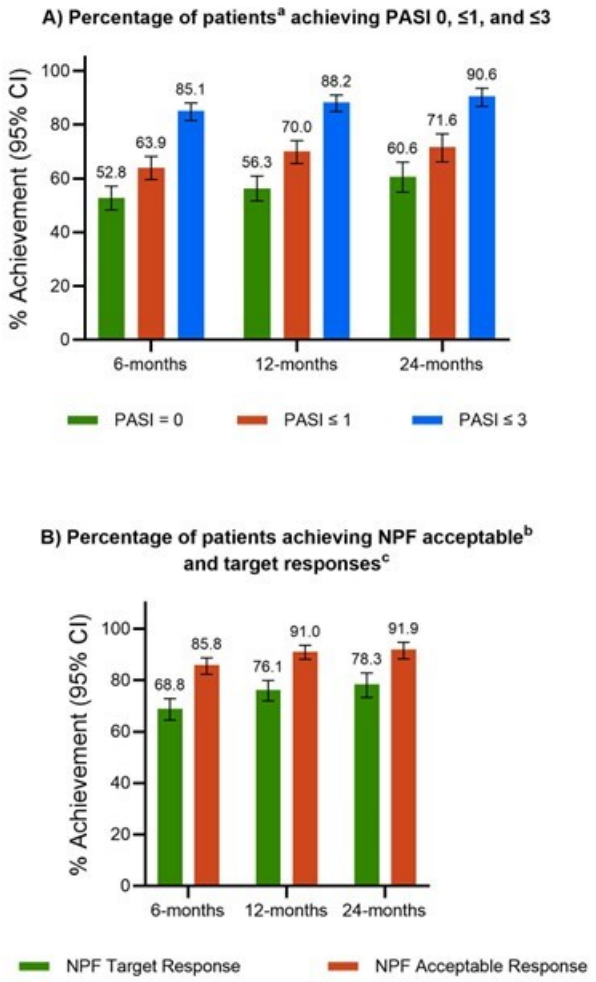
At 12 months, among 467 patients with PASI >3 at baseline, PASI thresholds of ≤3, ≤1, and 0 were achieved by 412 (88.2%), 327 (70.0%), and 263 (56.3%) patients with persistent treatment with RZB, respectively (**Figure**). Among 469 patients with baseline BSA >3%, 427 (91.0%) and 357 (76.1%) achieved NPF acceptable and target responses, respectively (**Figure**).

At 24 months, among 310 patients with PASI >3 at baseline, PASI thresholds of ≤3, ≤1, and 0 were achieved by

281 (90.6%), 222 (71.6%), and 188 (60.6%) patients with persistent treatment with RZB, respectively (**Figure**). Among 309 patients with baseline BSA >3%, 284 (91.9%) and 242 (78.3%) achieved NPF acceptable and target responses, respectively (**Figure**).

Conclusion: In this real-world analysis, continuous RZB use was highly effective in achieving skin clearance at 6, 12, and 24 months among patients with moderate-severe plaque psoriasis.

Figure. Patient responses at 6-, 12-, and 24-months with persistent risankizumab treatment



PASI, Psoriasis Area and Severity Index; CI, confidence interval; NPF, National Psoriasis Foundation.
[a]Baseline PASI >3.
[b]Body Surface Area (BSA) ≤3% or 75% improvement.
[c]BSA ≤1%.



Abstract N°: 1813

Real-World Effectiveness of Risankizumab Compared to Other Biologics Over 3 Years: Interim Analysis of the VALUE Study

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Introduction & Objectives: Risankizumab (RZB) is an approved, optimized inhibitor of IL-23 for treating moderate-to-severe plaque psoriasis (PsO). VALUE is a post-marketing observational study (PMOS) assessing the effectiveness of RZB compared to other approved biologics (OtherBios), including TNF-alpha, IL-23 and IL-17 inhibitors (TNFi, IL-23i, and IL-17i), in real-world settings over 3 years. This analysis aims to report updated results from the VALUE study with additional patients completing month 37.

Materials & Methods: VALUE (NCT03982394) is an ongoing multi-country, prospective PMOS. Patients (≥18 years) with PsO, who the treating physician decided to treat with RZB or OtherBios (2:1 ratio), independent of this study and per local label, were enrolled in VALUE. Effectiveness endpoints assessed included proportions of patients achieving ≥90% improvement in Psoriasis Area and Severity Index (PASI 90), PASI 100, mean absolute PASI, Dermatology Life Quality Index (DLQI) and Treatment Satisfaction Questionnaire for Medication (TSQM) scores at 37 months. Treatment results were compared as RZB vs OtherBios at 37 months and RZB (as reference) vs TNFi vs IL-23i vs IL-17i at 25 months (due to fewer patients at month 37). Results are reported by modified non-responder imputation (mNRI), where patients who switched or discontinued the initiated biologic due to ineffectiveness or intolerability were judged as treatment failures for subsequent visits and propensity score matching (PSM) was employed to account for imbalances in baseline characteristics. Nominal P values are reported.

Results: As of 09 December 2024, 1847 (RZB) and 927 (OtherBios: 207 [TNFi], 304 [IL-23i] and 324 [IL-17i]) patients were enrolled in VALUE. The mean (standard deviation [SD]) age (RZB vs OtherBios vs TNFi vs IL-23i vs IL-17i) was 49.1(14.7) vs 47.8 (14.5) vs 45.4 (14.1) vs 49.2 (15.2) vs 48.7 (13.6) years. Baseline mean (SD) PASI was 14.9 (9.0) vs 14.0 (9.1) vs 13.2 (8.3) vs 14.4 (9.8) vs 14.1 (8.8).

At 37 months, the proportion of patients (RZB vs OtherBios) achieving the effectiveness endpoints was 72.1% vs 52.3% (P <0.05) for PASI 90, and 57.3% vs 39.4% (P <0.05) for PASI 100 **(Table)**. Mean absolute PASI was 1.4 vs 2.7 (P <0.05) and absolute mean DLQI was 1.9 vs 4.1 (P <0.05). Reported TSQM global satisfaction score was 85.1 vs 77.0 (P <0.05). Consistent results were observed in the PSM population.

Effectiveness endpoints were further assessed by mechanism of action (RZB as reference vs TNFi vs IL-23i vs IL-

17i) at 25 months. The proportion of patients achieving PASI 90 was 70.6% vs 34.2% vs 63.8% vs 51.1%, P <0.05, and 53.7% vs 23.9% vs 45.7% vs 43.4%, P <0.05 for PASI 100. Mean absolute PASI for RZB was significantly lower compared to TNFi and IL-17i (1.4 vs. 4.1 vs. 2.5, P <0.05), respectively, and numerically lower compared to IL-23i (1.6). Mean absolute DLQI for RZB was significantly lower compared to TNFi and IL-17i (1.9 vs 6.0 vs 3.2, P <0.05), respectively, and numerically lower compared to IL-23i (2.5). Reported TSQM global satisfaction score (RZB as reference vs TNFi vs IL-23i vs IL-17i) was 85.0 vs 69.6 vs 81.2 vs 78.6, P <0.05. Consistent results were observed in the PSM population.

Conclusion: In this interim analysis, patients treated with RZB achieved higher durable clinical responses and treatment satisfaction in real-world practice long-term compared to OtherBios, TNFi and IL-17i. VALUE is an ongoing study; not all patients have reached month 37.

Table. Patient responses in VALUE effectiveness update

Response (mNRI)	Overall (37 months)		Subgroup (25 months)			
	RZB	OtherBios	RZB	TNFi	IL-23i	IL-17i
Absolute mean PASI Mean (95% CI) n	1.4 (1.2, 1.5) 1227	2.7 (2.3, 3.1)* 599	1.4 (1.2, 1.5) 1311	4.1 (3.3, 5.0)* 155	1.6 (1.1, 2.1) 221	2.5 (1.9, 3.1)* 221
PASI 90 % (95% CI) n/N	72.1 (69.5, 74.6) 880/1221	52.3 (48.3, 56.4)* 313/598	70.6 (68.1, 73.1) 924/1308	34.2 (26.8, 42.2)* 53/155	63.8 (57.0, 70.1)* 139/218	51.1 (44.3, 57.9)* 113/221
PASI 100 % (95% CI) n/N	57.3 (54.5, 60.1) 704/1228	39.4 (35.5, 43.4)* 236/599	53.7 (50.9, 56.4) 704/1312	23.9 (17.4, 31.4)* 37/155	45.7 (39.0, 52.5)* 101/221	43.4 (36.8, 50.3)* 96/221
DLQI Mean (95% CI) n	1.9 (1.7, 2.1) 1157	4.1 (3.5, 4.6)* 569	1.9 (1.7, 2.1) 1261	6.0 (4.7, 7.2)* 151	2.5 (1.9, 3.1) 209	3.2 (2.6, 3.9)* 214
TSQM global Mean (95% CI) n	85.1 (84.0, 86.2) 1125	77.0 (75.0, 79.0)* 553	85.0 (84.0, 86.1) 1238	69.6 (65.1, 74.1)* 145	81.2 (78.2, 84.1)* 208	78.6 (75.7, 81.6)* 206

mNRI, modified Non-Responder Imputation; RZB, Risankizumab; TNFi, Tumor Necrosis Factor-alpha inhibitor; IL-23i, Interleukin 23 inhibitor; IL-17i, Interleukin 17 inhibitor; PASI, Psoriasis Area and Severity Index; DLQI, Dermatology Life Quality Index; TSQM, Treatment Satisfaction Questionnaire for Medication (global score); n, number; CI, confidence interval; mNRI, modified non-responder imputation; *P <0.05 statistical difference between RZB and each subgroup.



Abstract N°: 1814

Time to Treatment Change in Patients Receiving Risankizumab vs Other Biologic Therapies Over 3 years: Interim Analysis of the VALUE Study

Diamant Thaçi[1], Mamitaro Ohtsuki[2], Julia-Tatjana Maul[3], Andrea Szegedi[4], Paula Luna[5], Charles Lynde[6], Hongwei Wang[7], Manish Patel[7], Simone Rubant[7], Tshepiso Madihlaba[7], Kim A. Papp[8]

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Introduction & Objectives: Risankizumab (RZB) is an approved, optimized inhibitor of IL-23 for treating adults with moderate-to-severe plaque psoriasis (PsO). In this interim analysis of VALUE, we assessed the drug survival for patients (pts) treated with RZB vs other biologic therapies (OtherBios) in the overall, biologic-naïve (bio-naïve), and biologic-experienced (bio-exp) populations.

Materials & Methods: Pts with PsO who were prescribed RZB or OtherBios, independent of this study, were prospectively enrolled in VALUE (NCT03982394) at a 2:1 ratio. Drug survival was assessed based on the proportion of pts with treatment substance changes (TSC), the cumulative probability of TSC and time to TSC at month 37. The probability of TSC was estimated from a Kaplan-Meier curve for time to first TSC that accounted for censoring and follow-up time. Results are reported from an interim data cutoff on 09 December 2024. All enrolled pts who received at least one dose of study medication are included in this TSC analysis. Propensity score matching (PSM) with a 1:1 ratio using greedy algorithm and exact match for bio-naive/bio-exp status was used to account for group imbalances. Nominal P values are reported.

Results: Among 2777 pts (RZB, 1850; OtherBios, 927) included in this 37-month analysis, bio-exp pts comprised 38.4% (710/1850) of pts receiving RZB and 25.9% (240/927) of pts receiving OtherBios.**

In the overall population, pts receiving RZB were significantly less likely to require a TSC at 37 months than pts receiving OtherBios (14.0% vs 29.7%, P <0.05) (**Table**). The cumulative probability of TSC (95% CI) was 0.15 (0.13, 0.16) for pts receiving RZB vs 0.30 (0.27, 0.33) for pts receiving OtherBios (P <0.05) (**Table**). For pts who experienced TSC, the mean time to TSC was longer among pts receiving RZB than pts receiving OtherBios (15.7 vs 13.3 months, P <0.05) (**Table**). Similar results were observed for the PSM population.

In the bio-naive population, pts receiving RZB were significantly less likely to require a TSC than pts receiving OtherBios at 37 months (10.8% vs 29.0%, P <0.05) (**Table**). The cumulative probability of TSC (95% CI) was 0.11 (0.09, 0.14) for pts receiving RZB vs 0.29 (0.25, 0.33) for pts receiving OtherBios (P <0.05) (**Table**). For pts who experienced TSC, the mean time to TSC was longer among pts receiving RZB than pts receiving OtherBios (16.9 vs 13.0 months, P <0.05) (**Table**). Results were mostly consistent in the PSM population.

In the bio-exp population, pts receiving RZB were significantly less likely to require a TSC than pts receiving OtherBios at 37 months (17.2% vs 30.7%, P <0.05) (**Table**). The cumulative probability of TSC (95% CI) was 0.18 (0.16, 0.21) for pts receiving RZB vs 0.32 (0.27, 0.38) for pts receiving OtherBios (P <0.05) (**Table**). For pts who experienced TSC, the mean time to TSC was numerically longer among pts receiving RZB than pts receiving OtherBios (15.0 vs 13.6 months) (**Table**). Similar results were observed for the PSM population.

Conclusion: In this interim analysis, pts receiving RZB were significantly less likely to require TSC than pts receiving OtherBios over 37 months. When TSCs were needed, pts receiving RZB had a significantly longer time to first TSC compared to pts receiving OtherBios. These results were mostly consistent in the bio-naive and bio-exp populations.

Table. Treatment Survival of Patients in the VALUE study at 37 months

Response	Overall		Bio-naive		Bio-exp	
	RZB	OtherBios	RZB	OtherBios	RZB	OtherBios
Proportion of patients experiencing treatment substance change						
All Patients						
% (95% CI)	14.0 (12.4, 15.7)	29.7 (26.7, 32.7)*	10.8 (8.9, 13.0)	29.0 (25.4, 32.9)*	17.2 (14.9, 19.9)	30.7 (25.9, 35.8)*
n/N	259/1850	275/927	101/934	167/575	158/916	108/352
PSM						
% (95% CI)	13.2 (11.0, 15.7)	29.7 (26.6, 32.9)*	12.0 (9.3, 15.2)	27.1 (23.2, 31.2)*	18.1 (13.9, 22.9)	31.8 (26.5, 37.4)*
n/N	109/826	245/826	60/498	135/498	54/299	95/299
Cumulative treatment substance change probability						
All Patients						
Percentage (95% CI)	0.15 (0.13, 0.16)	0.30 (0.27, 0.33)*	0.11 (0.09, 0.14)	0.29 (0.25, 0.33)*	0.18 (0.16, 0.21)	0.32 (0.27, 0.38)*
PSM						
Percentage (95% CI)	0.14 (0.12, 0.17)	0.29 (0.26, 0.33)*	0.13 (0.10, 0.16)	0.27 (0.23,0.31)*	0.20 (0.16, 0.25)	0.32 (0.27, 0.38)*
Time to first treatment substance change, months						
All Patients						
Mean (SD)	15.7 (10.6)	13.3 (9.1)*	16.9 (11.5)	13.0 (8.7)*	15.0 (9.9)	13.6 (9.6)
n	244	248	95	148	149	100
PSM						
Mean (SD)	16.8 (10.9)	13.5 (9.2)	16.4 (11.6)	13.3 (8.9)	15.2 (9.5)	13.9 (9.8)
n	107	218	56	119	55	86

Bio-naïve, biologic naïve; Bio-exp, biologic experienced; RZB, risankizumab; OtherBios, other biologic therapies; PSM, propensity score matched; CI, confidence interval; n, number; SD, standard deviation; *P <0.05, statistical difference between RZB and OtherBios.



Abstract N°: 1815

Long-Term Integrated Analysis of Clinical Trial Data to Evaluate the Safety of Risankizumab in Patients With Psoriatic Disease

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Introduction & Objectives: Risankizumab (RZB), an IL-23 inhibitor, has demonstrated a favorable benefit-risk profile with long-term safety in patients with psoriasis (PsO) and psoriatic arthritis (PsA). Here, extended safety data on RZB in patients with PsO and PsA are reported.

Materials & Methods: This integrated safety analysis combined data from 23 clinical trials across phases 1-4 in PsO and 5 clinical trials spanning phases 2-3 in PsA. Treatment-emergent adverse events (TEAEs) and AEs of special interest were documented for patients who received at least one dose of RZB. Event rates adjusted for exposure were expressed as events per 100 patient-years (E/100 PY).

Results: This updated analysis included 4281 patients with PsO (14 181.1 PY exposure) and 1548 patients with PsA (5735.2 PY exposure) with a median (range) treatment duration of 2.1 years (9 days–9.1 years) for PsO and 4.6 years (56 days–6.0 years) for PsA.

The rates of TEAEs, serious AEs, and AEs leading to discontinuation of the study drug were 143.9 E/100 PY, 7.2 E/100 PY, and 1.8 E/100 PY in PsO and 135.5 E/100 PY, 8.4 E/100 PY, and 1.8 E/100 PY in PsA, respectively. The rates of AEs leading to death were low (both 0.3 E/100 PY) in PsO and PsA (**Table**).

The rates of serious infections (excluding COVID-19) were low and similar for both PsO and PsA at 1.0 E/100 PY and 1.2 E/100 PY, respectively (**Table**). The rate of overall infection (excluding COVID-19) was 42.4 E/100 PY in PsO and 32.3 E/100 PY in PsA (**Table**). The most commonly reported infections were nasopharyngitis (12.4 E/100 PY), upper respiratory tract infection (6.4 E/100 PY), influenza (1.7 E/100 PY) and urinary tract infection (1.6 E/100 PY) in PsO and nasopharyngitis (5.4 E/100 PY), upper respiratory tract infection (4.7 E/100 PY), bronchitis (1.8 E/100 PY) and urinary tract infection (1.8 E/100 PY) in PsA. The most common serious infections (excluding COVID-19) were sepsis (<0.1 E/100 PY), cellulitis (<0.1 E/100 PY), pneumonia (<0.1 E/100 PY), and appendicitis (<0.1 E/100 PY) in PsO and pneumonia (0.2 E/100 PY), cellulitis (0.1 E/100 PY), diverticulitis (<0.1 E/100 PY), and urosepsis (<0.1 E/100 PY) in PsA.

There was one event of active tuberculosis in PsO. The two most frequent opportunistic infections, herpes zoster and candida, occurred uncommonly, both at a rate of 0.5 E/100 PY. The rate of opportunistic infections excluding

tuberculosis and herpes zoster was <0.1 E/100 PY in both PsO and PsA (**Table**).

The rates of non-melanoma skin cancer (NMSC) were 0.5 E/100 PY in PsO and 0.4 E/100 PY in PsA and the rates of malignant tumors excluding NMSC were 0.6 E/100 PY in PsO and 0.5 E/100 PY in PsA (**Table**). The rates of adjudicated major adverse cardiovascular events were 0.5 E/100 PY and 0.4 E/100 PY in PsO and PsA, respectively (**Table**).

Conclusion: In this updated analysis, AE rates remain low for PsO and PsA. These results provide further evidence of RZB's safety profile in treating patients with psoriatic diseases over time.

Table. Treatment-emergent adverse events in patients with psoriasis and psoriatic arthritis

	Psoriasis (N = 4281, PY = 14181.1) Events (E/100 PY) [95% CI]	Psoriasis Arthritis (N = 1548, PY = 5735.2) Events (E/100 PY) [95% CI]
AEs	20402 (143.9) [141.90, 145.86]	7772 (135.5) [132.52, 138.56]
Serious AEs	1023 (7.2) [6.78, 7.67]	480 (8.4) [7.64, 9.15]
AEs leading to discontinuation	257 (1.8) [1.6, 2.05]	102 (1.8) [1.45, 2.16]
AEs leading to death	38 (0.3) [0.19, 0.37]	15 (0.3) [0.15, 0.43]
Infection excluding COVID-19	6009 (42.4) [41.31, 43.46]	1854 (32.3) [30.87, 33.83]
Most common infections		
Nasopharyngitis	1755 (12.4)	311 (5.4)
Upper respiratory tract infection	905 (6.4)	269 (4.7)
Influenza	238 (1.7)	50 (0.9)
Urinary tract infection	229 (1.6)	103 (1.8)
Serious infection excluding COVID-19	148 (1.0) [0.88, 1.23]	70 (1.2) [0.95, 1.54]
Sepsis	14 (<0.1)	3 (<0.1)
Cellulitis	13 (<0.1)	6 (0.1)
Pneumonia	13 (<0.1)	9 (0.2)
Active tuberculosis	1 (<0.1) [0.00, 0.04]	0
Herpes zoster	71 (0.5) [0.39, 0.63]	19 (0.3) [0.20, 0.52]
Opportunistic infections excluding tuberculosis and herpes zoster[a]	13 (<0.1) [0.05, 0.16]	3 (<0.1) [0.01, 0.15]
Candida infections	72 (0.5) [0.40, 0.64]	27 (0.5) [0.31, 0.68]
Malignant tumors	164 (1.2) [0.99, 1.35]	55 (1.0) [0.72, 1.25]
Non-melanoma skin cancer (NMSC)	77 (0.5) [0.43, 0.68]	25 (0.4) [0.28, 0.64]
Basal cell carcinoma	50 (0.4)	18 (0.3)
Squamous cell carcinoma	24 (0.2)	7 (0.1)
Malignant tumors excluding NMSC	87 (0.6) [0.49, 0.76]	30 (0.5) [0.35, 0.75]
Prostate cancer[b]	12 (<0.1)	5 (<0.1)
Breast cancer[b]	13 (<0.1)	6 (0.1)
Pancreatic carcinoma[b]	6 (<0.1)	0
Adjudicated MACE	77 (0.5) [0.43, 0.68]	24 (0.4) [0.27, 0.62]
Serious hypersensitivity	10 (<0.1) [0.03, 0.13]	4 (<0.1) [0.02, 0.18]
Injection site reactions	377 (2.7) [2.40, 2.94]	37 (0.6) [0.45, 0.89]
Depression[c]	79 (0.6)	40 (0.7)
Suicidal ideation and behavior	12 (<0.1) [0.04, 0.15]	7 (0.1) [0.05, 0.25]
Inflammatory bowel disease[d]	1 (<0.1)	4 (<0.1)

Data cutoff date for this integrated safety analysis was March 25, 2025.
AE, adverse event; E, event; MACE, major adverse cardiovascular event; PY, patient-years; TEAEs, treatment-emergent adverse events.
[a]Opportunistic infections excluding tuberculosis and herpes zoster (E [E/100 PY]) include: oesophageal candidiasis 7 (<0.1), Balanitis candida 2 (<0.1), Oropharyngeal candidiasis 2 (<0.1), Candida urethritis 1 (<0.1), and Gastrointestinal candidiasis 1 (<0.1) in PsO and Clostridial sepsis 1 (<0.1), Oral fungal infection 1(<0.1), and Oropharyngeal candidiasis 1 (<0.1) in PsA.
[b]By group term.
[c]By system organ class preferred term.
[d]There was 1 case of ulcerative colitis in PsO and PsA and 3 cases of Crohn's disease in PsA.



Abstract N°: 1850

Subclinical Synovitis in Patients with Psoriasis: A Systematic Review and Meta-Analysis

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin condition affecting up to 4% of the population,* with 30% of the patients developing psoriatic arthritis (PsA), an inflammatory arthropathy. While the relationship between psoriasis and PsA is well established, the transition to PsA for patients with psoriasis without musculoskeletal (MSK) involvement warrants further investigation. Subclinical synovitis, as detected on various imaging modalities, does not meet PsA diagnostic criteria alone, however, is a hallmark of PsA and is thought to precede arthritis. This systematic review and meta-analysis aims to evaluate the prevalence of synovitis in psoriasis patients without MSK involvement.

Materials & Methods:

A systematic review and meta-analysis was conducted per PRISMA guidelines and registered in PROSPERO. Risk ratio analysis using a random-effects model was conducted to compare the likelihood of developing synovitis between psoriasis patients without MSK involvement, PsA patients, and healthy controls. A I^2 value >50% indicated significant heterogeneity. Risk of bias across included studies was assessed using the Newcastle-Ottawa Scale.

Results:

We identified 12 cross-sectional and case-control studies, comprising 1,593 psoriasis patients, 327 PsA patients, and 686 healthy controls. The mean age was 46.4 years (61.6% male) for the psoriasis group, 50.2 years (64.2% male) for the PsA group, and 45.7 years (48.8% male) for the control group. The mean duration of psoriasis and PASI was 14.8 years and 8.15 in the psoriasis group and 9.84 years and 7.55 in the PsA group.

Synovitis was approximately three times more likely to be detected in psoriasis patients when compared to controls (RR=2.92, 95% CI:1.47–5.80, p=0.0068). Patients imaged with ultrasound (RR=2.50, 95% CI:1.10-5.67, p=0.03) had a lower risk of synovitis detection than those with MRI (RR=6.40, 95% CI:1.87-21.95, p=0.003), however, only two studies were included in the MRI group. Synovitis was approximately twice as likely to be detected in patients with PsA than in patients with psoriasis, although this finding was not statistically significant (RR=2, 95% CI:0.13–1.87, p=0.1925).

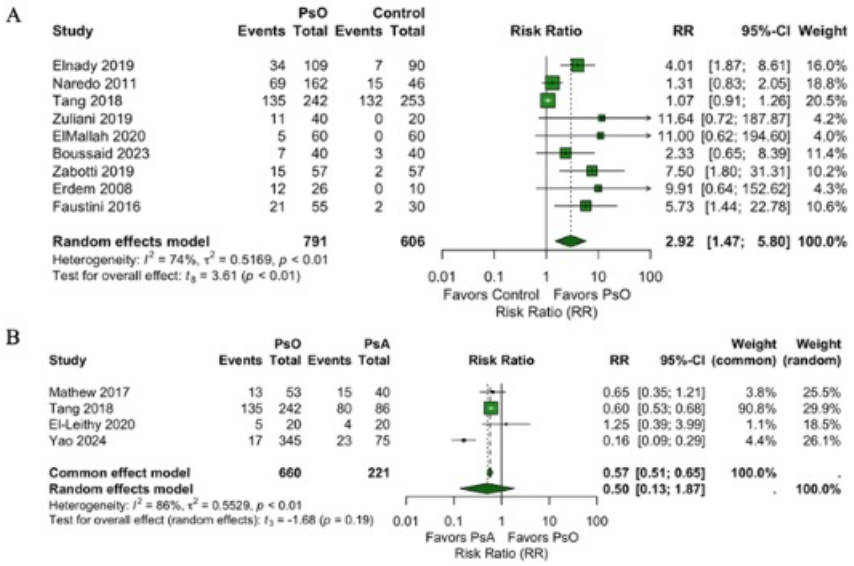
Conclusion:

These findings highlight the increased likelihood of synovitis detection in psoriasis patients without MSK involvement compared to healthy controls. This subclinical synovitis may be an early indicator of inflammatory changes that precede the onset of PsA. The prevalence of synovitis in psoriasis patients remains lower than in PsA

patients, reflecting the progressive nature of inflammation in PsA. These results underscore the role of imaging in identifying psoriasis patients at higher risk of transitioning to PsA, facilitating early diagnosis and intervention to prevent irreversible joint damage.

Limitations of this study include the lack of standardized imaging protocols across the included studies, with potential variability in the number and selection of joints imaged, differences in imaging modalities and diagnostic criteria. Despite these limitations, our findings suggest that imaging may serve as a valuable tool for identifying psoriasis patients at higher risk of developing PsA. Future longitudinal studies are needed to better characterize the transition from psoriasis to PsA, determine the predictive value of subclinical synovitis, and assess whether early intervention strategies could modify disease progression and reduce the risk of PsA development.

Figure 1: Forest Plots of Mean Differences in Synovitis Prevalence for PsO versus Control (A), and PsO versus PsA (B)





Abstract N°: 1864

Dietary virgin coconut oil demonstrates greater anti-inflammatory activity than corn oil in a phase II pilot transcriptomic study involving psoriatic skin biopsies

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin condition often associated with systemic comorbidities. While biologic therapies have advanced disease management, the role of upstream dietary factors remains underexplored. In Phase I of this study, use of Virgin Coconut Oil (VCO) in all dietary preparations showed more favorable anti-inflammatory effects than Corn Oil (CO) in clinical and laboratory indices. This Phase II pilot aims to investigate whether these anti-inflammatory effects extend to molecular and genetic levels in skin biopsies of psoriasis patients following dietary supplementation with VCO versus CO.

Materials & Methods:

Skin biopsies were collected from 20 adults with moderate plaque psoriasis (10 per oil group) after 4 weeks of blinded use of either VCO or CO in all dietary preparations, as part of a standardized lifestyle protocol. Samples were obtained at baseline from non-lesional and lesional sites, and at week 4 from lesional sites. Histological analysis included H&E staining and immunohistochemistry (IHC) for CD3, CD11c, K16, and Ki67. Gene expression was assessed via RNA sequencing and transcriptomic profiling, with principal component analysis (PCA) and differentially expressed gene (DEG) analysis. Five psoriasis-susceptibility genes (NOS2, LCE3C, AIM2, IL12B, and GJB2) were examined in detail.

Results:

Histological analysis showed that skin from participants in the VCO group exhibited significantly reduced inflammatory and proliferative markers compared to those in the CO group. Five of nine participants in the VCO group demonstrated moderate to marked improvement, while six of ten in the CO group showed persistent or even increased inflammatory activity ($p < 0.00001$), as illustrated by a sample participant pair in Figure 1.

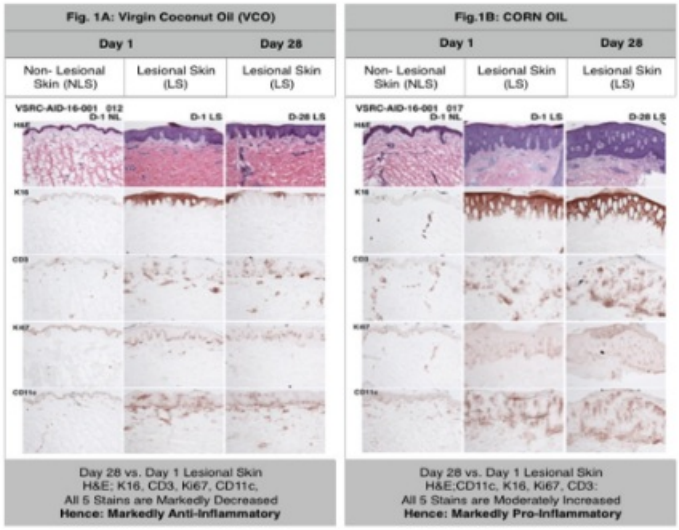


Figure 1. Histologic and immunohistochemical comparison in a matched patient pair. The sample from the VCO diet group shows reduced staining for markers of inflammation and proliferation, including K16 (epidermal hyperplasia), CD3 (T-cells), Ki67 (proliferation), and CD11c (myeloid dendritic cells), compared to the CO diet group.

RNA sequencing revealed that VCO and CO groups exhibited distinct transcriptomic profiles. VCO samples showed greater downregulation of psoriasis-related DEGs compared to CO. PCA plots demonstrated that week 4 lesional samples from the VCO group showed mild but consistent shifts closer to baseline non-lesional profiles, whereas CO samples remained distinct (Figure 2). Three VCO patients showed marked PASI score improvement (baseline to week 4 scores of 0–1.6) and there was decreased PSG expression in 12/15 subjects in the VCO group, versus only 4/15 in the CO group. Gene expression changes were particularly notable in PSG associated with keratinocyte activation (LCE3C), immune signaling (IL12B, AIM2), and metabolic and inflammatory processes (NOS2), as seen in Figure 3.

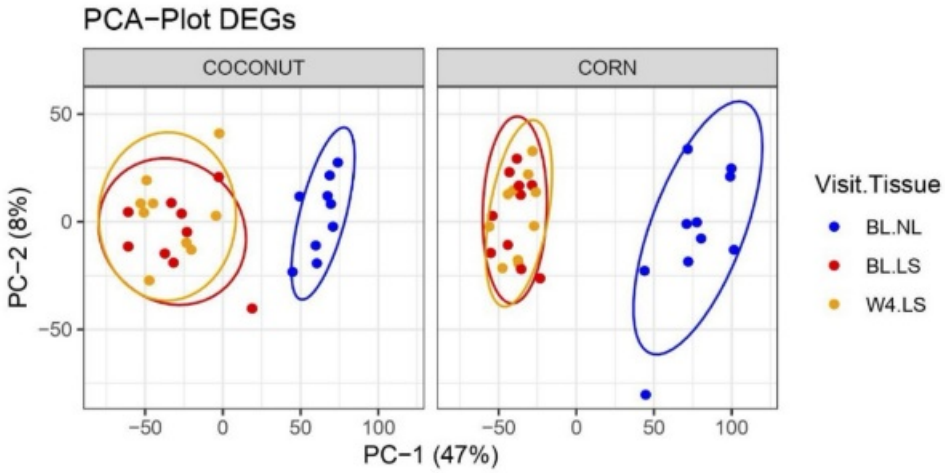


Figure 2. Principal Component Analysis (PCA) of transcriptomic data from psoriatic skin. After 4 weeks on the VCO diet, lesional samples (W4.LS) begin to shift closer to baseline non-lesional (BL.NL) profiles, suggesting early signs of transcriptomic improvement. In contrast, lesional samples from the CO diet group remain separate from non-lesional clusters. These changes are mild but detectable after just 4 weeks.

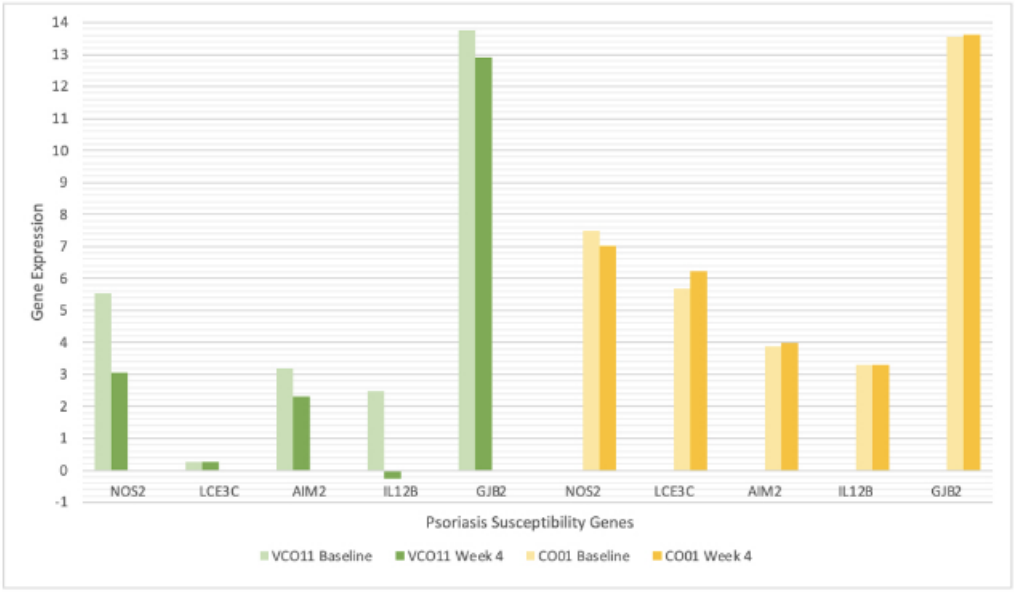


Figure 3. Expression of psoriasis susceptibility genes in a matched patient pair. The VCO diet sample (green) shows decreased expression of inflammatory genes—NOS2, LCE3C, AIM2, IL12B, and GJB2—while the CO diet sample (yellow) shows increased expression of these same genes, indicating a more pro-inflammatory profile.

Conclusion:

Dietary use of VCO for four weeks was associated with greater molecular and genetic evidence of anti-inflammatory activity in psoriatic skin compared to CO. These findings, in conjunction with clinical improvements observed in Phase I, warrant further long-term, larger-scale studies to validate these findings and inform dietary guidelines. In the interim, an evidence-informed dietary framework such as the Anti-Inflammatory Diet Plate (Figure 4)—emphasizing oils like VCO and minimizing pro-inflammatory oils like CO—may serve as a beneficial adjunct in psoriasis care.

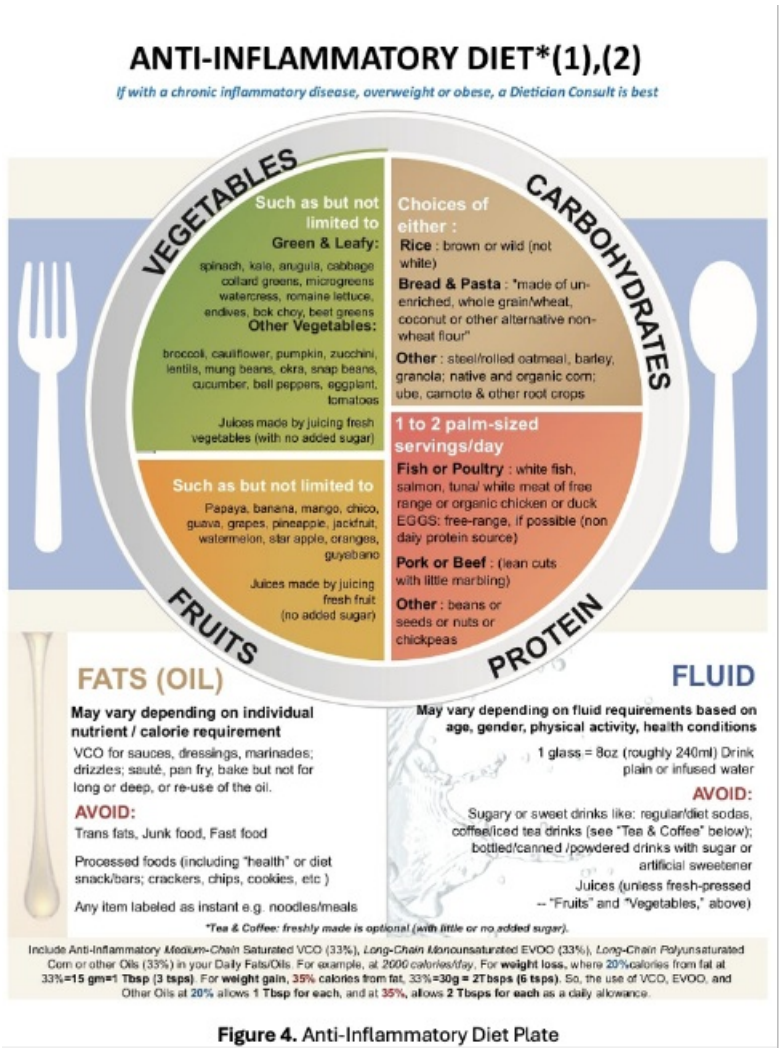


Figure 4. Anti-Inflammatory Diet Plate



Abstract N°: 1873

Skin-Cardiovascular Co-Benefits in Psoriasis Biologic Therapy: Synchronized Improvement of Cutaneous Lesions and Coronary Inflammation

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Introduction & Objectives:

Although targeted biologic therapies for psoriasis have demonstrated anti-inflammatory effects with accompanying reductions in perivascular fat attenuation index(FAI)—few studies have applied this imaging technique in psoriasis. Moreover, no study has delineated the indications for initiating cardiovascular anti-inflammatory therapy in psoriasis patients, nor identified the optimal timing at which such treatment confers maximal benefit.

This study uses FAI to assess biologic therapy's effects on coronary inflammation across lesion stages/types in psoriasis and explores links between skin response and cardiovascular benefits.

Materials & Methods:

This is a retrospective, self-controlled study. Inclusion criteria: initiation of biologic therapy; CCTA performed prior to therapy; repeat CCTA after achieving a stable therapeutic response. Stability was defined as ≥1 year of biologic treatment with ≥PASI 75 response, no new lesions for ≥6 months, and unchanged dosing regimen for ≥6 months. Exclusion criteria: >30% missing baseline data; concurrent inflammatory diseases. FAI analysis focused on the right coronary artery proximal 10–50 mm segment using Syngo.via 1.0.4.

Results:

1. Overall Changes

150 patients met inclusion criteria (Table 1).

Characteristics	Patients met the inclusion and exclusion criteria (n=150)
Age, (years), median (IQR)	60（51，66）
Sex, n(%)	
Male	115（76.7%）
Female	35（23.3%）
Disease duration	20（12，32）
BMI	24.46（22.25，26.30）
Smoking history, n (%)	37（24.7%）
Hypertension, n (%)	74（49.3%）
Type 2 diabetes, n (%)	50（33.3%）
Lipid-lower drugs treatment, n (%)	36（24.0%）
Biologic therapy	
Anti-IL-17 therapy	129（86.0%）
Anti-IL-12/23 therapy	9（6.0%）
Anti-TNF-α therapy	12（8.0%）
Triglyceride(mmol/L)	1.90±1.74
Total cholesterol(mmol/L)	4.73±1.00
HDL(mmol/L)	1.11±0.28
LDL(mmol/L)	2.94±0.78
Non-HDL-C(mmol/L)	3.63±0.96
Apo A1(g/L)	1.23±0.23
Apo B(g/L)	0.92±0.18
Lp(a)(g/L)	0.20±0.19
Apo E(mg/dL)	4.11±0.88
Free fatty acids(mmol/L)	0.44±0.18
Homocysteine(μmol/L)	14.37±6.05
CRP(mg/L)	6.82±14.74
ESR(mm/h)	10.65±14.94
NLR	2.75±1.91
Uric acid(μmol/L)	365.90±86.87
FPG (mmol/L)	5.74±2.20
TyG-BMI	218.97（192.80，237.34）
Framingham risk score	13（11，15）
PASI score	14.82±7.46
FAI(HU)	-79.25±7.70

Table 1

After biologic therapy, FAI decreased from −79.25 ± 7.70 HU to −81.32 ± 8.75 HU (p=0.003). Significant improvements were observed in HDL, LDL, homocysteine and NLR. PASI score improved from 14.82 ± 7.46 to 1.57 ± 1.51 (p<0.001), with 56.0% achieving PASI 90(including PASI 100). After adjusting for lipid-lowering and urate-lowering therapies by mixed-effects linear model, improvements remained significant (Table 2).

Characteristics	Baseline (N=150)	Posttreatment (N=150)	P value	P aj.
Triglyceride(mmol/L)	1.90±1.74	1.86±1.21	0.788	
Total cholesterol(mmol/L)	4.73±1.00	4.65±1.10	0.830	
HDL(mmol/L)	1.11±0.28	1.16±0.28	**0.006**	**0.005**
LDL(mmol/L)	2.94±0.78	2.79±0.84	**0.045**	**0.042**
Non-HDL-C(mmol/L)	3.63±0.96	3.50±1.05	0.134	
Apo A1(g/L)	1.23±0.23	1.27±0.20	0.060	
Apo B(g/L)	0.92±0.18	0.95±0.23	0.194	
Lp(a)(g/L)	0.20±0.19	0.19±0.19	0.364	
Apo E(mg/dL)	4.11±0.88	4.04±0.70	0.284	
Free fatty acids(mmol/L)	0.44±0.18	0.46±0.20	0.301	
Homocysteine(μmol/L)	14.37±6.05	12.71±4.78	**<0.001**	
CRP(mg/L)	6.82±14.74	4.81±9.76	0.094	
ESR(mm/h)	10.65±14.94	9.21±6.50	0.222	
NLR	2.75±1.91	2.13±0.87	**<0.001**	
Uric acid(μmol/L)	365.90±86.87	351.47±76.02	**0.033**	**0.028**
FPG (mmol/L)	5.74±2.20	5.82±1.15	0.604	
TyG-BMI	218.97（192.80，237.34）	220.18（193.86，238.29）	0.298	
PASI score	14.82±7.46	1.57±1.51	**<0.001**	
PASI 75,n(%)	150(100.0%)			
PASI 90,n(%)	84(56.0%)			
FAI（HU）	-79.45±7.40	-81.32±8.75	**0.002**	**0.003**

Table 2

1. Subgroup Analyses
    i. PASI Response

Study participants were stratified into three treatment response cohorts(Table 3): PASI 100, PASI 90 and PASI 75. Following adjustment for confounding variables, both the PASI 100 and PASI 90 cohorts demonstrated significant reductions in FAI values (t=-2.191, p=0.045 and t=-2.823, p=0.007). In contrast, the PASI 75 group exhibited no statistically significant FAI reduction (t=-0.390, p=0.697).Baseline FAI showed no intergroup differences (p=0.488). Posttreatment FAI decreased significantly in PASI 100 and PASI 90 vs PASI 75 (Bonferroni-adjusted p<0.05, Table 4), with no difference between PASI 100 and PASI 90. ΔFAI was 15.4% lower in PASI 90 than PASI 100.

	PASI100 (N=33)	PASI90 (N=51)	PASI75 (N=66)
FAI at baseline	-81.09±7.43	-79.80±7.04	-78.35±7.57
FAI at posttreatment	-84.55±9.80	-82.71±7.74	-78.64±8.26
P value	**0.039***	**0.008***	0.704

Table 3

FAI at posttreatment	P value	Bonferroni Adj.p value
PASI100 vs PASI90	0.664	1.000
PASI100 vs PASI75	**0.008***	**0.025***
PASI90 vs PASI75	**0.012***	**0.037***

Table 4

1. Coronary Heart Disease (CHD) Status

According to ESC guidelines (≥50% stenosis defines CHD), non-CHD patients showed significant FAI decrease from −79.46 ± 7.00 to −82.15 ± 8.74 HU, after risk adjustment (t=−4.039, p<0.001) ; while CHD patients showed no significant FAI changes (−79.42 ± 8.39 vs. −79.26 ± 8.55 HU; t=0.160, p=0.873) .

2.3 Plaque Composition

After risk adjustment, patients without plaque and non-calcified plaque experienced significant FAI reductions (t=-3.734, p<0.001 and t=-2.909 p=0.005). No significant changes occurred in mixed-plaque (t=0.268, p=0.789) or calcified-plaque groups (t=-1.898, p=0.087).

Conclusion:

This study first demonstrates via FAI that improved skin symptom relief correlates with reduced cardiovascular inflammation in psoriasis. Biologic therapy yields greater FAI reductions in patients without CHD, without plaque or with non-calcified plaques, but minimal effect in those with established CHD or mixed/calcified plaques, indicating effective inflammation reduction across early-to-active cardiovascular phases in psoriasis.



Abstract N°: 1891

Paradoxical psoriasis induced by Adalimumab: case report and management in an 8-year-old patient

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Introduction & Objectives:

Paradoxical reactions constitute a group of adverse effects of biological therapies. They are defined as the onset or worsening of an immune-mediated pathology that should respond to the treatment that has triggered it. Paradoxical psoriasis is an uncommon adverse event associated with anti-TNF-a therapies, such as adalimumab.

Materials & Methods:

Case report and literature review.

Results:

This case presents an 8-year-old female patient undergoing treatment for bilateral acute anterior uveitis with methotrexate (10 mg weekly) and adalimumab (40 mg biweekly). Eleven months after initiating adalimumab, the patient developed plaques of psoriasis vulgaris on extremities, thick scalp plaques, and pustular psoriasis on the palms and soles. She was diagnosed with paradoxical psoriasis induced by adalimumab. Topical therapies were prescribed, and adalimumab was replaced by tocilizumab, a treatment targeting uveitis but not psoriasis. Consequently, tocilizumab was switched to infliximab (IV) to address both conditions. With satisfactory control of uveitis, infliximab was later discontinued, and the patient remains on methotrexate and topical treatments, achieving partial control of psoriatic lesions on the palms, soles, scalp, and extremities.

Conclusion:

Paradoxical psoriasis occurs in patients with various inflammatory diseases undergoing biological therapy. Its etiopathogenesis remains unclear, but proposed hypotheses include a cytokine balance along with altered lymphocyte recruitment and migration. Although its incidence is low, it has increased in recent years with the growing use of biological therapies. It generally has a favorable prognosis and does not always require discontinuing the triggering medication. We present a case of pediatric paradoxical psoriasis with a persistent course despite molecule switching and topical management. This case highlights the complexity of managing paradoxical psoriasis in pediatric patients and underscores the need for tailored therapeutic strategies.



Abstract N°: 1894

Investıgatıon of the relatıonshıp between ıl-10 and ıl-22 levels and skın, naıl and joınt ınvolvement ın psorıasıs patıents

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Introduction & Objectives: Psoriasis is a chronic, T-cell-associated, inflammatory immune system disease affecting approximately 2% of the population. In this disease, there is increased expression of Th1 and Th17 lymphocytes and decreased expression of Th2 and Treg cells. IL-10 is an important immunosuppressive cytokine produced by Th2 and Treg cells and the relative deficiency of IL-10 may play a role in the pathogenesis of psoriasis. IL-22, another member of the IL-10 family, has been shown to have increased expression in serum and psoriatic lesions in psoriasis patients compared to healthy individuals. Although the roles of T cells and cytokines in psoriasis are well documented, the effects of IL-10 and IL-22 have not been sufficiently investigated. In this study, we investigated the relationship between IL-10 and IL-22 levels, which have not been adequately studied in psoriasis patients, and evaluated whether these interleukins differ in patients with extra cutaneous involvement such as joint and nail involvement.

Materials & Methods: : The study was a clinical and cross-sectional case-control study. The findings obtained in the study were statistically analysed using SPSS version 15 software. The study included 106 psoriasis patients aged 18-75 years with clinically and/or myopathologically diagnosed psoriasis. The patients were then divided into two groups: those with nail and joint involvement and those with skin involvement only. Patients with chronic cardiac, renal, neurological, rheumatological, oncological, psychiatric diseases, pregnant women, and individuals younger than 18 years of age were not included in the study.

Results: There was a statistically significant difference between the IL-10 values of the patient and control groups (<0.001). The mean IL-10 (pg/mL) value in the control group (1.51±0.73) was higher than the mean IL-10 (pg/mL) value in the patient group (1.23±0.53). When IL-22 (pg/mL) values were compared between the groups, a statistically significant difference was found ($p<0.05$). The mean IL-22 (pg/mL) value in the control group (1,43±0,69) was higher than the mean IL-22 (pg/mL) value in the patient group (1,31±0,50). Patients with nail involvement showed a statistically significant difference in terms of gender ($p<0.05$). There was a statistically significant difference between age and scalp involvement ($p<0.05$). The relationship between nail involvement and genital area involvement was statistically significant ($p<0,05$). There was a statistically significant correlation between IL-22 (pg/mL) and NAPSI parameters ($p<0.05$). There was a weak positive correlation between both parameters.

Conclusion: Despite its anti-inflammatory properties, IL-10 did not show a significant correlation with disease severity, suggesting that this cytokine may not play a decisive role in the pathophysiology of psoriasis. Although the higher level of IL-22 in the severe group suggests that this cytokine may be associated with disease severity, this difference was not statistically significant in our study. In general, considering that IL-22 may be higher especially in severe cases, it may be useful to consider IL-22 levels in the treatment management of psoriasis patients. In order to better understand this issue, more combinations of biomarkers and clinical parameters should be investigated in larger patient groups.



Abstract N°: 1909

Exploring super responders who remained treatment-free for more than 3 years after guselkumab withdrawal: Insights from the phase 3b GUIDE trial in psoriasis

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Introduction & Objectives:

The GUIDE trial investigates the relevance of early intervention with guselkumab (GUS) in patients with moderate-to-severe psoriasis. To assess the potential disease-modifying effects of GUS, treatment was withdrawn from patients classified as super responders (SRes; patients with PASI=0 at weeks [W] 20 and 28). Here we present the final data to determine whether 1) some patients can sustain disease control for more than 3 years after GUS withdrawal and 2) if disease duration has an impact on remaining treatment-free.

Materials & Methods:

GUIDE is a phase 3b, randomised, double-blind, multicentre trial involving 880 patients treated with GUS. Among these, 40.6% had short disease duration (SDD; ≤24 months). In part 2 (W28–68), SRes were randomised to receive GUS 100 mg every 8 weeks (q8w) or an extended dosing interval of q16w. In part 3 (W68–220), 273 SRes with PASI<3 at W68 were withdrawn from GUS, with their final dose administered at W52 (q16w) or W60 (q8w). Patients were eligible for re-treatment upon loss of response, defined as PASI>5. Outcomes were evaluated using observed cases and the intention-to-treat (ITT) set; *P* values are considered nominal.

Results:

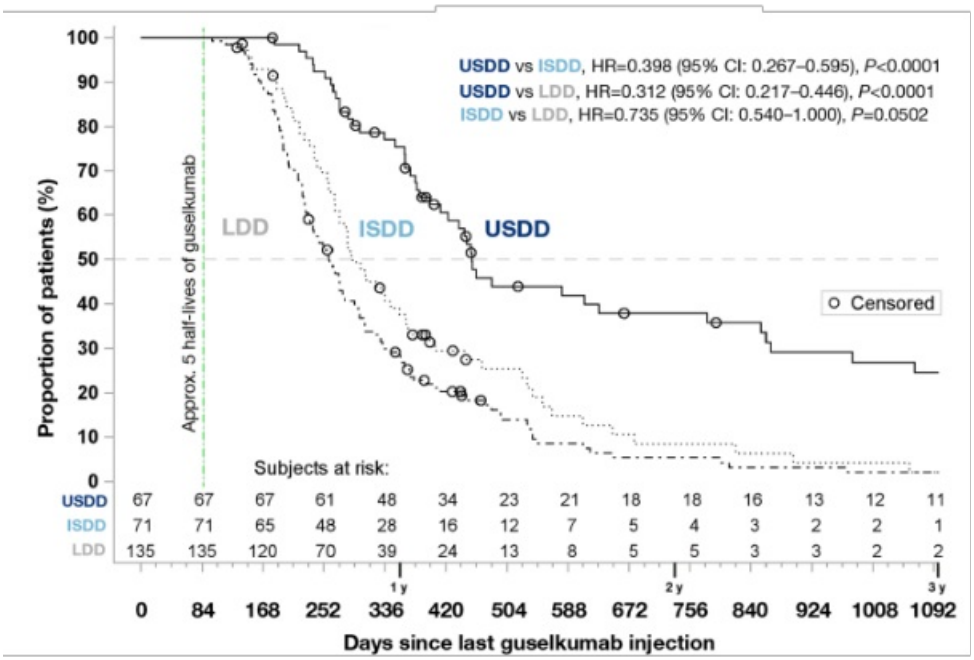
Overall, 13 SRes (4.8%, n=13/273) remained treatment-free for more than 3 years following GUS withdrawal. Baseline demographic and clinical characteristics were largely comparable between those who sustained response after withdrawal through W220 and those who initiated retreatment (n=260/273); however, differences were noted in mean baseline PASI (14.6 vs 18.9), prior biologic use (0% vs 8.1%), any prior systemic therapy (0% vs 46.6%), and mean disease duration (2.0 vs 10.6 years).

A significantly higher proportion of SRes with ultra-short disease duration (USDD; <15 months) remained treatment-free compared to those with intermediate-short disease duration (ISDD; 15-24 months; HR=0.40, *P*<0.0001) or long disease duration (LDD; >24 months; HR=0.31, *P*<0.0001; Figure 1). Among the 13 SRes who remained treatment-free for more than 3 years, 11 had USDD, 1 had ISDD and 1 had LDD. All demonstrated overall low PASI values throughout the withdrawal period, with 71% of all PASI evaluations showing complete skin clearance. Notably, 2 SRes (both with USDD) achieved complete skin clearance at all visits for more than 3 years after GUS withdrawal. 8 SRes experienced isolated increases in their PASI scores, which subsequently decreased to PASI 0 at follow-up visits without the need for re-treatment. The remaining 3 SRes maintained low PASI scores with minor fluctuations, showing no consistent increase over time (Table 1).

Conclusion:

This final post-withdrawal analysis of the GUIDE study provides important insights into identifying special patients who maintain disease control for more than 3 years after GUS withdrawal. Notably, SRes who initiated GUS treatment within 15 months of disease onset had a significantly higher likelihood of remaining treatment-free, with approximately one in six staying off treatment for more than 3 years. Among the 13 SRes maintaining disease control for more than 3 years after GUS withdrawal, PASI responses demonstrated minimal fluctuations around complete skin clearance. Together with previous biomarker data, these findings suggest that GUS may have disease-modifying properties in a subset of patients, particularly those initiating treatment early in their disease course.

Figure 1. Proportion of patients who remain treatment-free by disease duration (USDD <15 months, ISDD 15-34 months, or LDD >24 months)



Median treatment-free duration was 259 days for LDD, 291 days for ISDD and 456 days for USDD patients. *P*-values are considered nominal. Loss of maintenance of response was defined as PASI>5, at which point retreatment was re-initiated. CI: Confidence interval; HR, hazard ratio; ISDD, intermediate-short disease duration; LDD, long disease duration; PASI, Psoriasis Area and Severity Index; USDD, ultra-short disease duration; y, year.

Table 1. Individual PASI scores over time among patients who remained treatment-free for more than 3 years following guselkumab withdrawal

Individual absolute PASI over time

		Part 1 – In-label GUS						Part 2 – q8w vs q16w GUS					Part 3 – Withdrawal from GUS											
SR	Disease Cat.	W0	W4	W12	W16	W20	W28	W36	W44	W52	W60	W68	W80	W92	W104	W116	W128	W140	W152	W164	W176	W188	W200	W212	W220
1	LDD	12.8	2.4	0.1	0.1	0	0	0	0	1.2	0	0.6	0	0.6	2.4	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.8	2.6	2.7
2	ISDD	13.8	7.8	0	0	0	0	0	0	0	0	0	0	0	0.2	0	0	0	0	0	0	0	0	0	0
3	USDD	13	10	3.6	2.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	USDD	18.6	2.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	USDD	11.8	9.8	0.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6	0	0	0	0	0
6	USDD	16.2	4.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.2	0	0	0	0
7	USDD	13.8	13.4	7.7	1.7	0	0	0	0	0	0	0	0	1.2	0	0.8	0	0	0	0	0.8	0.4	0	0	0
8	USDD	22.4	10.4	2.9	1.6	0	0	0	0	0	0	0	0.3	1.8	0	0.8	2	0.6	0.4	0	0.8	2.4	–*	1.6	1.6
9	USDD	12.6	3.9	1	0.3	0	0	0	0	0	0	0	1.6	0	0	0.4	0	0	0	0	0	0	0	0	0
10	USDD	12.8	12.8	2	0	0	0	0	0.2	0.1	0.2	0.2	0	0.1	0	0.8	0.1	0	0	0	–#	0	0	0	0
11	USDD	19.6	1.2	1.2	0	0	0	0	0.6	0.6	0	0	4.8	0.6	0	0	0	0	0	0	0	0.6	0	0	0
12	USDD	11.5	0	0	0	0	0	0	0	0	0	0	0	0	1.6	0	0	0	0	0	0	0.6	0.2	0	0
13	USDD	10.6	4.6	0	0	0	0	0	0	0	0	0	0	0	0	0	3.3	0.8	0.3	0.1	0.1	0.1	0.1	0.1	1.2

Treatment was withdrawn at W52 or W60, for patients who received GUS q16w and q8w, respectively, during part 2 of GUIDE. Patients included in this analysis are those who remained treatment-free until W220. Red: PASI≥10; Yellow: PASI≥3-<10; Light Green: PASI>0-<3; Green: PASI=0. *W200 visit for this patient was remote, no worsening of psoriasis was reported; #W176 visit for this patient was remote, patient reported that there was "nothing on his skin"; GUS, guselkumab; ISDD, intermediate-short disease duration; LDD, long disease duration; PASI, Psoriasis Area and Severity Index; q8w, every 8 weeks; q16w, every 16 weeks; USDD, ultra-short disease duration; W, Week.



Abstract N°: 1929

Case report: concomitant psoriasis & pityriasis rubra pilaris with response to Tildrakizumab

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Introduction & Objectives:

Psoriasis is a chronic autoimmune, genetic disease, that clinically presents itself as itchy erythematous-edematous-plaques with an adherent scale or crust, in a localized or generalized form (erythroderma), with fingernail and joint involvement.

Pityriasis rubra pilaris (PRP) is a rare papulosquamous disorder with an unknown etiology. Clinically, it manifests as follicular reddish-orange scaly papules, some of them coalescing into plaques with areas of unaffected skin, known as “islands of sparing” and palmoplantar keratoderma. The generalized form shows erythroderma covering ≥90% of the body surface area.

Materials & Methods:

A 20-year-old woman with a long history of psoriasis, onset during childhood, lesions involving the scalp and limbs, under control with topical steroids, shows worsening psoriatic plaques on the trunk, shins, arms, scalp and a sudden itchy papulosquamous rash on the abdomen. Two biopsies were performed , one from the recent abdominal lesions, and one from the old, existing psoriatic lesions.

Results:

The histopathology report from the new abdominal lesions showed orthokeratothic hiperkeratosis, focal hipergranulosis, thick suprapapilary plaques, large epidermal ridges, thin dermal papillae, perivascular lymphocytic infiltrate in the papillary dermis, confirming the diagnosis of PRP. The lack of neutrophils in the stratum corneum may help distinguish PRP from psoriasis, which confirmed the biopsy from the pre-existing lesions.

The patient was treated for 2 months with topical corticosteroids, with no improvement, the PRP lesions from the abdomen extended to the dorsal part of the trunk. Palmo-plantar keratoderma was not present. Signs of psoriatic nail involvement progressed.

Thus, the patient was started on methotrexate at 15-20 mg/week, with 80% clearance of PRP lesions after 6 months. However, the psoriatic lesions persisted, thus the patient was started on Tildrakizumab 100mg (anti IL23) at weeks 0, 4 and 12, with complete clearance of PRP lesions after 1 month and almost 50% clearance of psoriatic lesions after 3 months.

Conclusion:

Like psoriasis, classical PRP is associated with activation of the Th17/IL23 inflammatory pathways. Inherited PRP, but also some cases of adult sporadic PRP, are associated with CARD14 gene variations, which are also found in familial psoriasis, highlighting the overlap between PRP and psoriasis and similar underlying inflammatory pathways.



Abstract N°: 1939

Comparison of Brodalumab and Guselkumab in Achieving Complete Skin Clearance and Quality of Life Improvements in Moderate-to-Severe Psoriasis: Results from a Randomized, Double-blind, Multicenter Clinical Trial

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Introduction & Objectives:

Despite today`s various (biologic) treatment options, there are still patients with psoriasis who do not achieve satisfactory clinical responses or may continue to have quality-of-life impairment following skin clearance. In the reported trial, we assessed the efficacy of brodalumab and guselkumab in obtaining both complete skin clearance and improvement in quality-of-life in a treatment-refractory population.

Materials & Methods:

A multicenter, double-blind, double dummy randomized clinical trial (NCT04533737). Adult (≥18 years) patients with moderate-to-severe plaque psoriasis with inadequate response to ustekinumab were randomized 1:1 to receive brodalumab 210mg or guselkumab 100mg, according to their approved labels.

Results:

In all, 113 patients were randomized (brodalumab, n=56; guselkumab, n=57). Baseline PASI and DLQI were 10.0 and 8.5 for brodalumab, and 12.9 and 8.5 for guselkumab, respectively. Already at week 4, brodalumab was superior to guselkumab in simultaneously achieving PASI100 and DLQI0/1 responses (15.7% vs. 1.5%, p=0.0217). Brodalumab was also superior to guselkumab at week 8 (33.4% vs 14.1%, p=0.0248), 12 (44.7% vs 18.3%, p=0.0046), 16 (53.7% vs 32.0%, p=0.0246) up to 28 (58.8 vs 28.2 %, p=0.0017) for the combined outcome. The rate of pruritus NRS ≥4 points improvement was significantly higher for brodalumab at week 8 (28.9% vs 10.5%, p=0.0380) and trending towards significance already at week 4 (9.3% vs 3.1%, p=0.095). Efficacy (PASI100 and DLQI0/1 endpoint) was not influenced by body weight.

Conclusion:

In ustekinumab treatment-refractory patients, patients had significant benefit from a therapeutical switch to brodalumab or guselkumab. Furthermore, significantly more patients treated with brodalumab achieved both Complete Skin Clearance and Quality of Life Improvements compared with guselkumab up to week 28.



Abstract N°: 1944

Overall hemostatic potential is increased in psoriasis patients

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Introduction & Objectives:

The cardiovascular risk in psoriasis patients is increased. Inflammation-related hemostatic dysregulation leading to hypercoagulability may contribute to this risk but may be difficult to detect. We used the overall hemostatic potential (OHP), the global integrated test for blood coagulation, to investigate possible hypercoagulability in psoriasis patients.

Materials & Methods:

We included 80 psoriasis patients (54 men, 26 women, 30–45 years) effectively treated with topical therapy, methotrexate, adalimumab, secukinumab or guselkumab and 20 healthy controls in our study in which we measured OHP, its subcomponents fibrinolytic potential (OFP) and coagulation potential (OCP), as well as selected hemostatic markers (platelet count, mean platelet volume, platelet-to-lymphocyte ratio, P-selectin, D-dimer, fibrinogen).

Results:

Psoriasis patients as an overall group had significantly higher OHP, which was associated with lower OFP and similar OCP compared to controls, indicating a hypercoagulable state likely due to reduced fibrinolytic activity. All patient groups showed a similar pattern of hypercoagulability, which varied in severity between patients. Other hemostatic markers showed no relevant differences between patients and controls. OHP and OFP correlated with residual inflammatory activity and body mass index, waist circumference and visceral adiposity (in psoriasis patients but not in controls) and fibrinogen. We found increased OHP in different groups of psoriasis patients, indicating the presence of hypercoagulability. OHP was associated with decreased OFP, suggesting decreased fibrinolytic activity.

Conclusion:

Routine OHP test could in future serve as a screening tool for the risk of thrombosis in psoriasis, particularly in patients with metabolic syndrome or residual inflammation.

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Abstract N°: 1965

Examining the Relationship Between Lifestyle and Cardiometabolic Comorbidities in Psoriasis

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Introduction & Objectives:

Psoriasis is a chronic inflammatory disease associated with an increased risk of metabolic comorbidities, including metabolic syndrome, obesity, type 2 diabetes mellitus (T2DM), and metabolic dysfunction-associated steatotic liver disease (MASLD). The persistent systemic inflammation observed in psoriasis contributes to these metabolic disturbances. Lifestyle modifications, particularly adherence to the Mediterranean diet and physical activity, have been proposed as potential adjunctive therapies to improve both psoriasis outcomes and associated metabolic disorders.

The main objective of this study was to evaluate the relationship between the clinical course of psoriasis and patients' lifestyle, particularly their level of physical activity and adherence to the Mediterranean diet, and its association with metabolic complications such as obesity, metabolic syndrome, MASLD, T2DM, and hypertension.

Materials & Methods:

This cross-sectional study included 273 patients with moderate-to-severe psoriasis from a dermatology unit in Spain. Clinical data were collected, including psoriasis severity (PASI, BSA), metabolic parameters, and comorbidities. Lifestyle habits were assessed using validated questionnaires: adherence to the Mediterranean diet (PREDIMED) and physical activity level (GODIN-Leisure). Metabolic syndrome, obesity, and MASLD were diagnosed using standard criteria. Statistical analyses included univariate and multivariate logistic regression models.

Results:

A high prevalence of metabolic comorbidities was found: 22% of patients had metabolic syndrome, 37% hypertension, 50% dyslipidemia, and 61% MASLD. Only 15% of patients were physically active, and 7% followed a healthy lifestyle (diet + physical activity). A healthy lifestyle was independently associated with a lower prevalence of MASLD (OR = 0.3, p = 0.016), while physical activity was linked to a reduced risk of hypertension (OR = 0.32, p = 0.019).

Conclusion:

Lifestyle modifications, particularly physical activity and adherence to the Mediterranean diet, may reduce metabolic comorbidities in psoriasis patients. These findings support integrating lifestyle interventions into psoriasis management as an adjunctive therapeutic strategy.



Abstract N°: 1971

Icotrokinra Demonstrated Superior Responses Compared With Placebo and Deucravacitinib in the Treatment of Moderate-to-Severe Plaque Psoriasis: Results Through Week 24 of the Phase 3 ICONIC-ADVANCE 1&2 Studies

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Introduction & Objectives: Icotrokinra (ICO), a first-in-class targeted oral peptide, selectively binds the IL-23–receptor and inhibits IL-23 pathway signaling. In Phase 3 studies, ICO demonstrated significantly higher skin response rates and similar adverse event (AE) rates vs placebo (PBO) in adults and adolescents with moderate-to-severe plaque psoriasis (PsO; ICONIC-LEAD [NCT06095115]) and in plaque PsO involving high-impact sites (ICONIC-TOTAL [NCT06095102]).1,2 Here, the efficacy and safety of ICO vs PBO at Week (W)16 and ICO vs deucravacitinib (Deucra) at W16 and W24 in the first ICO active-comparator trials, ICONIC-ADVANCE (ADV) 1 & 2, are reported.

Materials & Methods: In these Phase 3, randomized, double-blind, PBO- and Deucra comparator-controlled studies, adults with moderate-to-severe plaque PsO (≥10% PsO body surface area; PASI ≥12; IGA score ≥3) were randomized (ADV-1, 2:1:2; ADV-2, 4:1:4) to once-daily (QD) oral ICO 200mg, PBO (PBO→ICO at W16), or Deucra 6mg through W24. Co-primary endpoints were IGA score of clear/almost clear (IGA0/1) and PASI90 for ICO vs PBO at W16. Key secondary endpoints, including ICO vs Deucra at W16/W24, were multiplicity-controlled. Analyses were performed using nonresponder imputation.

Results: ADV-1&2 randomized 774/731 participants (pts) to ICO (N=311/322), PBO (N=156/82), or Deucra (N=307/327). Co-primary endpoints were met: 68/70% of ICO- vs 11/9% of PBO-treated pts in ADV-1&2,

respectively, achieved IGA0/1; 55/57% vs 4/1% achieved PASI90 (all p<0.001). In both studies, ICO showed early separation from PBO for achievement of PASI90 (ADV-1&2 at W8: ICO 20/25% vs PBO 1/0%; both adjusted p<0.01; **Fig 1**) and demonstrated significantly higher rates of complete skin clearance vs PBO at W16 (ADV-1&2: IGA0 37/37% vs 2/1%; PASI100 31/32% vs 1/1%; all adjusted p<0.001; **Fig 2**).

ICO was also superior to Deucra, as shown by significantly higher proportions of ICO vs Deucra-treated pts achieving IGA0/1 (ADV-1&2: W16 68/70% vs 50/54%; W24 74/68% vs 52/55%) and PASI90 (ADV-1&2: W16 55/57% vs 30/34%; W24 66/65% vs 41/43%); all adjusted p<0.001 (**Fig 1**). Importantly, ICO demonstrated significantly higher rates of completely clear skin vs Deucra at W16 (ADV-1&2: IGA0 37/37% vs 16/17%; PASI100 31/32% vs 11/14%; all adjusted p<0.001). The differential effects of ICO vs Deucra on complete skin clearance (2-fold or greater rates at W16) were maintained through W24 (all adjusted p<0.001; **Fig 2**).

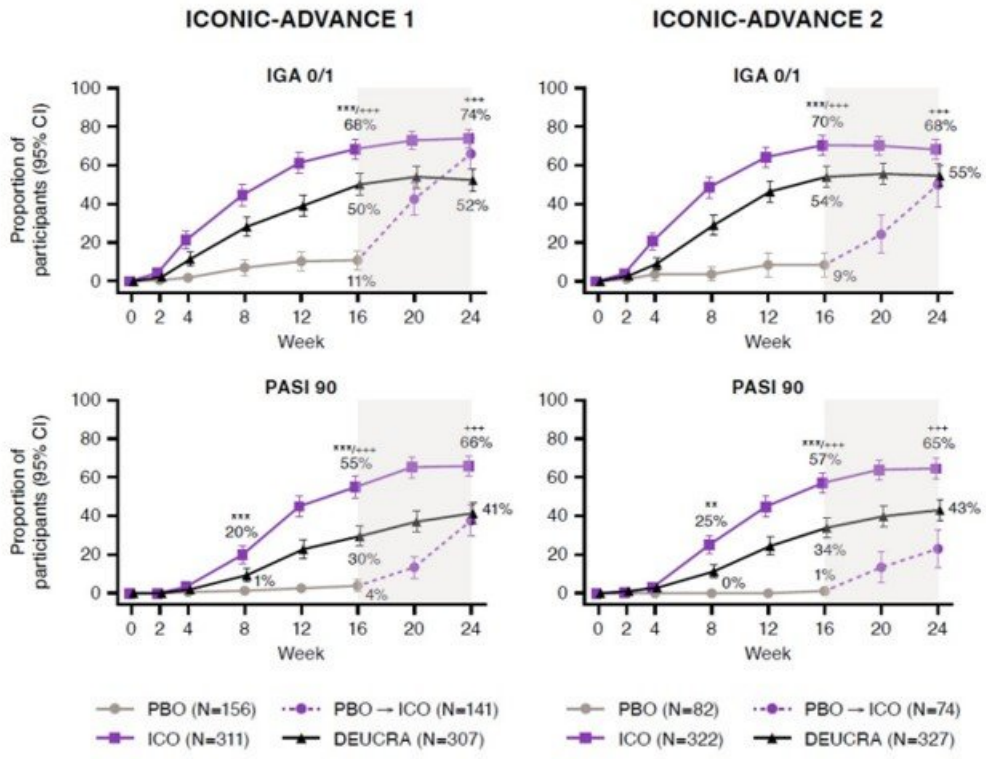
Proportions of pts with ≥1AE through W16 in ADV-1&2 were: ICO 46/49%, PBO 59/54%, and Deucra 56/57%. The most common system organ class was infections and infestations (ADV-1&2: ICO 21/25%, PBO 34/26%, Deucra 28/36%; the most commonly reported AEs were nasopharyngitis and upper respiratory tract infection). In the ICO group, AEs through W24 were consistent with W16.

Conclusion: In ICONIC-ADV 1&2, ICO showed superior skin responses vs PBO and Deucra. The AE profile of ICO was similar to PBO. ICO AE rates were numerically lower vs Deucra, primarily due to fewer pts with infections. Findings to date from Phase 3 ICO PsO trials suggest that this selective targeted oral peptide may provide high rates of skin clearance and favorable safety with QD oral dosing for adults and adolescents with moderate-to-severe plaque PsO.

1Bissonnette R. AAD; March 8, 2025; Orlando, FL.

2Gooderham M. SID; May 7-10, 2025; San Diego, CA.

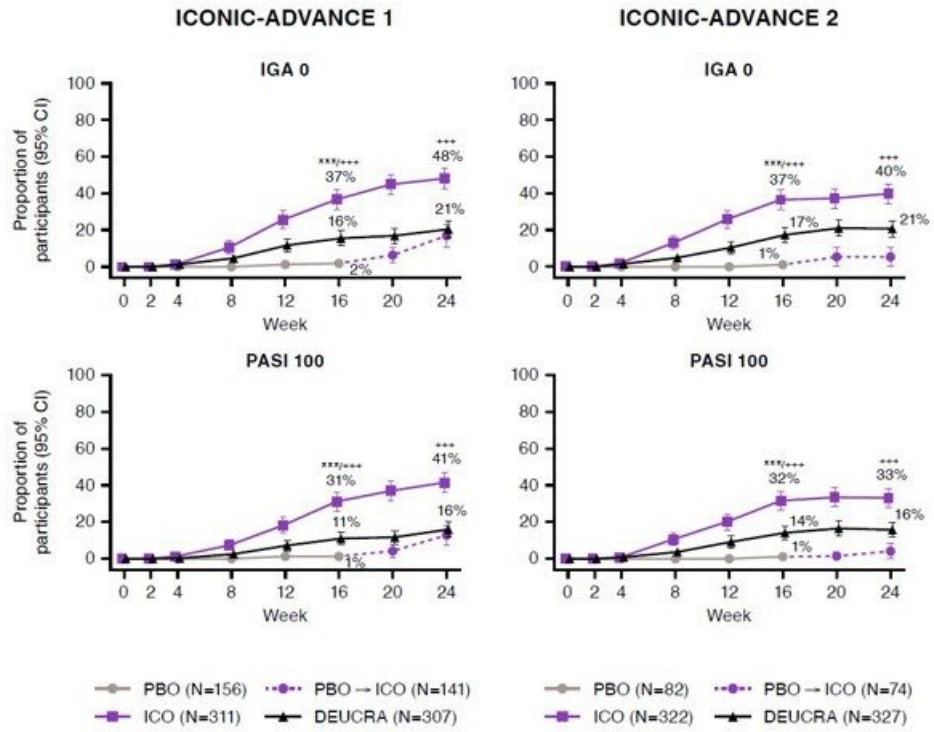
Figure 1. Proportions of Participants Achieving IGA0/1 and PASI90 Through W24



Adjusted */+, **/++, */+++p<0.05, <0.01, <0.001 vs PBO and Deucra, respectively.**

P-values were based on Cochran-Mantel-Haenszel chi-square test stratified by baseline weight category (≤90 kg, >90 kg) and geographic region. Nonresponder imputation was assigned after pts discontinued study agent due to lack of efficacy or an adverse event of worsening of PsO, or initiated a prohibited PsO treatment. Observed data were used for pts who discontinued study agent for other reasons. After accounting for these intercurrent events, pts with missing data were considered as nonresponders.

Figure 2. Proportions of Participants Achieving IGA0 and PASI100 Through W24



Adjusted $^{*/+, **/++, ***/+++}$p<0.05, <0.01, <0.001 vs PBO and Deucra, respectively.

P-values were based on Cochran-Mantel-Haenszel chi-square test stratified by baseline weight category (≤90 kg, >90 kg) and geographic region. Nonresponder imputation was assigned after pts discontinued study agent due to lack of efficacy or an adverse event of worsening of PsO, or initiated a prohibited PsO treatment. Observed data were used for pts who discontinued study agent for other reasons. After accounting for these intercurrent events, pts with missing data were considered as nonresponders.



Abstract N°: 1976

Early Systemic and Skin Pharmacodynamic Effects of Icotrokinra in Participants with Moderate-to-Severe Plaque Psoriasis: Results Through Week 24 of the Phase 3, ICONIC-LEAD Study

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Introduction & Objectives:

Icotrokinra (ICO), a first-in-class targeted oral peptide that blocks the IL-23R and inhibits IL-23 pathway signaling, is being evaluated in the phase 3 ICONIC-LEAD study in participants ≥12 years with moderate-to-severe plaque psoriasis (PsO). Study co-primary endpoints were met, with ICO demonstrating significantly higher IGA 0/1 (64.7% vs 8.3%) and PASI90 (49.6% vs 4.4%) response rates vs placebo (PBO) at Week (W) 16 (both $p<0.001$). ICO pharmacodynamics (PD) were assessed via serum protein and skin transcriptomic analyses.

Materials & Methods:

Participants (N=684) were randomized 2:1 to once-daily ICO 200 mg or PBO through W16. After W16, PBO participants transitioned to ICO (PBO®ICO). Serum collected at W0, W4, and W16 from a sub-cohort (n=166 for IL-22; n=167 for other analytes) and a distinct healthy control (HC) cohort (n=30; BioIVT, Hicksville, NY) was analyzed to determine soluble IL-17A, IL-17F, IL-19, IL-22, and BD-2 concentrations. Skin biopsies collected at W0 and W24 from consenting participants of an optional sub-study (n=65) were analyzed for mRNA expression. Comparisons between ICO and PBO used linear mixed-effect modeling that included effects for W0 levels, treatment-over-time interaction, and participant random effect.

Results:

Serum IL-17A, IL-17F, IL-19, IL-22, and BD-2 levels were significantly higher in participants with PsO at baseline (W0) vs HC ($p<0.05$). ICO significantly reduced serum biomarker levels vs PBO (all $p<0.05$ at W4 and W16) and relative to W0 levels as early as W4 ($p<0.0001$ for all analytes). Serum biomarker concentrations continued to decrease in participants receiving ICO, with levels at W16 (all $p<0.0001$ vs W0) approaching those of HC.

At W0, 1026 genes were significantly upregulated and 970 significantly downregulated (adjusted $p<0.05$) in lesional (L) vs non-lesional (NL) skin. At W24, ICO significantly reduced PsO-related gene set enrichment (MAD-3, MAD-5) and gene expression, including *IL17A, IL17F, IL22, IL19, IL23A,* and *DEFB4A* (all $p<0.0001$ vs W0 L) to levels approaching those seen in W0 NL skin. Similar significant reductions were observed after 8 weeks of ICO treatment in the PBO®ICO cohort (all $p<0.0001$ vs W0 L).

Conclusion:

Consistent with its mechanism of action of selectively and potently blocking the IL-23R, ICO significantly attenuated systemic and skin biomarkers related to IL-23 pathway activation and PsO disease severity. Findings

demonstrated both early and substantial ICO effects, with levels of IL-23 pathway biomarkers of systemic and skin inflammation normalizing to a healthy state. Overall, these comprehensive biomarker findings are consistent with significant skin clearance achieved with this first targeted oral peptide to selectively inhibit IL-23 pathway activation.



Abstract N°: 2047

Bimekizumab long-term incidence of psoriatic arthritis symptoms and psoriatic arthritis adverse events in patients with psoriasis and risk factors for disease progression

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Introduction & Objectives

Around 30% of psoriasis patients develop psoriatic arthritis (PsA).1 The Psoriatic Arthritis Screening and Evaluation (PASE) questionnaire aids early detection of PsA and intervention,2 to delay/halt progression and prevent long-term complications.1 Bimekizumab (BKZ) has shown efficacy in treating moderate to severe psoriasis and active PsA.3–8 We used the PASE to evaluate symptom development in BKZ-treated psoriasis patients with risk factors for PsA and assessed the 4-year incidence of PsA treatment-emergent adverse events (TEAEs).

Materials & Methods

Patients with moderate to severe plaque psoriasis without PsA at baseline (i.e. excluding those with PsA symptoms [PASE ≥47]2 or medical history of PsA) were analysed. Patients were grouped by number of baseline PsA risk factors, including PASI ≥12, type 2 diabetes mellitus, body mass index ≥30 kg/m2, scalp Investigator's Global Assessment >0 and modified Nail Psoriasis Severity Index >0.1,9

The proportions of these patients maintaining PASE <47 (no PsA symptoms) over 3 years are reported from the BE RADIANT (NCT03536884) phase 3b trial (data only available from BE RADIANT).4 Included patients received BKZ 320 mg every 4 weeks (Q4W) to Week 16, then Q4W or Q8W into the open-label extension (OLE [BKZ Total]); the subset who received BKZ Q4W to Week 16 then Q8W thereafter were also analysed (Q4W/Q8W; approved dosing). Patients discontinuing due to lack of efficacy/treatment-related AEs were considered non-responders; multiple imputation was used for other missing data (modified non-responder imputation).

Exposure-adjusted incidence rates of PsA TEAEs (MedDRA high-level term: psoriatic arthropathies) are reported over 4 years across the BE VIVID/BE SURE/BE READY phase 3 trials (NCT03370133/NCT03412747/NCT03410992),5–7 their OLE BE BRIGHT (NCT03598790),8 and BE RADIANT,4 for all patients without PsA who received ≥1 BKZ dose, and the BKZ Q4W/Q8W subset.

Results

In BE RADIANT, among BKZ Total patients with ≥1 baseline PsA risk factor (N=266), 97.0%, 96.1% and 96.0% maintained PASE <47 at Year 1, 2 and 3, respectively. In patients with ≥2 (n=260)/≥3 (n=183)/≥4 (n=68) risk factors, 95.9%/96.5%/98.1% maintained PASE <47 to Year 3 (**Table**). Results were similar in the BKZ Q4W/Q8W group (**Table**).

In pooled patients without PsA at baseline with ≥1 PsA risk factor who received ≥1 BKZ dose (N=1,630), 1.2% (0.4/100 PY) reported PsA TEAEs over 4 years; 1.3% (0.4/100 PY) in the BKZ Q4W/Q8W group (n=297). Overall rates were consistent over 4 years (Year 1 [n=1,630], 2 [n=1,501], 3 [n=1,360], 4 [n=1,006]: 0.1, 0.4, 0.6, 0.6/100 PY).

In those with ≥2 (n=1,599)/≥3 (n=1,144)/≥4 (n=417) PsA risk factors at baseline, reported PsA TEAEs were 1.2% (0.4/100 PY)/1.5% (0.5/100 PY)/2.6% (0.9/100 PY); rates were similar in the BKZ Q4W/Q8W group.

Conclusion

Few bimekizumab-treated patients reported PsA symptoms or incidence of PsA TEAEs over 3 or 4 years, respectively, including those with risk factors for disease progression, supporting long-term bimekizumab use to manage psoriasis and reduce PsA progression risk.

References

1. Zabotti A. Ann Rheum Dis 2023;82:1162–70; **2.** Husni ME. J Am Acad Dermatol 2007;57:581–7; **3.** McInnes IB. Lancet 2023;401:25–37; **4.** Warren RB. Br J Dermatol 2025. Online ahead of print; **5.** Reich K. Lancet 2021;397:487–98; **6.** Warren RB. N Engl J Med 2021;385:130–41; **7.** Gordon KB. Lancet 2021;397:475–86; **8.** Strober B. Br J Dermatol 2023;188:749–59; **9.** Yan D. Dermatol Ther (Heidelb) 2018;8:593–604.

Table. Proportions of patients with psoriasis and PsA risk factors at baseline maintaining PASE <47 (no PsA symptoms) over 3 years (mNRI)

	Number of baseline PsA risk factors[a]							
	≥1		≥2		≥3		≥4	
Proportion maintaining PASE <47, %	**BKZ Total (N=266)**	**BKZ Q4W/Q8W (N=139)**	**BKZ Total (N=260)**	**BKZ Q4W/Q8W (N=135)**	**BKZ Total (N=183)**	**BKZ Q4W/Q8W (N=92)**	**BKZ Total (N=68)**	**BKZ Q4W/Q8W (N=36)**
Year 1	97.0	98.6	96.9	98.5	96.2	97.8	97.1	97.2
Year 2	96.1	96.3	96.1	96.2	96.1	95.5	95.5	97.0
Year 3	96.0	97.6	95.9	97.5	96.5	97.5	98.1	99.6

Only patients with psoriasis without PsA at baseline (i.e. excluding those with PsA symptoms [PASE ≥47][2] at baseline or medical history of PsA) were analysed. BKZ Total includes all patients without PsA at baseline who were randomised to BKZ 320 mg Q4W to Week 16, then received BKZ Q4W or Q8W into the OLE. BKZ Q4W/Q8W includes the subset of patients who received BKZ Q4W to Week 16 then Q8W thereafter. Patients discontinuing due to lack of efficacy/treatment-related AEs were considered non-responders; multiple imputation was used for other missing data. Year 1 corresponds to Week 48 of BE RADIANT, Year 2 corresponds to Week 96 (OLE Week 48) and Year 3 corresponds to Week 144 (OLE Week 96). [a] Included PsA risk factors were PASI ≥12, type 2 diabetes mellitus, body mass index ≥30 kg/m^2, scalp Investigator's Global Assessment >0, and modified Nail Psoriasis Severity Index >0.
AE: adverse event; BKZ: bimekizumab; OLE: open-label extension; PASE: Psoriatic Arthritis Screening and Evaluation questionnaire; PsA: psoriatic arthritis; Q4W: every 4 weeks; Q8W: every 8 weeks.



Abstract N°: 2050

Bimekizumab safety in patients with psoriasis achieving complete skin clearance: 4-year analysis from 5 phase 3/3b trials

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Introduction & Objectives

Bimekizumab (BKZ) is an IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A,1 which has demonstrated a favourable safety profile and was well-tolerated through 5 years in patients with moderate to severe plaque psoriasis.2,3

In phase 3 trials, 59–68% of patients treated with BKZ achieved 100% improvement from baseline in Psoriasis Area and Severity Index (PASI 100) at Week 16,4–7 and 65–72% did so at Year 1 (Week 48/52/56).4–6 It may be suggested that patients with greater skin clearance have greater inhibition of the IL-17 pathway, which could potentially make them more likely to experience certain adverse events.

Here, safety of BKZ is reported through 4 years of treatment in patients with PASI 100 at the end of the initial treatment (Week 16) and double-blinded periods (Week 48; last common timepoint in the double-blinded periods of the included studies).

Materials & Methods

Data were pooled from the BE SURE (NCT03412747), BE VIVID (NCT03370133) and BE READY (NCT03410992) phase 3 trials, their open-label extension (OLE) BE BRIGHT (NCT03598790) and the BE RADIANT (NCT03536884) phase 3b trial (including its OLE).4–8 Included patients were randomised to BKZ 320 mg every 4 weeks (Q4W) and received BKZ Q4W or Q8W thereafter (patients who switched to placebo at Week 16 of BE READY were excluded). Treatment-emergent adverse events (TEAEs) are reported for up to 4 years using exposure-adjusted incidence rates (EAIRs) per 100 patient-years (PY) for patients who achieved PASI 100 at Week 16 and patients who achieved PASI 100 at Week 48. Safety data (up to 4 years) are also presented for all patients randomised to BKZ in phase 3/3b studies regardless of PASI 100 response, for comparison.

Results

Of those randomised to BKZ in phase 3 studies (excluding patients who switched to placebo; N=1,255), 775 (61.8%) achieved PASI 100 at Week 16 and 849 (67.6%) achieved PASI 100 at Week 48. Total BKZ exposure was 2,557.7 PY and 2,912.3 PY in Week 16 and Week 48 PASI 100 responders, respectively. Up to 4-year TEAE rates were 160.6/100 PY and 158.9/100 PY in Week 16 and Week 48 PASI 100 responders, respectively, and were similar to the overall BKZ-randomised population (**Table 1**). Rates of serious and severe TEAEs in PASI 100 responders were also similar to those for overall BKZ-randomised patients.

Similar to the overall BKZ-randomised population, the three most common TEAEs were upper respiratory tract infection (Week 16 PASI 100 responders: 25.7/100 PY; Week 48 PASI 100 responders: 26.8/100 PY), nasopharyngitis (Week 16: 12.1/100 PY; Week 48: 12.8/100 PY) and oral candidiasis (Week 16: 8.1/100 PY; Week 48: 8.1/100 PY). The majority of oral candidiasis events were mild/moderate (Week 16: 98.4%; Week 48: 98.8%) and few cases lead to discontinuation (Week 16: n=2; Week 48: n=1). Rates of TEAEs of interest are reported in **Table 2**.

Conclusion

Bimekizumab was well-tolerated through 4 years in patients who achieved complete skin clearance (PASI 100) at Week 16 and Week 48; the safety profile in these patients was consistent with the overall BKZ-randomised population in moderate to severe psoriasis.

References

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Table 1. TEAE summary up to 4 years

	Week 16 PASI 100 responders N=775	Week 48 PASI 100 responders N=849	Overall BKZ-randomised population[a] N=1,255
Total exposure, PY	2,557.7	2,912.3	3,941.3
TEAE summary, EAIR/100 PY (95% CI)			
Any TEAE	160.6 (149.2, 172.7)	158.9 (148.2, 170.3)	181.4 (171.2, 192.0)
Serious TEAEs	4.9 (4.1, 5.9)	4.7 (3.9, 5.6)	5.3 (4.5, 6.1)
Discontinuations due to TEAEs	2.0 (1.5, 2.6)	1.4 (1.0, 1.9)	2.9 (2.4, 3.5)
Severe TEAEs	4.6 (3.8, 5.5)	4.4 (3.6, 5.2)	4.9 (4.2, 5.7)
TEAEs leading to death	0.3 (0.1, 0.6)	0.4 (0.2, 0.7)	0.4 (0.2, 0.7)

Patients re-randomised to placebo at Week 16 in BE READY were excluded. [a] All patients who were randomised to receive BKZ in the included phase 3 trials (excluding placebo switchers). BKZ: bimekizumab; CI: confidence interval; EAIR: exposure-adjusted incidence rate; PASI 100: 100% improvement from baseline in Psoriasis Area and Severity Index; PY: patient-years; TEAE: treatment-emergent adverse event.

Table 2. TEAEs of interest up to 4 years

	Week 16 PASI 100 responders N=775	Week 48 PASI 100 responders N=849	Overall BKZ-randomised population[a] N=1,255
TEAEs of interest, EAIR/100 PY (95% CI)			
Serious infections	1.3 (0.9, 1.8)	1.2 (0.9, 1.7)	1.3 (1.0, 1.7)
Active tuberculosis	0	0	0
Fungal infections	13.3 (11.7, 15.0)	13.8 (12.2, 15.4)	15.5 (14.1, 17.0)
Candida infections	9.1 (7.8, 10.4)	9.2 (8.0, 10.5)	9.7 (8.6, 10.8)
Oral candidiasis[b]	8.1 (6.9, 9.4)	8.1 (7.0, 9.3)	8.5 (7.5, 9.6)
Definite or probable adjudicated IBD	<0.1 (0.0, 0.2)	0.1 (0.0, 0.3)	0.2 (0.1, 0.4)
Adjudicated MACE	0.6 (0.4, 1.0)	0.7 (0.4, 1.0)	0.7 (0.4, 1.0)
Malignancies	0.7 (0.4, 1.1)	0.8 (0.5, 1.2)	0.9 (0.6, 1.3)
Excluding NMSC	0.5 (0.3, 0.9)	0.6 (0.3, 0.9)	0.6 (0.4, 0.9)
Adjudicated SIB	<0.1 (0.0, 0.2)	0	0.1 (0.0, 0.2)
Neutropenia	0.4 (0.2, 0.8)	0.5 (0.3, 0.8)	0.6 (0.4, 0.9)
ALT or AST elevations			
>3x ULN	1.7 (1.3, 2.3)	1.7 (1.3, 2.3)	1.9 (1.5, 2.4)
>5x ULN	0.5 (0.3, 0.9)	0.3 (0.2, 0.6)	0.5 (0.3, 0.8)
Serious hypersensitivity reactions	<0.1 (0.0, 0.2)	<0.1 (0.0, 0.2)	<0.1 (0.0, 0.1)

Patients re-randomised to placebo at Week 16 in BE READY were excluded. [a] All patients who were randomised to BKZ in the included phase 3 trials (excluding patients who switched to placebo); [b] In all groups, the vast majority of oral candidiasis events were mild/moderate (Week 16: 98.4%; Week 48: 98.8%; Overall: 98.9%) and few led to discontinuation (Week 16: n=2; Week 48: n=1; Overall: n=4). ALT: alanine aminotransferase; AST: aspartate aminotransferase; BKZ: bimekizumab; CI: confidence intervals; EAIR: exposure-adjusted incidence rate; IBD: inflammatory bowel disease; MACE: major adverse cardiovascular events; NMSC: non-melanoma skin cancer; PY: patient-years; SIB: suicidal ideation and behaviour; TEAE: treatment-emergent adverse event; ULN: upper limit of normal.



Abstract N°: 2090

High retention rates and sustained effectiveness over 5 years in patients with moderate-to-severe plaque psoriasis regardless of disease duration: Real-world evidence from the SERENA study

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Introduction & Objectives:

Long-term real-world data on secukinumab treatment in psoriasis are limited. Here we assess the long-term retention and effectiveness of secukinumab for moderate-to-severe psoriasis in clinical practice.

Materials & Methods:

SERENA (CAIN457A3403) was an observational study conducted in 19 countries for up to 5 years in adult patients with moderate-to-severe psoriasis. Patients received secukinumab for ≥16 weeks before enrolment. Secukinumab retention rate by disease duration at first study visit (<2, 2-<5, 5-<15, ≥15 years) through 5 years was measured. Effectiveness was measured using Psoriasis Area and Severity Index (PASI) score, PASI90/100 responders. Data are presented as observed.

Results:

Overall, 1740 patients (mean age 48.3 years) were included (**Table 1**). Retention rates were high throughout 5 years, regardless of disease duration at enrolment (**Figure 1)**. Patients with psoriasis for <2 years had a higher PASI90/100 response than those with psoriasis for ≥2 years. Mean PASI decreased from first secukinumab dose to year 1 and remained low through year 5 across all subgroups by disease duration (**Table 2**). After the first secukinumab treatment, the incidence rates for developing psoriatic arthritis (PsA) were 0.53, 0.57, 0.82, and 0.84 per 100 patient-years for disease durations of <2, 2-<5, 5-<15, and ≥15 years, respectively.

Conclusion:

Secukinumab retention rate was high in patients with moderate-to-severe psoriasis. Patients with a shorter disease duration (<2 years) had higher retention and better PASI outcomes, suggesting that early secukinumab intervention is beneficial in moderate-to-severe psoriasis. Incidence rates for developing PsA remained low with secukinumab.

Table 1: Demographic and baseline characteristic

Characteristic	<2 years N=157	≥2 to <5 years N=189	≥5 to <15 years N=537	≥15 years N=841	Total N=1740*
Age in years, mean±SD	45.4±14.9	46.3±15.9	46.0±13.6	50.7±12.1	48.3±13.5
Gender, male, n (%)	105 (66.9)	118 (62.4)	372 (69.3)	571 (67.9)	1175 (67.5)
BMI (kg/m^2), mean±SD (N=1338)	27.8±5.7	28.6±7.2	29.2±6.1	28.8±5.8	28.8±6.1
Biologic experienced, n (%)	19 (12.1)	28 (14.8)	177 (33.0)	372 (44.2)	606 (34.8)

*Missing data for N=16.

BMI, body mass index; N, total number of patients; n, number of patients with non-missing data.

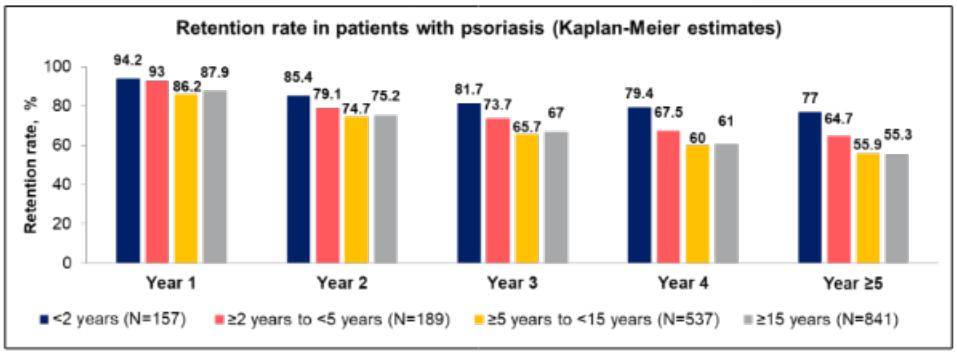
Table 2: Proportion of patients achieving PASI90 and PASI100 and mean PASI after the start of secukinumab treatment through to year 5 (by disease duration)

	<2 years N=157	≥2 to <5 years N=189	≥5 to <15 years N=537	>15 years N=841
PASI90, n (%)				
Year 1	79 (73.8)	79 (65.3)	253 (62.3)	390 (61.7)
Year 2	69 (75.8)	77 (67.5)	234 (62.6)	354 (58.3)
Year 3	55 (72.4)	66 (66.0)	202 (67.1)	310 (60.5)
Year 4	57 (83.8)	62 (77.5)	162 (68.6)	267 (63.7)
Year ≥5	54 (84.4)	50 (75.8)	158 (70.2)	219 (61.2)
PASI100, n (%)				
Year 1	61 (57.0)	42 (34.7)	152 (37.4)	233 (36.9)
Year 2	49 (53.8)	48 (42.1)	135 (36.1)	225 (37.1)
Year 3	41 (53.9)	36 (36.0)	119 (39.5)	184 (35.9)
Year 4	43 (63.2)	43 (53.8)	107 (45.3)	151 (36.0)
Year ≥5	43 (67.2)	34 (51.5)	96 (42.7)	132 (36.9)
Total PASI Score, mean±SD				
First secukinumab at enrolment	23.7±14.1	21.1±12.7	21.4±13.6	20.5±12.5
Year 1	1.7±3.5	2.5±4.4	2.4±4.1	2.3±3.8
Year 2	1.6±3.1	2.4±7.0	2.3±3.8	2.4±3.9
Year 3	1.6±3.1	2.0±2.9	2.0±3.4	2.2±4.0
Year 4	1.0±2.3	1.0±1.5	1.5±2.7	1.9±2.9
Year ≥5	0.7±1.4	1.2±2.3	1.8±3.6	2.0±3.4

N, total number of patients; n, number of patients with non-missing data; PASI, Psoriasis Area and Severity Index.

**

Figure 1: Retention rate of secukinumab by disease duration in patients with moderate-to-severe psoriasis from year 1 through year 5



N, Total number of patients.



Abstract N°: 2122

Deucravacitinib, an oral, selective tyrosine kinase 2 (TYK2) inhibitor, in patients with moderate to severe scalp psoriasis: 52-week efficacy and safety results of a phase 3b/4, multicenter, randomized, double-blinded, placebo-controlled trial (PSORIATYK SCALP)

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Introduction & Objectives:

Deucravacitinib, an oral, selective, allosteric TYK2 inhibitor, is approved in multiple countries for adults with moderate to severe plaque psoriasis who are candidates for systemic therapy. Scalp psoriasis affects ~80% of patients; is associated with itching, flaking, pain, and bleeding; disproportionately reduces quality of life; and is challenging to treat with topical agents. A phase 3b/4, double-blinded trial (PSORIATYK SCALP) demonstrated that deucravacitinib was superior to placebo at Week 16 and was well tolerated in patients with moderate to severe scalp psoriasis, including those with more limited overall psoriasis (patient group who are candidates for systemic therapy according to AAD/NPF and IPC guidelines). Here, we report the efficacy and safety of deucravacitinib through Week 52.

Materials & Methods:

Adults (≥18 years) with moderate to severe scalp psoriasis (baseline ss-PGA ≥3, scalp surface area involvement ≥20%, PSSI ≥12) and BSA involvement ≥3% were randomized 1:2 to placebo or deucravacitinib 6 mg once daily. At Week 16, all patients received open-label deucravacitinib through Week 52. The primary efficacy outcome was ss-PGA 0/1; key secondary outcomes were PSSI 90, change from baseline in scalp-specific itch NRS, and sPGA 0/1 at Week 16. Efficacy was evaluated through Week 52 in the overall population and in the subpopulation with sPGA ≥3. Nonresponder imputation and modified baseline observation carried forward were used for missing data for binary or continuous outcomes, respectively.

Results:

In total, 154 patients were randomized (deucravacitinib, n=103; placebo, n=51). Of these, 94 patients continued deucravacitinib and 45 switched from placebo to deucravacitinib at Week 16. Baseline characteristics were similar between groups. In the overall population, Week 16 responses were maintained or improved at Weeks 24 and 52 in patients receiving continuous deucravacitinib (ss-PGA 0/1: 48.5%, 53.4%, 50.5%; PSSI 90: 38.8%, 39.8%, 47.6%; mean change from baseline in scalp-specific itch NRS: -3.2, -3.7, -3.4, respectively). sPGA 0/1 responses were maintained at Weeks 24 and 52 (46.9% and 47.9%, respectively) in the subpopulation with baseline sPGA ≥3. Patients who crossed over from placebo to deucravacitinib at Week 16 achieved comparable responses at Week

52 as the continuous deucravacitinib group. The most common AEs in patients receiving ≥1 deucravacitinib dose (≥5%) were nasopharyngitis (27.0%), COVID-19 (14.9%), upper respiratory tract infection (14.2%), acne (7.4%), headache (7.4%), pustular acne (6.1%), and oral herpes (5.4%). Five serious AEs were reported (myocardial infarction, meniscus injury, ligament disorder, colorectal adenocarcinoma, and pulmonary embolism). One death was reported due to myocardial infarction.

Conclusion:

In this scalp-specific trial, deucravacitinib was efficacious and well tolerated through Week 52 in patients with moderate to severe scalp psoriasis, including those with more limited overall psoriasis (BSA involvement ≥3%). Clinical and patient-reported responses at Week 16 were maintained through Week 52 in patients receiving continuous deucravacitinib. Patients who crossed over from placebo to deucravacitinib achieved comparable responses at Week 52 as compared to those receiving continuous deucravacitinib. No new safety signals were observed. These results support the use of once-daily oral deucravacitinib in moderate to severe scalp psoriasis.



Abstract N°: 2134

GUIDE Phase 3b trial results: Early intervention with guselkumab results in higher rates of fingernail psoriasis clearance and maintenance of nail response following treatment withdrawal

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Disclaimer:

The content was originally submitted as an abstract and presented as a poster (P62281) at AAD 2025, which took place from March 7-11 in Orlando, Florida.

Introduction & Objectives:

The Phase 3b GUIDE trial examines early intervention with guselkumab in moderate-to-severe psoriasis[1,2]. Super-responders (SRes; PASI=0 at Weeks [W]20+28) with PASI<3 at W68 had guselkumab withdrawn (W68–220). Here, we investigate the impact of early intervention on complete fingernail clearance (NAPPA-CLIN=0).

Materials & Methods:

Of 880 patients, 422 (48.0%) had fingernail involvement (NAPPA-CLIN>0) at baseline. Overall, 35.0% (125/357) of short disease duration (SDD, ≤2 years) patients had fingernail involvement at baseline versus 56.8% (297/523) of long disease duration (LDD, >2 years) patients; mean NAPPA-CLIN scores for those affected were similar (5.5 vs 5.7). At baseline, fewer SRes than non-SRes had fingernail involvement (39.9% [121/303] vs 52.2% [301/577]), with mean NAPPA-CLIN scores of 5.4 vs 5.8.

Results:

Of those with fingernail involvement, 53.2% (200/376) achieved NAPPA-CLIN=0 at W68, with a higher nail clearance rate for SRes than non-SRes (64.0% [73/114] vs 48.5% [127/262]). Following guselkumab withdrawal, 57.1% [12/21] of SRes maintained NAPPA-CLIN=0 through W116. SDD-SRes had a higher rate of achieving NAPPA-CLIN=0 at W68 than LDD-SRes (75.6% [34/45] vs 56.5% [39/69]) and maintained response better after guselkumab withdrawal (W116: 72.7% [8/11] vs 40.0% [4/10]).

Conclusion:

Fingernail psoriasis improved substantially with guselkumab treatment, and SRes achieved better NAPPA-CLIN outcomes than non-SRes. While SDD patients less frequently had fingernail psoriasis versus LDD patients, they

maintained NAPPA-CLIN=0 for >1 year at a higher rate after guselkumab withdrawal. As nail psoriasis is a predictor of psoriatic arthritis development[3], these data support the importance of early intervention with guselkumab and its potential for modifying progression of psoriatic disease.

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Abstract N°: 2162

Diagnosing Acrodermatitis continua of Hallopeau in a farmer with chronic palmar lesions

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Introduction & Objectives:

Acrodermatitis continua of Hallopeau (ACH) is a rare, chronic and localized variant of pustular psoriasis affecting the digits, typically presenting with sterile pustules and psoriasiform scaling.1 However, in early or atypical cases, the absence of overt pustulation may obscure the clinical picture, making diagnosis particularly challenging.2 ACH is often refractory to treatment and follows a chronic, relapsing course. Hence, early recognition and management are essential for effective disease control and improved outcomes. Herein, we present a diagnostically challenging case of ACH in a farmer who developed bilateral hand lesions with concomitant exposure to rubber gloves and agricultural fertilizers. This case illustrates how occupational exposures can complicate the diagnosis of ACH, with external irritants masking clinical features and contributing to the delayed recognition of the disease.

Materials & Methods:

A 34-year-old male farmer presented with a one-year history of pruritic, erythematous, scaly plaques affecting both thenar eminences, the perionychium, and the pulp of both thumbs. The lesions developed gradually following repeated exposure to rubber gloves and agricultural fertilizers. On initial evaluation, there were no visible pustules or nail changes, and he was managed as a case of irritant versus allergic contact dermatitis. A subsequent patch test yielded negative results, effectively ruling out an allergic component. He was treated with topical corticosteroids and was advised to wear cotton gloves under rubber gloves while working. Although initial improvement was observed, the scaly plaques recurred and worsened, now accompanied by few pustules as well as onycholysis and nail crumbling on bilateral thumbnails. A skin punch biopsy was performed, with results revealing psoriasiform dermatitis with subcorneal pustules—findings consistent with acrodermatitis continua of Hallopeau (ACH). The patient was subsequently started on methotrexate 7.5 mg weekly and prescribed alternating topical treatment with clobetasol propionate ointment and calcipotriol ointment. This regimen led to significant clinical improvement and sustained remission enabling the patient to resume work without major interruptions.

Results:

Although pustules are a defining feature of ACH, they may not always be clinically apparent in the earlier stages, often complicating the diagnostic process. In our case, the initial presentation of erythematous, scaly plaques without pustules closely resembled contact dermatitis—a diagnosis further supported by the patient's occupational exposure to rubber gloves and agricultural fertilizers. The emergence of pustules overtime and the resistance to standard topical therapy were key clinical clues prompting biopsy. Histopathology played a very important role in distinguishing ACH from chronic dermatoses thereby guiding us with appropriate diagnosis and management.

Conclusion:

ACH is often misdiagnosed as its pustular lesions can resemble infections or secondarily infected contact dermatitis or dyshidrotic eczema. This challenge is further compounded in patients with occupational exposures which can obscure the underlying condition. In such cases, diagnostic tools such as patch testing and skin biopsy

are essential for establishing the correct diagnosis, guiding appropriate treatment, and ultimately improving patient outcomes.



Abstract N°: 2163

A case of generalized pustular psoriasis with capillary leak syndrome successfully treated with spesolimab

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Introduction & Objectives: The efficacy of spesolimab for skin lesions in the acute phase of generalized pustular psoriasis (GPP) has been reported, but there have been no reports demonstrating its efficacy for capillary leak syndrome in GPP patients. We experienced a case of GPP with capillary leak syndrome successfully treated with spesolimab.

Materials & Methods: Not applicable.

Results: The patient was a 40-year-old woman with no history of psoriasis vulgaris. She initially presented with a sore throat and left-sided neck pain, followed by the development and progressive spread of erythema across her entire body, accompanied by a fever of 38 degree Celsius and pustule formation. On her first visit, dark red erythematous maculopapules were observed over the entire body, some of which were accompanied by pustules. A skin biopsy, including pustular lesions, revealed Kogoj spongiform pustules. Despite discontinuation of both antimicrobial agents and the suspected causative drug, her symptoms did not improve, and she was diagnosed with GPP. On the day after her initial visit, treatment with etretinate was initiated, followed by ixekizumab the next day. However, fever and skin eruptions persisted, and hypoxemia developed four days later. On the same day, spesolimab and granulocyte and monocyte adsorption apheresis therapy were administered, leading to an improvement in hypoxemia by the following day. Her skin eruptions, fever, and edema rapidly improved, and laboratory findings showed significant reductions in white blood cell count and C-reactive protein levels. Serum albumin levels gradually increased. One week later, a second dose of spesolimab was administered, and oxygen therapy was discontinued on the same day. The patient was discharged one week thereafter.

Conclusion: This case demonstrates the effectiveness of spesolimab in treating capillary leak syndrome associated with generalized pustular psoriasis.



Abstract N°: 2173

Ixekizumab improves disease severity and quality of life in patients with difficult-to-treat psoriasis: A 24-week real-life experience

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Introduction & Objectives:

Psoriasis treatment is challenging particularly for difficult-to-treat areas. Indeed, the involvement of special areas (face, scalp, palmoplantar, nails, and genital) can often lead to poorer outcomes and greater patient distress. A consensus on the best treatment options is still limited, leading to unmet needs for safe and efficacious therapies. Poor access to lesions, therapy resistance, sensitivity to topicals, and reduced treatment-adherence further complicate the therapeutic landscape. The introduction of biologic drugs revolutionized treatment, showing promising data in terms of efficacy and safety. Among these, ixekizumab, a humanized IL-17A antagonist, seems to be a valuable option. The aim of our study was to evaluate the effectiveness and safety of ixekizumab in patients with psoriasis affecting difficult-to-treat areas.

Materials & Methods:

A case of 6 moderate-to-severe plaque psoriasis involving difficult-to-treat areas were treated with ixekizumab. Dosing schedule consisted of initial 160mg at week 0, followed by 80mg at weeks 2, 4, 6, 8, 10, and 12, and then 80mg every 4 weeks. To quantitatively evaluate treatment effectiveness, we measured the Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI) scores at the end of the 24 weeks observation. Safety was assessed by evaluating the rates of treatment discontinuation and the occurrence of adverse effects at each time point.

Results:

A significant reduction from baseline in PASI and DLQI values as early as week 2 was observed, with further improvement up to week 24. Minor adverse events such as pain in the injection sites and diarrhoea were mild and reversible. These outcomes are consistent and no relapsed discovered until the end of the 6months observation.

Conclusion:

Our experience supports data from clinical trials and meta-analyses regarding the high efficacy of ixekizumab in plaque psoriasis with the predominant involvement of difficult-to-treat areas, presenting a very rapid onset of action, rapidly reaching a PASI 90 at week 4 and PASI 100 at week 6 and maintaining the response until week 12. Limitation of these report are small number of cases reported with short observation period. Hence, our real-life practice suggests ixekizumab provides reassurance for dermatologists seeking effective, long-term treatment options for patients with complex psoriasis presentations.



Abstract N°: 2201

Pregnancy Related-Outcomes in Women with Moderate-to-Severe Psoriasis: analysis from the British Association of Dermatologists Biologic and Immunomodulators Register (BADBIR), on behalf of the BADBIR Study Group

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Introduction & Objectives:

Data on the safety of systemic treatment for moderate-to-severe psoriasis in pregnancy and related-outcomes are limited. Few registries collect these data, and women planning conception or who are pregnant are excluded from clinical trials. The aim of this study was to describe pregnancy related-outcomes in women with psoriasis receiving systemic therapy in BADBIR.

Materials & Methods:

We used data from BADBIR, a multicentre register evaluating the long-term safety of systemic therapy for patients with moderate-to-severe psoriasis in the UK and Republic of Ireland, between September 2007 and February 2025 with linkage to nationwide health databases including Hospital Episode Statistics to capture additional pregnancy events not reported in BADBIR. Women with moderate-to-severe psoriasis aged 16 years or older, who received non-biologic therapy (defined as conventional or small molecule) or biologic therapy anytime during the study follow-up and who had completed at least one follow-up visit were eligible for study inclusion. Percentage, median with 25th-75th percentile interquartile range (IQR) for demographic and clinical characteristics are presented. Incidence proportion (IP) with 95% confidence intervals (CI) calculated using normal approximation for pregnancy-related outcomes including live birth, miscarriage, elective abortion, pregnancy complications, premature delivery or premature baby, post-partum complications and fetal abnormalities are reported.

Results:

Out of 9,285 women included in the analysis, 1,027 pregnancies occurred among 701 women (median [IQR] age, 30.0 [27.0-34.0] years; age at psoriasis onset 12.0 [8.0-16.0] years), 627 (89.4%) white and BMI (median [IQR] (kg/m2), 28.4 [24.1-33.8]). Of the 1,027 pregnancies, 703 (68.5%) resulted in live birth, 197 (19.2%) ended in miscarriage or elective abortion 88 (8.6%), with 260 (25.3%) pregnancy complications, 13 (1.3%) premature delivery, 130 (12.7%) post-partum complications and 19 (1.9%) fetal abnormalities. Women in the biologic cohort compared with non-biologic cohort showed similar IPs for live birth ([95% CI] 67.2 [64.0-70.4] vs. 73.4 [67.3-79.5]),

miscarriage (20.1 [17.4-22.9] vs. 15.3 [10.3-20.2]), elective abortion (8.5 [6.6-10.4] vs. 8.9 [5.0-12.8]), pregnancy complications (23.5 [20.6-26.4) vs. 32.5 [26.1-39.0]), premature delivery/baby (1.2 [0.4-2.0] vs. 1.5 [0.2-3.0]) post-partum complications (12.3 [10.0-14.5] vs. 14.3 (9.5-19.0]) and fetal abnormalities (1.9 [1.0-2.8) vs. 1.5 [0.2-3.2]).

Conclusion:

Findings from this real-world data suggest that pregnancy related-outcomes in women with moderate-to-severe psoriasis were similar between the treatment groups and to those in the general population of the UK1. However, as not all women were on psoriasis systemic therapy during pregnancy, caution is needed when interpreting the current findings.

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Abstract N°: 2221

Distinct gut microbiota signatures associated with progression of atherosclerosis in psoriasis patients: results from the EDSAP study

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Introduction & Objectives: The relationship between gut microbiota composition and the progression of subclinical atherosclerosis in patients with psoriasis remains unknown. The aim of this study was to explore potential links between gut microbiota composition and progression of atherosclerosis in patients with psoriasis.

Materials & Methods: This 52-week longitudinal study assessed gut microbial signatures and subclinical atherosclerosis progression in 20 psoriasis patients undergoing treatment with biologics. Baseline and one-year follow-up atherosclerosis burden assessments (low/high) were determined using vascular ultrasound of the femoral/carotid arteries as well as by coronary computed tomography angiography (CCTA) of coronary vasculature. Atherosclerosis progression (progressors/non-progressors) was defined by increases in number of sites affected or by increases in number of atheroma plaques detected. Fecal samples were collected from participants at baseline; amplification and sequencing of 16S ribosomal RNA (V3–V4 variable regions) were carried out to assess the gut microbiome.

Results: All participants provided fecal samples. Follow-up imaging analyses were completed by 19 of 20 participants. There was an equal distribution of low and high atherosclerosis burden at baseline. No significant differences were observed in adjusted alpha and beta microbial diversity indices between low and high burden groups. By contrast, there were significant differences in gut microbial diversity patterns between atherosclerosis progressors and non-progressors in adjusted and unadjusted analyses; genera over-represented in atherosclerosis progressors included *UCG-004*, *Libanicoccus, Victivallis, Oxalobacter*, Phascolarctobacterium, Acidaminococcus, Granulicatella. The impact of biologic therapies on both gut microbiota composition and atherosclerosis progression was not assessed.

Conclusion: Progression of atherosclerosis in patients with psoriasis was associated with distinctive signatures in gut microbiota. While our findings needed to be confirmed in larger controlled studies, these data indicate that assessment of gut microbiota may serve as a potential biomarker of atherosclerosis progression in psoriasis patients, which, in turn, may lead to the development of novel strategies to intervene early and prevent cardiovascular disease in these individuals.



Abstract N°: 2225

Fractional Carbon Dioxide Laser Combined with Secukinumab in the Treatment of Refractory Psoriasis Lesions on the Lower Legs

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Abstract:

Psoriasis is a chronic autoimmune skin disorder characterized by high morbidity and a tendency for recurrence. Although biologic therapy for lesion clearance can achieve PASI 90/100, refractory sites remain challenging to completely clear, particularly on the lower legs and elbows. To explore the efficacy of novel treatments for these resistant sites, we present a clinical observation on the safety and effectiveness of fractional carbon dioxide (CO2) laser therapy combined with secukinumab for four patients with moderate-to-severe plaque psoriasis. After receiving at least 3 months of maintenance treatment with secukinumab 300 mg, these patients received fractional CO2 laser therapy aimed at refractory sites on the lower legs. Treatments were administered every four weeks for a maximum course of 16 weeks. All four patients demonstrated improvement in the treatment of psoriasis lesions at refractory sites following the combined treatment approach. However, the degree of improvement differed among individuals. Leg Psoriasis Area and Severity Index (Leg-PASI) scores were reduced by 50% to 88%, while leg Physician's Global Assessment (PGA) scores showed a reduction of 50% to 75%. And no adverse effects were observed.



Abstract N°: 2226

Early PASI responders (super-responders) to interleukin 17 inhibitors in patients with moderate-to-severe plaque psoriasis: a single-center, observational study.

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Introduction & Objectives: Biologic therapies are revolutionizing the therapeutic landscape of psoriasis, facilitating complete, rapid, and sustained clinical remission. **Objective:** To delineate the demographic and clinical profiles of patients managed with IL-17 inhibitors —Secukinumab, Ixekizumab, Brodalumab, and Bimekizumab— at our institution and to ascertain the proportion of superresponders (SR), defined as those achieving PASI 0 at weeks 16 and 24, while also evaluating the durability of the therapeutic response at 52 weeks.

Materials & Methods:

A single-center, observational, retrospective study was conducted, encompassing 52 individuals with moderate-to-severe plaque psoriasis who were treated with IL-17 inhibitors until December 2024, with follow-up periods extending beyond 24 weeks. Patients underwent evaluations based on therapeutic outcomes and demographic parameters.

Results:

Of the cohort analyzed, 59.6% were categorized as superresponders. Stratified by therapeutic agent, 70% of patients receiving Bimekizumab achieved PASI 0 at weeks 16 and 24, followed by 66.7% with Brodalumab, 56.3% with Ixekizumab, and 55% with Secukinumab. From a demographic perspective, the mean age was 52 years (SD: 14.5), with 51.9% identifying as male, and an average BMI of 27.7 kg/m^2 (SD: 6.2). No statistically significant demographic variations or differences in the number of prior biologic therapies were observed across treatment groups.

Conclusion:

IL-17 inhibitors exhibit a high degree of clinical efficacy in real-world settings, enabling swift and persistent therapeutic responses in a substantial proportion of patients. Notably, baseline demographic characteristics and prior exposure to biologics appear not to significantly modulate therapeutic outcomes in our study, underscoring the broad applicability and robust efficacy of these treatments across diverse patient profiles.

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Abstract N°: 2250

Comparison of psychological burden of generalized pustular psoriasis and plaque psoriasis from a French claims database

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Introduction & Objectives: Generalized pustular psoriasis (GPP) is a serious, chronic, systemic, neutrophilic inflammatory skin disease, with a heterogeneous and unpredictable clinical course. GPP can greatly affect quality of life, leading to anxiety and fear, and is associated with increased risk of hospitalization and mortality. Before spesolimab approval in 2022, GPP treatment options were generally limited to those for plaque psoriasis (plaque PsO), which is clinically and pathologically distinct from GPP but also associated with mental health impacts. The objective of this study was to evaluate the psychological burden of GPP in France, which is potentially overlooked.

Materials & Methods: This observational population-based study used data from the Système National des Données de Santé (SNDS) covering >67 million people. Patients with ≥1 medical claim for GPP (ICD-10 code L40.1) or plaque PsO (ICD-10 code L40.0 or ≥2 prescriptions for topical vitamin D) between 2012 and 2020 were included. Psychological comorbidities during the study period were evaluated for each individual patient based on ICD-10 codes. Rates of comorbidities in the GPP and matched plaque PsO and general population cohorts were compared using a Z-test. The absence of an ICD-10 code was interpreted as the absence of that comorbidity, consistent with two previous analyses.

Results: The GPP, plaque PsO, and general population cohorts included 4,351, 12,945, and 12,981 people, respectively. There was a significantly higher proportion of patients with depression in the GPP cohort (12.7%) compared with both the plaque PsO (4.0%, $P<0.01$, standardized mean difference [SMD] 0.32) and general population (3.9%, $P<0.01$, SMD 0.32) cohorts. Similarly, rates of anxiety disorders not linked to phobias were significantly higher for GPP (8.3%) than plaque PsO (2.7%, $P<0.01$, SMD 0.25) and the general population (2.9%, $P<0.01$, SMD 0.24). GPP was associated with higher rates of mental and behavioral disorders due to use of tobacco (15.6%; plaque PsO: 5.3%, $P<0.01$, SMD 0.34; general population: 5.0%, $P<0.01$, SMD 0.36). Sleep was significantly impacted by GPP, with higher rates of sleep disorders in the GPP cohort (8.2%) versus the plaque PsO (4.2%, $P<0.01$, SMD 0.17) and general population (3.4%, $P<0.01$, SMD 0.21) cohorts.

Conclusion: GPP has a detrimental psychological impact on patients in France, which was greater than that of plaque PsO across a range of conditions including depression, anxiety, and sleep disorders. These findings are consistent with those from other real-world studies and may reflect fear of experiencing a flare and the unpredictability of GPP symptoms. The psychological impact of GPP contributes to greater healthcare resource utilization and costs than plaque PsO (see other EADV 2025 abstract) and highlights the significant need for targeted management of GPP to reduce the potentially distal impact of this chronic condition, with putative

severe flares, on patients.



Abstract N°: 2261

Healthcare resource utilization for patients with generalized pustular psoriasis (GPP) from a French claims database

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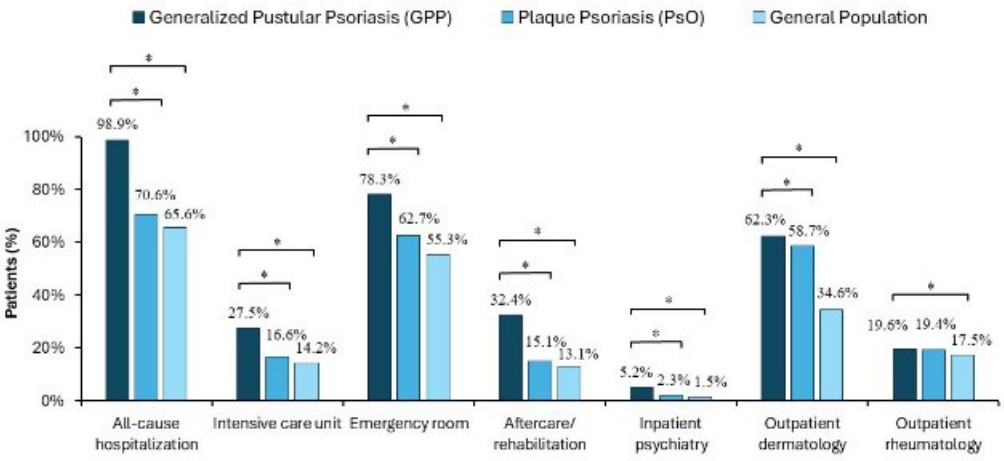
Introduction & Objectives: GPP is a serious, chronic, systemic, neutrophilic inflammatory skin disease, with a heterogeneous and unpredictable clinical course, and increased risk of mortality. GPP is distinct from plaque psoriasis (plaque PsO). Based on data from the US, Japan, UK, Sweden, and Germany, GPP is associated with greater numbers of comorbidities and complications, and higher healthcare resource utilization (HCRU) than plaque PsO. Before spesolimab approval in 2022, treatments for GPP largely comprised of those used for plaque PsO. The objective of this study was to evaluate HCRU and associated costs in France, before approval of targeted treatment, which may be useful to assist treatment decisions.

Materials & Methods: Between 2012 and 2020, patients with GPP were identified (ICD-10 code L40.1) in the Système National des Données de Santé (SNDS), which covers >67 million people. HCRU and associated costs in the GPP cohort were compared with matched plaque PsO (L40.0 or ≥2 prescriptions for topical vitamin D) and general population cohorts. Charlson Comorbidity Index score matching was performed after clinically matching common comorbidities, to account for potential impact on HCRU and costs. Direct costs included outpatient visits, outpatient medical imaging, hospitalization in short-stay institutes, and medication.

Results: Annual GPP incidence was 0.6–0.8 per 100,000. HCRU and associated costs were analyzed for GPP (n=4,351) versus plaque PsO (n=12,945) and the general population (n=12,981).** All inpatient HCRU outcomes were higher for GPP versus plaque PsO and the general population (P<0.01), including the proportions of patients hospitalized (99% vs 71% and 66%), and receiving intensive care (28% vs 17% and 14%), emergency care (78% vs 63% and 55%), aftercare/rehabilitation (32% vs 15% and 13%), and psychiatry care (5% vs 2% and 1%) (Figure). Patients with GPP were hospitalized in short-term institutes for a longer period versus plaque PsO and the general population (mean 4.2 days [standard deviation 9.6] vs 2.9 [7.2] and 3.1 [8.1], both P<0.01). Greater proportions of patients in the GPP and plaque PsO cohorts versus the general population required outpatient dermatology visits (62% and 59% vs 35%, P<0.01) and rheumatology visits (20% and 19% vs 17%, P<0.01). Higher costs per person-year (€) for GPP versus plaque PsO and the general population included direct costs (10,534 vs 5,214 and 4,641; P<0.01 and P<0.28), hospitalizations in short-stay institutes (4,693 vs 1,923 and 1,806; both P<0.01), outpatient visits (304 vs 267 and 198; both P<0.01), and medication (4,363 vs 1,992 and 1,544; both P<0.01).

Conclusion: In France, GPP was associated with greater HCRU and costs versus plaque PsO and the general population, including hospitalization and emergency, intensive, and psychiatry care. These findings highlight the need for GPP-targeted treatments that improve patient outcomes and reduce the burden on healthcare systems.

HCRU for Patients with GPP versus Plaque PsO and the General Population



*P<0.01 for the GPP cohort, either compared with plaque PsO or the general population.



Abstract N°: 2273

Enhancing Clinical Evaluation of Psoriasis Severity with AI-Based PASI Feature Scoring

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Introduction & Objectives:

Psoriasis is a chronic immune-mediated skin disease characterized by erythema, induration, and scaling. Accurate assessment of lesion severity is essential for treatment monitoring and clinical trials. The Psoriasis Area and Severity Index (PASI) is the current gold standard, but its manual calculation is complex and subject to inter-observer variability. Our objective is to validate the performance of an AI-based system that predicts severity scores (0–4) for the three main PASI features and the affected area, comparing them to expert annotations using Intraclass Correlation Coefficients (ICC).

Materials & Methods:

The evaluation dataset includes 100 psoriasis lesion images, each annotated by at least 3 and up to 4 board-certified dermatologists. AI predictions were generated using a multitask CNN model trained jointly on segmentation and scoring tasks. The scoring branch performs regression to predict severity values for erythema, induration, and scaling. For each feature (Erythema, Induration and Scaling) we compare the continuous scores of the AI from 0 to 4 with the integer (0,1,2,3 or 4) severity scores that doctor gives to the lesions. We then compute the intraclass correlation coefficient (ICC) where the raters are the AI versus the average scores of Doctors. We computed the ICC using the ICC2k model (two-way random-effects, average measures) to ensure consistent and interpretable comparisons between raters. The ICC2k model is appropriate when the goal is to evaluate the consistency or agreement of measurements made by multiple raters, especially when focusing on average ratings. ICCs were also calculated between AI and individual doctors, as well as between doctors to each others.

Results:

ICCs for AI vs. doctors was from acceptable to very bad, as it is shown in Table 1. ICC among doctors for the mean of all features was lower than when comparing when the AI mean, as it is shown in Table 2.

Board Dermatologists	ICC	F-Statistic	CI 95%
A	0.66	4.54	[0.11 0.84]
B	0.62	2.62	[0.43 0.74]
C	0.55	2.5	[0.27 0.71]
D	0.18	1.51	[-0.13 0.43]
E	0.11	1.31	[-0.12 0.32]

Table 1: Intraclass Correlation Coefficient (ICC1) between AI and each doctor individual score.

Board Dermatologists	ICC	F-Statistic	CI 95%
Doctors vs AI	**0.78**	4.78	[0.68 0.86]
Among Doctors	0.46	2.82	[0.20 0.64]

Table 2: Intraclass Correlation Coefficient (ICC2k) between AI and doctors averaged score and among doctors.

To optimize the alignment between AI-generated scores and human expert evaluations, particularly in edge cases, we applied a boosting transformation. We show on Figure 1 a scatter plot which visualizes the relationship between Average Doctor Score and the Average AI Score. Each point on the plot represents a data sample with scores given by doctors (X-axis) and the corresponding scores generated by an AI model (Y-axis), optimized via the boosting technique. Most points cluster around this diagonal, indicating a general correlation or agreement between doctor and AI evaluations.

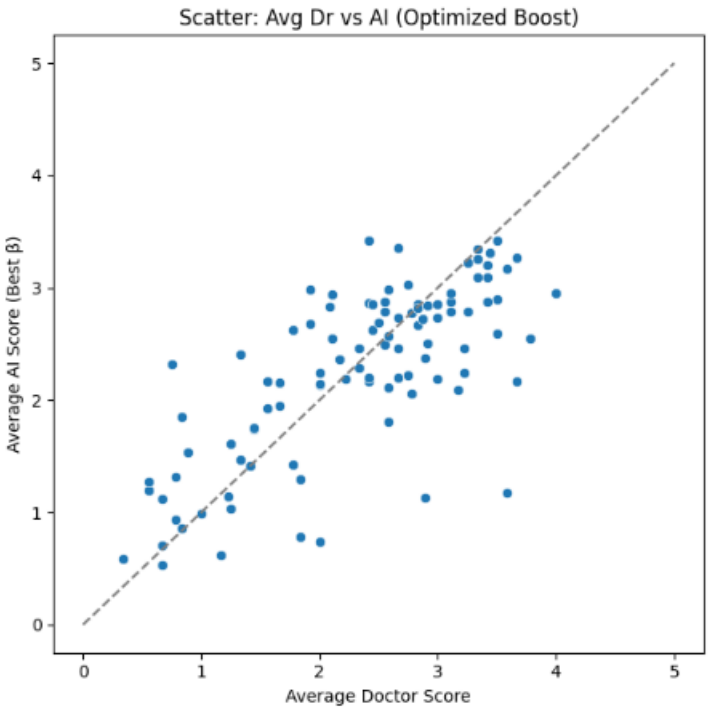


Figure 1: Comparison between the sum of severity scores from Doctor and AI

Conclusion:

The AI model demonstrates solid agreement with dermatologists' evaluations, especially when averaged across multiple raters. The higher ICC between AI and the average of doctors compared to the agreement among doctors supports the idea that AI may help standardize scoring and reduce inter-rater variability.

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Abstract N°: 2287

The effect of plasma exosomal microRNA-148a-3p on the CD4+ T cell function and its mechanism in the pathogenesis of psoriasis

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Introduction & Objectives: Psoriasis is a chronic inflammatory skin disease driven by dysregulated T-cell subset homeostasis, leading to aberrant cytokine production (e.g., IL-4, IL-17, IFN-γ, Foxp3) from Th1, Th2, Th17, and Treg cells. While the disease pathogenesis remains incompletely understood, exosomal microRNAs (miRNAs), particularly miR-148a-3p, is thought to play a key role. miR-148a-3p is upregulated in monocytes of psoriatic patients. Besides, it is shown to suppress the expression of pro-apoptotic protein Bim in repeatedly activated murine Th1 cells, suggesting its role in sustaining Th1 cell survival during chronic inflammation. However, whether miR-148a-3p directly modulate T cell subsets and contributes to psoriasis pathogenesis remains to be investigated.

Materials & Methods: This study included 103 psoriatic patients and 101 healthy controls. Plasma exosomes (Exos) and CD4+ T cells were isolated from all participants, and miR-148a-3p expression was quantified via RT-qPCR. CD4+ T cell subset proportions and plasma level of anti-inflammatory/pro-inflammatory factors were determined by flow cytometry and ELISA, respectively. The correlation between plasma exosomal miR-148a-3p and CD4+ T cell subsets in psoriatic patients was analyzed by Pearson's analysis. Additionally, a psoriatic mouse model was established and treated with Exos or miR-148a-3p antagomir. Histopathological changes in the skin were evaluated. CD4+ T cell subsets, serum cytokine contents and miR-148a-3p expression in blood samples from the mouse model were measured. The miR-148a-3p-Bim targeted binding relationship was predicted using the Starbase database and verified by dual-luciferase assay. Bim expression in psoriatic mice was also determined.

Results: Psoriatic patients exhibited increased miR-148a-3p expression in both plasma Exos ($P < 0.01$, 95%CI: -2.728 to -0.532) and CD4+ T cells ($P < 0.01$; 95%CI: 0.418 to 1.075) verus healthy controls. Their peripheral blood displayed elevated proportions of Th1 and Th17 cells alongside reduced proportion of Th2 and Treg cells ($P < 0.01$; 95%CI: 5.826 to 10.190 [Th1]; 1.909 to 3.865 [Th17]; -5.565 to -2.949 [Th2]; -4.789 to -2.424 [Treg]). The psoriatic patients also had significantly higher IFN-γ/IL-17 ($P < 0.01$; 95%CI: 48.083 to 83.251 [IFN-γ]; 18.884 to 39.383 [IL-17]) and lower IL-4/IL-10 levels ($P < 0.05$; 95%CI: -14.670 to -6.330 [IL-4]; -24.639 to -4.028 [IL-10]). Importantly, plasma exosomal miR-148a-3p level was correlated with these altered CD4+ T cell subsets and cytokine profile. In psoriatic mouse model, administration of psoriatic patient-derived plasma Exos up-regulated cutaneous miR-148a-3p expression, changed CD4+ T cell function and aggravated skin lesions. These effects were partially reversed by inhibition of miR-148a-3p expression. Furthermore, target binding of miR-148a-3p to Bim was confirmed, and Exos-carried miR-148a-3p reduced both the mRNA and protein levels of Bim in CD4+ T cells from psoriatic mice.

Conclusion: Plasma exosomal miR-148a-3p drives CD4+ T cell dysfunction, possibly by targeting Bim, thereby exacerbating psoriasis symptoms. Our findings establish a novel mechanistic link between exosomal miR-148a-3p and T cell dysregulation, strengthening our understanding of psoriasis pathogenesis and suggesting potential therapeutic targets.

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Abstract N°: 2301

Monitoring of nail psoriasis with optical coherence tomography under treatment with Tildrakizumab for 52 weeks

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Introduction & Objectives: Nail psoriasis (nail PsO), a manifestation of psoriasis vulgaris, affects up to 80% of patients with psoriatic arthritis (PsA) and can indicate early joint involvement. It is associated with a higher disease burden, longer disease duration and reduced quality of life. Current diagnostic methods such as the Nail Psoriasis Severity Index (NAPSI), detect only clinically visible changes, while subclinical processes remain undetected. Optical coherence tomography (OCT) is a non-invasive method providing cross-sectional and horizontal images of the nail plate and bed to a depth of 1.5 mm.

Materials & Methods: This prospective, single-center study included 20 patients with psoriasis vulgaris and nail PsO initiating Tildrakizumab treatment. Assessments were performed at baseline and every 12 weeks over a year, with OCT scans on all nails at each visit.

Results: A total of 1816 nails from 15 male and 5 female patients were scanned using OCT, slightly below the target of 2000 nails due to two dropouts (compliance issues) and two missed visits. Over 52 weeks, significant remission was observed in nail plate findings (nail thickness, hyperreflective entry signal, pitting, fissuring, surface waving, hyperreflective lines and dots, hyperreflective area, hyporeflective areas with sharp hyperreflective margins) and subungual changes (hyporeflective areas with or without hyperreflective margins, hyperreflective linear structures and subungual ridges alongside highly reflective white wispy sheets and dense white specks) (all $p < 0.001$). The NAPSI decreased significantly from baseline to week 52 (median [range] 75,0 [9 – 160] vs. 19,0 [1 - 113], $p < 0,001$).

Fingernails were less affected at baseline in OCT-scans and responded faster to treatment than toenails. Fissuring in fingernails decreased from 56% at baseline to 49% at week 12 ($p = 0.032$), while toenails showed no significant change (76% to 77%, $p = 0,509$). The hyperreflective entry signal reduced in fingernails from 91% at baseline to 84% at week 12 ($p < 0,001$) but remained unchanged in toenails (100% to 99,5%, $p = 1,0$). Improvement in toenails followed 12 weeks later with significant changes from week 12 to 24 in fissuring (79% to 74%, $p = 0.022$) and hyperreflective entry signal (99% to 94 %, $p = 0,004$).

OCT detected significant changes at week 12 not only in nailbed signs such as hyporeflective areas without a hyperreflective margin ($p < 0,001$), hyperreflective area ($p = 0.033$), subungual ridges alongside highly reflective white wispy sheets and dense white specks ($p < 0,001$) but also in matrix signs such as nail thickness ($p < 0,001$), hyperreflective entry signal ($p < 0,001$), pitting ($p < 0,001$), surface waving ($p = 0,010$), hyperreflective lines and dots (each $p < 0, 001$) and hyporeflective areas with sharp hyperreflective margins ($p < 0,001$).

Conclusion: OCT appears to be a valuable tool complementing clinical examination of nail PsO, particularly for early detection of therapeutic effects and subclinical changes in comparison to clinical scores.



Abstract N°: 2310

Impact of calcipotriol and betamethasone dipropionate cream with PAD technology (CAL/BPD PAD cream) on patient symptoms, functioning, and emotions among patients with mild-to-moderate scalp psoriasis in routine clinical practices in Europe. Final analysis of PRO-SCALP study.

Anthony Bewley*[1], José Luis López Estebaranz[2], Andreas Pinter[3], Jordi Galván[4], Siva Narayanan[5], Volker Koscielny[4], ISMAIL KASUJEE[4]

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Introduction & Objectives: Scalp psoriasis imposes significant clinical and psychosocial burden on patients [1,2]. Effective treatments for scalp psoriasis are essential to improve quality of life of patients. The objective of this analysis was to evaluate the impact of CAL/BDP PAD cream on patient symptoms, functioning and emotions at week-8 (w8), among patients with scalp-psoriasis treated with CAL/BDP PAD cream in real-world practices in Europe.

Materials & Methods: This single-arm, prospective cohort study (PRO-SCALP) was conducted in adults with mild-to-moderate scalp psoriasis who were newly initiated on CAL/BDP PAD cream as part of usual care in Germany, Spain and the United Kingdom. Patients and clinicians completed surveys at baseline (BL) and w8. Patients completed 23-item validated Scalpdex questionnaire with 3 domains: symptoms (3 items; addresses disease symptoms), functioning (5 items; addresses daily activities), and emotions (15 items; addresses feelings); each item has a 5-point Likert scale of never (0) to all the time (100); individual item scores, domain scores and the overall score respectively range from 0 to 100 (higher score indicates severe impairment). Mean change from baseline in Scalpdex scores at w8 were assessed.

Results: Final analyses included 253 patients (mean age: 47.9 yrs; female: 65.2%). At w8, statistically significant ($p<0.0001$) decrease in mean Scalpdex scores from BL (range: -20.36 to -34.98) was observed for symptom domain items addressing hurt, itch, and bleeds. A statistically significant ($p<0.0001$) decrease in mean Scalpdex scores from BL (range: -13.83 to -22.13) was observed for functioning domain items addressing wearing hairstyle/hats, choice of color of clothes, going to hairdresser, inconvenience and difficult life due to scalp-psoriasis. A statistically significant ($p<0.0001$) decrease in mean Scalpdex scores from BL (range: -18.97 to -33.30) was observed for emotions domain items addressing feeling depressed, ashamed, embarrassed, frustrated, humiliated, annoyed and stressed, and bothered by scalp-psoriasis due to cost of care, feeling different, being questioned, and by persistence/recurrence/incurability of condition and appearance; while, patient knowledge about caring for my scalp-psoriasis increased significantly at w8 ($p=0.0006$). At w8, statistically significant ($p<0.0001$) decrease in mean scores from BL were observed for the overall score, and for overall symptoms, functioning, and emotions domains scores of Scalpdex, respectively.

Conclusion: In real-world clinical practice settings in Europe, patients with mild-to-moderate scalp psoriasis using CAL/BPD PAD cream reported significant improvement in disease symptoms, functioning and emotional well-being.

\1. Patient Relat Outcome Meas. 2015;6:167-77.

\2. WHO Global report on psoriasis. https://www.who.int/publications/i/item/global-report-on-psoriasis.

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Abstract N°: 2313

Relationship between patient reported outcomes (PROs) and clinician reported outcomes (ClinROs) and treatment adherence, among patients treated with calcipotriol and betamethasone dipropionate cream with PAD technology (CAL/BDP PAD cream) among patients with mild-to-moderate scalp psoriasis in clinical practices in Europe: Final analysis of PRO-SCALP study.

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Introduction & Objectives: Scalp psoriasis imposes significant burden on patients [1]. Effective treatments for scalp psoriasis are essential to improve patient outcomes. Objectives of the analyses are to explore the relationship between PROs, ClinROs, and treatment adherence at week-8 (w8), among patients with scalp psoriasis treated with CAL/BDP PAD cream in real-world practices in Europe.

Materials & Methods: This single-arm, prospective cohort study (PRO-SCALP) was conducted in adults with mild-to-moderate scalp psoriasis newly initiated on CAL/BDP PAD cream as part of usual care in Germany, Spain and the United Kingdom. Patients and clinicians completed questionnaires (Qr) and clinical assessments at baseline and w8. PROs included worst level of scalp-itch, number of nights sleep was affected due to scalp psoriasis past week, psychosocial effects of the disease (using Psychosocial Effects of Scalp Psoriasis Qr (PSY-SCALP)), preference for current treatment over past topical treatments (using Patient Preference Qr (PPQ)), and satisfaction with usability of CAL/BDP PAD cream (using Cream Usability Scalp Psoriasis Qr (CUSP-Q)). ClinRO included S-mPASI and Scalp-PGA assessments, with Scalp-PGA success defined as PGA score of 0/1 and with >=2-point improvement from baseline at w8. Patient self-reported adherence to CAL/BDP PAD cream was measured using visual analogue scale (VAS; score:0-100). PROs/ClinROs at w8 were analysed, stratified by high-adherence (VAS=80-100) vs. low-adherence group (VAS<80).

Results: Final analyses included 253 and 250 patients with PRO and ClinRO data respectively. At w8, 59.9% and 40.1% of patients reported high (VAS:80-100) and low (VAS<80) adherence, respectively. At w8, CFB in S-mPASI score was statistically significantly (p=0.0153) higher in high-adherence (-1.63) vs. low-adherence group (-1.25), while Scalp-PGA success was higher in high-adherence group. The CFB in worst itch score was significantly (p=0.0001) better in high-adherence (-4.43) vs. low-adherence group (-2.79). The reduction in mean number of nights sleep was affected by scalp-psoriasis past week was better in high-adherence (-1.25) vs. low-adherence group (-1.06). At w8, mean PSY-SCALP score was significantly (p=0.0004) higher for high-adherence vs. low adherence group implying improved psychosocial effects; mean PPQ score was significantly (p=0.0012) higher for high-adherence vs. low adherence group implying higher preference for CAL/BDP PAD cream (vs. previous topicals); mean CUSP-Q was also significantly (p=0.0455) higher for high-adherence vs. low-adherence groups implying higher satisfaction with cream usability.

Conclusion: In real-world settings in Europe, patients with mild-to-moderate scalp psoriasis using CAL/BDP PAD cream experienced substantial improvements in PROs and ClinROs, with the high-adherence-group experiencing, overall, significantly better outcomes.

\1. WHO Global report on psoriasis. https://www.who.int/publications/i/item/global-report-on-psoriasis



Abstract N°: 2314

Incremental medication adherence results in incremental improvement in S-mPASI and Worst Itch scores among patients with mild-to-moderate scalp psoriasis treated with calcipotriol and betamethasone dipropionate cream with PAD technology (CAL/BPD PAD cream) in routine clinical practices in Europe. Results from mixed-effect models in PRO-SCALP study.

Andreas Pinter*[1], Anthony Bewley[2], José Luis López Estebaranz[3], Jordi Galván[4], Siva Narayanan[5], Volker Koscielny[4], ISMAIL KASUJEE[4]

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Introduction & Objectives: Scalp psoriasis imposes significant burden on patients [1,2]. Effective treatments and higher adherence to such treatments for scalp psoriasis are essential to improve patient outcomes. The objective of this analysis was to explore if the incremental medication adherence results in incremental improvement in S-mPASI and worst itch scores among patients with mild-to-moderate scalp psoriasis treated with CAL/BPD PAD cream in routine clinical practices in Europe.

Materials & Methods: This single-arm, prospective cohort study (PRO-SCALP) was conducted in adults with mild-to-moderate scalp psoriasis who were newly initiated on CAL/BDP PAD cream as part of usual care in Germany, Spain and the United Kingdom. Patients and clinicians completed questionnaires (Qr) at baseline and week 8 (w8). Worst level of itching (WI) on scalp was self-reported by patients using numerical rating scale (NRS) of 0 (no-itching) to 10 (worst-itching imaginable). Self-reported adherence to CAL/BDP PAD cream was reported by patients using visual analogue scale (VAS; score:0-100). S-mPASI score for treatment effectiveness was assessed by treating clinicians. Mixed effect models using the patient as a random effect was fitted to the data to explore the relationship between adherence and S-mPASI and WI-NRS scores, the outcome measures considered as dependent outcome, and with treatment adherence VAS and visit week (Baseline, w8) as predictors. Covariance structures of the models were selected from unstructured, compound symmetric, and autoregressive order 1 depending on the choice which minimized the Akaike information criterion model fit criterion. Interaction effects between adherence and w8 were added to the models to assess whether adherence's effect on outcomes differred at successive visit vs. baseline.

Results: Final analyses included** 250 and 253 patients with S-mPASI and WI-NRS respectively. At baseline, the mean (SD) S-mPASI score was 1.77 (1.20), and mean (SD) WI-NRS score was 6.34 (2.43). Mixed-effect model results revealed that adherence rate was a significant predictor of change in both S-mPASI and WI-NRS scores at w8, at alpha=0.05. Models suggested that every 10% increase in adherence to CAL/BPD PAD cream was associated with a 0.10 point reduction in S-mPASI score ($p=0.0037$) and a 0.35 point reduction in WI-NRS score ($p<0.0001$) at w8, with the tests of interaction effects between adherence rate and w8 significant at alpha=0.05.

Conclusion: In real-world clinical practice settings, adherence to CAL/BPD PAD cream had a significant impact on patient clinical outcomes. Improved outcomes in scalp psoriasis may be achievable through interventions that improve patients' adherence to treatment.

\1. Patient Relat Outcome Meas. 2015;6:167-77.

\2. WHO Global report on psoriasis. https://www.who.int/publications/i/item/global-report-on-psoriasis.



Abstract N°: 2342

Gut microbiota was associated with liver fibrosis in patients with psoriasis vulgaris

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Introduction & Objectives:

Gut dysbiosis was reported in patients with liver cirrhosis via gut-liver axis. But little is known for psoriasis patients with liver fibrosis.This study aimed to evaluate gut dysbiosis associated with liver fibrosis in psoriasis patients.

Materials & Methods:

Adult psoriasis patients attending dermatology clinics in a tertairy hospital were recruited. Patient demographics, methotrexate (MTX) use, fibroscan result were recorded. Stool sample was collected for gut microbiota analysis. Patients on antibiotics, pre/pro-biotics within 6 months, known gastrointestinal disorders or known hepatitis disorder were excluded.

Results:

Seventy-one eligible subjects were included. The median age was 57 years (IQR: 43.5-63.0); 71.8% were male. The mean disease durations was 19.58 year (10.5-26years); 25.4% has liver fibrosis. In the multivariable analysis, *Parabacteroides distasonis* and *Enterocloster bolteae* was significantly associated with liver fibrosis ($p<0.0001$).* While a high abundance of *Faecalibacterium prausnitzii*, *Roseburia faecis*, *Lachnospira pectinoschiza* was correlated with non-fibrosis group. *E.bolteae* has been reported to produce ethanol, causing liver damge via Reactive oxidative speciese generation. *Parabacteroides distasonis can enhance bile salt* hydrolase activity leading to the downregulation of drug transport proteins which are essential for MTX clearance through the liver and kidneys.

While *Faecalibacterium prausnitzii*, *Roseburia faecis*, *Lachnospira pectinoschiza* belongs to butyrate-producing species that exert anti-inflammatory effects in liver .

Conclusion:

Certain gut microbiota* were associated with the occurrence of liver fibrosis in psoriasis patients. These findings provide novel insights to predictive role of gut microbiota in psoriasis patients and potential of reducing liver fibrosis by modulating the gut microbiota .

(248words)



Abstract N°: 2378

Intermittent fasting during “Ramadan” as a potential modulator of psoriasis: A Case Report and literature review

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Introduction & Objectives:

Intermittent fasting, particularly as practiced during the month of Ramadan, is increasingly recognized for its systemic anti-inflammatory and immunomodulatory effects. While evidence supports its benefits in various metabolic and autoimmune conditions, its impact on dermatological diseases—particularly psoriasis—remains underexplored. Thus, we aim, through this case to illustrate clinical improvement in chronic plaque psoriasis associated with Ramadan fasting, without any change in ongoing medical therapy.

Materials & Methods:

Results:

A 59-year-old man with a five-year history of chronic plaque psoriasis, treated with topical corticosteroids, reported notable clinical improvement during the fasting period of Ramadan. Physical examination revealed a marked reduction in erythema and lesional surface area. The Psoriasis Area and Severity Index (PASI) improved from 8.4 to 3.1, and the Dermatology Life Quality Index (DLQI) decreased from 7 to 4. No modifications were made to his treatment regimen. The patient also reported experiencing similar improvements during each of the previous three Ramadan periods, consistently attributing symptom relief to fasting.

Conclusion:

The recurring improvement observed during consecutive fasting periods suggests a potential anti-inflammatory effect of intermittent fasting on psoriatic disease activity. Previous studies have demonstrated that fasting can reduce pro-inflammatory monocyte activity without compromising immune defense mechanisms, possibly contributing to the observed clinical benefits. Additionally, dietary changes typical of Ramadan—such as reduced intake of saturated fats and increased consumption of fiber and micronutrients—may further support symptom alleviation. Comparable effects have been described in psoriatic arthritis and other inflammatory skin conditions. This case highlights intermittent fasting as a potentially modifiable lifestyle factor in the management of psoriasis. Although anecdotal, the consistency of clinical remission during Ramadan in this patient supports the need for further investigation through controlled clinical trials. Multidisciplinary support remains essential for patients who consider fasting as a complementary strategy alongside conventional treatments.

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Abstract N°: 2379

novel biological treatment to improve sever psoriasis

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Introduction & Objectives

Psoriasis is a long-term immune-related skin condition affecting over 100 million people globally. Treatments range from creams to costly biologics like Ustekinumab. This study aims to investigate the effects of Cortical Bone Stem Cell-derived exosome vesicles (CBSC EVs.) miRNAs on DNA damage repair in lymphocytes from psoriasis patients, as well as their impact on inflammation and keratinocyte function. The effects will be assessed by applying the CBSC Evs. miRNAs and Novel extractions from these miRNAs.

Materials & Methods

DNA damage and genotoxicity in psoriatic and healthy blood cells were assessed using the Comet assay (single-cell gel electrophoresis). Lipid peroxidation was evaluated via the MDA assay (Malondialdehyde assay), measuring MDA–TBA complexes at 532–535 nm. CCK-8 (Cell Counting Kit-8), qPCR (quantitative polymerase chain reaction), and Western Blot are also being conducted on fibroblasts and 3D skin models (healthy and psoriatic).

Results

MDA levels were significantly reduced in psoriatic-like fibroblasts treated with IL-17, IL-23, or IL-36 in combination with Novel 1, compared to treatments like the IL-36 antibody. Similarly, IL-23 Antibody, IL-23+CBSC EVs, IL-17 Antibody, and IL-17+CBSC EVs significantly lowered MDA levels versus IL-17 or IL-23 alone. Results indicate superior oxidative stress control, improved keratinocyte function, and enhanced skin barrier integrity, underscoring the therapeutic promise of these combinations for psoriasis (Figure 1 A–C).

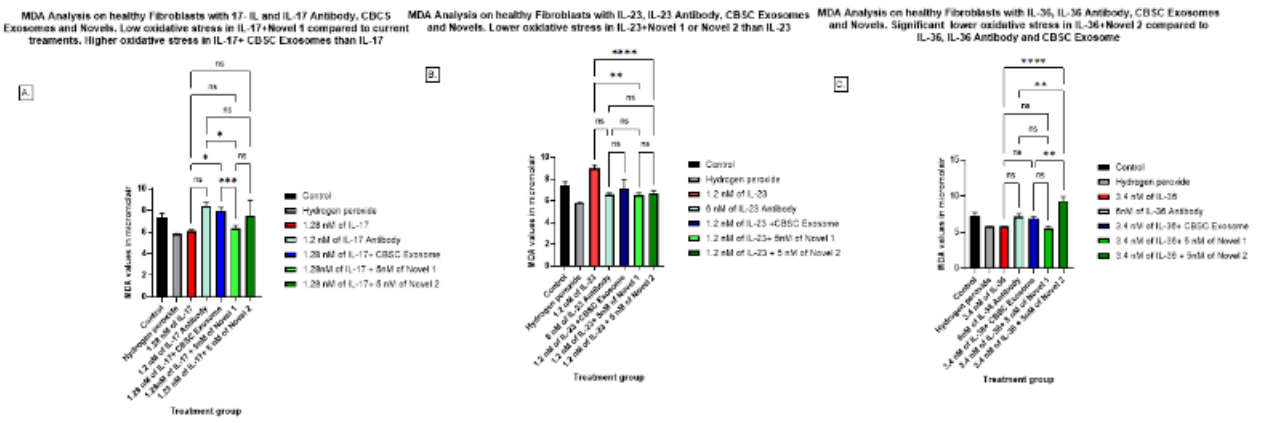


Figure 1: Psoriatic conditions were induced in healthy fibroblasts using IL-17, IL-23, and IL-36. CBSC EVs = human Cord Blood Stem Cell Exosome Vesicles; IL = Interleukin. “Control” indicates untreated cells; 80 nM hydrogen peroxide: positive control. Ordinary one-way ANOVA was used in GraphPad Prism. Results are expressed as mean ± S.E.M. Significance: *p < 0.05, **p < 0.01, ***p < 0.001; ns = not significant, n=3.

Parallel analysis in psoriatic blood cells identified 120 µl of CBSC Evs as the optimal dose, showing the lowest DNA damage based on Olive Tail Moment (OTM) and DNA Tail Moment metrics. Among the tested doses (120 µl, 140 µl, 160 µl), 120 µl consistently exhibited the least genotoxicity. In contrast, UV exposure—used as a positive control—caused significantly higher DNA damage, underscoring the superior safety profile of CBSC exosomes. These findings support CBSC EVs as a safer, more targeted therapeutic option and highlight the critical role of dose optimization in minimizing genotoxic risk while maintaining efficacy.

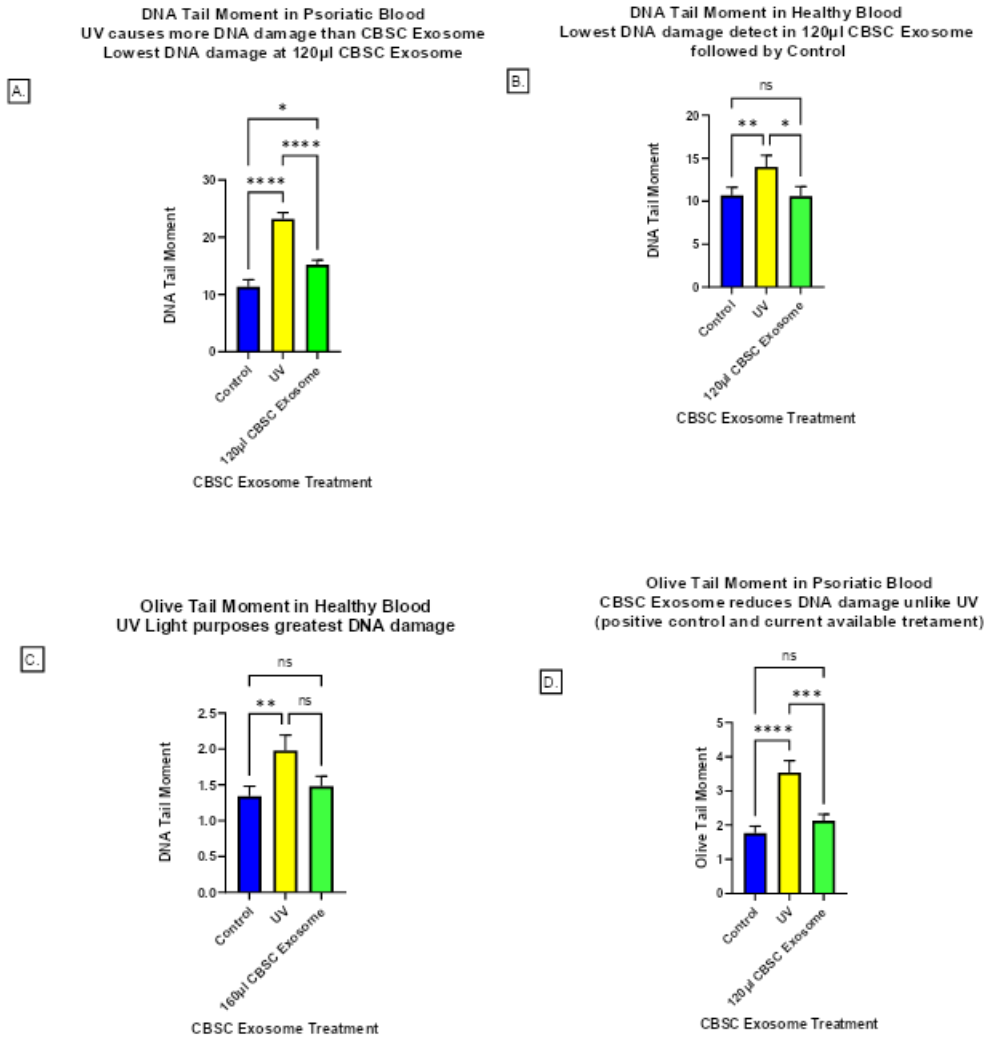


Figure 2: (A–D) illustrate DNA Tail Moment and Olive Tail Moment in healthy and psoriatic blood samples treated with 120 µl and 160 µl of CBSC exosomes (107 particles/ml). “Control” refers to untreated cells in RPMI media; “UV” indicates samples exposed to UV light (1.2 mW/m², 15 min) as a positive control+. N=20; values represent mean ± S.E.M. Significance: *p<0.05, **p<0.01, ***p<0.001, ns = non-significant. Tail Moment = Tail Length × % DNA in Tail; OTM accounts for DNA distribution, calculated by the distance between the centers of mass of head and tail.

Conclusion

The findings reveal that novel extracts from cord blood stem cell EVs not only repair skin cell damage but also reduce inflammation more effectively and safely than existing treatments. This cutting-edge therapy could revolutionize how we treat psoriasis—offering patients an affordable, and less invasive alternative with fewer side

effects.



Abstract N°: 2422

A complex inflammatory state with Th17, Th2 and Treg enhancement and Streptococcus involvement in the tonsil from palmoplantar pustulosis and pustulotic arthro-osteitis

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Introduction & Objectives:

Tonsillectomy improves or cures symptoms of palmoplantar pustulosis (PPP) and suppresses disease progression with pustulotic arthro-osteitis (PAO), highlighting the important role of tonsils in the pathogenesis of PPP/PAO. The importance of IL-23 and IL-17 in the pathogenesis of PPP/PAO has also been suggested by the ability of anti-IL-23 and anti-IL-17 treatment to improve symptoms of both, if the focal infection treatments are prioritized. To identify inflammatory pathways involved in the tonsil tissue of patients with PPP/PAO, and to clarify the characteristics of tonsillar microbiota, a comprehensive analysis is needed.

Materials & Methods:

We assessed gene expression in tonsil tissue removed from Japanese adults with PPP/PAO or recurrent tonsillitis (RT)/sleep apnea syndrome (SAS) using microarray and quantitative reverse transcription polymerase chain reaction analysis. We also analyzed the tonsillar microbiota using next-generation sequencing. Potential associations between tonsillar gene expression and bacterial composition were evaluated. For assessment of clinical improvement, PPP Area Severity Index (PPPASI) and Ankylosing Spondylitis Disease Activity Score with C-reactive protein (ASDAS-CRP) were used and the correlation between these scores and gene expression was analyzed. This study was approved by the Institutional Review Board and performed with the written consent of the respective patients.

Results:

Twenty-five tonsils from patients with PPP/PAO and 15 tonsils from patients with RT/SAS were included. The gene expression of inflammatory cytokines and molecules involved in the Th17, Th2, and Treg pathways was significantly higher in the tonsillar tissue of patients with PPP/PAO than in patients with RT/SAS. Additionally, we found significant positive correlation between inflammatory related genes and Treg-related genes (FOXP3, CTLA4, IKZF4, TGFB1, ICOS). There were no significant differences in genus-level tonsillar microbiota between the PPP/PAO and RT/SAS groups. Correlation analysis revealed a significant positive correlation between *Streptococcus* spp. and the expression of Th17 and Th2 pathway genes. Correlation patterns were similar between the PPP/PAO and RT/SAS groups for *Streptococcus* spp.. Regarding the other genera, correlation patterns* were generally similar in the PAO and PPP/PAO groups, but quite different from those observed in the RT/SAS group. Two years after tonsillectomy, 82.9% of patients with PPP were cured (PPPASI 100) and 95.7% achieved PPPASI 90. ASDAS-CRP significantly decreased from baseline at 1 year after tonsillectomy in patients with PAO. PPPASI were not correlated with ASDAS-CRP or inflammatory molecule genes. ASDAS-CRP showed a significant negative correlation with gene expression of *FOXP3*, *CCR4*, and *CXCR3*.

Conclusion:

The tonsils of patients with PPP/PAO are in a complex inflammatory state, with enhanced Th17, Th2, and Treg

responses. Our findings may suggest that upregulation of Treg-related genes including ICOS is induced to control chronic and subclinical inflammation in the tonsil tissue of patients with PPP/PAO. Members of the *Streptococcus* genus may be involved in the induction of inflammatory characteristics in PPP/PAO. The quite differences of negative or positive correlations between the inflammatory genes and other bacterial genera in PPP/PAO or RT/SAS suggested disease-specific responses to tonsillar bacteria in the context of inflammatory gene expression.

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Abstract N°: 2424

Effectiveness of biologic therapy and its impact on quality of life in patients with moderate to severe psoriasis: real-world results.

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Introduction & Objectives: Psoriasis is a chronic, inflammatory skin disease with a significant impact on quality of life. It is immune-mediated; its pathogenesis primarily involves the cytokines TNFα, IL-17, and IL-23; understanding this is crucial for developing targeted therapies for psoriasis.

Objective: To describe the effectiveness and speed of clearance associated with biologic therapy in patients with psoriasis, as well as its impact on quality of life.

Materials & Methods: This is a prospective, observational cohort study involving patients with moderate to severe psoriasis who initiated treatment with biological therapy. Participants were followed from May 2023 to March 2025, with follow-up assessments conducted at baseline and at 8, 12, and 16 weeks post-initiation of biological therapy. Baseline demographic and clinical characteristics recorded included Psoriasis Area Severity Index (PASI) score, and Dermatology Life Quality Index (DLQI). For subgroup analyses, the biologic therapy cohort was categorized as anti-TNFα (adalimumab and infliximab), anti-IL12/23 (ustekinumab), and anti-IL17 (ixekizumab and secukinumab).

Results: From May 2023 to March 2025, 99 patients were included who were candidates for biological therapy: 49.4% men and 50.6% women. The analysis of the baseline characteristics of the groups is shown in **(Table 1).**

For lesion clearance at 8 weeks, the percentage of improvement, there was a difference between the anti-IL17 75.6% (82) and anti-TNF 63.8% (9), as well as between the anti-IL17 75.6% (82) vs anti-IL12/23 56.4% (7), with p-0.01 and 0.029, respectively **(Figure 1A).** At 12 weeks, the difference remained between anti-IL17 88.5% (82) and anti-IL12/23 65% (7), p=0.019, but no difference in the other groups **(Figure 1B);** and there was no difference between the groups at 16 weeks of treatment **(Figure 1C).**

For improvement in quality of life at 16 weeks, a difference was found in the pairwise comparison of anti-TNF 0.89±2.31 and anti-IL17 2.49± 2.96, p=0.026 **(Figure 2).**

Conclusion: Earlier clearance rates were achieved in the anti-IL17 group at both 8 and 12 weeks, with no differences observed between groups at 16 weeks of follow-up. A difference was found in the improvement of DLQI scores between the anti-TNF and anti-IL17 groups.

These data confirm the higher clearance rates associated with anti-IL17 therapies compared to the other targets analyzed; however, this does not translate into a significant difference in patient perception at 16 weeks.

The limitations are inherent to the observational study, as well as the variability in the sample by group.

Table 1: Baseline demographics

	IL-17	IL 12/23	TNF
Age in years, median	52 (10-83)	63 (43-81)	62 (35-77)
Male, n (%)	41 (49.4)	6 (85.7)	6 (66.7)
PASI, mean	13.4	15.3	15.9
DLQI, mean	8.7	9.5	4.2
BMI, mean	31.5 ± 6.22	31.2 ± 5.12	31.7 ± 4.7
Diagnosis in years, mean	12 ± 10	10 ± 10	11 ± 5

IL-17: anti-interleukin 17; 12_23: anti-interleukin 12/23; TNF: anti-tumor necrosis factor; BMI: body mass index; PASI: psoriasis area severity index; DLQI: Dermatology Life Quality Index.

Figure 1: PASI response at 8, 12, and 16 weeks

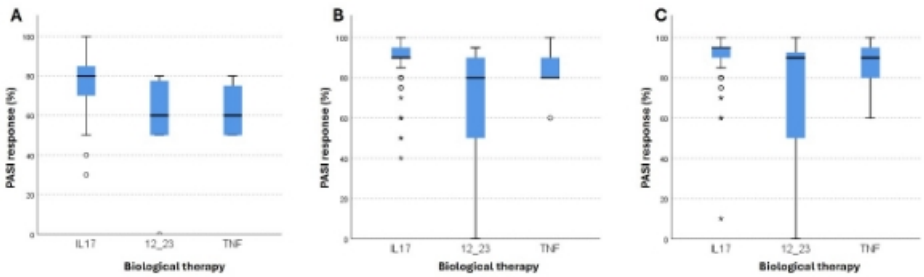


Figure 1. Comparison between the 3 biological therapy groups for moderate to severe psoriasis.**A, B**, and **C**: assessment at 8 weeks, 12 weeks, and 16 weeks of treatment, respectively. IL-17: anti-interleukin 17; 12_23: anti-interleukin 12/23; TNF: anti-tumor necrosis factor.

Figure 2: DLQI response at week 16

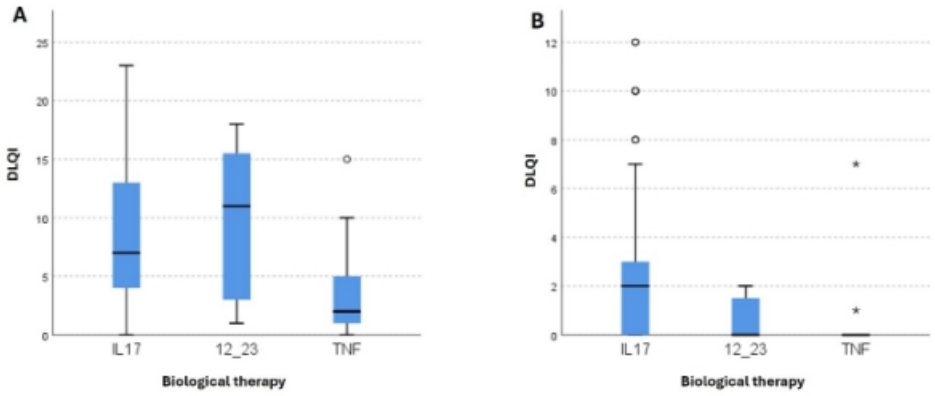


Figure 2. Comparison of the 3 biologic therapy groups at 16 weeks of treatment and their improvement in DLQI scores. A: Baseline DLQI; B: DLQI at 16 weeks; IL-17: anti-interleukin 17; IL-12: anti-interleukin 23/12; TNF: anti-tumor necrosis factor; DLQI: Dermatology Life Quality Index.



Abstract N°: 2441

Smoking cessation, weight change, and psoriasis: A nationwide population-based cohort study

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Introduction & Objectives:

Cigarette smoking is a well-established risk factor for multiple chronic inflammatory conditions, including psoriasis. However, weight gain after quitting may offset this benefit, as obesity is also a known risk factor for psoriasis. The extent to which post-cessation weight change alters the protective effect of smoking cessation remains unclear. This study aimed to evaluate the relationship between smoking cessation, subsequent body mass index(BMI) change, and the risk of psoriasis using nationwide Korean cohort data.

Materials & Methods:

We conducted a nationwide cohort study using the Korean National Health Insurance Service database. Adults who underwent two consecutive biennial health screenings between 2004 and 2007 were included. Participants were categorized into five groups: sustained smokers, quitters with BMI gain (≥+0.5 kg/m^2), quitters without BMI change (±0.5 kg/m^2), quitters with BMI loss (≤–0.5 kg/m^2), and never smokers. Cox proportional hazards models were used to estimate adjusted hazard ratios (aHR) for psoriasis risk, accounting for demographic, metabolic, and behavioral variables.

Results:

A total of 5,470,955 participants were included. Compared to sustained smokers, quitters without BMI change (aHR 0.85; 95% CI 0.79–0.92) and those with BMI loss (aHR 0.88; 95% CI 0.79–0.97) showed a significantly lower risk of psoriasis. However, BMI gain after cessation attenuated the protective effect, particularly for psoriasis vulgaris (PsV). Notably, the reduced risk of palmoplantar pustulosis (PPP) remained significant even among quitters with BMI gain (aHR 0.67; 95% CI 0.57–0.79). In subgroup analyses, the risk reduction was more pronounced among individuals without metabolic risk factors.

Conclusion:

Smoking cessation is associated with a reduced risk of psoriasis. Weight gain may weaken this effect, particularly for PsV, but the protective benefit against PPP persists. These findings support both smoking cessation and weight management in psoriasis prevention strategies.



Abstract N°: 2444

Association of oral anticoagulants with major adverse cardiovascular events and venous thromboembolism among psoriasis: A cohort study

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Introduction & Objectives:

Psoriasis has been associated with an increased risk of major adverse cardiovascular events (MACE) and venous thromboembolism (VTE). The use of non–vitamin K antagonist oral anticoagulants (NOACs) or warfarin in patients with psoriasis is critical for the prevention of these events. Emerging evidence suggests that NOACs may offer anti-inflammatory effects beyond their anticoagulant properties, potentially providing advantages over warfarin. However, whether NOACs confer superior cardiovascular and thromboembolic protection in patients with psoriasis remains unclear. Therefore, this study aimed to evaluate the comparative effectiveness of NOACs versus warfarin in preventing MACE and VTE among patients with both psoriasis and atrial fibrillation (AF).

Materials & Methods:

This retrospective cohort study utilized data from the US Collaborative Network in TriNetX and the UK Biobank. A target trial emulation was conducted using a nationwide cohort derived from the TriNetX Research Network. We identified patients aged 18 years or older with documented diagnoses of both AF and psoriasis who initiated oral anticoagulant therapy between 2010 and 2023. Patients were categorized into two cohorts based on their first prescription of oral anticoagulants: the NOAC cohort (dabigatran, rivaroxaban, edoxaban, or apixaban) and the warfarin cohort. To better capture new users, individuals who had received any oral anticoagulant prior to their AF or psoriasis diagnosis were excluded. The primary outcomes were the incidence of major adverse cardiovascular events (MACE) and venous thromboembolism (VTE). Participants were followed from their index date (first prescription of an anticoagulant) until the first occurrence of MACE or VTE, or until their last recorded medical visit. Stratified analyses were performed based on age (<65 and ≥65 years), sex (male and female), body mass index (BMI <20, 20 ≤ BMI <30, ≥30), use of disease-modifying antirheumatic drugs (DMARDs), and biologic therapies to evaluate potential effect modification. Hazard ratios (HRs) were estimated using Cox proportional hazards models, and cumulative incidence curves were generated using Kaplan–Meier methods.

Results:

A total of 67,098 adult patients with both psoriasis and AF were included in the analysis. After propensity score matching, 3,986 patients were retained in each cohort (NOAC and warfarin). Use of NOACs was associated with a lower risk of MACE (HR: 0.71; 95% CI: 0.48–0.93) and VTE (HR: 0.55; 95% CI: 0.26–0.75) compared to warfarin. Subgroup analyses demonstrated consistent trends across individual NOAC agents (dabigatran, rivaroxaban, edoxaban, and apixaban), each associated with reduced risk. Significantly lower risks were also observed among male patients, individuals aged ≥65 years, those with a BMI ≥20, and those without any history of DMARD or biologic use. Multiple sensitivity analyses confirmed the robustness of the primary findings.

Conclusion:

Among patients with psoriasis and atrial fibrillation, NOAC therapy was associated with significantly reduced risks of MACE and VTE compared to warfarin. These results reinforce the potential anti-inflammatory properties of NOACs and support their preferential use in patients with psoriasis requiring thromboembolic or cardiovascular

event prevention.



Abstract N°: 2468

5 years outcomes in patients treated with brodalumab -data from daily clinical practice

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Introduction & Objectives: Biologic therapy is a well established strategy for managing moderate to severe plaque psoriasis. The purpose of our study was to follow-up patients treated with brodalumab as part of daily clinical practice and to monitor them over a 5-year period, answering contemporary clinical questions such as: efficacy and maintenance of response over time in bio- naïve and bio- experienced patients receiving another anti-IL17, response in specific locations (nails, scalp, genital area),correlations between psoriasis duration and response to treatment, disease modification, how feasible it is under anti-IL17RA.

Materials & Methods: A single-center retrospective observational study in 73 patients with moderate to severe plaque psoriasis treated with brodalumab was conducted in Dermatologic Department of Tzaneio Hospital in Greece and lasted 5 years. Patients had a mean age 57.7 years old, 58.9% were male, baseline mean ± SD PASI score 16.7 ± 5.2, and mean ± SD DLQI score 13.8 ± 2.9.Of the 73 patients, 30 presented with psoriasis in difficult to treat locations : 46.7% nail disease, 20% scalp and 10% genitalia. Bio-experienced patients were 54.8% : 26% previously treated with apremilast and 20.5% with secukinumab. Follow-up was every 3 months.

Results: Compared with the baseline, the percentage of patients achieving PASI 90 (90% improvement -reduction in PASI score) and PASI 100 increased rapidly and was recorded as zero for all patients from their 11th visit .Mean ± SD DLQI score decreased from 13.8 ± 2.9 at baseline to 2.6 ± 2.7 and 0.8 ± 1.4 at 3 and 6 months, respectively; biologic naïve patients had greater DLQI score reduction from baseline following treatment with brodalumab as compared with patients with prior biologic treatment administration (p=0.038). Patients with nail and scalp psoriasis had a better PASI response with p value 0.02 and 0.04 respectively. Also, patients with long disease duration >8 years and 5-8 years had higher initial PASI score 16.9 and 17.7 respectively, compared to those with recent disease onset <5 years with initial PASI 14.9. Regardless of disease chronicity, there is no difference in the response to brodalumab in patients by group/years of disease (p-value 0.22 - does not show a statistically significant difference). Of the 73 patients, 15 (20.5%) underwent an intra-class switch from secukinumab, while 58 patients (79.5%) did not undergo an intra-class switch. In patients receiving secukinumab, intra-class to brodalumab was effective in PASI and DLQI score but the course of improvement was less smooth with fluctuations compared to non intra-class switch patients.

Conclusion: According to our knowledge, this is the first real world observational study with 5 years outcomes that explores treatment with brodalumab in psoriatic patients which proves effectiveness with PASI 90,100 response that lasts over time. Although there was no early therapeutic intervention, brodalumab seems to reduce the likelihood of psoriatic arthritis given the response in nail and scalp psoriasis. It was shown that regardless of the duration of the disease, the response did not differ between groups by years of disease. Finally, switching from another anti-IL17 did not affect the efficacy of brodalumab. Further studies, with a larger psoriatic patient population, may confirm these results, shedding new light in biologic treatments safety and efficacy.



Abstract N°: 2487

Impact of Biologic-Naïve Status on Clinical Severity and Patient Experience in Psoriasis: A Multicenter Real-World Cohort Study

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Introduction & Objectives:

Biologic therapies have significantly changed the management of moderate-to-severe psoriasis since their introduction in 2004. Current guidelines recommend biologics for patients who have failed at least one conventional systemic therapy. However, little is known about the impact of being biologic-naïve on disease severity and patient experience in real-life settings. Objective was to evaluate the clinical severity and quality of life of biologic-naïve versus biologic-experienced patients with moderate-to-severe psoriasis in a real-world context.

Materials & Methods:

This was a prospective, multicenter, observational cohort study conducted in France. Between December 2020 and January 2023, 1,244 adult patients with moderate-to-severe psoriasis requiring initiation or modification of systemic therapy were enrolled. Patients were stratified based on biologic treatment history. Clinical severity (e.g., PASI), quality of life (DLQI), and general health status (SF-12) were assessed at baseline. Statistical comparisons between groups were performed using Wilcoxon rank-sum and Chi-square tests.

Results:

Despite comparable disease duration, biologic-naïve patients exhibited more severe clinical symptoms and greater quality-of-life impairment (*Table 1*). These differences, while significant, should be interpreted considering the absence of a therapeutic washout period prior to inclusion—a contrast to randomized clinical trials—which may account for borderline severity scores in naïve patients. Conversely, non-naïve patients maintained low DLQI and SF-12 scores at baseline. Prior biologic exposure may foster improved disease perception and greater confidence in therapeutic outcomes, even in the context of treatment failure.

Conclusion:

Patients previously treated with biologics seem to experience a better overall disease perception and confidence in care, even when prior therapies were suboptimal. These results could help inform the ongoing debate on early versus delayed initiation of biologic therapy in psoriasis management

	biologic-experienced patients (n=169)	biologic-naïve patients (n=1075)	p-value
Age at diagnosis (median)	25	24	0.439 (a)
Disease duration (median)	19	17	0.101 (a)
PASI (median)	4	11	<0.001 (a)
PASI > 10 (%)	21.9	51.6	<0.001 (b)
SF12 Physical (median)	53.3	51.1	0.055 (a)
SF12 Mental (median)	43.9	39.8	<0.001 (a)
DLQI (median)	3	10	<0.001 (a)
DLQI 11-30 (%)	26	50	<0.001 (b)

Table 1: Comparison of psoriatic disease characteristics in biologic-naive and biologic-experienced patients (a) Wilcoxon rank-sum test (b) Chi-square test



Abstract N°: 2519

Delphi Consensus Recommendations of the IADVL Special Interest Group on Mild to Moderate Psoriasis: Role of Topical Therapies and Phototherapy in Psoriasis Care

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Introduction & Objectives:

Psoriasis is a chronic, immune-mediated inflammatory skin condition with significant psychosocial and systemic implications. In India, where resource availability and healthcare accessibility are variable, non-systemic therapies remain central to the management of mild to moderate psoriasis. Recognizing the need for regionally adapted, evidence-informed guidance, the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL) Special Interest Group (SIG) on Psoriasis developed consensus recommendations through a Delphi process.

Objectives: To provide updated, expert-guided consensus recommendations for the non-systemic management of mild to moderate psoriasis in India, focusing on topical therapies, phototherapy, and supportive strategies, contextualized to Indian clinical practice.

Materials & Methods:

A panel of 15 dermatology experts conducted a structured literature review and engaged in a multi-phase Delphi consensus process. Recommendations were developed based on current evidence, clinical experience, and the applicability of therapies in Indian settings. The Grading of Recommendations, Assessment, Development, and Evaluations (GRADE) approach was used to assess evidence strength where available.

Results:

The panel established consensus on the role of various topical agents including corticosteroids, vitamin D analogues, calcineurin inhibitors, coal tar, anthralin, tazarotene, and combination regimens. Phototherapy, particularly narrowband UVB (NB-UVB), was reaffirmed as the first-line modality for moderate disease, with PUVA and excimer laser reserved for select cases. The guidelines also addressed special site management, proactive and maintenance therapy, and safety profiles. Adjunctive lifestyle interventions, patient counseling, and emerging

alternative and complementary therapies were reviewed. The role of traditional agents and newer delivery technologies was also discussed.

Conclusion:

This consensus document provides practical, evidence-informed recommendations for the non-systemic management of mild to moderate psoriasis in India. By integrating clinical evidence with regional context and expert opinion, these guidelines aim to optimize psoriasis care and standardize therapeutic approaches among Indian dermatologists.

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PARIS 17-20 SEPTEMBER 2025
EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 2527

Correlation of Japanese Dermatological Association Severity Score with International Indices and Inflammatory Biomarkers in Generalized Pustular Psoriasis

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Introduction & Objectives:

Generalized pustular psoriasis (GPP) is a rare and severe inflammatory skin disorder characterized by widespread sterile pustules and systemic inflammation. While the GPP Physician Global Assessment (GPPGA) and the GPP Area and Severity Index (GPPASI) are internationally validated severity indices, the Japanese Dermatological Association (JDA) severity score is commonly used solely in Japan and has not gained international consensus. This study aimed to assess the correlations among the JDA severity score, GPPGA, GPPASI, and inflammatory laboratory markers in hospitalized GPP patients.

Materials & Methods:

We retrospectively analyzed clinical and laboratory data of patients diagnosed with GPP based on JDA diagnostic criteria and hospitalized in our hospital between January 2014 and January 2024. Severity scores (JDA severity score, GPPGA, GPPASI) and laboratory parameters including white blood cell (WBC) count, neutrophil count, C-reactive protein (CRP), platelet count, lactate dehydrogenase (LDH), and serum albumin (Alb) were collected at admission, discharge, and the first post-discharge outpatient visit. Pearson's correlation coefficients were calculated to assess relationships between clinical scores and laboratory parameters.

Results:

A total of 13 patients (10 males, 3 females; mean age 55.8 ± 22.4 years) were included. The JDA severity score showed a significant positive correlation with GPPGA ($r = 0.699$, $p < 0.0001$) and GPPASI ($r = 0.713$, $p < 0.0001$). A strong correlation was also observed between GPPGA and GPPASI ($r = 0.784$, $p < 0.0001$).

Analysis of GPPGA subscores revealed that the erythema subscore ($r = 0.595$, $p < 0.0001$) and pustule subscore ($r = 0.692$, $p < 0.0001$) were significantly correlated with the JDA severity score. In contrast, the scaling/crust subscore showed no significant correlation with the JDA severity score ($r = 0.144$, $p = 0.361$).

Regarding laboratory parameters, WBC count ($r = 0.638$), neutrophil count ($r = 0.633$), and CRP ($r = 0.678$) showed moderate correlations with GPPASI. Similar trends were observed between GPPGA and these parameters: WBC count ($r = 0.670$), neutrophil count ($r = 0.716$), and CRP ($r = 0.578$). The scaling/crust subscore of GPPGA did not correlate with systemic inflammatory markers but showed a significant positive correlation with platelet count ($r = 0.454$).

Conclusion:

The JDA score showed significant correlations with GPPGA and GPPASI, supporting its utility as a severity assessment tool for skin manifestations in GPP. Laboratory parameters such as CRP, WBC, and neutrophil counts were also correlated with these clinical indices, suggesting their usefulness as supplementary indicators of disease activity. A combined evaluation using clinical scores and laboratory parameters may enhance the accuracy of disease severity assessment in GPP. Further studies are warranted to validate these findings.

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Abstract N°: 2535

Cryptochrome 2 Attenuates Psoriatic Skin Inflammation by Suppressing Keratinocyte Proliferation and Inflammatory Responses

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Cryptochrome 2 Attenuates Psoriatic Skin Inflammation by Suppressing Keratinocyte Proliferation and Inflammatory Responses

Introduction & Objectives:

Psoriasis is a chronic immune-mediated inflammatory dermatosis. Cryptochrome 2 (CRY2), a key regulator of circadian rhythms, is known to modulate cellular proliferation and inflammatory pathways in various immune-mediated diseases; however, its role in the pathogenesis of psoriasis remains unclear. This study aims to elucidate the functional role of CRY2 in psoriasis development through molecular and translational approaches.

Materials & Methods:

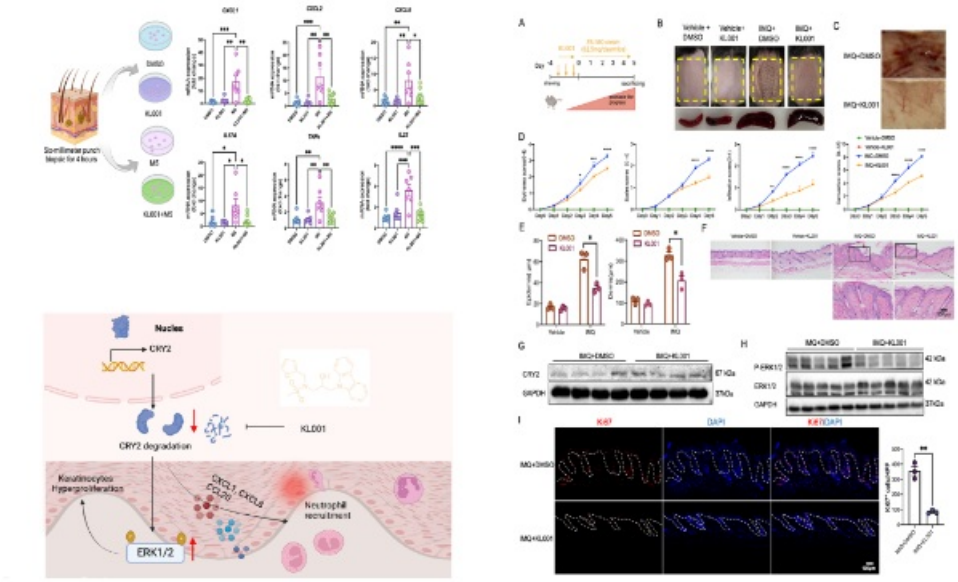
CRY2 expression in psoriatic lesions was assessed through high-throughput transcriptomic data analysis, the GEO database, single-cell RNA sequencing, and immunofluorescence staining of psoriatic skin. HaCaT cells were stimulated with M5 cytokine cocktail to establish an in vitro psoriasis model. In vivo, imiquimod (IMQ) was applied to the dorsal skin of mice to induce psoriasis-like dermatitis. Additionally, healthy human skin biopsies were treated with M5 to generate an ex vivo psoriasis model. To evaluate the role of CRY2, the CRY2 stabilizer KL001 was administered to M5-treated HaCaT cells, IMQ-induced psoriatic mouse skin, and M5-treated skin biopsy samples.

Results:

1. **CRY2 expression was significantly reduced in the epidermal keratinocytes of both psoriatic skin samples and IMQ-induced psoriasis-like dermatitis.**
2. **M5 treatment markedly suppressed CRY2 expression in keratinocytes and enhanced ERK1/2 phosphorylation.**
3. **KL001 treatment reduced M5-induced ERK1/2 phosphorylation, thereby inhibiting keratinocyte proliferation and inflammatory responses.**
4. **KL001 administration restored CRY2 expression and attenuated inflammation in both M5-treated skin biopsies and IMQ-induced psoriatic lesions.**

Conclusion:

This study demonstrates that CRY2 suppresses psoriasis development by downregulating ERK1/2 phosphorylation. Furthermore, pharmacological stabilization of CRY2 using KL001 alleviates inflammation in both murine and ex vivo human models of psoriasis, highlighting a potential novel therapeutic strategy for the disease.


Nucleus
CRY2
KL001
CRY2 degradation
Keratinocytes Hyperproliferation
CXCL1, CXCL8, CCL20
Neutrophil recruitment
ERK1/2



Abstract N°: 2549

Evaluating the association between Neutrophil to Lymphocyte Ratio (NLR) and Platelet"to Lymphocyte Ratio (PLR) in Psoriasis Patients in correlation with PASI Score

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease that is affecting around 2-3% of worldwide population. It is characterized by hyper proliferation of keratinocytes and systemic inflammation along with immune dysregulation. The Psoriasis Area Severity Index (PASI) a well-known tool forevaluating the severity of psoriasis, combining both the extent of the body surface area involved and the intensity of erythema, scaling, and induration. Underlying systemic inflammatory status could potentially be reflected by inflammatory biomarkerssuch as Neutrophil to Lymphocyte Ratio (NLR) and Platelet to Lymphocyte Ratio (PLR), and recent studies have focused their role over psoriasis. These ratios, based on complete blood count (CBC) data, are simple, low-cost markers that may be reflective of immune activation, which plays a key role in the pathogenesisof psoriasis. Our aim is to assess the relationship between NLR and PLR in patients with psoriasis and investigate how these ratios correlate with the severity of psoriasis as measured by PASI score.

Materials & Methods:

A retrospective study included 150 file recorded. The study was conducted over the period of January 2025 and March 2025. After excluding the files with missing data the total number is 79 files with complete records of minimum two PASI scores and corresponding CBC with differential leukocyte count. Data were analyzed at the end of the study, coded numerically, and computer analyzed using Statistical (JASP) version 0.18.3. Quantitative data were expressed as means ± STD or as frequency and percentage, Mann-Whitney U test, spearman correlation coefficient. For all statistical analyses, significance levels of $p<0.05$ were considered.

Results:

79 patients were analyzed, 52 males and 27 females with a median age 51 for female and 44.5 for males. Patients were grouped into mild to moderate and severe categories according to the obtained PASI score. For both groups, age and inflammatory markers such as PLR, NLLR, ESR, and CRP did not show any statistical differences ($p > 0.05$). The PLR still shows a slight increase in severe cases compared to mild to moderate cases even though it was statistically insignificant. NLR was the same for both groups, indicating no variation between mild to moderate and severe cases. The regression analysis shows that the correlation coefficient R for PASI vs. PLR is -0.035 ($p=0.637$). In the same manner, the correlation between NLR and PASI was not stronger as evidenced by the $R=0.150$ ($p=0.077$).

Conclusion:

Our results don’t indicate that PLR or NLR are predictors for psoriasis severity based on the recorded PASI scores. On the other hand the PLR shows a slight statistically insignificant increase in patients with severe condition compared to patient with mild to moderate condition. There is a need for more research in assessing the role of NLR & PLR in estimating the disease severity.



Abstract N°: 2561

Secukinumab Dosing Strategies in Obese Psoriasis Patients: No Short-Term PASI Difference, but Weight Loss May Enhance Long-Term Response

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Secukinumab Dosing Strategies in Obese Psoriasis Patients: No Short-Term PASI Difference, but Weight Loss May Enhance Long-Term Response

Introduction & Objectives: psoriasis is a common, chronic, immune-mediated systemic disease occurring more frequently association with metabolic syndrome and cardiovascular diseases. Patients with comorbided psoriasis and obese have lower rates of drug exposure and response than regular-weight psoriasis patients due to their higher body weight. IL-17A inhibitors are effective agents for treating plaque psoriasis, and no risk of weight gain has been observed at a fixed dose.

To evaluate the efficacy of these different dosing strategies on symptom control and the clinical outcomes of sequential therapy.

Materials & Methods: This retrospective study analyzed 16 obese patients with moderate-to-severe psoriasis treated with two secukinumab regimens: 300 mg loading doses (weeks 0-4) followed by Q2W (n=4) or Q4W (n=12) maintenance. Comparative PASI improvement rates at weeks 4, 8, 12, and 16 was performed, supplemented by 1-year follow-up monitoring to assess dosing strategy efficacy and sequential treatment outcomes.

Results: There was no statistically significant difference in PASI score reduction rates between the two groups at any time point (4 weeks, 8 weeks, 12 weeks, and 16 weeks). Six months after follow-up, 12 patients from both groups were switched to biological agents or oral medications targeting either the same or different target due to inadequate disease control. Despite inadequate response to the alternative therapies, these patients were subsequently transitioned to secukinumab treatment. Among them, 6 patients demonstrated improved response to secukinumab following weight reduction(weight: 73.17±3.39 kg, BMI: 26.52±2.16).

Conclusion: No significant difference in PASI reduction was observed between groups at any timepoint. At 6 months, 12 patients required therapy escalation (biologics/oral agents), with 6 showing improved secukinumab response post weight reduction despite prior therapy failure, suggesting weight loss may augment secukinumab efficacy in refractory cases.



Abstract N°: 2585

Real-world experience with tildrakizumab in moderate-to-severe psoriasis

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Introduction & Objectives:

Tildrakizumab is a humanized IgG1 kappa monoclonal antibody that specifically targets the p19 subunit of IL-23, a cytokine involved in the pathogenesis of psoriasis. Approved for the treatment of moderate-to-severe psoriasis in 2018, tildrakizumab has shown a favorable safety profile and significant clinical efficacy. This study aims to assess the clinical effectiveness, safety, and treatment outcomes of tildrakizumab in patients with moderate-to-severe psoriasis in a real-world clinical setting.

Materials & Methods:

This observational study included 48 patients diagnosed with moderate-to-severe psoriasis who were treated with tildrakizumab. The patients were followed up for an average of 18 months from May 2020. The mean age of patients was 55 years, and 56% were male. Common comorbidities included dyslipidemia (45.8%), obesity (31.3%), hypertension (31.3%), and diabetes (25%). Notably, 39.6% of patients were smokers.

Prior treatments included systemic therapies such as methotrexate (45.8%), acitretin (25%), cyclosporine (16.7%), apremilast (12.5%), and biologics such as TNF inhibitors (54.2%), ustekinumab (35.4%), secukinumab (12.5%), and ixekizumab (12.5%). These patients had demonstrated insufficient response or intolerance to these previous treatments, which prompted the initiation of tildrakizumab therapy. The patients' psoriasis severity was assessed using the Psoriasis Area and Severity Index (PASI), both before and after treatment.

Results:

The mean PASI score at baseline was 10.6, reflecting moderate-to-severe disease activity. After an average treatment duration of 18 months, the mean PASI score significantly decreased to 2.5, indicating a marked improvement in disease severity. This reduction in PASI was observed in the majority of patients, demonstrating the effectiveness of tildrakizumab in controlling psoriasis symptoms.

However, 11 patients (22.9%) discontinued treatment during the study. The reasons for discontinuation included primary failure in 3 patients (6.3%), secondary failure in 5 patients (10.4%), and loss to follow-up in 1 patient (2.1%). Additionally, 1 patient temporarily stopped treatment due to a planned surgical procedure, and 1 patient unfortunately passed away from lung cancer during the course of the study. Despite these cases, the overall effectiveness and safety of tildrakizumab were favorable, with the majority of patients experiencing sustained improvement in PASI scores.

Conclusion:

Tildrakizumab proved to be an effective and well-tolerated treatment for moderate-to-severe psoriasis, significantly reducing PASI scores in most patients. Discontinuation occurred in a minority of cases, mainly due to lack of efficacy or unrelated health issues. These real-world results support tildrakizumab as a promising

therapeutic option, particularly for patients who have not responded to prior systemic therapies**.** Further studies involving larger populations and longer follow-up are warranted to confirm these findings**.**



Abstract N°: 2587

Secondary systemic amyloidosis in a patient with psoriasis and psoriatic arthritis

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Introduction & Objectives:

Amyloidosis encompasses a group of heterogeneous disorders characterized by extracellular deposition of misfolded protein aggregates, known as amyloid, in tissues and organs. These deposits disrupt normal organ function and can be classified as either localized—limited to a single organ such as the skin—or systemic, involving multiple organ systems. Secondary systemic amyloidosis (AA type) results from prolonged inflammatory or infectious stimuli that induce sustained overproduction of serum amyloid A (SAA) protein, an acute-phase reactant.

Materials & Methods:

Case report

Results:

We present the case of a 42-year-old male under long-term multidisciplinary follow-up for severe plaque psoriasis and psoriatic arthritis with both axial and peripheral joint involvement. The patient exhibited refractoriness to multiple therapeutic strategies, including conventional systemic treatments (methotrexate, cyclosporine, sulfasalazine, leflunomide) and various biologics (adalimumab, etanercept, infliximab, certolizumab, golimumab, ustekinumab, guselkumab, risankizumab, ixekizumab, secukinumab).

In March 2022 and again in February 2023, the patient required hospitalization due to severe hematuria necessitating transfusion and surgical intervention. Additionally, he reported chronic diarrhea of one year’s duration. The constellation of symptoms raised suspicion for systemic amyloidosis. A rectal mucosal biopsy was performed, revealing amyloid deposits confirmed by Congo red staining and apple-green birefringence under polarized light microscopy, consistent with AA amyloidosis.

Conclusion:

AA amyloidosis is a serious, though rare, systemic complication of chronic inflammatory diseases, particularly rheumatologic disorders such as rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, and psoriatic arthritis. It is also increasingly reported in chronic dermatologic conditions like hidradenitis suppurativa and long-standing, uncontrolled psoriasis. Chronic elevation of SAA protein, often linked to suboptimal disease control, leads to amyloid fibril deposition primarily in the kidneys, gastrointestinal tract, liver, and heart, resulting in significant morbidity. In this patient, bladder involvement with hemorrhagic events and chronic intestinal symptoms were early signs of multisystemic involvement.

Management of AA amyloidosis hinges on controlling the underlying inflammatory process. While no targeted treatment currently exists for AA amyloidosis itself, halting or reversing amyloid deposition is possible through tight control of systemic inflammation. This case highlights the importance of early recognition of systemic

complications in patients with treatment-resistant inflammatory dermatoses and emphasizes the need for comprehensive multidisciplinary care.



Abstract N°: 2590

Apremilast Survival in Clinical Practice: Real-World Evidence from a Greek Dermatology Center

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Introduction & Objectives:

Apremilast is an oral phosphodiesterase-4 (PDE4) inhibitor approved for moderate-to-severe psoriasis and psoriatic arthritis. It modulates inflammatory signaling affecting both the immune cells and keratinocytes. Although clinical trials provide controlled evidence of apremilast's efficacy and safety, real-world data are crucial to understanding its performance in routine clinical practice.

The aim of this study was to evaluate safety and efficacy of apremilast in patients with psoriasis in a real-world setting.

Materials & Methods:

We performed a retrospective cohort study at the Dermatology and Venereology Department of the 424 General Military Hospital of Thessaloniki analyzing medical records of patients with psoriasis between 2017 and 2024 treated with apremilast. Primary outcomes included drug survival at 52, 104, and 156 weeks; secondary outcomes assessed median apremilast survival and the proportion of patients achieving PASI 75 at multiple time points. Kaplan-Meier survival analysis was used to calculate the survival probability and the median drug survival. Additionally, Cox regression analyses were performed to identify predictors of discontinuation.

Results:

Among 62 patients (mean age 44.2, 83.9 % male) with a median Psoriasis Area and Severity Index (PASI) 10.1 and median disease duration of 7 years, apremilast survival rates were 69% at 52 weeks, 48% at 104 weeks, and 44% at 156 weeks. The median drug survival was 96 weeks. PASI 75 was achieved by 54.8% at 16 weeks, peaked at 69.4% at 24 weeks, and declined to 19.4 at 156 weeks. Older age was significantly associated with a decreased risk of apremilast discontinuation (aHR: 0.964, p=0.038). Discontinuation occurred in 34 patients, mainly due to secondary failure (n=15) and gastrointestinal side effects (n=8). No serious adverse events were reported.

Conclusion:

Apremilast survival probability and median drug survival were higher in our cohort compared to previous real-world studies, likely due to the specific characteristics of our patient population (milder disease, fewer comorbidities, social background). Apremilast remains a safe and effective treatment option for psoriasis in a real-world clinical setting. Further prospective studies are warranted to confirm these findings.



Abstract N°: 2598

Characterization of Psoriasis-Associated Cardiovascular Risk Screening Utilizing the 2023 National Health Interview Survey

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Introduction & Objectives:

Psoriasis is increasingly recognized as a systemic inflammatory disease associated with increased cardiovascular risk, including comorbidities such as hypertension (HTN), diabetes mellitus (DM), and hyperlipidemia (HLD). Despite this, awareness among non-dermatology providers remains limited—only 45% of surveyed primary care physicians and cardiologists in 2012 reported knowledge of worsened psoriasis-related cardiovascular outcomes. Previous studies utilizing national data from the 2015 National Ambulatory Medical Care Survey indicated low screening rates (31–60%) for cardiovascular comorbidities among psoriasis patients. This study aims to evaluate updated national screening rates for HTN, DM, and HLD in individuals with psoriasis compared to those without using 2023 data from the National Health Interview Survey (NHIS).

Materials & Methods:

We analyzed data from the 2023 NHIS, a nationally representative survey conducted by the CDC using trained interviewers. Adults were asked whether they had ever been diagnosed with psoriasis and whether they had undergone cholesterol testing, blood pressure screening, or diabetes screening either ever or within the past 12 months. We compared screening rates between psoriasis and non-psoriasis groups using Wilcoxon rank-sum tests and logistic regression to calculate odds ratios (OR) with 95% confidence intervals (CI), adjusting for sociodemographic factors.

Results:

A weighted total of 7,051,988 individuals were identified as having psoriasis (mean age 53 ±16 years; 51% male; 80% White; 94% insured). Among them, 94% reported receiving blood pressure screening within the past year, significantly higher than those without psoriasis (87%; OR 1.9, CI 1.4–2.6). Lipid screening was reported in 81% of psoriasis patients (OR 1.3, CI 1.0–1.6), and diabetes screening in 77% (OR 1.4, CI 1.1–1.7). Despite higher screening rates, 19–23% of individuals with psoriasis still reported not receiving lipid or diabetes screening within the past year or ever.

Conclusion:

Compared to earlier national data, this analysis suggests improved screening rates for cardiovascular comorbidities among psoriasis patients. However, a substantial proportion still lack adequate preventive screening, particularly for lipid and glucose discorders. In alignment with American Academy of Dermatology and National Psoriasis Foundation joint guidelines, dermatology providers should incorporate routine cardiovascular

screening into psoriasis management and collaborate with primary care physicians to address ongoing gaps in preventive care identified in this study.

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Abstract N°: 2614

Forty-year variation in psoriasis prevalence in a French university-hospital : epidemiological impact of biotherapies.

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Introduction & Objectives:

Over the past 40 years, the introduction of new therapeutic options has profoundly influenced the management of inflammatory dermatoses. However, the impact of these therapeutic advances on the profile of patients managed in our department remains to be determined. Given the opportunity to analyze 39 years of electronic medical records, we aimed to characterize potential changes in the typology of patients diagnosed with psoriasis in our center.

Materials & Methods:

The current medical records system in our department is based on the successive integration of three electronic medical record (EMR) software platforms, forming three data layers with progressively increasing granularity. fWe extracted the minimum common data available across these three EMRs used from 1984 to 2023: patient age at the time of consultation, sex, diagnosis, and date of consultation. Patients with unknown or undetermined sex, as well as those without a confirmed diagnosis at the end of the consultation, were excluded (1,465 exclusions). Age data were available for all patients included in our database. The data were extracted in the form of .xls spreadsheets.

Results:

Out of 354 082 patients, 352 617 were eligible for analysis, among whom 19 881 were diagnosed with psoriasis (ICD code: L40), corresponding to an overall prevalence of 5.64% over the study period. Psoriasis prevalence varied from 3.56% between 1983 and 1999 to 7.58% in 2023.

Figure 1 shows a sixfold rise in psoriasis consultations between 1983 and 2023.

Figure 2 shows the prevalence of psoriasis between 1984 and 2023, in relation to the marketing authorization dates of various biologic therapies for psoriasis.

To our knowledge, this level of long-term, service-level electronic medical record data is rare in Europe, if not unique.

Our findings reveal a clear increase in psoriasis-related outpatient activity within a general dermatology department, which also maintains a high volume of oncological cases. This is reflected not only in the increase in the number of patients actively followed for psoriasis but also in the overall prevalence of the disease.

The introduction of biologic therapies—beginning with infliximab, approved for psoriasis in August 1999—marked a turning point in this trend, with subsequent therapeutic innovations further amplifying the dynamic.

The number of psoriasis patients actively followed rose from 200 in 1990 to 1 200 in 2023, while prevalence increased from 4.20% to 7.58% over the same period.

This trend may be explained by an increase in hospital-based recruitment of psoriasis patients, particularly due to

the requirement for initial hospital prescription of biotherapies.

Conclusion:

At the department level, these data illustrate the epidemiological impact of the introduction of an effective new therapy in the management of a condition that was previously poorly treated.

The arrival of novel biotherapies for other inflammatory dermatoses is expected to have similar consequences. In the coming years, the number of patients with hidradenitis suppurativa, vitiligo, and alopecia areata, … in our active patient cohort is likely to increase significantly. This evolving epidemiological and therapeutic landscape highlights the need for dermatology residents to acquire expertise in managing these emerging indications.

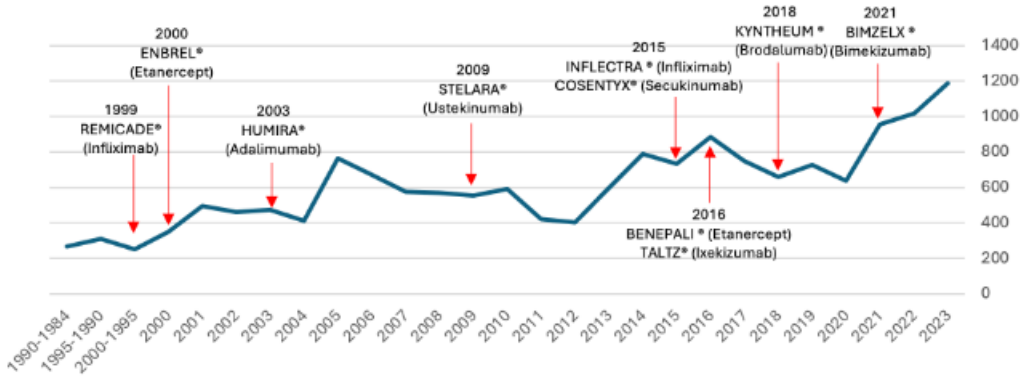


Figure 1 : Evolution in the number of consultations for psoriasis.

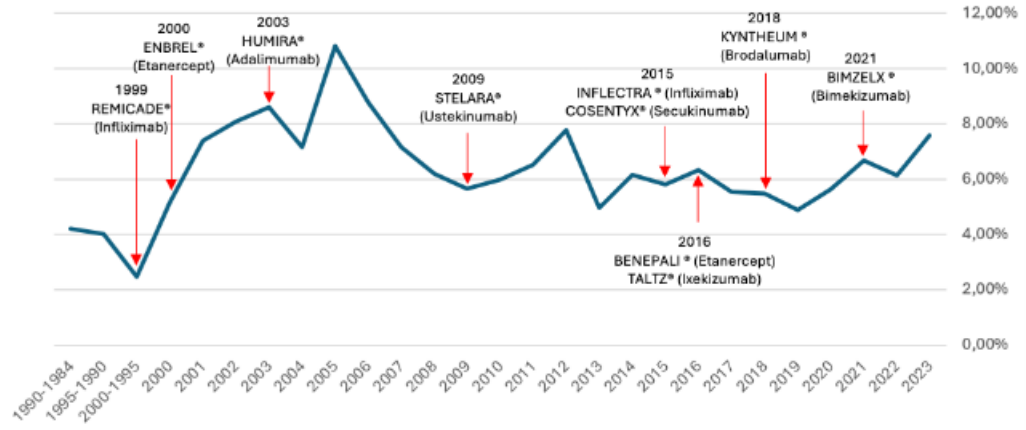


Figure 2 : Psoriasis prevalence evolution.



Abstract N°: 2643

Annular Pustular Psoriasis: A Heterogeneous Subtype of Generalized Pustular Psoriasis

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Introduction & Objectives:

Annular pustular psoriasis (APP) is a rare variant of generalized pustular psoriasis (GPP), characterized by a sub-acute progression and reduced systemic involvement. Currently, there is no consensus on the treatment of APP.

Materials & Methods:

In this study, we present a detailed analysis of four APP cases from our clinics, including their genetic profiles. Also, We conducted a literature review using PUBMED on September 4, 2024, with the keywords "annular pustular psoriasis," resulting in the screening of 48 studies. After excluding 3 review articles, 3 epidemiological studies without case details, 1 basic research study, we included 38 articles comprising a total of 41 patients.

Results:

Our review indicates that APP is a highly heterogeneous condition, with a variety of genetic statuses, including mutations in IL-36RN (c.115+6T>C) and CARD14 (c.2458C>T), and a diverse range of responses to available biologic therapies.

Conclusion:

Genetic analysis may facilitate a personalized therapeutic approach, providing a more precise foundation for treatment decisions.

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Abstract N°: 2663

Rapid Molecular Differentiation of Psoriasis and Atopic Dermatitis using Skin Biopsy Samples in Clinical Routine: Impact on Therapeutic Decision-Making

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Introduction & Objectives:

Distinguishing Psoriasis Vulgaris (PV) from Atopic Dermatitis (AD) is frequently challenging due to overlapping clinical and histopathological features. This diagnostic ambiguity can hinder the selection of appropriate targeted therapies, delaying effective patient management. This study evaluates the integration and real-world performance of a novel, rapid molecular diagnostic tool (PsorX test), designed to aid in the differentiation of PV from eczematous conditions, within the routine clinical workflow. We aim to demonstrate its utility specifically in resolving diagnostic uncertainty between PV and AD using formalin-fixed paraffin-embedded (FFPE) tissue derived from standard diagnostic biopsies. A primary focus is assessing the test's influence on subsequent therapeutic decision-making in these specific cases.

Materials & Methods:

The PsorX test enables automated analysis of disease-specific gene expression biomarkers (including NOS2 and CCL27), providing a molecular signature result via approximately 2 hours of automated analysis directly from standard FFPE sections (typically 3-5 sections per block). We are applying this test to FFPE samples obtained during routine diagnostic workups for patients presenting with inflammatory dermatoses where PV/AD differentiation is challenging. PsorX results are assessed alongside conventional clinical and histopathological findings to evaluate their combined diagnostic contribution and analyze their impact on treatment pathway selection in a real-world clinical setting.

Results:

Preliminary findings from the ongoing implementation of the PsorX test in clinical practice will be presented. Data will focus on the correlation of the PsorX molecular signature with conventional clinical and histological assessments in differentiating PV from AD. We will specifically analyze the impact of incorporating this rapid molecular data on guiding therapeutic strategies, particularly concerning choices between IL-17/23 and IL-4/13 pathway inhibitors, based on the cohort evaluated to date.

Conclusion:

Integrating rapid molecular diagnostics like the PsorX test into routine dermatopathology holds significant promise for improving diagnostic accuracy and confidence in challenging PV versus AD cases. This approach has the potential to facilitate earlier, more precise therapeutic interventions, thereby optimizing patient outcomes and potentially improving resource utilization. The findings presented will highlight the practical application and potential benefits of this technology in bridging the gap between conventional diagnostics and targeted treatment selection.



Abstract N°: 2671

Impact of BMI and Body Weight on Clinical Outcomes in patients with moderate-to-severe plaque psoriasis treated with brodalumab in Greece: A Post-Hoc Analysis of the ReSOLVE Observational Study

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Introduction & Objectives:

This post-hoc analysis assessed the impact of baseline weight and body mass index (BMI) on brodalumab effectiveness and quality of life (QoL) in adult patients with moderate-to-severe plaque psoriasis treated in routine care.

Materials & Methods:

Data were drawn from the ReSOLVE study, a prospective, non-interventional, single-arm study across 11 dermatology centers in Greece. Adult patients were treated by routine care and followed for 52 weeks. Disease severity was assessed via Psoriasis Area and Severity Index (PASI) and static Physician Global Assessment (sPGA); QoL via Dermatology Life Quality Index (DLQI). Outcomes were stratified by baseline BMI (normal <25 kg/m2, overweight 25–29.9 kg/m2, obese ≥30 kg/m2) and weight (< or ≥100 kg). Endpoints included PASI ≤3, sPGA 0/1 at Weeks 12, 24, 36, and 52; PASI75/90/100 at Week 52; and DLQI scores and change from baseline. Categorical variables were compared using chi-square/Fisher's exact test; continuous variables with ANOVA/Kruskal-Wallis/t-test/Mann–Whitney; post-hoc comparisons used Tukey's or Dunn's correction. Generalized estimating equations with a binomial distribution, logit link and exchangeable correlation assessed PASI ≤3 over time, including weight/BMI and interactions.

Results:

Of 145 enrolled patients, 128 (88%) completed the study; 81% had baseline weight <100 kg and 19% ≥100 kg, while 28%, 42%, and 30% had normal, overweight, and obese BMI, respectively. Those ≥100 kg were mostly male (93% vs. 59% in < 100 kg; p=0.001). Median diagnosis age was lower in normal BMI group (29 years), compared to overweight (42 years) and obese (38 years; p=0.018).

PASI ≤3 rates rose from Week 12 (63% in ≥100 kg vs. 79% in <100 kg) to 52 (91% vs. 98%), with higher responses in <100 kg at Weeks 24 (89% vs. 64% in ≥100 kg) and 36 (95% vs. 82% in ≥100 kg).

Odds of achieving PASI ≤3 increased over time, with patients being 2, 5, and 14 times more likely to achieve it at Week 24, 36, and 52 compared to Week 12 (p≤0.001 for all). At Week 52, PASI75/90/100 responses were higher in <100 kg (98%, 96%, 82%) vs. ≥100 kg (91%, 77%, 59%), with significant differences for PASI90/100. sPGA 0/1

responses were higher in <100 kg vs. ≥100 kg patients at Weeks 12 (74% vs. 59%) and 52 (97% vs. 91%), with a significant gap at Week 24 (90% vs. 60%, p<0.001). sPGA 0 rates favored <100 kg vs. ≥100 kg at all visits: Week 12 (58% vs. 37%, p=0.048), 24 (71% vs. 44%, p=0.009), 36 (79% vs. 59%, p=0.042), and 52 (82% vs. 59.1%, p=0.018). BMI groups showed no significant differences in PASI and sPGA outcomes at any timepoint.

At Week 12, patients <100 kg showed significantly greater DLQI improvement vs. ≥100 kg (median −11 vs. −7, p=0.006). By Week 52, both groups had near-complete QoL resolution (mean DLQI 0.6 vs. 0.4), with overall change still significantly greater in <100 kg (−12 vs. −10, p=0.036). Among BMI groups, all showed significant improvement, but change was smaller in obese at Week 12 (−8) vs. overweight (−11, p=0.031), confirmed in Tukey-adjusted comparisons. At Week 52, DLQI reductions remained lower in obese patients (−11) vs. overweight (−13) and normal (−14; p=0.042), though post-hoc pairwise differences were not significant.

Conclusion:

Brodalumab demonstrated strong effectiveness and QoL gains over 52 weeks. Patients <100 kg showed faster early responses, particularly in PASI and sPGA. While weight may affect early outcomes, long-term results were consistently high across all BMI groups, supporting brodalumab's efficacy regardless of BMI.



Abstract N°: 2675

The impact of spesolimab on health-related quality of life (HRQoL) measured by the short form-36 (SF-36) among patients with generalized pustular psoriasis (GPP): Results from the EFFISAYIL® 2 trial

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Introduction & Objectives: GPP is a serious, chronic, systemic neutrophilic disease with a heterogenous, unpredictable clinical course, causing systemic inflammation, increased risks of hospitalization and mortality, and has a persistent impact on physical health, emotional health, and HRQoL. Spesolimab, a selective, humanized anti-IL-36 receptor monoclonal antibody, is approved by the FDA and EMA for treating patients with GPP aged ≥12 years. In EFFISAYIL® 2 (NCT04399837), spesolimab significantly reduced the risk and occurrence of GPP flares. To determine the effects of spesolimab treatment on HRQoL, we analyzed SF-36 scores collected during EFFISAYIL® 2 in patients who received the approved spesolimab dose regimen.

Materials & Methods: In EFFISAYIL® 2, patients were randomized 1:1:1:1 to receive subcutaneous (sc) spesolimab as a 300 mg loading dose then 150 mg every (q)12 weeks, as a 600 mg loading dose then 300 mg q12 weeks, or as a 600 mg loading dose then 300 mg q4 weeks, or sc placebo over 48 weeks.** SF-36 domain scores (range 0–100; higher scores indicate better HRQoL) were collected at baseline and each subsequent 12-week timepoint through to Week 48 for patients without flares. Data for the placebo group and the spesolimab 600 mg then 300 mg q4 weeks (approved dose) group were summarized using descriptive statistics.

Results: Thirty patients were randomized to spesolimab 600 mg then 300 mg q4 weeks and 31 patients were randomized to placebo. At baseline, the mean ± standard deviation (SD) age of patients in the spesolimab group was 40.2±16.4 years, 60% were female, ethnicity was 30% White and 60% Asian, and 73% of patients had received systemic medications for GPP. Baseline characteristics were consistent across the treatment groups. Among patients in the spesolimab group who did not experience a flare (n=27; 90%), mean±SD SF-36 domain scores improved during treatment (Table 1). The mean changes from baseline at Week 48 for the physical and mental component summary scores were 5.83±12.78 and 4.45±10.36, respectively, versus 4.21±6.10 and 3.08±14.46 for placebo. In most cases, improvements at Week 48 in the individual SF-36 domains favored the spesolimab group compared with placebo (Table 1), including bodily pain (27.22±30.05 vs 7.20±20.12), physical functioning (12.17±38.34 vs 8.33±12.77), vitality (8.61±23.90 vs 3.75±19.02), and mental health (8.91±20.34 vs 4.00±26.54).

Conclusion: These findings, based on the analysis of patient HRQoL from the EFFISAYIL® 2 clinical trial, underscore the potential role of spesolimab in improving physical and social functioning, bodily pain, and mental

health, domains potentially impacted by chronic disease, resulting in improved overall HRQoL for patients with GPP. This improvement is observed in addition to the clinical benefits achieved with spesolimab. Similar improvements in health status were observed with spesolimab based on the EQ-5D-5L (these data are reported in another EADV 2025 abstract).

Table 1: Spesolimab (600 mg loading dose then 300 mg q4 weeks) improved SF-36 domain scores by Week 48

	Mean±SD BL scores and Week 48 change from BL (n) in SF-36 domain scores	
	Spesolimab (N=27)	**Placebo (N=15)**
SF-36 domain		
Physical component summary (BL)	46.93±9.75 (26)	46.75±9.90 (15)
Week 48 change from BL	5.83±12.78 (23)	4.21±6.10 (15)
Physical functioning (BL)	73.27±27.82 (26)	74.33±27.38 (15)
Week 48 change from BL	12.17±38.34 (23)	8.33±12.77 (15)
Role-physical (BL)	64.18±35.16 (26)	63.33±30.05 (15)
Week 48 change from BL	12.77±42.83 (23)	14.58±20.55 (15)
Bodily pain (BL)	56.00±29.94 (26)	68.60±29.31 (15)
Week 48 change from BL	27.22±30.05 (23)	7.20±20.12 (15)
General health (BL)	53.19±21.56 (26)	38.07±18.19 (15)
Week 48 change from BL	5.83±23.46 (23)	12.80±21.18 (15)
Mental component summary (BL)	41.74±11.15 (26)	41.49±10.18 (15)
Week 48 change from BL	4.45±10.36 (23)	3.08±14.46 (15)
Vitality (BL)	53.45±25.85 (26)	50.00±22.53 (15)
Week 48 change from BL	8.61±23.90 (23)	3.75±19.02 (15)
Social functioning (BL)	59.13±32.12 (26)	61.67±22.39 (15)
Week 48 change from BL	20.65±32.55 (23)	15.00±29.96 (15)
Role-emotional (BL)	67.31±27.28 (26)	68.89±26.25 (15)
Week 48 change from BL	9.78±29.80 (23)	9.44±31.95 (15)
Mental health (BL)	60.19±22.43 (26)	60.00±17.73 (15)
Week 48 change from BL	8.91±20.34 (23)	4.00±26.54 (15)

Positive changes in SF-36 domain scores indicate improvement; numbers in parentheses indicate the number of subjects

BL, baseline; SD, standard deviation; SF-36, short form-36; q4, every 4



Abstract N°: 2687

Spesolimab impact on health status among patients with generalized pustular psoriasis (GPP) measured by EQ-5D-5L: Results from the EFFISAYIL® 2 trial

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Introduction & Objectives: GPP is a serious, chronic, systemic neutrophilic disease with a heterogenous, unpredictable clinical course, causing systemic inflammation, increased risks of hospitalization and mortality, and poor quality of life (QoL). Spesolimab is a selective, humanized monoclonal antibody targeting the IL-36 receptor approved by the FDA and EMA for treatment of GPP in adults and adolescents aged ≥12 years. EFFISAYIL® 2 (NCT04399837) evaluated the use of spesolimab for GPP flare prevention. To determine the effects of spesolimab treatment on health state, we analyzed treatment responses using the EQ-5D-5L, focusing on flare-free patients receiving the approved spesolimab dose regimen, to aid decision making.

Materials & Methods: Eligible patients were randomized 1:1:1:1 to receive one of: 300 mg loading dose then 150 mg every (q) 12 weeks, 600 mg loading dose then 300 mg q12 weeks, 600 mg loading dose then 300 mg q4 weeks (approved dose) subcutaneous (sc) spesolimab, or sc placebo over 48 weeks.** EQ-5D-5L scores (range 0–1; higher scores indicate better health status) were collected at baseline, Weeks 4, 8, 12, 24, 36, and 48, and during a flare, and described descriptively. Mixed-effects regression analysis adjusted for covariates was used to estimate scores for flare-free patients in the 600 mg then 300 mg q4 weeks dose group, and for those experiencing flares (based on GPP Physician Global Assessment [GPPGA] scores).

Results: In total, 30 patients were randomized to spesolimab 600 mg then 300 mg q4 weeks and 31 to placebo. Mean ± standard deviation (SD) age of enrolled patients was 40.4±15.8 years, 62% were female, and ethnicity was 36% White, 64% Asian. Baseline characteristics were similar across all groups. Mean±SD EQ-5D-5L index score estimate in patients experiencing a flare was 0.35±0.36 (GPPGA score ≥2) and was worse for those with higher GPPGA scores: 0.43±0.43 (score=2) vs 0.31±0.33 (score=3 or 4), with a similar pattern for individual domains (Table 1). Among patients who did not experience a flare in the approved spesolimab 600 mg then 300 mg q4 weeks group (n=27; 90%), the mean EQ-5D-5L index score improved from 0.68±0.30 at baseline to 0.84±0.21 (placebo: 0.70±0.24 to 0.80±0.19) at Week 48 (mean change from baseline 0.16±0.34 vs placebo 0.10±0.12), while mean changes from baseline in EQ-5D-5L domain scores at Week 48 generally favored spesolimab vs placebo (Table 2).

Conclusion: These findings highlight the considerable QoL burden of GPP flares. Spesolimab limits these potential QoL impacts by reducing the incidence and occurrence of flares. Furthermore, for patients with GPP who did not experience a flare, spesolimab improved the overall QoL burden, with pain/discomfort, mental health, and the ability to perform daily activities all improving following treatment. Similar improvements in health-related QoL were observed with spesolimab based on the short form-36 (these data are reported in another EADV 2025 abstract).

Table 1: Individual EQ-5D-5L domain scores during a flare

	Mean±SD index score and individual EQ-5D-5L domain scores during a flare (n)		
	GPPGA score ≥2 (N=32)	**GPPGA score 2 (N=9)**	**GPPGA score 3 or 4 (N=23)**
EQ-5D-5L index score	0.35±0.36 (32)	0.43±0.43 (9)	0.31±0.33 (23)
EQ-5D-5L domain			
Mobility	2.47±1.11 (32)	2.22±1.09 (9)	2.57±1.12 (23)
Self-care	2.22±1.18 (32)	1.89±1.27 (9)	2.35±1.15 (23)
Usual activities	2.97±1.18 (32)	2.67±1.41 (9)	3.09±1.08 (23)
Pain/discomfort	3.47±1.11 (32)	3.22±1.39 (9)	3.57±0.99 (23)
Anxiety/depression	2.91±1.23 (32)	2.67±1.50 (9)	3.00±1.13 (23)

EQ-5D-5L index score: 0 to 1, higher score indicates improved health state; EQ-5D-5L domain scores: 1 (no issues) to 5 (extreme issues)
GPPGA, Generalized Pustular Psoriasis Physician Global Assessment; SD, standard deviation

Table 2: Spesolimab (600 mg loading dose then 300 mg q4 weeks) improved individual EQ-5D-5L domain scores from baseline in flare-free patients by Week 48

	Mean±SD BL and Week 48 change from BL in EQ-5D-5L index and domain scores (n)	
	Spesolimab (N=27)	**Placebo (N=15)**
EQ-5D-5L index score (BL)	0.68±0.30 (27)	0.70±0.24 (15)
Week 48 change from BL	0.16±0.34 (25)	0.10±0.12 (15)
EQ-5D-5L domain		
Mobility (BL)	1.78±1.05 (27)	1.80±1.01 (15)
Week 48 change from BL	-0.32±1.18 (25)	-0.33±0.62 (15)
Self-care (BL)	1.52±0.94 (27)	1.67±0.98 (15)
Week 48 change from BL	-0.24±1.05 (25)	-0.33±0.62 (15)
Usual activities (BL)	1.93±1.04 (27)	1.67±0.90 (15)
Week 48 change from BL	-0.60±1.38 (25)	-0.20±0.56 (15)
Pain/discomfort (BL)	2.19±1.11 (27)	2.00±0.93 (15)
Week 48 change from BL	-0.56±1.12 (25)	-0.27±0.80 (15)
Anxiety/depression (BL)	1.89±1.09 (27)	2.00±0.65 (15)
Week 48 change from BL	-0.60±1.04 (25)	-0.40±0.63 (15)

EQ-5D-5L index score: 0 to 1, higher score indicates improved health utility; EQ-5D-5L domain scores: 1 (no issues) to 5 (extreme issues); negative changes vs baseline in EQ-5D-5L domain scores indicate improvement
BL, baseline; SD, standard deviation; q4, every 4



Abstract N°: 2688

A 52-week real-life experience of guselkumab in Turkish patients with chronic plaque psoriasis: a single centre, retrospective study

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Introduction & Objectives: The observations on the short- and long-term efficacy and safety of guselkumab in Turkish patients with psoriasis are limited.

Materials & Methods: Patients with chronic plaque psoriasis who were treated with guselkumab for 52 weeks were enrolled. The demographic and clinical characteristics of the patients, previous therapies, psoriasis area severity index (PASI) at baseline, PASI90 and PASI100 responses, Physician's General Assessment (PGA) scores at 4th, 12th, 20th, 28th and 52nd weeks were retrospectively recorded.

Results: Of the patients, 15 (45.5%) were female and 18 (54.5%) were male. The mean age was 43.5±11.7 years (range: 25-66). Nineteen (57.6%) of the patients were bio-naïve, 14 (42.4%) were bio-experienced, and 10 (30.3%) were obese. The baseline median PASI was 8.9. The percent of PASI90/PASI100/PGA0-1 responses at the 4th, 12th, 20th, 28th and 52nd weeks were 8.3/4.2/20.8; 58.3/58.3/66.7; 71.4/53.6/67.9; 83.3/60.0/86.7; 84.8/63.6/90.9, respectively. The median week of total clearance of psoriasis was week 12. While the baseline PASI values were higher and 28th and 52nd-week PASI values of bio-naive patients were significantly lower than those of bio-experienced patients (p values: 0.042; 0.017; 0.002), there was no difference in regard of PASI values at the 4th, 12th and 20th weeks (p>0.05). PASI90, PASI100 and PGA0-1 responses of bio-naive patients at week 28 were significantly higher than those of bio-experienced patients (p values: 0.006; 0.024; 0.018, respectively). PASI90 and PASI100 responses of bio-naive patients at week 52 were considerably higher than those of bio-experienced patients (p values: 0.008; 0.001, respectively). However, the values of 4th and 12th-weeks were not different between the two groups (p>0.05). PASI values, PASI90, PASI100, and PGA0-1 responses at baseline, 4th, 12th, 20th, 28th and 52nd weeks did not significantly differ between obese and non-obese patients (all p>0.05).

Conclusion: Guselkumab efficiently and safely treated patients with chronic plaque psoriasis within 52 weeks. Although 4 and 12-week treatment provides similar efficacy regardless of whether the patient is bio-naive or bio-experienced, efficacy appears to favour bio-naive patients over the following weeks of treatment.



Abstract N°: 2732

Effectiveness of tildrakizumab in improving itching in Austrian patients with plaque psoriasis

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Introduction & Objectives: Plaque psoriasis, an autoimmune disease predominantly affecting the skin, is accompanied by itching in 60 – 90% of the patients, which may seriously affect health-related quality of life (HRQoL). Female gender and high Psoriasis Area and Severity Index (PASI) scores are associated with more severe itch. Reduction of itch is one of the most desired treatment outcomes for patients but poorly addressed by conventional psoriasis management. Tildrakizumab is an interleukin-23p19 inhibitor indicated for the treatment of moderate-to-severe plaque psoriasis with demonstrated long-term efficacy and safety. The primary objective of this study was to assess the improvement of itching in patients with plaque psoriasis under tildrakizumab therapy in routine care.

Materials & Methods: This was a 28-week, prospective, non-interventional, open-label, uncontrolled, single arm, post-authorization, observational study carried out at a single study site in Austria. Itch was assessed by the 11-point Numeric Rating Scale (NRS, range 0-10) at each visit. Patients with moderate to severe pruritus were eligible for inclusion in the study. The HRQoL instrument was Dermatology Life Quality Index-Relevant (DLQI-R, range 0-30). Effectiveness was assessed by PASI score and proportions of patients achieving PASI ≤3 and ≤1 over the 28-week period.

Results: A total of 24 patients were included (58.0% male, mean age of 48 years, 42.0% current smokers). Seven patients had a family history of psoriasis and nine patients reported one or more comorbidities like obesity, dyslipidaemia, hypertension, or diabetes mellitus. Mean Itch-NRS score decreased from 7.3 at baseline to 2.7 at week 4 and to 0.4 at week 28. At baseline, 23 of 24 patients reported an Itch-NRS ≥4. In only 4 weeks, two thirds of the patients (66.7%) reached the minimal clinical important difference reduction of ≥4 points in Itch-NRS, 18 of 23 (78.3%) at week 16 and all of them at week 28. At week 4, after only one injection of tildrakizumab, 30.4% reported an Itch-NRS 0/1, and at week 28 all but two patients reported no or minimal itch. Mean DLQI-R score decreased from 12.6 at baseline to 3.2 at week 28. At week 28, 32.0% of patients had a DLQI-R 0/1. Mean PASI decreased from 13.2 at baseline to 0.6 at week 28 which resulted in 100% and 91.3% of patients achieving PASI ≤3 and ≤1, respectively, at the end of the study. No patients discontinued due to adverse events.

Conclusion: In a real-world setting, tildrakizumab quickly and effectively improved itch in psoriasis patients as well as skin symptoms and HRQoL, without safety concerns, and this improvement was maintained through week 28.



Abstract N°: 2774

Efficacy and Tolerability of Roflumilast Cream 0.3% and Foam 0.3% in Patients With Plaque Psoriasis Involving the Face and/or Genitals: Outcomes From the Phase 3 DERMIS-1/2 and ARRECTOR Trials

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Introduction & Objectives: Efficacy, safety, and tolerability have been shown in patients with plaque psoriasis for roflumilast cream 0.3% and foam 0.3% in the phase 3 DERMIS-1/2 and ARRECTOR trials, respectively. Psoriasis on the face and genital areas can be more distressing to patients, and hypersensitivity/irritation reactions/adverse events (AEs) to active ingredients/excipients are impactful in these thin-skinned areas. Topical roflumilast does not contain ethanol, propylene glycol, formaldehyde, or fragrances that can irritate the skin; therefore, outcomes in patient subgroups with psoriasis involvement in these areas, treated with roflumilast, were investigated.

Materials & Methods: DERMIS-1/2 eligibility included age ≥2 years with at least mild plaque psoriasis (Investigator Global Assessment [IGA] ≥2) and 2%–20% body surface area affected (BSA). Patients aged ≥12 years with psoriasis of the scalp and body (≤25% BSA, at least mild body-IGA [B-IGA ≥2] and at least moderate scalp-IGA [S-IGA ≥3]) were eligible for the ARRECTOR trial. Primary endpoints included IGA success (clear/almost clear [0/1] plus ≥2-point improvement) at week 8. Achievement of IGA 0, Worst Itch-Numeric Rating Scale (WI-NRS) success (≥4-point improvement in patients with baseline ≥4), and safety were also assessed.

Results: At baseline, of 881 patients in DERMIS-1/2, 26.6% and 15.6% had psoriasis with facial and genital involvement, respectively; of 432 patients in ARRECTOR, 36.3% and 17.4% had psoriasis with facial and genital involvement. Roflumilast significantly improved psoriasis compared with vehicle. Outcomes were comparable for the cream and foam and were consistent across the subgroups (Table). Overall and in patients with baseline facial or genital involvement, higher proportions of roflumilast- versus vehicle-treated patients achieved IGA or B-IGA success (39%–46% vs 1%–20%), IGA or B-IGA 0/1 (48%–54% vs 5%–26%), and WI-NRS success (63%–71% vs 17%–38%), respectively, at week 8. Overall, treatment-related AEs from DERMIS-1/2 were reported for 4.0% and 3.6% of patients in the roflumilast cream and vehicle groups, respectively, and for 5.7% and 2.0% of patients in the roflumilast foam and vehicle groups from ARRECTOR. Across studies and treatment groups, serious treatment-emergent AEs were reported for <1% of patients. Overall, at week 8 (with roflumilast or vehicle), application-site irritation was reported by investigators for <2% (DERMIS-1/2) and 0% (ARRECTOR) of patients and patient-rated hot, tingling/stinging sensation that caused definite discomfort was reported by <2% (DERMIS-1/2) and <1%

(ARRECTOR) of patients.

Conclusion: Both roflumilast cream 0.3% and foam 0.3% were well tolerated and improved psoriasis across several efficacy assessments after 8 weeks. Observed improvements in disease were consistent between the formulations in the overall populations and in patient subpopulations who had psoriasis with baseline facial and/or genital involvement.

Table. Efficacy outcomes at 8 weeks overall and by psoriasis with facial or genital involvement

		DERMIS-1/2		ARRECTOR	
% (95% CI) [n]	Population	Roflumilast cream 0.3%	Vehicle cream	Roflumilast foam 0.3%	Vehicle foam
IGA success (DERMIS-1/2) B-IGA success (ARRECTOR)	Overall	39.9 (35.8–44.2) [519]****	6.5 (4.1–10.1) [263]	45.5 (39.7–51.5) [281]****	20.1 (14.3–27.6) [151]
	Facial involvement	42.1 (34.1–50.6) [133]****	1.3 (0.2–7.1) [76]	43.2 (33.7–53.2) [98]**	18.7 (10.5–31.0) [59]
	Genital involvement	39.3 (29.5–50.0) [84]**	5.4 (1.5–17.7) [37]	45.1 (31.5–59.5) [47]**	5.7 (1.1–24.3) [28]
IGA 0/1 (DERMIS-1/2) B-IGA 0/1 (ARRECTOR)	Overall	48.0 (43.7–52.3) [519]****	9.5 (6.5–13.7) [263]	53.5 (47.6–59.4) [281]****	25.5 (18.9–33.4) [151]
	Facial involvement	49.6 (41.3–58.0) [133]****	5.3 (2.1–12.8) [76]	49.8 (40.0–59.7) [98]***	22.8 (13.7–35.5) [59]
	Genital involvement	47.6 (37.3–58.2) [84]**	8.1 (2.8–21.3) [37]	49.4 (35.4–63.5) [47]**	14.4 (5.3–33.3) [28]
WI-NRS success	Overall	68.5 (63.8–72.9) [397]****	31.3 (25.3–38.1) [198]	63.1 (56.0–69.7) [203]****	30.1 (21.7–40.0) [110]
	Facial involvement	66.0 (56.6–74.4) [106]*	32.7 (21.8–45.9) [55]	64.1 (51.9–74.8) [69]*	30.8 (18.7–46.3) [45]
	Genital involvement	71.0 (59.4–80.4) [69]**	16.7 (7.3–33.6) [30]	63.6 (46.6–77.8) [38]	37.9 (19.8, 60.2) [23]

*$P \leq 0.03$; **$P < 0.005$; ***$P \leq 0.002$; ****$P \leq 0.0001$.

B-IGA, body-IGA; IGA, Investigator Global Assessment; WI-NRS, Worst Itch-Numeric Rating Scale.



Abstract N°: 2816

GLP-1RA and reduced mortality, cardiovascular and psychiatric risks in psoriasis: a global cohort study

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Introduction & Objectives:

Psoriasis is associated with a significant comorbidity burden, especially cardiovascular and metabolic complications. Glucagon-like peptide-1 receptor agonists (GLP-1RA), such as semaglutide, used to treat obesity and type 2 diabetes, could potentially reduce comorbidity in patients with psoriasis. To investigate all-cause mortality, cardiovascular, inflammatory, psychiatric outcomes, and adverse events in psoriasis patients treated with GLP-1RA.

Materials & Methods:

This retrospective population-based cohort study utilized real-world data from the global TriNetX database. Patients with psoriasis who were treated for diabetes or obesity with GLP-1RA during the full follow-up period of 2 years were compared with those treated with other systemic anti-diabetic or obesity drugs. After 1:1 propensity-score matching for relevant risk factors, 3,048 participants were included in each cohort. The primary outcomes included the risk of cardiometabolic, psychiatric, and autoimmune sequelae of psoriasis, as well as all-cause mortality and potential adverse drug events. The analysis was repeated using cohorts without psoriasis and results were further validated through two sensitivity analyses involving (i) later follow-up periods, or (ii) exclusion of patients with pustular psoriasis.

Results:

In the matched cohorts of 3,048 patients with psoriasis treated with GLP-1RA (60.37% females, mean age 56.94 years, standard deviation [SD] 12.02 years) versus other antidiabetic and obesity drugs (61.91% females, mean age 56.42 years, SD 14.16 years), GLP-1RA treatment was associated with significantly decreased all-cause mortality (hazard ratio [HR] 0.219, 95% confidence interval [CI] 0.123-0.391, $p<0.0001$) and reduced risk for major adverse cardiac events (MACE, HR 0.561, 95% CI 0.442-0.714, $p<0.0001$). Additionally, lower risks for alcohol (HR 0.346, CI 0.174-0.685, $p=0.009$) and substance abuse (HR 0.510, CI 0.350-0.743, $p=0.002$) were observed. Typical adverse drug events were not more frequent in the GLP-1RA cohort. The risk reductions were more pronounced in the cohorts with psoriasis compared to persons with obesity or type 2 diabetes without psoriasis. Findings were consistent across all sensitivity analyses.

Conclusion:

GLP-1RA treatment was safe and associated with reduced risks of cardiovascular and psychiatric comorbidities, as well as lower mortality in patients with psoriasis, with risk reductions markedly higher than in cohorts without psoriasis. Physicians should consider this drug class for patients with psoriasis and comorbid obesity or type 2

diabetes.



Abstract N°: 2957

The Hidden Burden of Psoriasis: Unraveling the Link Between Itch Severity, Anxiety, Depression, and Fatigue

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Introduction & Objectives: Itch is a common and clinically significant symptom in psoriasis, affecting 64% to 74% of patients. Despite its high prevalence, there remains a lack of robust data regarding the relationship between itch severity, fatigue, anxiety, and depression. Understanding these associations is essential for grasping the broader impact of the disease and enhancing clinical management.The aim of this study was to investigate the correlation between itch intensity and scores of fatigue, anxiety, and depression in patients with psoriasis

Materials & Methods: This observational, cross-sectional study included 61 patients with psoriasis — 25 men and 36 women — with a median age of 42 years. They were from the outpatient sector for cutaneous-articular diseases at a University Hospital. Itch intensity was measured using the Verbal Itch Scale. The Psoriasis Area and Severity Index (PASI) was used to assess skin disease activity. Anxiety and depression symptoms were evaluated with the Hospital Anxiety and Depression Scale (HADS), while fatigue was assessed using the FACIT-F Scale (Functional Assessment of Chronic Illness Therapy - Fatigue). Statistical analyses were performed using R software, version 4.4.1, with a significance level set at 5% ($p < 0.05$).

Results: Of the 61 participants, 7 (11.5%) reported no itch; 14 (23%) reported mild itch; 14 (23%) moderate itch; and 26 (42.5%) severe itch. Median HADS scores varied according to itch severity: No itch: 5 (IQR: 2-11); Mild and moderate itch: 16 (IQR: 4-20); Severe itch: 18 (IQR: 13-20) ($p = 0.005$). Median FACIT-F scores also reflected itch severity: No itch: 47 (IQR: 43-49); Mild itch: 36 (IQR: 26-46); Moderate itch: 33 (IQR: 28-38); Severe itch: 24 (IQR: 28-38) ($p = 0.004$).

Conclusion: The study identified a positive correlation between itch severity and both HADS and FACIT-F scores, suggesting that more intense itch is associated with higher levels of anxiety, depression, and fatigue. Patients with psoriasis exhibit significantly greater psychological distress compared to the general population, with symptoms often exacerbated by persistent and severe itch. These findings underscore the importance of recognizing itch severity as a key factor influencing the well-being of psoriasis patients. Addressing itch as a relevant symptom in clinical practice is crucial, particularly in cases of moderate-to-severe psoriasis



Abstract N°: 3002

Serum Level of Osteopontin in Patients with Psoriasis and Correlation with the Disease Severity

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disorder characterized by inflammatory, cell infiltration, hyperproliferation of epidermal cells and dilated microvessels. It affects almost 1–3% of the world population.

Osteopontin (OPN) is a phosphorylated acidic glycoprotein produced by cells of the immune system, epithelial tissue, smooth muscle cells, osteoblasts, and tumor cells. OPN interacts with integrins and CD44 to enhance Th1 and inhibit Th2 cytokine expression.

The aim of the study is to evaluate the serum levels of osteopontin in psoriatic patients and its correlation with severity of psoriasis.

Materials & Methods:

current study included 44 patients with psoriasis vulgaris of both sexes with various degrees of severity. After full history taking and examination, patients were subjected to the following work: evaluation by PASI score, NAPSI score, measurement of weight, height, and body mass index, laboratory assay of Osteopontin

Results:

The results of the present study revealed that: Serum levels of osteopontin showed a significant increase in patients when compared with controls, a significant positive correlation between osteopontin and PASI score.

Nail or scalp affection in psoriatic patients did not influence significantly the serum level of osteopontin.

Conclusion:

This study demonstrates that osteopontin level are upregulated in patients with psoriasis, which suggests that this cytokines may be involved in the development of psoriasis, therefore, osteopontin might be used as biomarkers to assess the severity of psoriasis.

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Abstract N°: 3005

The Sleepless Cycle: Unraveling the Interplay Between Sleep Disturbances and Quality of Life in Psoriasis

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Introduction & Objectives: The relationship between psoriasis and sleep disorders (SD) has been highlighted in numerous studies, though it remains incompletely understood. Sleep disturbances may act as both a consequence and a trigger for psoriasis flares. The aim of this study was to assess the prevalence of sleep disorders and correlate them with quality of life in patients with psoriasis

Materials & Methods: Observational, cross-sectional study involving 60 patients with psoriasis — 26 men and 34 women — with a median age of 42 years, recruited from a dermatology and rheumatology outpatient clinic at a university hospital. Sleep quality was evaluated using the Pittsburgh Sleep Quality Index (PSQI-BR) and the Epworth Sleepiness Scale (ESS). Quality of life was assessed with the Dermatology Life Quality Index (DLQI), categorized as follows: 1(no impact on QoL), 2(small impact on QoL), 3(moderate impact on QoL), 4 (large impact on QoL), and 5(very large impact on QoL). The Kruskal-Wallis test was used for statistical analysis, with a significance level set at $p < 0.05$.

Results:

- Prevalence of Sleep Disorders: Forty patients (66.7%) scored higher than 5, revealing a high prevalence of sleep disturbances
- Daytime Sleepiness: Twenty-eight patients (46.7%) scored 11 or higher on the ESS, indicating excessive daytime sleepiness.
- Correlation between PSQI and DLQI: Median PSQI scores varied across DLQI groups: 5.0(IQR: 6.5) in DLQI 1; 8.0(IQR: 6.0) in DLQI 2; 9.0(IQR: 3.5) in DLQI 3; 7.0(IQR: 5) in DLQI 4, and 15.0(IQR: 7.0) in DLQI 5 ($p = 0.062$).
- Correlation between ESS and DLQI: Median ESS scores across DLQI groups were: 5.5(IQR: 7.5) in DLQI 1; 10.0(IQR: 3.0) in DLQI 2; 12.0(IQR: 9.5) in DLQI 3; 10.0(IQR: 11.0) in DLQI 4, and 14.0(IQR: 13.5) in DLQI 5 ($p = 0.25$).

Conclusion: Sleep disorders were highly prevalent, affecting more than two-thirds of patients with psoriasis, as evidenced by PSQI and ESS scores. Sleep disturbances can disrupt the sympathetic nervous system and immune function, potentially contributing to the persistence and/or worsening of psoriasis, increasing the risk of adverse psychological and clinical outcomes. In this study, patients with greater sleep impairment and higher levels of daytime sleepiness presented also the worst quality of life indicators reinforcing the link between interrupted sleep and disease burden.

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Abstract N°: 3031

Therapeutic Silence, Skin in Crisis: Infantile Psoriatic Erythroderma After Treatment Discontinuation.

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Therapeutic Silence, Skin in Crisis: Infantile Psoriatic Erythroderma After Treatment Discontinuation.

Introduction & Objectives: Erythroderma is an inflammatory skin disorder that is considered a striking clinical presentation. The vast majority of cases are the result of pre-existing and chronic dermatoses. Identifying the underlying pathology represents one of the most complex challenges in dermatology. One of the main causes of erythroderma in children is psoriasis, which often appears as a progression of unstable plaque psoriasis. Commonly, it is secondary to triggering factors such as infections and the abrupt discontinuation of systemic treatments. We present the case of a 9-year-old pediatric patient with a history of psoriasis who develops erythrodermic psoriasis after the discontinuation of methotrexate.

Materials & Methods: A case is presented of a 9-year-old female patient with a personal medical history of plaque psoriasis since the age of two, previously treated with oral methotrexate. The patient discontinued treatment for non-medical reasons and subsequently began using herbal remedies as a therapeutic alternative. Two years later, she developed erythema, scaling, and itching that progressively worsened, eventually affecting her entire body surface. Upon dermatological physical examination, generalized dermatosis was observed, with no respect for body segments, exhibiting bilateral and symmetrical distribution, and polymorphic morphology. The lesions consisted of erythema, thick, white, semi-adherent scales, confluent into larger plaques, accompanied by lichenification, excoriations, and crusts. Nail involvement was also noted in both hands and feet, with pitting, splinter hemorrhages, clubbing, onycholysis, and trachyonychia. Considering the personal history of psoriasis and the abrupt discontinuation of systemic treatment as a possible trigger, along with the current clinical presentation, a presumptive diagnosis of erythrodermic psoriasis was established. Systemic treatment with oral cyclosporine was initiated. The patient was monitored weekly, showing clinical improvement from the first week. An incisional skin biopsy was performed, and the histopathological findings revealed a psoriasiform pattern, confirming the diagnosis of psoriasis.

Results: Histopathological findings of skin biopsy: hyperkeratosis with parakeratosis, regular acanthosis, with elongation and widening of the interpapillary processes, hypogranulosis, and perivascular lymphocytic inflammatory infiltrate.

Conclusion: Erythrodermic psoriasis often presents as a progression of unstable plaque psoriasis and is frequently secondary to triggering factors such as infections or the abrupt discontinuation of systemic treatments, as observed in our patient. To date, reported cases of this condition are rare, and the available literature on its evaluation and follow-up remains limited. Diagnostic accuracy can be improved by performing multiple skin biopsies at different stages of the clinical course. An effective therapeutic alternative is cyclosporine, which has proven to be a rapid and efficient option for controlling severe and unstable erythrodermic psoriasis in the pediatric population.



Abstract N°: 3035

Correlation and clinical significance of HBD-2 and CXCL-1/2 levels at skin lesions with psoriasis vulgaris severity

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Introduction & Objectives: This study was performed to unveil** the correlation between the expression of human beta-defensin 2 (HBD-2) and chemokine ligand 1/2 (CXCL-1/2) at the lesions of psoriasis vulgaris and disease severity and their clinical significance.

Materials & Methods: In this retrospective analysis, 160 patients with psoriasis vulgaris were included in the Study group, and 100 patients with normal indicators who underwent plastic surgery were included in the Control group. ELISA was adopted to evaluate the levels of inflammation indicators, blood biochemical indicators, and immune indicators. The psoriasis area and severity index (PASI) was used to assess the disease severity. Levels of HBD-2, CXCL-1, CXCL-2 and CCL20 were determined by RT-PCR. The correlations of HBD-2, CXCL-1 and CXCL-2 levels with CCL20 and PASI scores were analyzed by Spearman test. The value of HBD-2, CXCL-1 and CXCL-2 detection in diagnosing psoriasis vulgaris and evaluating its severity was analyzed by the ROC curve.

Results: HBD-2, CXCL-1 and CXCL-2 were highly expressed in the lesions of patients with psoriasis vulgaris. HBD-2, CXCL-1 and CXCL-2 were positively correlated with CCL20, and their levels were positively correlated with PASI score in the skin lesion sites of psoriasis vulgaris patients. HBD-2, CXCL-1 combined with CXCL-2 had high diagnostic value for patients with psoriasis vulgaris and severe psoriasis vulgaris, with their combined diagnostic value higher than the single detection of HBD-2, CXCL-1, or CXCL-2.

Conclusion: HBD-2, CXCL-1 and CXCL-2 levels are closely related to the severity of psoriasis vulgaris and can effectively diagnose the occurrence and progression of psoriasis vulgaris.



Abstract N°: 3071

From Onset to Outcome: A Long-Term Study of Guttate Psoriasis

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Long-Term Clinical Outcomes and Predictive Factors in Guttate Psoriasis: A Comprehensive Follow-Up Study

Introduction:

Guttate psoriasis, which typically develops at a young age, is often associated with streptococcal infections. However, its association with psoriatic arthritis and metabolic syndrome has not been well-documented.

Objectives:

To evaluate the prognosis of guttate psoriasis, including risk factors affecting recurrence and a shorter disease-free interval, its association with psoriatic arthritis and metabolic syndrome, and the effect of the timing of treatment initiation following the first episode on prognosis.

Materials & Methods:

We retrospectively reviewed patients with the first eruption of guttate psoriasis between 1998 and 2020 having at least four years of follow-up data. Demographic information and medical data such as type of treatment, future development of psoriasis flare-ups, remission of disease, and development of metabolic syndrome and psoriatic arthritis were retrieved.

Results:

Totally 395 patients were included and followed for a mean of 83 months (±34.7 months). Of the patients, 34.9% experienced recurrence, 14.68% had multiple recurrences, 5.6% developed psoriatic arthritis, and 8.6% had metabolic syndrome. Male sex and residual disease were significant risk factors for recurrence, whereas psoriatic arthritis was strongly associated with multiple recurrences.

Conclusions:

Male sex and residual disease were factors associated with the increased likelihood of guttate psoriasis recurrence, whereas phototherapy was associated with a reduced risk and psoriatic arthritis was associated with multiple recurrences. Potential progression to psoriatic arthritis highlights the need for careful monitoring and early intervention in this patient population. Individualized treatment strategies and close follow-up are needed to optimize outcomes in patients with this challenging subtype of psoriasis



Abstract N°: 3072

The prevalence of hyperuricemia in axial Psoriatic Arthritis and its association with disease activity

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Introduction & Objectives:

Psoriasis (PsO) and Psoriatic arthritis (PsA) are associated with metabolic abnormalities, including hyperuricemia (HU). There is insufficient data of impact of HU on axial PsA **(**axPsA).

Objective: to evaluate the prevalence of HU in axPsA patients and its association with disease activity.

Materials & Methods:

97 PsA patients according to CASPAR (2006) criteria with axial involvement were examined. Axial involvement was detected in case of inflammatory back pain (IBP) + sacroiliitis and/or syndesmophytes by X-ray. Male/Female - 51/44. Mean age – 45.7±11.6 years, PsO duration - 197.2±159.4 months, PsA duration – 47.9±41.6, IBP duration 59.8±49.6 months.

Patients underwent standard clinical examination, pelvic radiographs, cervical and lumbar spine X-ray. The blood levels of uric acid (UA), erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP) were determined. All patients completed the following questionnaires: patients' pain, patients' global disease activity, BASDAI. Disease activity scores DAPSA, BASDAI, ASDAS-CRP, BSA, PASI were measured. The presence of HU was detected in case of UA level ≥360 mmol/l. Patients were split into two groups: 1st group - those without HU (69 patients), 2nd group – those with HU (24 patients).

M±SD, %, t-test, $\chi 2$ Pearson test were performed. All $p<0.05$ were considered to indicate statistical significance.

Results:

HU was detected in 28 (28.9%) patients with axPsA. A comparative analysis of groups of PsA patients with and without HU is presented in Table 1.

Table 1

Comparative characteristics of axPsA patients with and without HU (M±SD)

	Group 1 axPsA without HU n=69	Group 2 axPsA with HU n=28	p
Age, years	47.1±12.0	42±10	0.07
Sex (M/F), n (%)	34 (49.3%)/35 (50.7%)	17 (60.7%)/11 (39.3%)	>0.05
PsO duration (months)	191.3±167	202.3±146.7	0.5
PsA duration (months)	49.6±40.4	38.5±35.1	0.1
IBP duration (months)	62.3±53.2	58.8±35.9	0.9
Body Mass Index, kg/m2	28.0±5.5	28.8±8.25	0.3
BSA, %	7.9±4.8	8.9±7.7	**0.04**
PASI	10.2±4.9	11.3±10.5	**0.01**
ESR, mm/h	34.4±31.3	19.5±18.2	**0.02**
hsCRP, mg/l	32.3±20.6	16.8±13.5	**0.03**
Pain, mm VAS	54.0±20.7	62.5±20.2	**0.02**
DAPSA	31.5±19.3	35.5±18.1	0.9
BASDAI	5.6±1.9	5.9±1.9	0.4
ASDAS-CRP	3.4±1.5	3.3±0.9	0.6

There were no differences in the presence of sacroiliitis, syndesmophytes and joint erosions in both groups (p>0.05).

Conclusion:

One third of axPsA patients had HU, which was associated with the severity of PsO and the activity of axPsA.



Abstract N°: 3085

Severity of Psoriasis and Its Impact on Quality of Life: A Clinical Correlation Study in an Indonesian District Hospital

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Introduction & Objectives: Psoriasis is a chronic immune-mediated skin disease with systemic and psychosocial effects. Although not life-threatening, it can significantly affect patients' quality of life (QoL), especially with visible or persistent lesions. Severity, typically assessed using the Psoriasis Area and Severity Index (PASI), may correlate with physical and psychological distress. However, such correlations are underreported in primary referral hospitals in low- and middle-income countries. This study examines the link between clinical severity and QoL in psoriasis patients at a district hospital in northern Bali, Indonesia.

Materials & Methods: A cross-sectional observational study was conducted on 25 patients clinically and histopathologically diagnosed with psoriasis at the dermatology outpatient clinic of Buleleng District Hospital. Disease severity was assessed using the PASI score, while QoL was measured using the Dermatology Life Quality Index (DLQI), a validated 10-item questionnaire covering symptoms, activities, relationships, and treatment burden. Sampling was performed consecutively between July and September 2024. Data were analyzed using the Spearman correlation test via SPSS v25.

Results: Among the 25 patients, 60% had mild psoriasis, 8% moderate, and 32% severe (based on PASI). QoL impact was rated as "major" in 32%, "moderate" in 24%, and "mild" in 44% of patients. A strong positive correlation was found between PASI score and DLQI ($r = 0.637$, $p < 0.001$), indicating that higher disease severity significantly worsens quality of life. Subgroup analysis showed the correlation was stronger in patients with disease duration >1 year ($r = 0.683$, $p = 0.004$) and in those without comorbidities ($r = 0.830$, $p < 0.001$). Interestingly, patients with comorbidities showed weaker, non-significant correlations, possibly due to better adaptation and coping mechanisms.

Table for Characteristics of the Patients

VARIABLE	FREQUENCY (n)	PERCENTAGE (%)
Age Group		
20–29 years	2	8%
30–39 years	3	12%
40–49 years	9	36%
>50 years	11	44%
Gender		
Male	12	48%
Female	13	52%
Employment Status		
Employed	18	72%
Unemployed	7	28%
Comorbidity Status		
With comorbidity	12	48%
Without comorbidity	13	52%
Type of Psoriasis		
Psoriasis vulgaris	23	92%
Pustular psoriasis	2	8%
Disease Onset Duration		
>1 year	16	64%
<1 year	9	36%
Psoriasis Severity (PASI)		
Mild (<5)	15	60%
Moderate (5–10)	2	8%
Severe (>10)	8	32%
Quality of Life Impact (DLQI)		
No impact (0–1)	2	8%
Mild (2–5)	4	16%
Moderate (6–10)	6	24%
Major (11–20)	8	32%

Table for Spearman Rank Correlation Analysis: Psoriasis Severity vs Quality of Life

VARIABLE: Psoriasis Severity vs Quality of Life	Correlation Coefficient (r)	Significance (p-value)
Overall correlation	0.637	<0.001
In patients with disease onset >1 year	0.683	0.004
In patients with disease onset <1 year	0.437	0.240
In patients with comorbidity	0.370	0.236
In patients without comorbidity	0.830	<0.001

Conclusion: There is a significant relationship between psoriasis severity and reduced quality of life. This correlation is stronger in patients with longer disease duration and no systemic comorbidities, emphasizing the importance of early intervention and comprehensive care. These findings underscore the psychological impact of psoriasis and support the integration of QoL assessments into dermatologic practice, particularly in resource-limited settings

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Abstract N°: 3103

SPECTREM: Guselkumab Efficacy Across Multiple High-Impact Sites in Participants with Low BSA, Moderate Psoriasis

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Introduction & Objectives: Patients with psoriasis (PsO) of the scalp, face, intertriginous areas, and genital region experience physical impairment and/or emotional distress disproportionate to the commonly small surface area affected in these locations. Disease severity indices using body surface area (BSA) do not consider the challenges associated with PsO of these high-impact sites, resulting in patients receiving inadequate treatment.1 SPECTREM was a Phase 3b, randomized, double-blind, placebo-controlled study evaluating guselkumab (GUS) efficacy in participants with low BSA (2–15%), moderate plaque PsO (Investigator's Global Assessment [IGA]=3) involving ≥1 high-impact sites (scalp, face, intertriginous areas, genital region).

Material & Methods: Overall, 338 participants were randomized 2:1 to receive GUS 100 mg (N=225) or placebo (N=113) at Week (W) 0, W4, then every 8 weeks. Efficacy and patient-reported outcomes were assessed in participants with moderate-to-severe PsO affecting high-impact sites (site-specific IGA/Physician's Global Assessment [PGA] ≥3) at W16; assessments included overall IGA 0/1 and high-impact site-specific IGA/PGA 0/1; Psoriasis Symptoms and Signs Diary (PSSD) measures; and Dermatology Life Quality Index (DLQI).

Results: In SPECTREM, the proportions of participants with any severity of PsO affecting high-impact sites (site-specific IGA/PGA ≥1 at baseline) were: 18.0% had 1 site, 34.3% had 2 sites, 29.0% had 3 sites, and 18.6% had 4 sites. W16 assessments were performed on participants with at least moderate high-impact site involvement (site-specific IGA/PGA ≥3 at baseline), 36.1% had 1 site, 42.6% had 2 sites, 15.7% had 3 sites, and 5.6% had 4 sites. Clinically meaningful improvements in overall efficacy measures at W16 were comparable across high-impact sites in GUS-treated participants; overall IGA 0/1 response rates: 1 site=77.8%, 2 sites=75.8%, 3 sites=60.0%, 4 sites=84.6%; PASI 90 response rates: 1 site=55.6%, 2 sites=48.4%, 3 sites=57.5%, 4 sites=53.8%. Similar site-specific efficacy (site-specific IGA/PGA 0/1) was also observed regardless of the number and combination of sites involved at baseline. The clinically meaningful improvements in patient-reported symptoms and quality-of-life impact assessments were comparable across the number of high-impact sites involved in GUS-treated participants: PSSD symptoms score least-squares mean change (improvement): 1 site= −36.1, 2 sites= −35.3, 3 sites= −36.5, 4 sites= −41.1; PSSD itch score, proportion of participants achieving ≥4-point improvement (among those with score ≥4 at baseline): 1 site=63.8%, 2 sites=63.0%, 3 sites=60.5%, 4 sites=61.5%; and proportion of participants achieving DLQI 0/1: 1 site=44.4%, 2 sites=51.6%, 3 sites=45.0%, 4 sites=69.2%.

Conclusions: Participants in SPECTREM, which examined a population that is often undertreated (i.e., low BSA PsO with high-impact site involvement), achieved meaningfully greater improvements in the assessed endpoints,

despite a majority having multiple high-impact sites involving at least moderate severity at baseline. GUS-treated participants achieved consistently high rates of clear/almost clear skin, overall and across all high-impact sites involved, and achieved clinically meaningful improvements in patient-reported symptoms and quality-of-life measures.

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Abstract N°: 3109

Risk of emergent psoriatic arthritis in psoriasis patients receiving methotrexate or biologics: a prospective cohort study

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Introduction & Objectives:

Approximately 20% of individuals with psoriasis develop psoriatic arthritis (PsA). Emerging data suggest that development of PsA may be influenced by treatment of psoriasis, although results are conflicting. This study aims to identify whether methotrexate (MTX) or biologic classes used to treat psoriasis differentially influence the risk of emergent PsA.

Materials & Methods:

In collaboration with the HIPPOCRATES consortium, data from the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) collected between September 2007 to February 2025 were analysed. Included participants were adults with plaque psoriasis, with no prior history of PsA, who received either MTX, tumour necrosis factor (TNFi), interleukin (IL)-12/23 (IL-12/23i), IL-17 (IL-17i) or IL-23 inhibitors (IL-23i) as monotherapy. A hazard ratio (HR) to estimate time to PsA emergence was obtained using weighted flexible parametric survival models, based on a propensity score (PS) with inverse probability of treatment weighting using imputed data. Potential confounders included in the PS model were baseline patient demographics, disease severity, disease duration, smoking status, alcohol intake, body mass index, cardiovascular comorbidities, additional psoriasis phenotypes and presence of nail disease. Three models were fitted separately: 1) A binary model of MTX (reference) vs all biologic classes; 2) A multinomial model of MTX vs each biologic class; 3) A multinomial model of TNFi (reference) vs other biologic classes.

Results:

A total of 15,796 patients treated with MTX (4,419, 28%), TNFi (6,188, 39%), IL-12/23i (2,636, 17%), IL-17i (1,504,

9%), IL-23i (1,049, 7%) were included, and 1,123 exposures were associated with emergent PsA. Participant baseline characteristics stratified by drug class are presented in Table 1. There was a lower risk of emergent PsA for all biologic classes compared to MTX (HR 0.79, 95% confidence interval [CI] 0.68-0.91; model 1). All individual biologic classes had a significantly lower risk of emergent PsA relative to MTX: TNFi (HR 0.83, 95% CI 0.71-0.97); IL-12/23i (HR 0.76, 95% CI 0.93-0.91); IL-17i (HR 0.77, 95% CI 0.60-0.98); IL-23i (HR 0.42, 95% CI 0.26-0.68; model 2). Interestingly, compared to TNFi, IL-23i had a lower risk of emergent PsA (HR 0.50, 95% CI 0.31-0.80), while there was no difference for IL-12/23i (HR 0.90, 95% CI 0.77-1.05) or IL-17i (HR 0.91, 95% CI 0.73-1.15; model 3) compared to TNFi.

Conclusion:

All biologic classes conferred a lower risk of emergent PsA than MTX in patients with psoriasis. When comparing biologic classes, the risk was lowest with IL-23i. Though this effect was absent with IL-12/23i, protopathic bias cannot be excluded. Further investigation is warranted to understand why IL-23i may be more protective against PsA emergence than other biologic classes.



Abstract N°: 3124

Breaking the Continuity: Infection-Induced Therapy Interruptions in Severe Psoriasis

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Introduction & Objectives:

We report the case of a 64-year-old obese male with severe, long-standing psoriasis involving approximately 70% of his body surface area. The patient presented with generalized psoriasis vulgaris affecting special areas, including the genital region, scalp, and nails, in addition to palmoplantar pustular psoriasis. He reported intense, sleep-disrupting pruritus and had not received any treatment for over 10 years. The objective of this report is to highlight the challenges inherent in managing severe multi-site psoriasis, particularly when unexpected treatment gaps interfere with patient management.

Materials & Methods:

A comprehensive clinical evaluation was conducted, and skin biopsies from a palmar pustule and a trunk plaque confirmed the diagnosis of psoriasis vulgaris on the trunk and pustular psoriasis in the palmoplantar region. Initial management with weekly methotrexate yielded an incomplete response, prompting escalation to Tildrakizumab, an anti–IL-23 monoclonal antibody. After 6 months of Tildrakizumab therapy, significant improvement was observed in both the psoriasis vulgaris and palmoplantar manifestations, with all areas, including the palmo-plantar ones showing marked improvement.

Results:

Approximately 8 months into treatment, before the patient could receive his next scheduled Tildrakizumab injection, he developed a severe bacterial pneumonia, necessitating hospitalization and resulting in a subsequent 6-month interruption of therapy. Upon his return to the clinic, a pronounced exacerbation of psoriasis was observed, nearly reverting to his initial presentation. The patient noted that the flare-up coincided with the onset of his infectious episode and persisted despite the resolution of the infection, likely due to the missed Tildrakizumab dose. Tildrakizumab was reintroduced; however, methotrexate was added for one month to expedite the therapeutic response given the severity of the condition. Following the resumption of Tildrakizumab combined with a one-month course of methotrexate, the therapeutic response was slower compared to the initial response observed when the biologic therapy was first introduced.

Conclusion:

This case illustrates that acute systemic infections and even relatively short interruptions in treatment can significantly alter the disease course and reduce the effectiveness of biologic therapies, including those with enduring effects like Tildrakizumab. The immunologic interplay between infection-induced inflammation and psoriasis is evident in this instance. Although the addition of methotrexate during the reintroduction phase was intended to expedite the therapeutic effect, the persistent flare-up underscores the need for vigilant monitoring and the critical importance of continuous, uninterrupted therapy in severe psoriasis, as even brief dosing gaps can trigger refractory flares that complicate subsequent treatment efforts.



Abstract N°: 3210

Effectiveness, safety and drug survival of bimekizumab by BMI category in patients with moderate-to-severe plaque psoriasis

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Introduction & Objectives: Bimekizumab has demonstrated its efficacy and safety in randomized controlled trials (RCTs) both in the short- and long-term. Despite that, RCTs do not fully investigate the effects of patient characteristics that can potentially impact responses to biological agents, such as obesity and body weight status. Therefore, we aimed to investigate and compare the effectiveness, safety and drug survival of bimekizumab between normal weight (18.5 kg/m2≥BMI <25 kg/m2), overweight (25 kg/m2 ≥ BMI < 30 kg/m2) and obese patients (BMI ≥ 30 kg/m2) suffering from moderate-to-severe plaque psoriasis over a one-year period.

Materials & Methods: All patients with moderate-to-severe psoriasis who had received at least one dose of bimekizumab were eligible for this study. The Psoriasis Area Severity Index (PASI) was utilized to assess disease severity and was calculated at baseline and during each subsequent visit. Clinical outcomes at each follow-up visit included PSSI 75/90/100 (indicating a reduction in the baseline PASI score by 75/90/100% respectively). The Chi-square and Fisher's exact tests were used to determine the statistical significance of the differences in values obtained at the different time points of treatment for the categorical variables examined (PASI 75/90/100 and PSSI ≤ 1) among the three BMI subgroups (normal weight, overweight, obese). *P*-values <0.5 were considered as statistically significant. To evaluate treatment maintenance, the Kaplan Meier estimate was utilized along with the log rank test to determine whether there were significant differences between the three groups. All treatment-related adverse events (AEs) were assessed and documented.

Results: In total, 117 patients were included (20.5% normal weight, 30.8% overweight, 48.7% obese). At week 12/16, the PASI 75/90/100 scores were achieved by 91.7/87.5/87.5% of the normal weight patients, by 88.2/70.6/64.7% of the overweight patients and by 83.3/66.7/57.4% of the obese patients respectively. At week 52, the PASI 75/90/100 were achieved by 100/94.7/94.7% of the normal weight patients, by 95.7/95.7/91.3% of the overweight patients and by the 93.3/88.9/86.7% of the obese patients respectively. Seven obese patients weighing >120kg, who had not achieved complete skin clearance after 16 weeks, received 320mg of bimekizumab every 4 weeks thereafter with six of them achieving PASI 100, and the 7th PASI 90. While normal weight patients achieved clinical endpoints faster than the other two groups, the only statistically significant difference was observed relative to complete skin clearance as reflected in PASI100 at week 12/16 (p=0.034). Slightly higher AE rates were observed for normal weight patients (25%) compared to overweight (16.7%) and obese (14.1%) patients. Regarding drug survival for each cohort during the study period, 8.3% of normal weight patients, 8.3% of overweight patients and 8.8% of the obese patients discontinued the medication with no significant differences observed between the three groups (log rank test, p=0.985).

Conclusion: Our findings suggest that bimekizumab is an effective and safe option for psoriasis patients irrespective of body weight category. Still, larger prospective studies are warranted to validate these findings.



Abstract N°: 3211

Using wearable technology to objectively assess sleep and its correlation with disease severity in psoriasis

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Introduction & Objectives:

Sleep disturbance is a common yet often overlooked burden in psoriasis, contributing to decreased quality of life and potentially intensifying disease severity through increased inflammation. However, the relationship between sleep and disease severity remains poorly understood. This clinical study used wearable technology to objectively assess sleep in psoriasis patients compared to matched healthy volunteers (HVs) and explored associations with disease severity using the Psoriasis Area and Severity Index (PASI) score.

Materials & Methods:

Twenty psoriasis patients (16 mild, PASI 1–5; 4 moderate-to-severe, PASI >10) and twenty age and sex matched HVs were monitored using the Withings Steel HR watch. The study included a 2-week observational period, followed by 8-week interventional phase. Sleep parameters, including total sleep time, deep sleep, light sleep, sleep latency, and awakenings were objectively measured. Linear mixed models were used to assess the effects of age, sex, and PASI score on sleep outcomes.

Results:

Psoriasis patients had significantly less deep sleep ($\beta = -0.60$, $p < 0.001$) and more awakenings ($\beta = 0.24$, $p < 0.05$) compared to HVs. Higher PASI scores were associated with shorter total sleep duration ($\beta = -0.086$, $p < 0.01$), reduced in-bed time ($\beta = -0.082$, $p < 0.01$), and less light sleep ($\beta = -0.102$, $p < 0.01$). Male sex ($\beta = -0.71$, $p < 0.001$) and older age ($\beta = -0.071$, $p < 0.01$) were linked to reduced deep sleep, although this decline diminished with increasing age. No sleep differences were observed between treatment and placebo groups.

Conclusion:

Psoriasis is associated with disrupted sleep, which correlate with disease severity. Wearable devices enable objective, real-world data collection and provided new insights into the impact of sleep disturbance on psoriasis.



Abstract N°: 3236

Efficacy and survival probability of patients with psoriasis treated with IL-17 inhibitors - bimekizumab, brodalumab, ixekizumab, and secukinumab: Real-world data from the Czech Republic BIOREP registry

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Introduction & Objectives: Interleukin-17 inhibitors (IL-17i) – bimekizumab, brodalumab, ixekizumab and secukinumab – are approved for the treatment of moderate-to-severe psoriasis (PSO), showing high efficacy in Phase III clinical trials. However, real-world data are limited.

This study assessed the effectiveness and long-term persistence using data from the Czech BIOREP Registry.

Materials & Methods: BIOREP is a national registry monitoring patients with psoriasis, hidradenitis suppurativa, and atopic dermatitis treated with targeted therapies in the Czech Republic since 2005. We conducted an observational, retrospective, multicenter cohort study using data from BIOREP. Patients treated with these IL-17i till April 2025 were included. Effectiveness was evaluated according to improvement of PASI score (PASI 50, 75, 90, 100), and we also focused on survival probability during the follow-up period.

Results: The BIOREP database recorded 2,484 treatment series, of these, 233 were treated with bimekizumab, 721 with brodalumab, 610 with ixekizumab and 920 with secukinumab. The follow-up period was available 2 years for bimekizumab, 6.5 years for brodalumab, 7 years for ixekizumab, and 8 years for secukinumab.

The PASI 90 response was achieved by 86.4%, 91.9%, 88.4%, and 83.9% of patients on bimekizumab at 16, 24, 52, and 104 weeks, respectively. For brodalumab, the response rates were 77.3%, 85.8%, 88.5%, and 88.4%; for ixekizumab, they were 71.8%, 78.1%, 77.2%, and 74.6%; and for secukinumab, 63.2%, 71.5%, 71.8%, and 71.1%, respectively. In the 3rd, 4th, 5th, and 6th year of treatment, PASI 90 was achieved by 89.6%, 89.9%, 94.3%, and 88.4% of patients treated with brodalumab; 75.5%, 73.0%, 77.5%, and 79.1% on ixekizumab; and 70.0%, 69.3%, 67.0%, and 68.9% of patients with secukinumab treatment.

The PASI 100 response was achieved by 70.2%, 79.8%, 76.0%, and 67.7% of patients on bimekizumab at 16, 24, 52, and 104 weeks, respectively. For brodalumab, the response rates were 60.5%, 68.9%, 72.1%, and 73.1%; for ixekizumab, they were 51.4%, 56.0%, 53.8%, and 52.8%; and for secukinumab, 41.9%, 48.4%, 47.9%, and 47.6%, respectively. In the 3rd, 4th, 5th, and 6th year of treatment, PASI 100 was achieved by 75.1%, 77.9%, 84.6%, and 72.1% of patients treated with brodalumab; 49.8%, 51.9%, 52.7%, and 53.7% on ixekizumab; and 46.0%, 46.1%, 45.8%, and 43.4% of patients with secukinumab treatment.

Predicted drug survival rates at the first and second year were 91.8% and 81.7% for bimekizumab; 83.3% and

77.1% for brodalumab; 87.0% and 78.0% for ixekizumab; and 84.2% and 71.5% for secukinumab. In the 3rd, 4th, 5th, and 6th year of treatment, survival probability was 67.4%, 61.0%, 55.2%, and 51.5% for brodalumab; 68.7%, 62.5%, 58.0%, and 53.3% for ixekizumab; and 61.3%, 54.4%, 47.8%, and 41.4% of patients treated with secukinumab.

Conclusion: This long-term analysis adds valuable data in real-world evidence on the efficacy and survival probability of bimekizumab, brodalumab, ixekizumab, and secukinumab treatment in clinical practice.

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Abstract N°: 3247

The Effect of Stigmatization on Working Nurses' Willingness to Care for Patients with Psoriasis and Its Mediating Factors

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The Effect of Stigmatization on Working Nurses' Willingness to Care for Patients with Psoriasis and Its Mediating Factors

Introduction & Objectives:

Introduction: Psoriasis is a chronic inflammatory skin disorder that imposes considerable psychological and social burdens, including stigma and discrimination, often arising from misconceptions about its contagiousness. Psoriasis-related stigmatization affects nurses' willingness to provide care, potentially compromising patient outcomes. However, research on psoriasis-related stigma has largely focused on patients' experiences, with limited exploration of healthcare providers' perspectives.

Objectives: This study investigated the impact of stigmatization on nurses' willingness to care for psoriasis patients and explored the role of education, work environment, and psoriasis knowledge, to provide new insights for targeted intervention strategies.

Materials & Methods: A cross-sectional survey of 1,873 nurses assessed four stigmatization dimensions and their correlation with care willingness. The validated Survey on Stigmatization and Nursing Willingness (36 items, Cronbach's α: 0.877–0.939) assessed stigma (5-point Likert scales) and nursing willingness (10-point scales). Structural equation modeling and regression analyses were conducted.

Results: Stigmatization negatively impacted nurses' willingness to provide care ($p < 0.001$), with social distance exhibiting the strongest effect ($r = -0.476$, OR = 0.87, 95% CI: 0.85-0.88, $p < 0.001$ after adjusting for demographic and confounding factors). A significant dose-response relationship was observed, where higher stigmatization levels corresponded to lower care willingness (overall trend test: $p < 0.001$; nonlinear trend test: $p < 0.001$). Nurses with higher education levels ($p < 0.001$) or those working in tertiary hospitals ($p < 0.001$) demonstrated lower willingness to provide care. Interestingly, greater psoriasis-related knowledge was associated with increased stigmatization, which in turn reduced care willingness (Direct effect: -0.618; 95% CI: -0.814, 0.422; proportion mediated: 29.0%, 95%CI: 0.094, 0.486).

Conclusion:

Stigmatization significantly reduces nurses' willingness to care for psoriasis patients. Training, improved work environments, and reducing stigma are essential to enhance care willingness.



Abstract N°: 3274

Management of persistent psoriasis lesions using calcipotriol/betamethasone foam combitherapy: Real-world evidence case series from France

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Introduction & Objectives:

Psoriasis is a chronic disease and prevalent among 2-3% of the global population. Several therapeutic options alongside recent biologics have allowed the decrease and control of psoriasis lesions reaching a Psoriasis Area Severity Index (PASI) clearance of PASI75 or PASI90. Despite clinical improvements in lesions compared to initial conditions, as well as provided PASI scores by clinicians as treatment success, patients have expressed varied satisfaction and perceptions. We present a case series that provides real-world evidence of combitherapy with calcipotriol and betamethasone dipropionate (Cal/BD) foam and biologics/systemics for the treatment of persistent psoriatic lesions.

Materials & Methods:

A retrospective, single-center study involving 10 patients was conducted from July to December 2023. Data was retrieved before initiation of the combitherapy and at the six-month follow-up. Patients included were adults (≥18 years old), diagnosed with moderate to severe psoriasis by a dermatologist, and treated with Cal/BD foam as well as either biologics and/or systemics medication. Psoriasis severity and the dynamics of the treatments were described using mPASI and/or Psoriasis Scalp Severity Index (PSSI), BSA, sleep disturbance patient satisfaction, DLQI scores and itch observation.

Results:

Patients were mostly male (n=7), had a mean age of 53.3 years and psoriasis history of 13.0 years (missing data=2). In this case series (n=10), all patients treated with biologics/systemics and Cal/BD foam combitherapy had significantly improved mPASI at six-month follow-up.

Most patients had a reduced BSA of the lesions within six months (60.0%) with significant improvements from baseline to following and with the greatest decrease from over 10% to 2%. BSA (%) dropped from 4.25% to 1.10% ($p=0.027$) and effect sizes indicated a moderate effect (Cohen's $d=0.85$; 95%CI [0.11 to 1.57]). The mPASI scores were reduced in all cases after six months of combitherapy (range= initiation: 3 to 14; 6 months: 1 to 7) and there were significant improvements from baseline to follow-up. The mean mPASI score decreased from 6.20 to 2.50 ($p<0.001$) and effect sizes indicated a strong impact (Cohen's $d=2.26$; 95%CI [1.05 to 3.45]). A high correlation ($r=0.928$) between mPASI at baseline and follow-up may suggest consistent patient response. These results highlight a significant treatment effect and reductions in disease severity.

Itch observation was lowered after six months of use of the Cal/BD foam combitherapy for most patients (70.0%; Cases 1, 2, 3, 4, 5, 9 and 10). DLQI was improved (mean score: 11.8 to 0.1). Four patients reported reduced sleep disturbance and patient satisfaction was positive.

Conclusion:

Our insight into treatment combinations of Cal/BD foam may present an opportunity to improve standard care and patient satisfaction for hard-to-treat and persistent psoriasis lesions.



Abstract N°: 3291

Effectiveness and safety of tildrakizumab in the treatment of genital psoriasis in Austria, Switzerland, and the Czech Republic (CZATCH-Genital-PsO): 28-week interim results

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Introduction & Objectives: Genital psoriasis affects up to 63% of psoriasis patients at least once in their lifetime and tends to impair patients' psychological well-being, quality of life (QoL), and sexual satisfaction more than lesions on other body parts.1-4 However, genital symptoms are not always properly considered in treatment decisions, and little research has been done on this topic.2 Tildrakizumab is an interleukin-23p19 inhibitor indicated for the treatment of moderate-to-severe plaque psoriasis with demonstrated long-term efficacy and safety.5,6 The objectives of this analysis were to assess the effectiveness and safety of tildrakizumab in the treatment of plaque psoriasis with a manifestation in the genital area in clinical routine.

Materials & Methods: CZATCH-Genital-PsO is an ongoing 12-month, non-interventional, observational, multinational study carried out at sites in Austria, Switzerland, and the Czech Republic. The combined primary endpoint is the percentage of patients achieving a Static Physician's Global Assessment of Genitalia (sPGA-G) Score of "clear" or "Almost clear" with at least a 2-grade improvement for the genital region and a Change from Baseline in Modified Genital Psoriasis Area and Severity Index Score (mGPASI). Well-being was assessed through the 5-item WHO Well-being Index (WHO-5; range 0-100, 100=maximal well-being). GenPs Sexual Frequency Questionnaire (GenPs-SFQ) was used to evaluate the impact of genital psoriasis symptoms on sexual frequency. Here, we report 28-week interim data based on observed cases.

Results: A total of 48 patients were included in the interim analysis (58% male, mean [± SD] age of 44 [± 15] years, mean body mass index of 27.4 [± 5.3] kg/m2, 79% had scalp involvement and 44% nail involvement). Mean (± SD) Physician's Global Assessment (PGA) Score decreased from 3.02 (± 0.54) at baseline to 1.05 (± 0.94) at W28 ($p<0.001$). Mean (± SD) sPGA-G decreased from 3.17 (± 0.67) at baseline to 0.70 (± 0.98) at W28 ($p<0.001$). Mean (± SD) mGPASI decreased from 22.5 (± 11.7) to 2.61 (± 5.89) at week 28, which resulted in a mean change from baseline of 87.1% (± 24.8%). All efficacy endpoints were already significant ($p<0.001$) at W4. The mean WHO-5 score increased from 47.2 ± 23.3 at baseline to 63.4 ± 23.5 at W28. The sexual frequency of patients who felt often or always limited by their genital psoriasis to have sex in the past week improved significantly from baseline (50.0%) to W28 (14.6%). At the point of this analysis no patient discontinued due to AEs.

Conclusions: In a real-world setting, tildrakizumab significantly improved genital psoriasis symptoms as early as week 4 and this improvement was maintained through week 28. Tildrakizumab improved patients' well-being and enhanced their sexual activity.

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Abstract N°: 3320

Bimekizumab remission and high disease control over 4 years in patients with psoriasis achieving complete skin clearance at Week 16: Results from four phase 3 trials

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Introduction & Objectives:

Long-term maintenance of high efficacy levels in patients with psoriasis is important.1 Here, maintenance of remission of psoriasis or high disease control, allowing for up to 4 visits with lower, yet still favourable, responses are reported over 4 years in patients who achieve complete skin clearance after 16 weeks of bimekizumab (BKZ) treatment.

Materials & Methods:

Data were pooled from the 52-week BE VIVID (NCT03370133) and 56-week BE SURE (NCT03412747) and BE READY (NCT03410992) phase 3 trials, and their 144-week open-label extension (OLE) BE BRIGHT (NCT03598790).2–5 Included patients received BKZ 320 mg every 4 weeks (Q4W) to Week 16, then Q4W or Q8W into the OLE; all patients received BKZ Q8W from Week 100/104 (OLE Week 48) or the next scheduled visit.

Data are reported for patients who received continuous BKZ and entered the OLE, regardless of dosing regimen (BKZ Total), and for the subset who received BKZ Q4W to Week 16 then Q8W continuously thereafter (Q4W/Q8W; approved dosing regimen for most patients with psoriasis).6

Percentages of patients achieving PASI 0 at Week 16 who maintained PASI 0 at every subsequent study visit from Week 16–Year 4 (Week 196/200; 29/30 further visits [study-dependent]) are reported. Percentages of patients who maintained PASI 0 at every visit except up to 2/3/4 visits with PASI >0–≤2 (referred to here as remission) are also reported. Percentages of patients who maintained BSA ≤1%/PASI ≤2 at every study visit, and allowing for up to 2/3/4 visits with BSA >1%–≤3%/PASI >2–≤5 (referred to here as high disease control), are also presented. Thresholds were chosen based on target outcomes defined in treatment guidelines.7,8

Patients who discontinued treatment due to lack of efficacy/treatment-related adverse events were considered non-responders at subsequent timepoints; last observation carried forward was used for other missing data (mNRI-LOCF).

Results:

Among Week 16 PASI 0 responders who entered the OLE (BKZ Total; N=503), 48.9% maintained PASI 0 at every visit from Week 16 to Year 4; 65.0%/68.6%/72.0% maintained PASI 0 at every visit except up to 2/3/4 visits with PASI >0–≤2 (**Figure**).

Additionally, 81.3% of Week 16 PASI 0 responders maintained PASI ≤2 at every visit to Year 4; 90.1%/91.5%/91.8% maintained PASI ≤2 at every visit except up to 2/3/4 visits with PASI >2–≤5 (**Figure**). PASI results were consistent in the BKZ Q4W/Q8W group (**Figure**).

Among Week 16 PASI 0 responders, 69.4% maintained BSA ≤1% at every visit to Year 4; 80.3%/81.1%/81.7% maintained BSA ≤1% at every visit except up to 2/3/4 visits with BSA >1%–≤3%. In the BKZ Q4W/Q8W group (N=147), 68.7% maintained BSA ≤1% at every visit; 81.6%/82.3%/83.0% maintained BSA ≤1% at every visit except up to 2/3/4 visits with BSA >1%–≤3%.

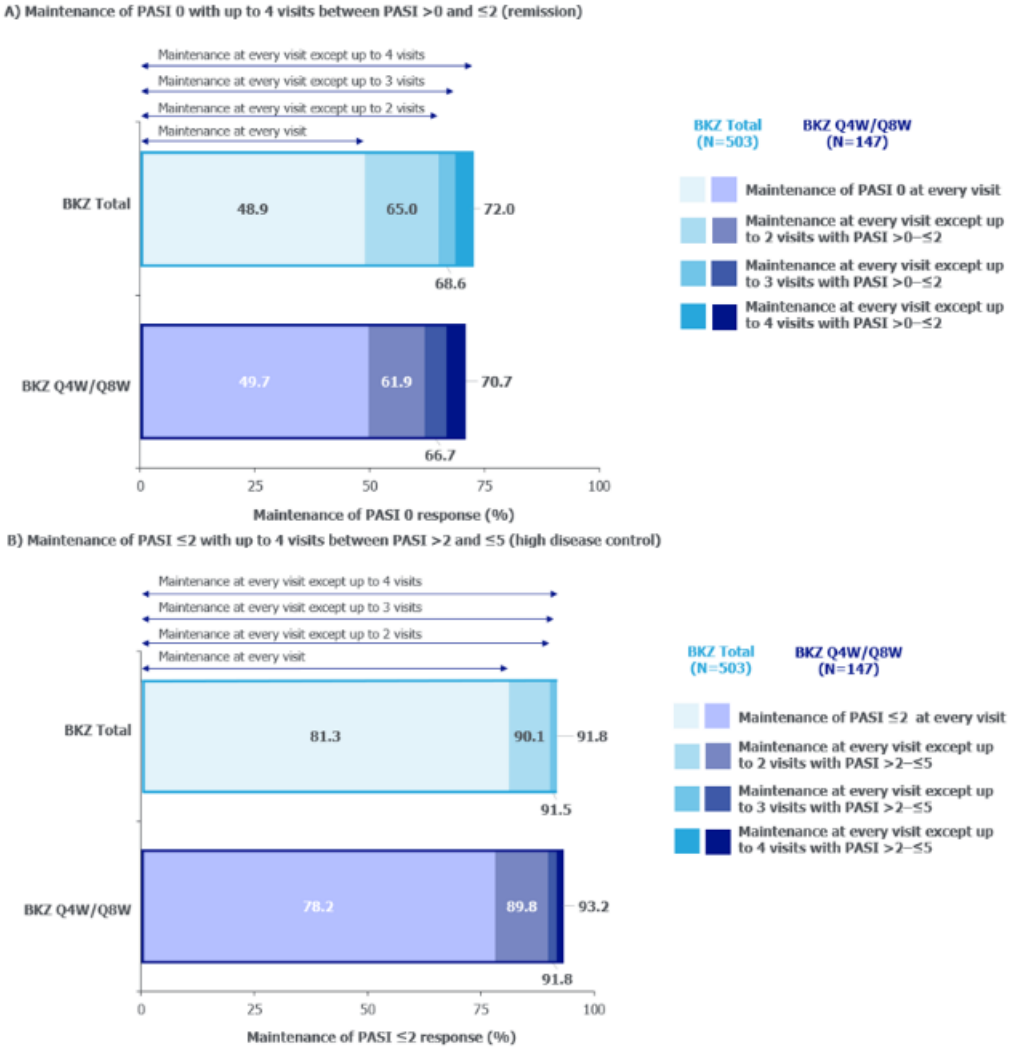
Conclusion:

High percentages of bimekizumab-treated Week 16 PASI 0 responders maintained remission or high disease control through 4 years.

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Figure. Week 16 PASI 0 responders who maintained remission/high disease control through 4 years (mNRI-LOCF)



Response levels were assessed at every study visit from Week 16 to Year 4 (29/30 further visits [study-dependent]). Continuous maintenance of PASI 0/≤2 was defined as having PASI 0/≤2 at every visit up to and including Week 196/200, and allowing for up to 2/3/4 visits where patients did not maintain PASI 0/≤2 but retained PASI ≤2/≤5, respectively (if a patient lost PASI ≤2/≤5 at any visit, up to and including Year 4, they were considered a non-responder). To be included in the analysis, patients had to have an observed Week 16 PASI 0 response. One patient in the BE READY trial did not have a Week 16 PASI assessment; however, this patient had a PASI 0 response at Week 12 and Week 20 of BE READY, which was maintained through Week 56, and so they were included in the analysis. Patients discontinuing treatment due to a lack of efficacy or treatment-related adverse events were considered non-responders at subsequent timepoints. LOCF was used to impute all other missing data. BKZ: bimekizumab; LOCF: last observation carried forward; mNRI-LOCF: modified non-responder imputation-last observation carried forward; PASI: Psoriasis Area and Severity Index; Q4W: every 4 weeks; Q8W: every 8 weeks.



Abstract N°: 3339

Bimekizumab response in the nail matrix and nail bed through 3 years in patients with moderate to severe plaque psoriasis

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Introduction & Objectives:

Nail psoriasis, in particular in the nail matrix, can predict progression to psoriatic arthritis (PsA) due to its anatomical connection to the musculoskeletal system;1 early, targeted treatment is important to prevent PsA progression by reducing inflammation of the entheseal complex.1,2

Here, bimekizumab (BKZ) efficacy in resolving nail psoriasis is evaluated separately in the nail matrix and nail bed over 3 years in patients with moderate to severe plaque psoriasis.

Materials & Methods:

Data were pooled from the 52-week BE VIVID (NCT03370133) and 56-week BE SURE (NCT03412747) and BE READY (NCT03410992) phase 3 trials, 96 weeks of their open-label extension (OLE), BE BRIGHT (NCT03598790), and the BE RADIANT (NCT03536884) phase 3b trial (48-week double-blinded period, 96-week OLE).3-7 Included patients were randomised to BKZ 320 mg every 4 weeks (Q4W) to Week 16, then received BKZ Q4W or Q8W into the OLE. All patients received BKZ Q8W from Week 64 (BE RADIANT OLE Week 16) or Week 100/104 (BE BRIGHT OLE Week 48), or the next scheduled clinic visit.

Nail psoriasis severity was assessed using the modified Nail Psoriasis Severity Index (mNAPSI; total score: 0–130), with sub-scores for nail matrix/bed (**Figure 1**).1 Proportions of patients achieving complete nail clearance (mNAPSI 0) and ≥90% improvement from baseline in mNAPSI (mNAPSI 90) are reported for nail matrix/bed sub-scores, up to Week 144/148/152 (Year 3).

Analyses were conducted post hoc for patients with baseline nail involvement (mNAPSI >0) using observed cases. Data are also reported for patients with psoriasis only at baseline (Psoriatic Arthritis Screening and Evaluation

[PASE] <47 and no medical history of PsA).

Data are reported regardless of dosing regimen (BKZ Total), and for the subset who received BKZ Q4W to Week 16 then Q8W into the OLE (Q4W/Q8W; approved dosing regimen for most patients with psoriasis).8

Results:

Among 639 BKZ Total patients with baseline mNAPSI >0 who entered the OLEs (BKZ Q4W/Q8W: N=217), 552 had nail matrix involvement (BKZ Q4W/Q8W: N=188) and 544 had nail bed involvement (BKZ Q4W/Q8W: N=193).

Of BKZ Total patients with nail matrix involvement, 37.7%/40.7% achieved nail matrix mNAPSI 0/mNAPSI 90 at Week 16; 53.5%/58.0% with nail bed involvement achieved nail bed mNAPSI 0/mNAPSI 90 at Week 16 (**Figure 1**). At Year 3, response rates in the nail matrix reached** 81.8%/84.4% (mNAPSI 0/mNAPSI 90), while in the nail bed they were 82.7%/86.7% (**Figure 1**).

In the BKZ Q4W/Q8W subgroup, nail matrix and bed mNAPSI 0/mNAPSI 90 responses were consistent with the BKZ Total group at Year 3 (nail matrix: 87.7%/90.3%; nail bed: 86.4%/90.1%).

Similar results were seen in patients with psoriasis only at baseline.

Conclusion:

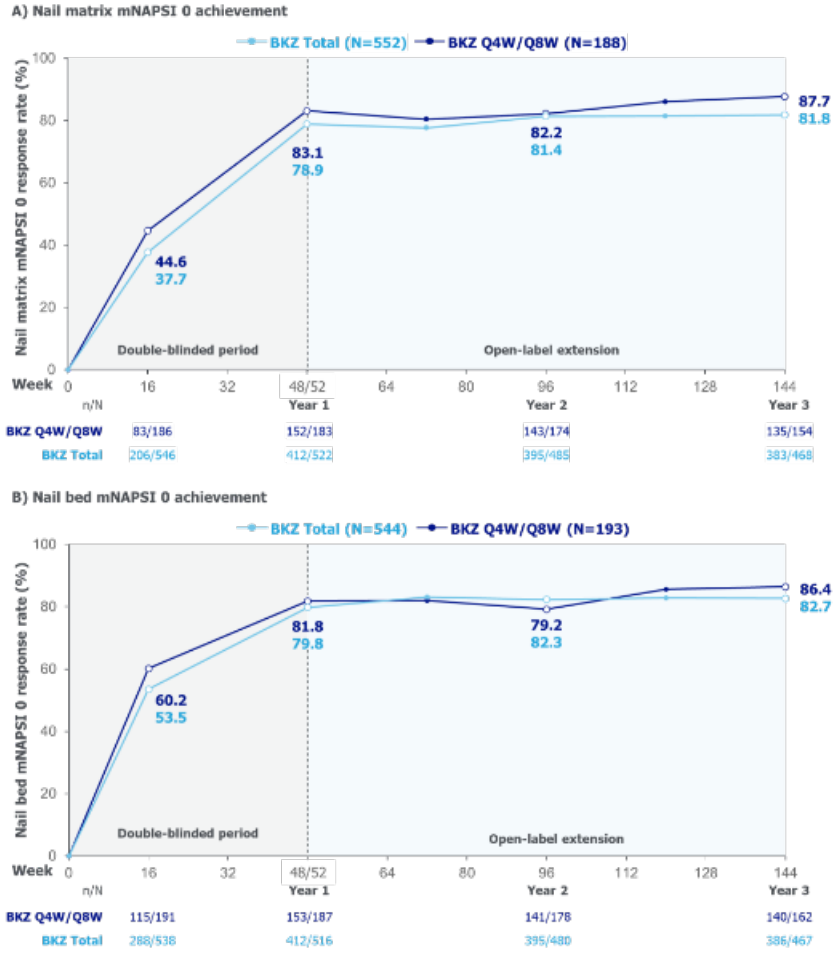
Similar long-term clearance levels (>80%) were reached in the nail matrix and nail bed after 3 years' bimekizumab treatment.

Early and effective psoriasis treatment in the nail matrix in addition to the nail bed with bimekizumab may contribute to minimising the risk of PsA progression.

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Figure 1. Proportions of patients achieving mNAPSI 0 in the nail matrix and in the nail bed through 3 years (OC)



Data are reported in a) patients with baseline mNAPSI >0 in the nail matrix; b) patients with baseline mNAPSI >0 in the nail bed. Achievement of nail matrix/nail bed mNAPSI 0 indicates complete clearance of nail matrix/nail bed only. Patients with nail matrix involvement included those with an mNAPSI score >0 for at least one nail of any of the following: pitting, nail plate crumbling, leukonychia and red spots in the lunula. Patients with nail bed involvement included those with an mNAPSI score >0 for at least one nail of any of the following: onycholysis/oil drop dyschromia, splinter haemorrhages and nail bed hyperkeratosis. The BKZ Total group includes all patients who were randomised to BKZ Q4W at feeder study baseline, then received BKZ Q4W or Q8W continuously into the OLE. The BKZ Q4W/Q8W subgroup includes the subset of patients who received BKZ Q4W from baseline to Week 16, then Q8W thereafter. BE RADIANT lasted 48 weeks, BE VIVID lasted 52 weeks and BE SURE and BE READY lasted 56 weeks; to pool data across studies; Week 56 data were not included. Week 48/52 is a combined timepoint representing the last mNAPSI assessment before entering the OLEs, due to a lack of common timepoints at which mNAPSI was assessed across the studies. In these figures, the period after Week 48/52 corresponds to the BE BRIGHT/BE RADIANT OLEs. BKZ: bimekizumab; mNAPSI: modified Nail Psoriasis Severity Index; OC: observed case; OLE: open-label extension; Q4W: every 4 weeks; Q8W: every 8 weeks.



Abstract N°: 3371

Bimekizumab reduces systemic inflammation and cardiovascular risk gene signatures in psoriatic disease

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Introduction & Objectives:

Psoriatic disease is associated with increased cardiovascular disease (CVD) risk and elevation of proinflammatory cytokines in both disease tissue and circulation.1–3 Phase 3 trials in psoriasis have indicated that bimekizumab (BKZ) reduces CVD-associated systemic inflammatory biomarkers, including neutrophil-to-lymphocyte ratio (NLR) and C-reactive protein.4–6 Here, a molecular assessment of systemic inflammation and CVD risk-related gene signatures was carried out in the skin and blood of BKZ-treated patients with psoriasis and psoriatic arthritis (PsA) to understand the early molecular effects of BKZ on these gene signatures and the relationship between these effects and clinical response.

Materials & Methods:

CVD risk-related gene signatures were defined based on previous studies.7,8 Blood bulk ribonucleic acid sequencing (RNA-seq) data from a previous study that compared patients with psoriasis to healthy controls was used to understand the extent of dysregulation of these gene signatures in blood at baseline.9 Changes in signatures post-BKZ treatment were assessed using molecular data (bulk RNA-seq and Olink proteomics) generated from BKZ clinical trials in psoriasis (skin/blood) and PsA (blood).10–14

Results:

In blood at baseline, a significant positive correlation was observed between mean gene expression in the selected gene signatures and NLR levels (R=0.27–0.51 [psoriasis], R=0.42–0.69 [PsA], false discovery rate [FDR]<0.1). Baseline data from a published study9 showed an increase in these gene signatures in the blood of patients with psoriasis versus healthy controls (average fold-change: 1.06–1.42; **Figure 1A**).

In skin, these signatures were rapidly normalised by Week 8 (median percentage improvement: 93%–100%;**Figure 2**). As expected in blood, where gene dysregulation is weaker than in tissue,15 smaller but significant downregulation of these signatures was observed by Week 8 in psoriasis (median fold-change: 0.89–0.92; **Figure 1B**). An effect was also observed by Week 16 in PsA (0.83–0.88;**Figure 1B**). In serum of patients with psoriasis, proteomics analysis demonstrated significant reduction (|logFC|>1 by Week 8, FDR<0.05) of several interleukin-17-related proteins, some of which are also linked to CVD (e.g. PI3).8

Conclusion:

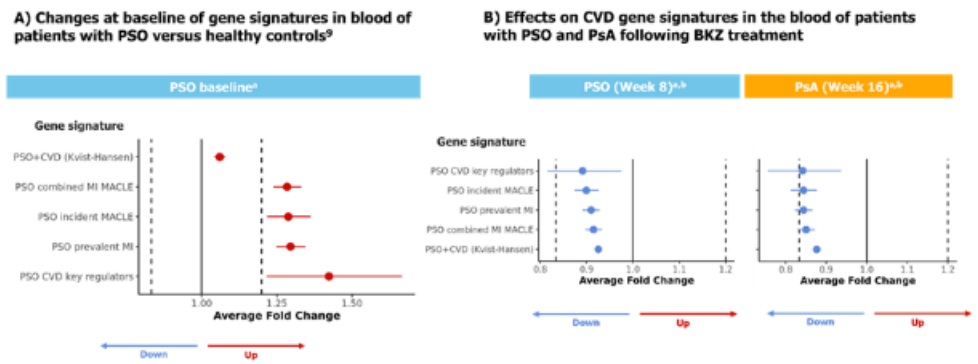
Consistent with NLR reduction observed in clinical data, bimekizumab treatment led to molecular reduction in systemic inflammation/CVD risk signatures at an early timepoint. Further in-house studies are being undertaken to assess longer term molecular effects post-bimekizumab treatment.

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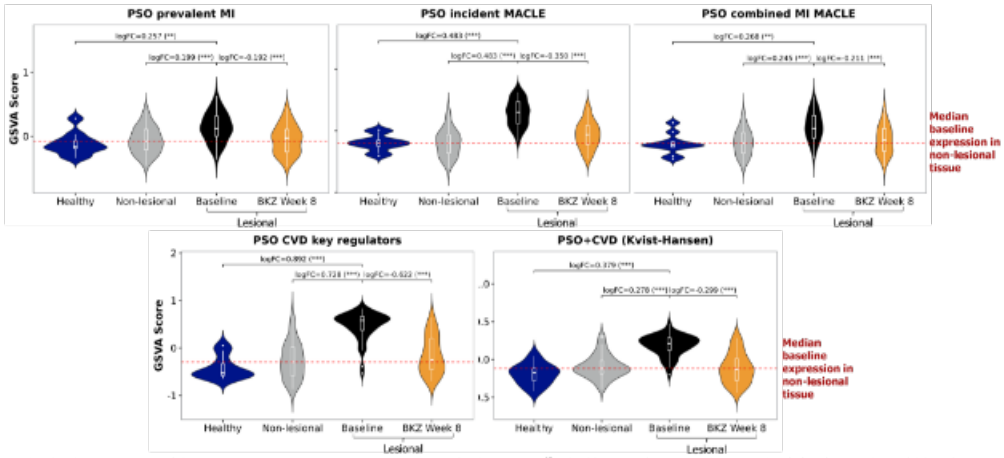
Previously presented at AAD 2025.

Figure 1. Changes in genes signatures in blood at baseline and following BKZ treatment at Week 8/16



[a] Dotted vertical lines correspond to a fold change of 0.83 and 1.2; the error bars represent 95% CIs. [b] CAMERA analysis,[10] FDR<0.05. BKZ: bimekizumab; CI: confidence interval; CVD: cardiovascular disease; FDR: false discovery rate; MACLE: major adverse cardiovascular or limb events; MI: myocardial infarction; PsA: psoriatic arthritis; PSO: psoriasis.

Figure 2. Normalisation of CVD gene signatures in psoriatic skin by Week 8



Violin plot shows expression of the CVD signature, using GSVA to estimate gene set level expression,[12] in healthy tissue (patients without PSO; blue), baseline non-lesional (clear skin in patients with PSO; grey), baseline lesional (black), and BKZ-treated lesional tissue at Week 8 (orange). Wider sections of the violin plot indicate higher density of data at the respective y-axis value. White box plots show median and IQR normalised expression. LogFC and FDR-adjusted p-values were calculated using *limma* moderated t-test.[11] ***FDR<0.001, **FDR<0.01. BKZ: bimekizumab; CVD: cardiovascular disease; FC: fold change; FDR: false discovery rate; GSVA: gene set variation analysis; IQR: interquartile range; MACLE: major adverse CV or limb events; MI: myocardial infarction; PSO: psoriasis.



Abstract N°: 3411

Dermal Fibroblasts Mediate Psoriatic Inflammation via IκBζ Upregulation in Response to IL-17 Cytokines

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Introduction & Objectives:

IκBζ, a transcriptional coactivator encoded by *NFKBIZ*, plays a pivotal role in psoriatic inflammation and has primarily been studied in keratinocytes. However, dermal fibroblasts—key players in skin homeostasis—are increasingly recognized for their role in psoriasis pathogenesis. This study investigates how psoriatic cytokines induce IκBζ in human dermal fibroblasts and explores the signaling pathways involved.

Materials & Methods:

Primary human dermal fibroblasts were stimulated with recombinant IL-17A, IL-17F, and TNFα, alone or in combination. *NFKBIZ* mRNA expression was quantified via qPCR, while IκBζ protein levels were assessed by Western blotting. Pathway involvement was evaluated using selective inhibitors of NF-κB, p38 MAPK, ERK1/2, and JNK1/2. The functional role of IκBζ was examined through siRNA-mediated knockdown of *NFKBIZ*, followed by cytokine stimulation and qPCR analysis of target genes.

Results:

Cytokine stimulation synergistically induced *NFKBIZ* expression in fibroblasts, with IL-17A and TNFα co-stimulation leading to a 143-fold increase, significantly exceeding individual effects. This induction was predominantly mediated by NF-κB signaling, with contributions from ERK1/2 and JNK1/2 pathways. siRNA knockdown of *NFKBIZ* significantly reduced the expression of the inflammatory chemokines CCL20, CXCL8, and CCL2, demonstrating that IκBζ directly regulates their transcription.

Conclusion:

This study demonstrates that dermal fibroblasts robustly upregulate IκBζ in response to psoriatic cytokines. The strong induction of *NFKBIZ* and its direct control over *CCL20*, *CXCL8*, and *CCL2* mRNA expression highlight the active role of fibroblasts in shaping cutaneous inflammation. Targeting IκBζ could offer therapeutic potential, given its involvement across multiple cell types in epidermal and dermal layers of the skin.



Abstract N°: 3437

Clinical evolution and quality of life in patients with plaque psoriasis treated with bimekizumab: early response analysis and associated factors

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Clinical evolution and quality of life in patients with plaque psoriasis treated with bimekizumab: early response analysis and associated factors

Introduction & Objectives:

The management of moderate-to-severe plaque psoriasis has been transformed by biologic therapies targeting interleukin-17. Bimekizumab, a monoclonal antibody that simultaneously blocks IL-17A and IL-17F, has demonstrated high efficacy in clinical trials. This study evaluates the progression of clinical severity and quality-of-life indicators in patients treated with bimekizumab over the first 12–16 weeks, and explores the impact of clinical and comorbid variables on treatment response.

Materials & Methods:

A consecutive cohort of 28 adult patients with plaque psoriasis undergoing active follow-up and treatment with bimekizumab was included. Sociodemographic, clinical, lesion location, comorbidities, and prior treatments were collected. Clinical severity metrics (PASI, BSA, PGA) and Health-related quality of life index (DLQI) were assessed at four time points: baseline, week 4, week 12–16, and week 24. Comparisons were performed using the Kruskal-Wallis test with Dunn's post hoc analysis, and bivariate correlations were examined using Spearman's coefficient.

Results:

The cohort included 28 patients with a mean age of 55 years and mean BMI of 29.5 ± 4.98. Mean disease duration was 34.33 ± 17.5 years. Prior exposure to biologics was reported in 85.7%, most commonly anti-TNF and anti-IL-17A agents. Frequent special site involvement included the scalp (92.6%) and genital area (51.9%). The most common comorbidities were dyslipidemia (46.4%), diabetes mellitus (35.7%), and hypertension (28.6%). During treatment, 20.7% (n = 6) of patients reported adverse events; oral candidiasis was the most frequent (10.3%). By weeks 12–16, significant improvements were observed in clinical and quality-of-life measures. PASI decreased from 15.4 ± 6.4 to 0.61 ± 1.9, DLQI from 12.7 ± 6.1 to 0.39 ± 1.4, BSA from 24.0 ± 14.0 to 1.35 ± 3.6, and PGA from 3.32 ± 0.82 to 0.22 ± 0.60 (all $p < 0.001$). At week 12–16, 87% of patients achieved PASI ≤ 1 and 91.3% DLQI ≤ 1, indicating a rapid and effective clinical response. A favorable clinical response was defined as achieving both PASI ≤ 1 and DLQI ≤ 1 at weeks 12–16. This variable was negatively associated with hepatic steatosis ($r = -0.50$; $p = 0.0079$), which also showed positive correlations with PASI ($r = 0.667$; $p = 0.0005$) and DLQI ($r = 0.652$; $p = 0.0007$), suggesting a potential impact on residual inflammatory burden. Metabolic syndrome was significantly correlated with PASI ($r = 0.443$; $p = 0.0343$), though not with DLQI. In contrast, total number of comorbidities and lesion location (genital, scalp, palmoplantar, or nail) were not significantly associated with PASI or DLQI scores at weeks 12–16.

Conclusion:

Treatment with bimekizumab showed rapid and sustained improvements in both clinical severity and quality of life in patients with plaque psoriasis. While most demographic and clinical variables were not associated with

response, hepatic steatosis emerged as a potential factor influencing therapeutic outcomes, highlighting the importance of comorbidity profiling in prognostic evaluation and treatment individualization.



Abstract N°: 3509

The risk of reactivation of latent tuberculosis in psoriatic patients treated with IL-23 inhibitors – an observational retrospective single centre study

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Introduction & Objectives:

Psoriatic patients with a history of latent tuberculosis infection (LTBI) may be at increased risk of tuberculosis (TB) reactivation when treated with biologic therapies. While TNF-α inhibitors are associated with a well-documented risk of TB reactivation—necessitating prophylactic treatment in LTBI-positive patients IL-23 inhibitors are generally considered to have a more favorable safety profile. However, real-world data on the risk of TB reactivation with IL-23 inhibitors remain limited.

Materials & Methods:

We conducted a retrospective, observational study at a single biologic treatment center in Slovakia to assess the rate of TB reactivation in patients with psoriasis treated with IL-23 inhibitors (guselkumab, tildrakizumab, and risankizumab) between April 2019 and April 2025. All patients underwent baseline and annual TB screening using interferon-gamma release assays (IGRA), chest X-rays, and clinical evaluation for TB-related symptoms. LTBI – positive patients were repeatedly assessed to exclude false-positive IGRA results.

Results:

A total of 205 psoriatic patients received IL-23 inhibitors. Of these, 103 were treated with guselkumab, 15 with tildrakizumab, and 110 with risankizumab. During the study period 23 patients received more than one IL-23 inhibitor. LTBI was detected in 19 patients (9.27%) at baseline, leading to a two-month postponement of biologic therapy initiation and initiation of prophylactic treatment. Across a cumulative exposure of 438.3 patient-years (guselkumab: 152.7; tildrakizumab: 12.8; risankizumab: 271.0), no cases of active TB were reported. TB test seroconversion occurred in eight patients treated with antiIL-23 inhibitors, resulting in an overall TB reactivation incidence of 3.9%. All cases were asymptomatic and classified as latent reactivation. The mean duration of IL-23 therapy before test conversion was 17.4 patient-years. Seroconversion incidence was highest with risankizumab (4.5%), followed by guselkumab (2.9%), with no cases observed in the tildrakizumab group. However, the latter group had the smallest treatment exposure.

Conclusion:

This study confirms a low risk of TB reactivation in psoriatic patients treated with IL-23 inhibitors. Our findings support the favorable safety profile of IL-23 inhibitors, with no symptomatic or serious cases of active TB observed. Although a slightly higher rate of TB test seroconversion was noted with risankizumab, the difference was not statistically significant. Continued vigilance and regular screening remain essential, particularly in LTBI-positive patients.



Abstract N°: 3599

Association between Psoriasis/Psoriatic arthritis severity and blood testosterone level in men patients

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Introduction & Objectives: About 50% of patients (pts) with psoriatic arthritis (PsA) are men, and the frequency of testosterone deficiency in PsA could reach 36%. Objective: to study the clinical characteristics of PsA men pts depending on the testosterone level.

Materials & Methods: 54 PsA men pts according to the CASPAR criteria were included. Mean age 44.1±12.9 years, PsA duration 8.0 [4.25;14.0] years, PASI 9.95 [4.85;16.35], DAPSA All pts underwent standard clinical examination and pelvic X-RAY. PsA/PsO activity was measured by BASDAI, DAPSA and Tender/Swollen Joints Count (TJC/SJC). PASI and Body Mass Index (BMI) also were measured. Hypogonadism was diagnosed when the total blood testosterone level (TBTL) was ≤12.0 nmol/l. Exclusion criteria were a history of androgen-deprivation therapy for malignant neoplasms, as well as the use of testosterone preparations or endogenous testosterone busters. All pts were divided into 2 groups depending on the presence of hypogonadism. An intergroup comparative analysis was performed, as well as a correlation analysis of testosterone levels with other quantitative indicators.

Results: The testosterone deficiency was found in 22 out of 54 pts (40.7%). No significant differences were seen between the groups in the stage of sacroiliitis, frequency of arthritis, enthesitis, dactylitis, extraarticular manifestations, nail PsO. Significant negative correlations were found between TBTL and PASI (r=-0.29; p=0.032). Patients with hypogonadism had higher PsA activity by DAPSA (44.0 [28.8;50.3] vs 28.3 [24.9;36.5]; p=0.027), TJC (14.5 [10.25;23.25] vs 9.0 [4.25;12.75]; p=0.04), SJC (7.0 [4.0;12.0] vs 4.0 [2.0;6.0]; p=0.029) and BMI (31.8±5.2 vs 27.8±6.7; p=0.022), Uric Acid Level (429.6±111.4 vs 350.7±95.99; p=0.008). No significant differences were seen between the groups by BASDAI (5.66±1.46 vs 5.31±1.36; p=0,4).

Conclusion: We found high incidence of hypogonadism in men with psoriatic disease, which correlated with PsA activity and metabolic disorders. It should be taken into account for personalized treatment. More larger studies are needed.

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Abstract N°: 3626

Skin and nail psoriasis severity associated with difficult-to-treat (D2T) psoriatic arthritis (PSA) phenotype

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Introduction & Objectives: The GRAPPA concept of** Difficult-to-treat (D2T) psoriatic arthritis (PsA) have been published recently as scoping review. There is a lack of data concerning clinical characteristic of D2T PsA, including skin and nail psoriasis severity. The aim of the study was to identify association of skin and nail psoriasis severity with D2T PsA patients in real clinical practice.

Materials & Methods: 192 patients (M/F=98/94) mean age 46.1±12.5* years (yrs) with PsA according to CASPAR criteria treated by biologic or target synthetic **(**b/ts) DMARDs within 2 yrs were included. D2T-PsA was defined as failure of ≥2 b/tsDMARDs with different mechanism of action among TNF inhibitors, anti-IL 17, anti-IL 12/23, anti-IL23 and JAK inhibitors within 2 yrs of follow-up. D2T patient's characteristics were compared with responders to therapy (Non-D2T) patients using** statistical tests.** All p<0.05, were considered to indicate statistical significance.

Results: 40 patients (21%) (M/F=20/20) were considered as D2T-PsA and 152 (79%) (M/F=78/74) patients as Non-D2T PsA. A comparative analysis in both groups showed that** D2T patients had a significantly more often BSA>10% 35% vs 16% (p=0.008), presence of onycholysis 27,5% vs 4,7% (p=0.001), dactylitis 25% vs 8,6% (p=0.004), enthesitis 30% vs 5,9% (p=0.001), polyarthritis 37,5% vs 19,1% (p=0.014), HAQ>0.5 53% vs 34,7% (p=0.039), longer PsA duration 118 [83,5; 185,5] vs 157 [102,5; 199,5] (p=0.017), depression 8% vs 0,7% (p=0.007) and increased uric acid blood level 22,5% vs 9,3% (p=0.023). There was no significant difference between D2T and Non-D2Tregarding PsO duration (months) Me=256 [187; 348] vs 214 [130; 318], BMI kg/м2 Me=26,5 [22,8; 30,9] vs 27,1 [23,9; 29,9] and DAPSA Me=23,7 [17,1; 44,2] vs 22,3 [12,8; 37,7]. A comparison of the main clinical parameters of 2 groups of patients is presented in Figure and Table.

Conclusion: D2T** PsA are associated with a more severe skin and nail psoriasis, higher PsA activity, longer PsA duration, impairment of function and presence depression and metabolic disorders. Knowledge of the possible factors associated with D2T may lead to better management of PsA patients.

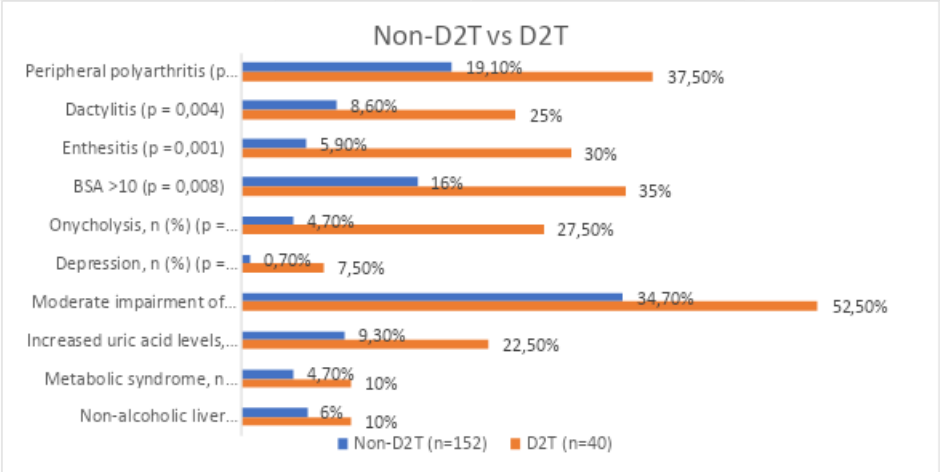


Figure. Comparative characteristics of patients with Non-D2T and D2T PsA, n=192

Table. Comparative characteristics of patients with Non-D2T and D2T PsA, n=192

Study name	Non-D2T (n=152)	D2T (n=40)	p
BMI, kg/м2, Me [Q25; Q75]	27,1 [23,9; 29,9]	26,5 [22,8; 30,9]	> 0,05
PsO duration (months), Me [Q25; Q75]	214 [130; 318]	256 [187; 348]	> 0,05
PsA duration (months), Me [Q25; Q75]	118,0 [83,5; 185,5]	157,0 [102,5; 199,5]	**0,017**
DAPSA, Me [Q25; Q75]	22,3 [12,8; 37,7]	23,7 [17,1; 44,2]	> 0,05



Abstract N°: 3639

Addressing Cardiovascular Risk in Psoriasis: A Return to Basics? Outcomes of a Randomised Controlled Trial

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Introduction & Objectives:

Cardiovascular disease (CVD) is the leading cause of death in psoriasis patients, yet no clear therapeutic pathway exists to mitigate this risk. Optimising patient activation and self-management is essential to addressing modifiable risk factors. This study evaluated a text messaging (TM) intervention designed to enhance patient activation and CVD risk management in psoriasis.

Materials & Methods:

In this single-centre, parallel-group randomised controlled trial (RCT), adults with psoriasis were allocated 1:1 to receive either a text message (TM) intervention (CVD prevention messages) or standard care. The primary outcome was patient activation (Patient Activation Measure, PAM-13). Secondary outcomes included Mediterranean Diet Score (MDS), weekly physical activity (measured in MET-minutes using the International Physical Activity Questionnaire [IPAQ]), cardiometabolic outcomes (body mass index [BMI], blood pressure, HbA1c, and lipids), psoriasis–CVD knowledge (PCVD-KS), medication adherence (Medication Adherence Rating Scale, MARS-5), Psoriasis Area and Severity Index (PASI), Dermatology Life Quality Index (DLQI), and user feedback. Analyses were conducted using ANCOVA, adjusting for baseline values, under an intention-to-treat framework. Missing data were handled using multiple imputation.

Results:

111 participants were randomised (mean age 51.8 ± 13.2 years; 65.8% male), with balanced baseline characteristics. At six months, the intervention group had significantly higher PAM-13 scores (adjusted mean difference = 10.81; 95% CI: 6.99–14.63; $p < .001$). Mediterranean diet adherence improved (mean difference = 1.71; $p < .001$). Physical activity was significantly higher (adjusted mean difference = 436.80 MET-min/week; equivalent to ~132 minutes/week using IPAQ-assigned MET values; 95% CI: 146.21–727.38; $p < .001$). BMI was lower (adjusted mean difference = −1.02; 95% CI: −1.37 to −0.66; $p < .001$); while effect size was small ($\eta^2 = 0.011$), this may be clinically meaningful. Psoriasis–CVD knowledge and medication adherence improved (mean differences: PCVD-KS = 6.6; MARS-5 = 1.64; both $p < .001$), as did PASI (−1.35; $p = 0.008$). Among participants who smoked, the intervention group had a non-significant lowering in cigarette use (adjusted mean difference −19.67; 95% CI: −41.60 to 2.26; $p = 0.177$). Other outcomes (e.g., DLQI, blood pressure, lipids, and HbA1c) were not significantly different.

User feedback was overwhelmingly positive: 91.5% found the messages helpful, and 74.3% reported they motivated lifestyle changes.

Conclusion:

Patient education and empowerment remain critical for psoriasis patients to achieve CVD risk reduction. TM interventions offer a feasible, scalable, and likely cost-effective strategy to improve self-management behaviours.

Larger, longer-term studies are warranted.



Abstract N°: 3651

Refractory Palmoplantar Pustulosis Achieving Remission with Anti-IL-17A Agent Vunakizumab

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Introduction & Objectives: Palmoplantar Pustolosis (PPP) is a chronic inflammatory skin disease characterized by recurrent sterile pustules localized to the palms and soles, and it is often associated with pain. Patients with PPP experience relapses. However, with the etiology of PP remaining unclear, effective treatment for refractory cases is challenging. Here, we present a case of PPP that achieved remission following treatment with vunakizumab, a monoclonal antibody targeting interleukin-17A (IL-17A).

Materials & Methods: A 41-year-old female presented to the dermatology department with a 6-year history of recurrent vesicular eruptions on her palms and soles, accompanied by pain and pruritus. Physical examination revealed densely distributed vesicles and pustules on the fingers, palmar surfaces and plantar regions. Erythema, fissures and hyperkeratotic plaques were observed on the heels. Previous therapeutic interventions, including topical corticosteroids, oral antihistamines and multiple systemic immunomodulating agents were ineffective. Histopathological evaluation of a skin biopsy indicated palmoplantar pustulosis. Laboratory investigations showed an elevated serum total IgE level but a normal Th2/Th17-associated cytokine profile (IL-17, IL-4, IL-13 and IL-31). Genetic analysis identified no pathogenic mutations in *IL-36RN*. Based on the patient's clinical features and histopathology report, a diagnosis of PPP was established. The patient initiated subcutaneous administration of vunakizumab 120mg every 2 weeks, in conjunction with her consistent use of halometasone/ triclosan cream (0.05%; 1%) twice daily. The treatment effectiveness was assessed using the Palmoplantar Pustulosis Area Severity Index (PPPASI), the Palmoplantar Pustular Physician's Global Assessment (PPP-PGA) and the Dermatology Life Quality Index (DLQI).

Results: At baseline, the patient had a PPPASI score of 11.6, a PPP-PGA score of 4 (severe) and a DLQI score of 20, indicative of profound disease severity and significantly impaired quality of life. After 4 weeks of vunakizumab treatment, her PPPASI score declined to 7.0, PPP-PGA to 3 (moderate), and DLQI to 14. Clinical examination revealed a reduction in vesicles and pustules on the fingers and palms, part of the areas evolved into desquamation. Fissure on the plantar surfaces demonstrated initial improvement. By week 6, further clinical progress was observed. The patient's PPASI score decreased to 5.6, PPP-PGA to 2 and DLQI to 8. Complete resolution of lesions was achieved on the fingers, while only residual pustules persisted on the thenar eminence of the palm. Plantar surfaces, particularly the heels, exhibited reduction in vesicles and pustules, alongside further healing of fissures. The patient reported no adverse events after using vunakizumab.

Conclusion: We report a case of refractory PPP that exhibited significant clinical improvement following 6 weeks of vunakizumab treatment. The patient remains on this therapeutic regimen, with ongoing follow-up to evaluate the treatment's long-term efficacy and safety. The treatment rationale for this case was informed by a randomized controlled trial which demonstrated the efficacy of an IL-17RA inhibitor, brodalumab, in PPP management. While further studies are needed, this case suggests that vunakizumab could potentially be a viable therapeutic choice for refractory PPP.

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Abstract N°: 3652

Text Messaging to Address Cardiovascular Risk in Psoriasis: Patient Verdict?

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Introduction & Objectives:

Cardiovascular disease (CVD) is the leading cause of mortality in people with psoriasis. Given this heightened risk, lifestyle-based prevention and patient activation are essential. Mobile health (mHealth) strategies such as text messaging (TM) have proven effective in chronic disease management, but their role in psoriasis remains underexplored. User feedback is critical to ensure acceptability, engagement, and impact.

Materials & Methods:

This single-centre randomised controlled trial evaluated a TM intervention to support CVD prevention in psoriasis. Participants were randomised 1:1 to receive either standard care or a six-month TM program delivering behaviourally framed, evidence-based messages. Primary outcomes included patient activation (PAM-13), Mediterranean diet adherence (MDS), physical activity, psoriasis-CVD knowledge, and medication adherence (MARS-5). At program completion, participants completed a structured user feedback survey assessing utility, behavioural impact, and engagement with the messages. Control participants were asked parallel questions regarding lifestyle change over the prior six months.

Results:

111 participants were enrolled (mean age 51.8 ± 13.2 years; 65.8% male); 55 received the intervention. Most had early-onset psoriasis (83.8%); 74.8% were on biologics; 47.7% had ≥1 CVD risk factor. At six months, the intervention group had significantly higher PAM-13 scores than controls (adjusted mean: 64.3 vs 53.6; mean difference = 10.8; $p < .001$).

Among intervention participants:

Acceptability: • 91.4% found messages useful • 100% rated them clear; 91.4% appropriately worded • 74.3% found timing appropriate; 71.4% approved frequency

Engagement: • 65.7% read >90% of messages • 85.7% did not delete messages immediately • 51.4% saved messages; 25.7% forwarded them

Behavioural Impact: • 74.3% felt motivated to improve lifestyle • 77.0% improved diet • 71.5% increased physical activity • 62.9% reported better medication adherence

In contrast, control participants reported significantly smaller improvements in physical activity (mean difference = –0.68; $p = .003$), with non-significant trends toward lower motivation for lifestyle change ($p = .060$) and dietary improvement ($p = .169$). No between-group difference was observed in medication adherence ($p = .550$).

Conclusion:

This RCT demonstrates the value of a text messaging intervention in improving patient activation and driving real-world behavioural change. High levels of satisfaction, message engagement, and lifestyle improvement support

the acceptability and utility of mHealth tools as low-cost, scalable adjuncts to dermatology care, with broader applications in chronic disease prevention and patient education.



Abstract N°: 3659

Cardiometabolic Risk in Psoriasis: A Missed Opportunity? Insights from a CVD Prevention Trial Cohort

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Introduction & Objectives:

Psoriasis is associated with elevated cardiovascular disease (CVD) risk, yet structured prevention remains uncommon. Understanding the cardiometabolic burden in this population is essential to inform targeted interventions. This analysis describes baseline cardiovascular risk factors and medication use among adults with psoriasis enrolled in a CVD prevention trial.

Materials & Methods:

Adults with psoriasis (N=111) were recruited from a tertiary dermatology clinic and randomised 1:1 to receive standard care or a text message-based CVD prevention intervention. Baseline demographic, clinical, and medication data were summarised descriptively.

Results:

The mean age was 51.8 ± 13.2 years; 65.8% were male. Early-onset psoriasis was common (83.8%) and 39.6% reported psoriatic arthritis. Known CVD was present in 11.8 %. Nearly half (49.5%) had at least one major traditional cardiovascular risk factor: hypertension (51.5%), dyslipidaemia (57.4%), diabetes (51.5%), or a history of smoking 17.6%. Depression (25.8%) and anxiety (14.5%) were frequently reported. A family history of premature coronary artery disease was present in 8.8%. Educational attainment was high (80% completed secondary school), and nearly 20% spoke a language other than English at home. Baseline characteristics were balanced across groups.

Among participants with available medication data (n=56), only 24.6% were on statins, 25.0% on antiplatelet agents, and 25.0% on antihypertensives. Of those with diabetes, just 26.8% were taking oral hypoglycaemic agents; GLP-1 use was rare. One in five participants reported antidepressant use. Medication data were unavailable for the remaining participants and may reflect under-reporting or lack of treatment.

Biologic therapy was common (74.8%), predominantly IL-23 inhibitors (45.0%), followed by IL-17 (18.2%), IL-12/23 (7.2%), and TNF inhibitors (1.8%). Non-biologic systemic therapy included methotrexate, apremilast, deucravacitinib, and acitretin (18.0%). Lifestyle behaviours were suboptimal: only 28.8% met physical activity guidelines, and fewer than 20% consumed recommended amounts of vegetables or oily fish.

Conclusion: This psoriasis cohort had a high prevalence of both traditional and non-traditional cardiovascular risk factors, yet pharmacologic and lifestyle risk factor management remained suboptimal. These findings highlight the opportunity to improve health outcomes for psoriasis patients through integrated cardiometabolic screening, patient education, and targeted prevention strategies embedded within dermatology care pathways.



Abstract N°: 3664

Super-responders to Xeligekimab in Chinese Patients with Moderate-to-severe Plaque Psoriasis: Clinical Characteristics and Long-term Efficacy in a Post-hoc Analysis of a Phase III Trial

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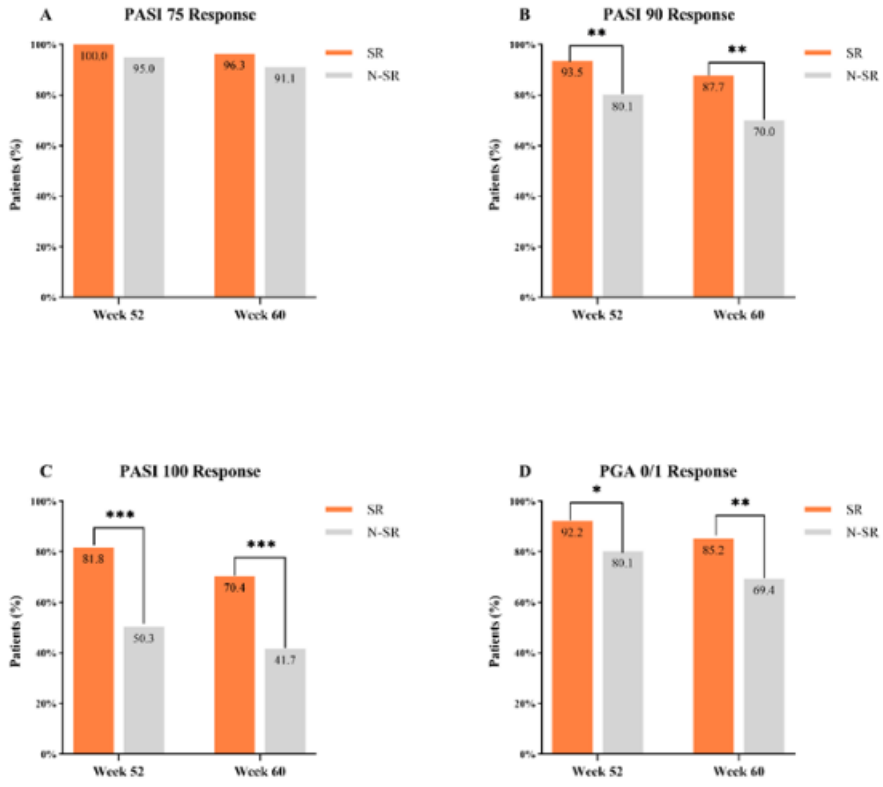
Introduction & Objectives: Psoriasis is a chronic, recurrent, inflammatory, and systemic disease induced by the interaction of genetic and environmental factors. It is clinically characterized by scaly erythema or plaques, which can be localized or widely distributed. Xeligekimab (GR1501), a fully humanized monoclonal antibody, selectively neutralizes interleukin (IL)-17A. In phase III clinical trials, it demonstrated efficacy and safety, with PASI 100 response rates of 30.2% at week 12 and 59.7% at week 52. This post-hoc analysis aims to explore the clinical characteristics and long-term efficacy of super-responders to Xeligekimab in Chinese patients with moderate-to-severe plaque psoriasis.

Materials & Methods: Data for this post-hoc analysis were derived from a randomized, double-blind, placebo-controlled, multicenter, phase III trial (CHICTR2100043223) evaluating the efficacy and safety of Xeligekimab (GR1501) in treating moderate-to-severe plaque psoriasis. Participants were randomly assigned in a 2:1 ratio to receive subcutaneous injections of 200 mg Xeligekimab every 2 weeks (Xeligekimab group) or placebo (placebo group). During the first 12 weeks, patients received 200 mg Xeligekimab or placebo subcutaneously every 2 weeks. After week 12, the dosing interval was extended to every 4 weeks. Patients in the placebo group switched to receiving 200 mg Xeligekimab subcutaneously from week 12 to week 24, then every 4 weeks until week 52 (last dose at week 48), with final follow-up at week 60. Participants achieving PASI 75 within 12 weeks were divided into those achieving PASI 100 (defined as super-responders) and those not achieving PASI 100 (defined as non-super-responders). Univariate and multivariate logistic regression analyses were used to assess factors associated with super-response, including demographic characteristics, baseline psoriasis severity (assessed by body surface area [BSA], PASI, and Physician's Global Assessment [PGA] scores), and psoriasis duration. Efficacy outcomes at weeks 52 and 60 were compared between the two groups.

Results: Among 281 participants treated with Xeligekimab, 85 were super-responders (PASI 100) and 196 were non-super-responders. Multivariate logistic regression analysis revealed that disease duration (<5 years) (OR=2.026, 95% CI: 1.030-3.987, P=0.041), baseline PASI (OR=0.961, 95% CI: 0.931-0.991, P=0.003), and baseline BSA (OR=1.028, 95% CI: 1.001-1.055, P=0.040) were independently associated with super-response. Super-responders showed better long-term efficacy outcomes than non-super-responders, with superior PASI 90, PASI 100, and PGA 0/1 scores at week 52, and sustained efficacy through week 60.

Conclusion: This study indicates that Xeligekimab achieved a 41.11% (178/433) super-response rate at week 12. Shorter disease duration, lower baseline PASI, and larger BSA were independently associated with super-response. Super-responders had better long-term efficacy outcomes.

	Univariable		Multivariable	
Characteristics	**OR(95%CI)**	**p-value**	**OR(95%CI)**	**p-value**
Age	0.792(0.304~2.060)	0.632		
Gender(Male/Female)	0.714(0.400~1.277)	0.256		
Disease duration(<5 vs ≥5 years)	1.727(0.903~3.304)	0.098	2.026(1.030~3.987)	0.041
Weight (<75 vs ≥75kg)	1.655(0.978~2.800)	0.06	1.639(0.954~2.817)	0.074
Baseline PASI	0.961(0.931~0.991)	0.013	0.918(0.867~0.971)	0.003
Baseline PGA	1.985(1.079~3.649)	0.027		
Baseline BSA	0.992(0.977~1.006)	0.251	1.028(1.001~1.055)	0.04
Alcohol consumption	1.232(0.602~2.520)	0.569		
Previous biologics(Yes vs No)	0.711(0.320~1.579)	0.402		
Fatty liver	0.802(0.401~1.604)	0.533		
Hypertension	0.847(0.431~1.665)	0.631		
Diabetes	0.887(0.356~2.211)	0.798		





Abstract N°: 3681

Combining narrowband UVB phototherapy with calcipotriol and betamethasone dipropionate foam modulates dendritic cell activity in psoriasis skin

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Introduction & Objectives:

Many patients with psoriasis fail to achieve long-term disease control, despite numerous available therapies. Recent research suggests that early intervention with certain biologic agents may induce sustained, treatment-free remission by modulating key immunological factors, although the underlying mechanisms are not yet fully elucidated. Given the central role of topical treatments in psoriasis management, it is essential to determine their role in modulating the local immunological milieu and to explore how they can be combined with more advanced therapies for long-term remission. This study aimed to investigate the mechanistic effects of combining narrowband ultraviolet B (NB-UVB) phototherapy with Calcipotriol/Betamethasone Dipropionate (Cal/BD) foam versus placebo in psoriasis skin, building on initial clinical results demonstrating superior efficacy with Cal/BD.

Materials & Methods:

This phase 4, open-label study utilized a split-body design in which 12 patients with plaque psoriasis had two plaques designated for Cal/BD foam and placebo application, respectively. Patients received concomitant NB-UVB during the initial 8 weeks of the 18-week study period. Skin biopsies from each plaque were collected at weeks 0, 8, 13, and 18 and analyzed using RNA sequencing and quantitative immunohistochemistry.

Results:

Analyses of differentially expressed genes showed downregulation of genes related to dendritic cells (DCs) and antigen presentation (*CD1A*, *CD1B*, *CD1C*, *CD1E*, *ITGAX*, *HLA-DQB2*, *CLEC10A*, *TNF*, *CCL13*) in plaques treated with Cal/BD foam compared with placebo. Gene set variation analysis (GSVA) demonstrated reduced DC pathway activity in Cal/BD foam-treated plaques compared with placebo, including antigen processing and presentation (p=0.0399, week 18) and cytokine production (p=0.0414, week 18), which was further corroborated by gene set enrichment analysis (GSEA). In agreement, xCell analysis revealed significant reductions of enrichment scores for DCs including different subtypes. Immunohistochemical analysis confirmed significantly fewer CD1a+, CD11c+, and langerin+ cells (dendritic markers) in Cal/BD foam-treated plaques compared with placebo at week 18.

Conclusion:

These findings suggest that the superior clinical efficacy of combining NB-UVB with Cal/BD foam may reflect dendritic cell modulation in psoriasis plaques.



Abstract N°: 3684

Efficacy and safety of Xeligekimab in patients with moderate-to-severe plaque psoriasis with cardiovascular and/or metabolic comorbidities: a post-hoc analysis of a phase 3 trial

Ziwen Sun[1], Jianfeng Zheng[1], Yunlu Gao[1], Yangfeng Ding*[1]

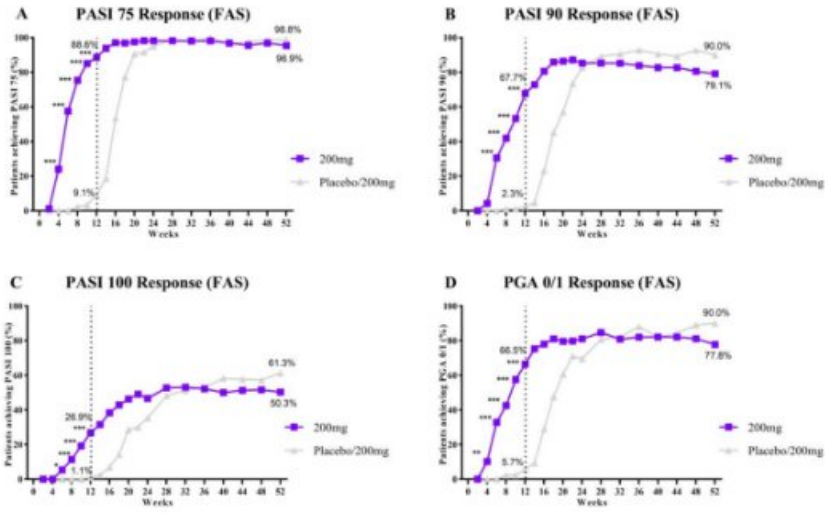
[1]Shanghai Skin Disease Hospital（Skin Disease Hospital of Tongji University）, Shanghai, China

Introduction & Objectives: Xeligekimab, a fully human monoclonal IgG4 antibody that selectively neutralizes interleukin (IL)-17A for moderate-to-severe psoriasis. Here, we present post-hoc analysis data to assess efficacy and safety in patients with moderate-to-severe plaque psoriasis with cardiovascular and/or metabolic comorbidities in a phase 3 trial.

Materials & Methods: Data for this post-hoc analysis were derived from A multicentre randomized double-blind placebo-controlled phase 3 trial, which assessed efficacy and safety of Xeligekimab in patients with moderate-to-severe plaque psoriasis. Eligible patients were randomized 2:1 to receive either 200 mg Xeligekimab(Xeligekimab group) or placebo (placebo group) Q2W for the first 12 weeks, which was followed by extending the treatment schedule to Xeligekimab every four weeks (Q4W) until 52 weeks. Patients in the placebo group received Xeligekimab 200 mg by SC injection Q2W from week 12 to week 24 and every 4 weeks thereafter. Patients with cardiovascular and/or metabolic diseases in the Xeligekimab group and the placebo group during baseline were regrouped to assess the change from baseline to week 52 in Psoriasis Area and Severity Index, Physician Global Assessment, treatment-emergent adverse events (TEAEs), and serious adverse events (SAE).

Results: The post hoc analysis included 167 patients in the Xeligekimab group and 88 patients in the placebo group, Baseline characteristics were comparable between the Xeligekimab and placebo groups. At week 2，there was an improvement in skin lesions in Xeligekimab group, At week 4, the Xeligekimab group and the placebo group showed a statistical difference($p<0.001$), At week 12, PASI 75, PASI 90 and PASI 100 were achieved in 88.6%, 67.7% and 26.9% of patients in the Xeligekimab group vs. 9.1%, 2.3% and 1.1% of patients in the placebo group, respectively. PGA 0/1 was achieved in 66.5% patients in the Xeligekimab group and 5.7% of patients in the placebo group. PASI 75 and PGA 0/1 were maintained until week 52. Overall 253 subjects (89.7%) experienced treatment-emergent adverse events (TEAEs), in which 162（64%） were treatment related. Most TEAEs or treatment-related TEAEs were grade 1~2. 9 subjects (3.6%) experienced SAE and 1 subjects (0.4%) experienced treatment-related serious ADR. No TEAE led to death during the study.

Conclusion: In this post-hoc analysis, Xeligekimab demonstrated a rapid onset of action, high rates of skin clearance in patients with moderate-to-severe plaque psoriasis with cardiovascular and/or metabolic comorbidities, sustaining efficacy for up to 52 weeks. Safety findings in this patient population were consistent with other same-target drugs; no special risk signals were found for Xeligekimab. This data highlights the benefits of Xeligekimab as an alternative biologic medication in this subgroup.



	Xeligekimab group	Xeligekimab →Placebo group	Overall
	12~52wk	0~52wk	12~52wk
N	164	167	86
TEAE	140(85.4)	155(92.8)	72(83.7)
ADR	96(58.5)	118(70.7)	44(51.2)
SAE	6(3.7)	7(4.2)	2(2.3)
SADR	1(0.6)	1(0.6)	0(0)
TEAEs			
Grade 1–2	140(85.4)	155(92.8)	72(83.7)
Grade 3–5	8(4.9)	9(5.4)	8(9.3)
Fatal TEAE	0(0)	0(0)	0(0)



Abstract N°: 3696

Zasocitinib (TAK-279), an oral, allosteric, selective TYK2 inhibitor, in moderate-to-severe plaque psoriasis: efficacy analysis by baseline characteristics from a randomized phase 2b trial

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Introduction & Objectives:

Zasocitinib (TAK-279) is an investigational, highly selective and potent, oral, allosteric tyrosine kinase 2 (TYK2) inhibitor. In a phase 2b trial of moderate-to-severe plaque psoriasis, the primary endpoint (psoriasis area and severity index [PASI] 75 response at Week 12) was met with zasocitinib 5 mg, 15 mg and 30 mg once daily; 33% of patients receiving zasocitinib 30 mg achieved PASI 100.1 The objective of this *post hoc* analysis was to evaluate the** influence of baseline characteristics on zasocitinib efficacy in patients with plaque psoriasis in the phase 2b trial.

Materials & Methods:

This was a phase 2b, randomized, multicentre, double-blind, placebo-controlled, multiple-dose study (NCT04999839). *Post hoc*** analyses were performed on Week 12 PASI 75/90/100 responses, Physician Global Assessment (PGA) scores of clear (0) or almost clear (1), and Dermatology Life Quality Index (DLQI) scores stratified by weight, sex, age, race, disease duration, prior biologics use and baseline PASI. The treatment difference between zasocitinib groups and placebo for all subgroups except prior biologic treatment was calculated using the Mantel–Haenszel method, 95% confidence intervals were calculated using the Wald method and *p* values were calculated using a Cochran–Mantel–Haenszel test with prior biologic treatment included as a stratification factor. For the subgroup analysis by prior biologic treatment, treatment difference estimates were unadjusted and chi-square test was used to calculate *p* values. For DLQI, a mixed model for repeated measures was used to calculate the least-squares mean, with treatment, visit, treatment-by-visit interaction and prior biologic treatment (not included for the subgroup analysis by prior biologic treatment) as fixed effects and baseline score as the covariate.

Results:

Overall,** 259 patients were included in this study. PASI 75 response rates with zasocitinib were greater than placebo regardless of **weight** (≤ 90kg: placebo, 8.8%; 15 mg, 70.4%; 30 mg, 69.7%; > 90kg: placebo, 0%; 15 mg, 65.4%; 30 mg, 63.2%, each $p < 0.001$), **sex** (male: placebo, 0%; 15 mg, 61.8%; 30 mg, 72.7%, each $p < 0.001$; female: placebo, 14.3%; 15 mg, 78.9% [$p < 0.001$]; 30 mg, 57.9% [$p < 0.01$]), **age** (≤ 40 years: placebo, 0%; 15 mg, 55.6% [$p < 0.01$]; 30 mg, 62.5% [$p < 0.001$]; > 40 years: placebo, 7.3%; 15 mg, 74.3%; 30 mg, 69.4%, each $p < 0.001$), **race** (White: placebo, 6.8%; 15 mg, 67.4%; 30 mg, 64.3%, each $p < 0.001$; non-White: placebo, 0%; 15 mg, 71.4% [$p < 0.01$]; 30 mg, 80.0% [$p < 0.005$], **disease duration** (≤ 10 years: placebo, 3.6%; 15 mg, 47.4%; 30 mg, 58.8%; >10 years: placebo, 8.3%; 15 mg, 79.4%; 30 mg, 71.4%, each $p < 0.001$), **prior biologics** (yes: placebo, 0%; 15 mg, 100% [$p < 0.001$]; 30 mg, 37.5% [$p = 0.055$, not significant]; no: placebo, 6.8%; 15 mg, 61.4%; 30 mg, 72.7%, each $p < 0.001$) and **baseline PASI** (≤ 16: placebo, 10.7%; 15 mg, 57.9%; 30 mg, 60.7%; > 16: placebo, 0%; 15 mg,

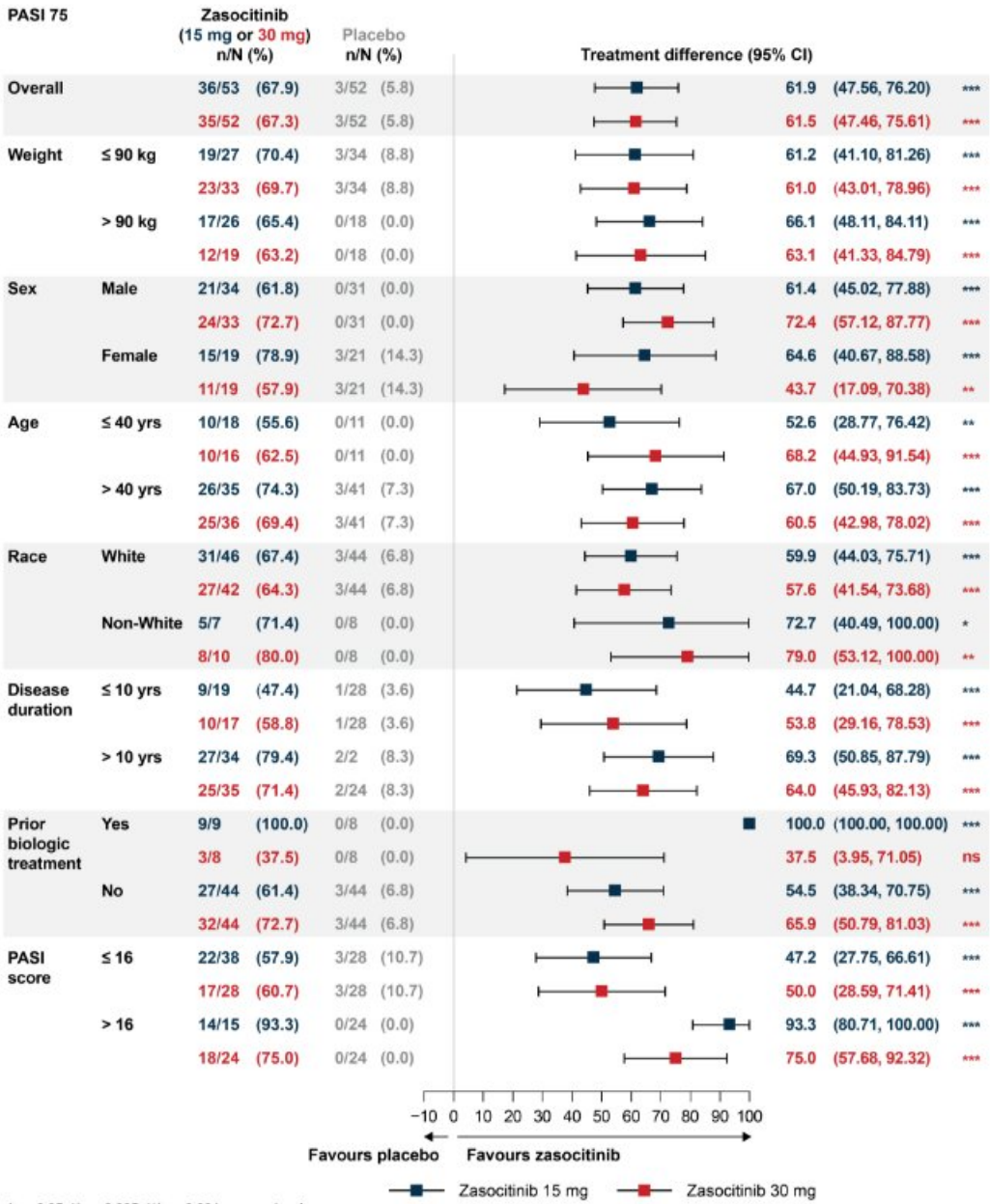
93.3%; 30 mg, 75.0%, each $p < 0.001$; **Figure**). PASI 90, PASI 100, PGA 0/1 and DLQI were also generally improved with zasocitinib treatment versus placebo in almost all subgroups.

Conclusion:

Treatment with zasocitinib 15 mg or 30 mg resulted in greater response rates at Week 12 versus placebo in patients with moderate-to-severe plaque psoriasis, for nearly all baseline characteristics assessed. Phase 3 trials (NCT06088043 and NCT06108544) are ongoing to investigate the efficacy and safety of zasocitinib in larger patient groups.

\1. Armstrong A, *et al. JAMA Dermatol* 2024;160:1066–74.

Figure. PASI 75 response rates were generally greater across all subgroups in patients treated with zasocitinib 15 mg or 30 mg than in those receiving placebo.



*$p < 0.05$, **$p < 0.005$, ***$p < 0.001$ versus placebo.
n represents the number of responders in each subgroup. All subgroups refer to baseline status. All statistical tests were 2-sided, with multiplicity and hierarchical testing completed on the primary endpoint only; p values for all subgroup analyses are nominal. Owing to the small number of patients in some of the subgroups, data comparisons should be interpreted with caution in some instances.
CI, confidence interval; ns, not significant; PASI, Psoriasis Area and Severity Index.



Abstract N°: 3699

Efficacy of Xeligekimab in Chinese Patients with Moderate-to-Severe Plaque Psoriasis Previously Treated with TNFi: A Post-hoc Analysis of a Phase III Study

Kun Huang[1], Aijun Chen*[1]

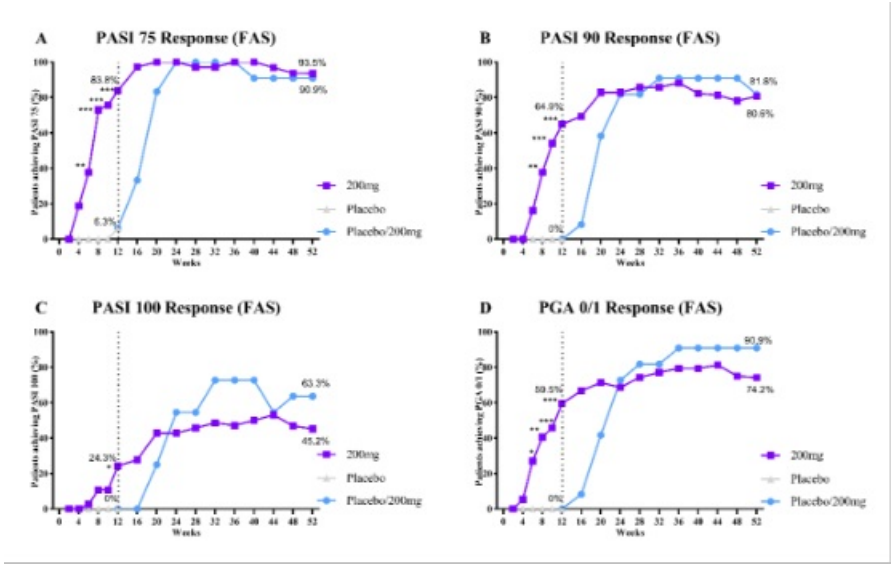
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Introduction & Objectives: Psoriasis is a chronic, inflammatory disease with genetic and environmental triggers, characterized by scaly plaques. TNF-α antagonists were the first biologics approved for psoriasis, but some patients do not respond or develop tolerance. Xeligekimab(GR1501), a fully humanized monoclonal antibody targeting IL-17A, showed efficacy and safety in a phase III trial. This post-hoc analysis evaluates xeligekimab's efficacy and safety in Chinese patients with moderate-to-severe plaque psoriasis previously treated with TNFi.

Materials & Methods: Data for this post-hoc analysis were derived from a randomized, double-blind, placebo-controlled, multicenter, phase III trial (NCT03066609) assessing the efficacy and safety of xeligekimab(GR1501) for moderate-to-severe plaque psoriasis. Patients were randomly assigned in a 2:1 ratio to receive 200 mg xeligekimab or placebo subcutaneously every 2 weeks. For the first 12 weeks, patients received 200 mg xeligekimab or placebo subcutaneously, followed by dosing every 4 weeks. Patients in the placebo group received 200 mg xeligekimab subcutaneously every 2 weeks from week 12 to week 24, and then every 4 weeks until week 52. Patients who had previously received TNFi treatment were selected from the total population to evaluate the superiority of xeligekimab over placebo in achieving PASI75, PASI90, PASI100, and PGA 0-1 at week 12, as well as the proportion of patients with improvement in PASI 75, PASI 90, PASI100, and PGA (0/1) at week 52.

Results: In this phase III study, a subgroup of patients who had previously received TNFi treatment was identified, with 37 patients in the xeligekimab group and 16 in the placebo group. After switching to xeligekimab treatment, patients with moderate-to-severe psoriasis who had previously received TNFi treatment showed rapid and sustained improvement in all efficacy assessments. In the full analysis set, the proportions of patients in the xeligekimab group achieving PASI75, PASI90, PASI100, and PGA 0/1 at week 12 were 83.8%, 64.9%, 24.3%, and 59.5%, respectively, compared with 6.3% ($P<0.001$), 0% ($P<0.001$), 0% ($P<0.05$), and 0% ($P<0.001$) in the placebo group. Up to week 52, the xeligekimab group maintained stable and sustained responses in PASI75, PASI90, PASI100, and PGA 0/1. Notably, 24.3% of patients in the xeligekimab group achieved complete skin clearance (PASI100) at week 12, and this proportion increased to 45.2% at week 52.

Conclusion: Xeligekimab demonstrated rapid and sustained skin clearance in Chinese patients with moderate-to-severe plaque psoriasis who had previously been treated with TNFi. It showed a rapid onset of action at week 12 and maintained its efficacy stably over 52 weeks. These results support xeligekimabas an effective treatment option for Chinese patients with moderate-to-severe psoriasis who have previously received TNFi treatment.


A
PASI 75 Response (FAS)
83.8%
93.5%
90.9%
6.3%
200mg
Placebo
Placebo/200mg
Weeks
B
PASI 90 Response (FAS)
64.9%
81.8%
80.6%
0%
200mg
Placebo
Placebo/200mg
Weeks
C
PASI 100 Response (FAS)
24.3%
63.3%
45.2%
0%
200mg
Placebo
Placebo/200mg
Weeks
D
PGA 0/1 Response (FAS)
59.5%
90.9%
74.2%
0%
200mg
Placebo
Placebo/200mg
Weeks



Abstract N°: 3703

Efficacy of xeligekimab in patients with moderate-to-severe plaque psoriasis:a post hoc analyis of a randomized,phase 3 trial

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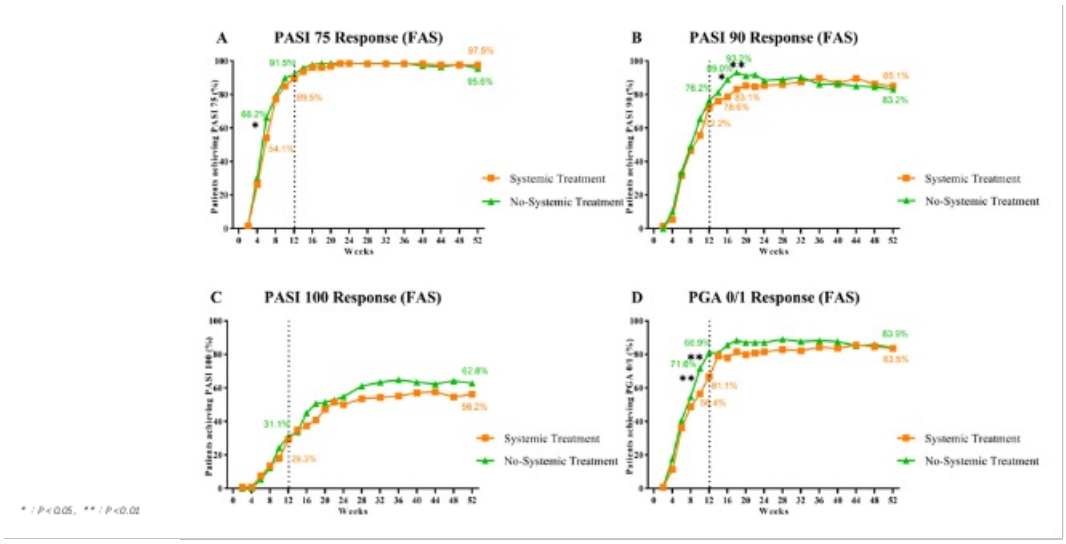
Introduction & Objectives: Psoriasis is an immune-mediated chronic recurrent inflammatory systemic disease induced by the combination of heredity factors and the environment. The typical clinical manifestation of psoriasis is scaly erythema or plaque.Xeligekimab (GR1501) is a fully human monoclonal antibody that selectively neutralizes interleukin (IL)-17A and has shown potential efficacy in treating moderate-to-severe psoriasis in preliminary trials. We conducted a post-hoc analysis to evaluate the efficacy xeligekimab by previous exposure to systemic treatment (‘yes’ or ‘no’).

Materials & Methods: The phase III trial of xeligekimabwas a randomized, double-blind, placebo-controlled trial that enroll 420 patients,conducted at 40 centers in China.Enrolled patients received 200 mg xeligekimab SC or placebo Q2W for the first 12 weeks, which was followed by extending the treatment schedule to xeligekimab every four weeks (Q4W) until 52 weeks. Xeligekimab was identical in appearance to placebo. Patients in the placebo group received xeligekimab 200 mg by SC injection Q2W from week 12 to week 24 and every 4 weeks thereafter. All patients were followed-up for safety purposes for 12 weeks after the last injection.This post-hoc analysis focused on factor: previous exposure to systemic treatment (‘yes’ or ‘no’).

Results: A total of 420 Chinese patients were randomly assigned to receive xeligekimab (n=281) or placebo (n=139). BL characteristics were balanced across treatment groups.The primary end point was met in xeligekimab group.The proportion of patients achieving PGA (0/1) at week 12 was 74.4% in the xeligekimab group vs. 3.6% in the placebo group．Similarly, for those achieving PASI 75 at week 12,the proportion was 90.7% in the xeligekimab group vs. 8.6% in the placebo group. In addition, xeligekimab maintained consistent PGA (0/1) and PASI 75/PASI 90 responses up to week 52. In the xeligekimab group，achieving PASI 100 at week 52 was 59.7%.Patients with and without prior systemic treatment showed no significant differences in PASI 75/90/100 response rates and PGA 0/1 response rates at week 12 and 52. However, systemic treatment-naïve patients demonstrated superior response rates: higher PASI 75 rates at week 6, PASI 90 responses at week 16 and week 18 and PGA 0/1 week 10 and 12（$P < 0.05$）.

Conclusion: The post hoc analyis demonstrated improvement in IL-17A inhibitor treating moderate-to-severe plaque psoriasis and the improvement was remarkable, whether previous exposure to systemic treatment (‘yes’ or ‘no’) at baseline.

** （$P < 0.05$）**（$P < 0.01$*



Figur 1 PASI 75/90/100 response and PGA 0/1 response outcomes at week 12 and over time through to week 52



Abstract N°: 3727

Treatment of severe psoriasis with secukinumab-data from a real clinical practice in Bulgaria

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Introduction & Objectives:

Secukinumab, an IL-17A inhibitor, has been widely used for the treatment of moderate-to-severe plaque psoriasis. This summary presents real-world clinical practice data on the effectiveness and safety of secukinumab in 27 patients with psoriasis.

Materials & Methods:

A retrospective analysis was conducted on 27 patients with moderate-to-severe plaque psoriasis treated with secukinumab in our practice between 2017 and 2024. Patients were evaluated at baseline and followed up at 3, 6, and 12 months. The primary outcomes included the Psoriasis Area Severity Index (PASI) and Dermatology Life Quality Index (DLQI). Safety was assessed through the monitoring of adverse events as per the requirements of the good practice and the National system for reporting.

Results:

- **Effectiveness:**
  - **PASI Scores:** Significant improvement was observed in PASI scores, with 60% of patients achieving PASI 90 (75% improvement) at 3 months, and 89% at 12 months.
  - **DLQI Scores:** Patients reported substantial improvements in quality of life, with DLQI scores decreasing by an average of 10 points at 12 months.
- **Safety:**
  - **Adverse Events:** Secukinumab was well-tolerated, with no serious adverse events reported. The most common side effects were mild and included nasopharyngitis and headache.
  - **Discontinuation Rate:** No one of these 27 patients discontinued the treatment.

Conclusion:

Secukinumab has demonstrated significant efficacy in treating moderate-to-severe plaque psoriasis. Real-world evidence confirms that Cosentyx provides sustained skin clearance and improved quality of life for patients. In clinical practice, Cosentyx has shown consistent results, with high levels of skin clearance maintained for up to 7 years.

Our practice has shown that 84% of bio-naive psoriasis patients remain on Secukinumab at month 12. Patients achieve and maintain high levels of skin clearance, with significant improvements in their quality of life.

Overall, Secukinumab has proven to be a reliable and effective treatment option for psoriasis, offering long-term safety and sustained efficacy in real clinical practice. Secukinumab is well-tolerated in real-world clinical practice, aligning with outcomes observed in randomized clinical trials.



Abstract N°: 3740

Real-world barriers to optimal care in psoriasis: Spanish patient and provider perspectives

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[2]Bristol Myers Squibb, Madrid
[3]Bristol Myers Squibb, Princeton, NJ, United States
[4]Analysis Group, Menlo Park, United States
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Introduction & Objectives:

Psoriasis (PsO) is a chronic condition characterized by immune-mediated and inflammatory responses, affecting over 125 million people worldwide. Despite advances in treatment, many patients with moderate-to-severe PsO remain undertreated. This study aimed to identify and assess the prevalence and impact of barriers to PsO care among patients and dermatologists in Spain, Recognizing the barriers to optimal care faced by patients and dermatologists is essential for understanding a new treatment's potential to address ongoing unmet needs.

Materials & Methods:

Barriers to psoriasis care were identified through a targeted literature review, supported by clinical and patient expert advice, and validated via in-depth interviews with patients and dermatologists. Surveys were completed by 130 patients (99 bio-naive and 31 bio-experienced) and 50 dermatologists in Spain. Barriers were analyzed using the Levesque framework for patient-centered access to healthcare.

Results:

The average disease duration was 4.6 years, and the mean age of bio-naive patients was 43.8 years, with 82.3% having moderate and 17.7% severe psoriasis. Currently, 80.8% were receiving a non-biologic treatment and 84.6% had a lot or very much itching, soreness, pain, or stinging in the skin. Regarding bio-experienced patients, 93.6% had, a lot or very much itching, soreness, pain, or stinging in the skin; 29.0% had severe psoriasis and 93.5% reported having an area of 10 or fewer palms of skin affected.

Barriers reported by more than 70% of patients were: limited access to dermatologists (78.5%); frustration with the lengthy healthcare system process (76.2%); and lost hope due to past treatment failure (74.6%). The latter showed the greatest difference compared to the prevalence expected by dermatologists (24.1%).

Difficulty affording out-of-pocket costs, time commitment (e.g., frequent appointments), payer restrictions, and difficulty understanding treatment options were barriers present in nearly half of the surveyed population. Safety concerns (41.5%) and fear or anxiety of injections (46.2%) also showed high prevalence among the barriers identified by patients. This barrier was only expected to be relevant for patients by 19% of dermatologists.

Prevalence of patient-reported moderate or higher impact barriers was on average 24% higher than dermatologist expectations.

Conclusion:

The study identified critical barriers to psoriasis care in Spain, emphasizing the need for improved availability of dermatologists, streamlined healthcare processes, and increased treatment affordability. This underscores the necessity for more effective communication between dermatologists and patients to better understand therapeutic options, as well as the need for new therapeutic alternatives that address patients' needs. Dermatologists in Spain tend to highly underestimate the prevalence of barriers faced by patients.

Fig1. **Dermatologist expectations of patient barriers vs patient experience of barriers with moderate or greater impact and with ≥40% prevalence**





Abstract N°: 3760

Menopause in women with psoriasis, psoriatic arthritis, and axial spondyloarthritis: risk for early menopause and increased disease activity?

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Menopause in women with psoriasis, psoriatic arthritis, and axial spondyloarthritis: risk for early menopause and increased disease activity?

Introduction & Objectives:

Hormonal fluctuations in women (e.g. menstruation, pregnancy and menopause) can affect the clinical course of psoriatic and rheumatic diseases, such as psoriasis (PsO), psoriatic arthritis (PsA), and axial spondyloarthritis (AxSpA). Whereas the relation between pregnancy and disease activity has been studied more extensively, data on the impact of menopause is limited. Furthermore, there is a lack of comprehensive information regarding the age of menopause in women with these inflammatory conditions. Current literature reports varying prevalences in the general population, ranging from 5.2-7.6% for early menopause and 0.4-2.0% for premature menopause.

The aim of this study is to get insight in the occurrence of early and premature menopause and the effect of menopause on disease activity in women with PsO, PsA, and AxSpA.

Materials & Methods:

A cross-sectional study was conducted using an online questionnaire. Eligible study participants were women aged 18 years and older, previously diagnosed with PsO, PsA or AxSpA. Patients were recruited via patient associations and dermatology and rheumatology outpatient clinics. Early menopause was defined as menopause before 45 years and premature menopause as menopause before 40 years. We performed analysis for the whole group and for each diagnosis subgroup. If patients had 2 or 3 diagnoses, they were included in each sub-analysis split per disease.

Results:

A total of 429 women completed the questionnaire and were included in the study. Of the respondents, 183 were diagnosed with PsO, 154 with PsA and 177 with AxSpA, and some having two or more diagnoses (Figure 1). For the total cohort, the median age was 53 (interquartile range = 18). Out of all participants, 164 (38.2%) patients had a spontaneous menopause. Of them, normal menopause (>45 years) occurred in 80.5% (n=132), early menopause (41-45 years) in 10.9% (n=18) and premature menopause (≤40 years) in 8.6% (n=14). The percentage of patients with early or premature menopause differed slightly per disease (Table 1). The other respondents had an iatrogenic menopause (n=43) or were not yet in menopause (n=174). For 48 women the menopausal status was unknown. The women who had spontaneous menopause most often (42.7%, n=70) reported an increased psoriatic/rheumatic disease activity after menopause. For 41.1% (n=69) the disease activity remained unchanged after menopause.

Conclusion:

Early/premature menopause seems to occur more often than what has been reported in the general population and to increase disease activity in a significant number of women with PsO, PsA or AxspA. Though this study is descriptive and based on self-reported outcomes, our results give first insights and emphasize the importance of actively enquiring about menopause in our patients, as comorbidities might occur in case of early menopause and treatments may require adjustments during and after menopause to effectively manage disease.

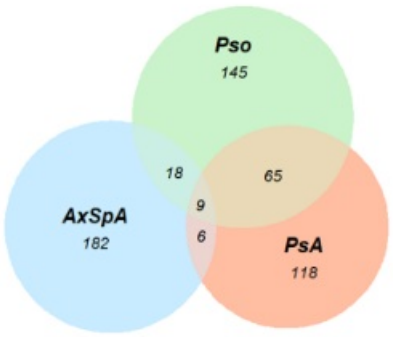


Figure 1| Venn Diagram illustrating the number of women with psoriasis (PsO), psoriatic arthritis (PsA), and axial spondyloarthritis (AxSpA).

Table 1| Menopausal categories of women with psoriasis (PsO), psoriatic arthritis (PsA), and axial spondyloarthritis (AxSpA) who had spontaneous menopause.

	Total	PsO	PsA	AxSpA
Total number of women in spontaneous menopause	164	83	69	49
Menopause category				
Normal menopause (>45 years)	132 (80.5%)	66 (79.5%)	56 (81.2%)	38 (77.6%)
Early menopause (41-45years)	18 (10.9%)	12 (14.5%)	8 (11.6%)	4 (8.2%)
Premature menopause (≤40 years)	14 (8.6%)	5 (6.0%)	5 (7.2%)	7 (14.2%)

Data expressed as n(%).
Percentages are calculated with respect to the total number of women in spontaneous menopause
PsO, psoriasis; PsA, psoriatic arthritis; AxSpA, axial spondyloarthritis



Abstract N°: 3768

A standard dataset for the documentation of psoriasis: results of a consensus process for item operationalisation

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[1]University Medical Center Hamburg-Eppendorf, Hamburg, Germany

Introduction & Objectives:

Psoriasis is a chronic, non-communicable skin disease that can severely impair quality of life due to numerous comorbidities and trigger factors. The recording of clinical and patient-reported outcomes is essential for successful psoriasis management. However, consistent documentation is rare in practice. There is also a lack of electronic monitoring and documentation systems. The aim of the project is to develop a standard dataset for the standardised documentation of psoriasis in German-speaking countries. This dataset is to be used on the one hand for care in practice and on the other for the development of an electronic monitoring and documentation system.

Materials & Methods:

Based on a literature search, 69 variables (71 items, as two variables are to be collected from both the doctor and the patient) were defined as part of the data set using a five-stage Delphi process with 26 psoriasis experts. These are divided into the minimum (n=20), optimal (n=31) and optional data set (n=18). Research, guidelines, registers and renowned surveys were conducted and searched to determine the characteristics of these variables. In further consensus procedures, dermatologists from the psoriasis networks vote on these characteristics in anonymous online surveys. From an agreement of ≥75%, an expression is considered accepted. Otherwise, the item is revised based on the comments of the participants and put to the vote again in the next round until a consensus is reached.

Results:

The 71 variables of the minimal, optimal and optional data set were developed. In the first consensus round of the operationalisation phase in May 2024, 27 participants voted on the first 62 items, of which 54 items were uniformly accepted (agreement: 77.8-100%): e.g., DLQI, scales for itch or pain). There was no uniform agreement on 8 items (agreement: 33.3-70.4%). The remaining 9 items require more comprehensive information for a vote (e.g. scientific background on validity). The next and probably final consensus round is currently being prepared and will include the 8 non-consented items and the remaining 9 items. This will result in a CRF that can be used directly in practice.

Conclusion:

The standard data set developed in the consensus process not only helps to standardise the documentation of psoriasis, but can also support psoriasis management, doctor-patient communication and patient empowerment. In the long term, it will therefore make an important contribution to improving healthcare for people with psoriasis.

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Abstract N°: 3773

Family planning and pregnancy among patients with psoriasis: incorporating the patients' voice in healthcare practice and information provision

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Introduction & Objectives:

Having a chronic disease and being treated with medication could raise concerns regarding family planning and pregnancy (FPP), for both female and male patients with psoriasis. Yet no guidelines are available that specify on when, how, and by whom information regarding FPP should be provided to patients with psoriasis. Therefore, our aim is to gain insight in the perspectives of patients with psoriasis on healthcare and information provision regarding FPP in the Netherlands

Materials & Methods:

This is a cross-sectional questionnaire study. The online questionnaire was developed in collaboration with the Dutch psoriasis patient association. Dutch adult female and male patients with psoriasis, independent of their treatment type, were eligible to participate in this study.

Results:

A total of 102 patients responded to the questionnaire (71 (70%) females, 31 (30%) males). The median age of the respondents was 39 [interquartile range = 21.0] years. Thirty-three (46.7%) of the females and 13 (41.9%) of the males had children after their psoriasis diagnosis. Among the respondents, seven (9.9%) females -but no males- chose not have children because of their psoriasis. None of the respondents used injections or oral medication during pregnancy (females) or the period trying to conceive (males). Forty (39%) respondents searched for or received FPP information. Of them, 7.9% reported to have "complete access", 42.1% "enough access", 42.1% "moderate access" and 7.9% "insufficient access" to information regarding FPP. For the topics where the respondents obtained information about, the majority did not feel adequately informed (Figure 1). Respondents preferred dermatologists or general practitioners (GPs) as information provider, and additionally they would prefer information via a flyer or website (Figure 2a). Patients would like to receive FPP information on fertility, heredity of psoriasis, use of psoriasis medication, and -specifically for females- the course of psoriasis during and after pregnancy and breastfeeding (Figure 2b,c). Timing of FPP information provision was preferable at moment of diagnosis and medication changes. However, a considerable part (44%) of respondents preferred to receive information only upon their explicit request. Other important information to consider for FPP decisions is that for most of the pregnancies disease activity improved (62%) during pregnancy but worsened (47%) post-partum (Figure 3).

Conclusion:

Dermatologists and GPs have a crucial role in providing FPP information. The findings of this study have provided hands-on guidance (Figure 4) for healthcare professionals to improve care for both male and female patients with psoriasis in the reproductive age.

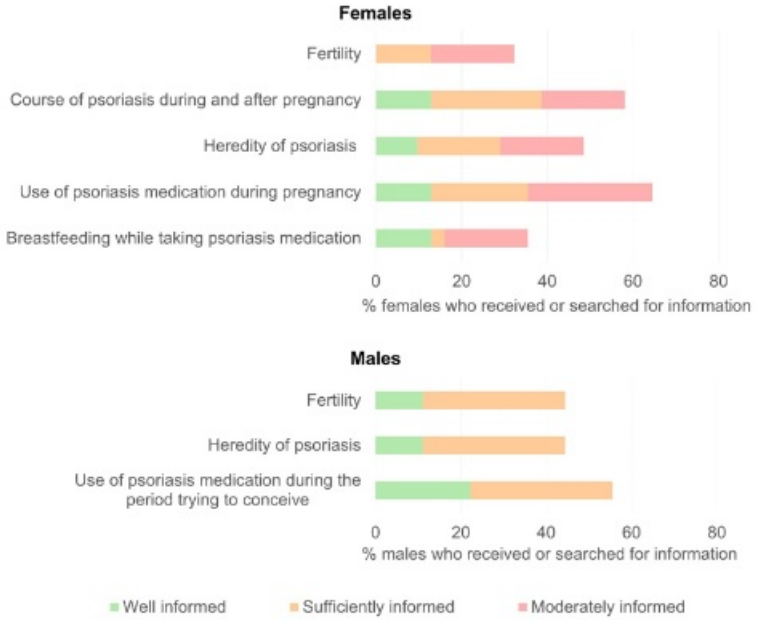


Figure 1| Topics of family planning and pregnancy information obtained by psoriasis patients, together with the satisfaction about the extent of information.
Percentages are reported relative to the total number of patients who obtained information (i.e., respondents who searched, asked for, or received information), which were 31 females and 9 males.

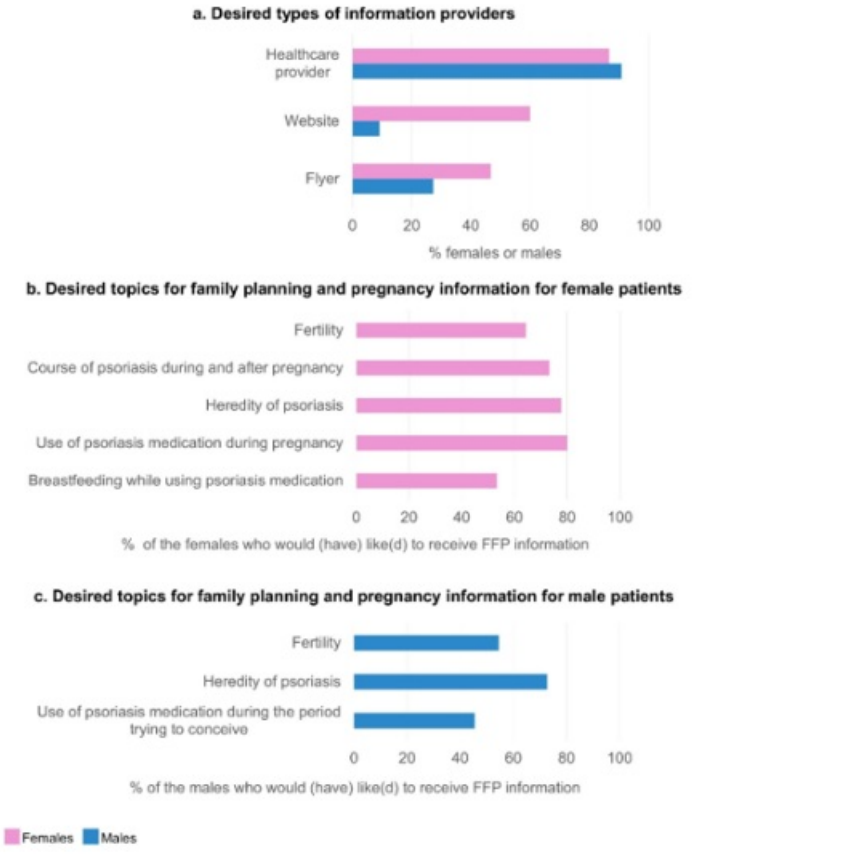


Figure 2| Desired providers and topics for information regarding family planning and pregnancy for patients with psoriasis.
(a) Percentage of females and males who would (have) like(d) to receive information via different providers of information, with respect to the total number of females (n=45) and males (n=11) who would have liked to receive family planning and pregnancy information. (b) Percentage of females who would (have) like(d) to receive information on a certain topic relative to the total number of females (n=45) who would have liked to receive family planning and pregnancy information. (c) Percentage of males who would (have) like(d) to receive information on a certain topic relative to the total number of males (n=11) who would have liked to receive family planning and pregnancy information.
FPP= family planning and pregnancy.

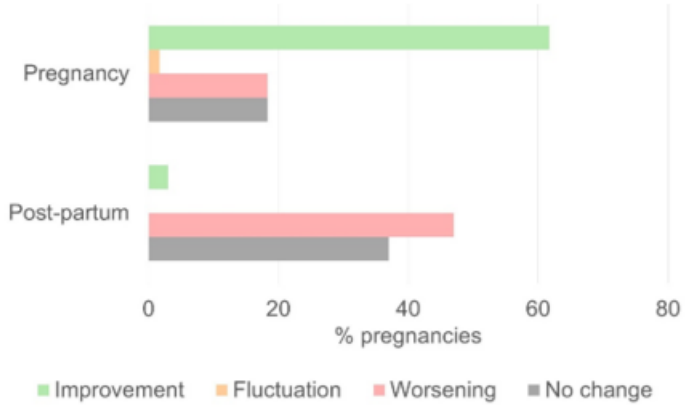


Figure 3| Psoriasis disease activity during pregnancy and post-partum.
The percentages are reported relative to the total number completed pregnancies (n=60 in n=33 patients) reported in this study.

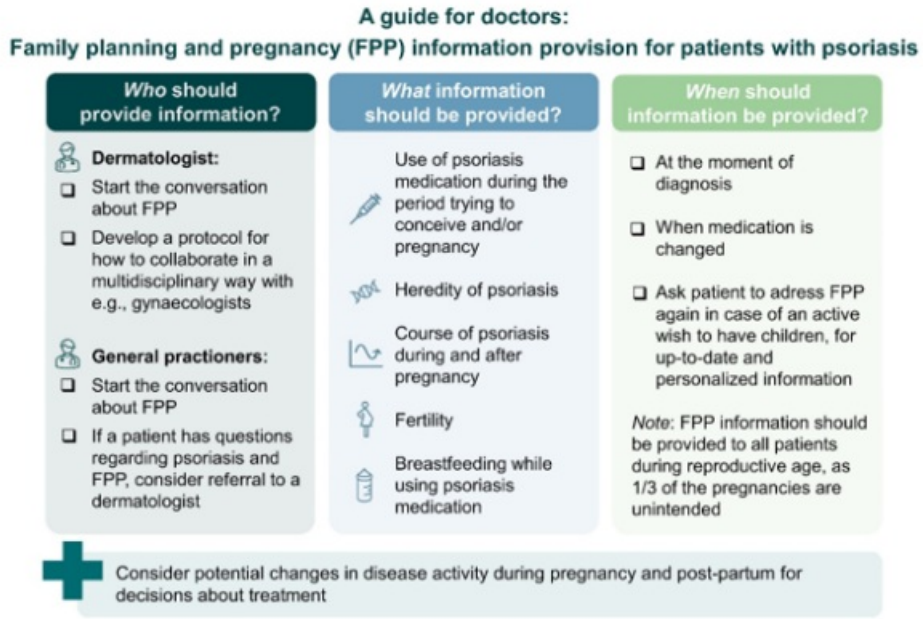


Figure 4| Infographic to guide healthcare professionals on family planning and pregnancy information provision for patients with psoriasis.

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Abstract N°: 3784

Greater topical corticosteroid quantity applied reduces severity of psoriasis: Results from randomized controlled trials

Mathias Tiedemann Svendsen[1, 2, 3], Sören Möller[1, 2], Klaus Ejner Andersen[1]

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Greater topical corticosteroid quantity applied reduces severity of psoriasis: Results from randomized controlled trials

Introduction & Objectives:

Topical drugs containing corticosteroids are recommended first-line treatment for patients with mild-moderate psoriasis. However, the optimal recommended dosage of topical drugs has not been well defined.

We aimed to** investigate the effect of topical drug application quantity and treatment duration on psoriasis treatment outcome.

Materials & Methods:

We conducted a post-hoc analysis of two randomized controlled trials (Svendsen et al. 2018 and Svendsen et al. 2022) investigating 214 patients (complete cases) with psoriasis using topical drugs containing corticosteroids and/or calcipotriol for up to 48 weeks.

We measured the total amount of topical drugs used during the study period and calculated the mean amount of applied drugs per body surface area (BSA) divided by number of days in the study period for all complete cases. Improvement in severity of psoriasis was measured by Lattice-System Physician's Global Assessment (LS-PGA) from baseline to last study visit.

Descriptive results were reported as counts with proportions, and as means with normality-based confidence intervals (CI). Associations were analyzed using linear regressions.

Results:

Most study participants** had a duration of psoriasis greater than 20 years, moderate psoriasis, and no history of using systemic psoriasis treatment. They had applied a mean of 1.0 g per BSA per day (95% CI 0.9; 1.2).

Daily use of topical drugs for four-weeks reduced severity of psoriasis. However, extended daily use for up to 48 weeks provided further reduction in disease severity. (coefficient -0.30 (95% CI -0.51, -0.09)) and -0.73 (95% CI -1.09; -0.38) (P= 0.028).Greater amount of applied topical drugs reduced severity of psoriasis in a linear manner. Every increase of 1 g of topical drugs applied per BSA per day reduced LS-PGA by 0.43 (95% CI 0.24; 0.61) (**Fig. 1**). Finally, patients who had never used systemic antipsoriatic drugs experienced a greater reduction in psoriasis when applying the same mean amount of topical drugs (coefficient -0.7 (95% CI -1.1, -0.4) compared to those who had a history of taking systemic treatment (-0.3 (95% CI -0.5; -0.1) , P=0.026).

Conclusion:

A mean application amount of at least 1.0 g of topical antipsoriatic drug per BSA per day is safe and effective. Topical drugs can be applied daily until clearance, and patients of all severities of psoriasis can benefit from use of topical drugs.

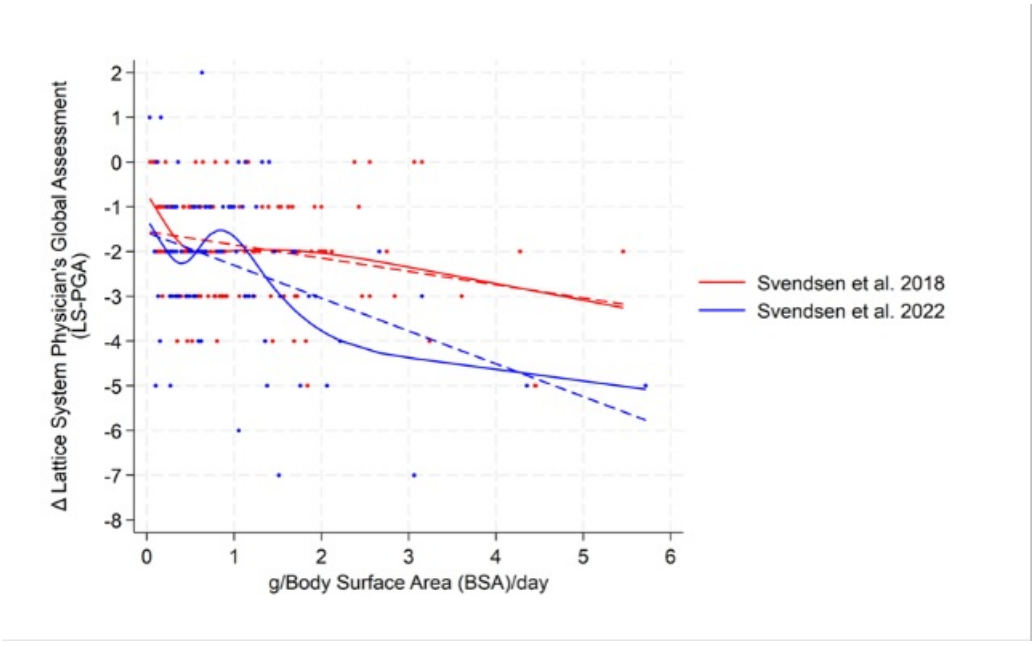


Fig. 1. Change in Lattice System Physician's Global Assessment (LS-PGA) from baseline to last study visit for patients in the studies by Svendsen et al. 2018 and Svendsen et al. 2022. A linear reduction in psoriasis severity was seen in both studies as the amount of applied drugs increased, measured by g per body surface area (BSA) per day. The spline (full line) is close to the linear line (dashed line), which indicates a linear correlation. In the by study Svendsen et al. 2022, we saw a greater reduction in LS-PGA than in Svendsen et al. 2018 (coefficient -0.30 (95% CI -0.51, -0.09) for Svendsen et al. 2018 and -0.73 (95% CI -1.09; -0.38) for Svendsen et al. 2022 (P-value for difference in coefficient 0.028)



Abstract N°: 3789

Real-World Characteristics of Patients Initiating Advanced Therapy for Plaque Psoriasis in the US Specialty Dermatology Networks

Lawrence Rasouliyan[1], Amanda Althoff[1], David Wu[2], Nan Li*[2], Timothy Fitzgerald[2], Jing Zhao[2]

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[2]Johnson & Johnson, Horsham, United States

Introduction & Objectives:

This study explores the characteristics of patients initiating advanced therapy for plaque psoriasis (PsO) in a real-world dermatology setting. Our objective is to provide insights into the profiles of patients receiving advanced therapies for the management of PsO in routine clinical practice by examining patient demographics, disease activity, and medical treatment history.

Materials & Methods:

Linked electronic health record and claims data from US-based specialty dermatology networks in the OMNY Health platform from 2017 to 2024 were analyzed. Patients ≥18 years of age were indexed at initiation of guselkumab (GUS), risankizumab (RIS), secukinumab (SEC), ixekizumab (IXE), ustekinumab (UST), or deucravacitinib (DEU) for treatment of PsO. Patients with disease activity data within 30 days before to 7 days after the index encounter were included in each treatment cohort, provided they had no prior experience with other cohort-defining treatments in the OMNY Health database. Descriptive statistics were used to summarize patient characteristics by cohort as of the index date. Chi-square test and analysis of variance were used to assess group differences for categorical and continuous variables, respectively.

Results:

Of 313,773 patients with PsO, 47,358 had at least 1 advanced treatment prescription, and 6,508 met remaining eligibility criteria; of these the proportions of patients compromising each cohort were 19% for GUS, 41% for RIS, 14% for SEC, 13% for IXE, 8% for UST, and 4% for DEU. GUS initiators had the greatest body surface area (BSA) affected with PsO (median: 15% vs. 10-14%) and highest Itch Numerical Rating Scale score (NRS; mean: 5.9 vs. 4.4-5.7%). A physician global assessment (PGA) rating of “severe” was most frequently observed in initiators of GUS and RIS vs. all other cohorts (24-24% vs. 11-16%). DEU initiators were most likely to be female (63% vs. 51-53%) and older (mean age 54 vs. 50-52 years); and have a higher Charlson comorbidity burden (mean: 2.4 vs. 1.8-2.1) and experience with non-steroidal topical agents (62% vs. 41-56%). Further, DEU initiators were least likely to have prior experience with injectable treatments (4% vs. 14-20%), and were more likely to have previously received treatment with oral apremilast (36% vs 15-22%). Remaining demographic and clinical characteristics did not vary notably between cohorts.

Conclusion:

These results provide insights into the demographic and clinical profiles of patients initiating various advanced treatments for PsO in a real-world dermatology setting. GUS initiators exhibited the most severe underlying disease activity as measured by BSA and itch NRS, while DEU initiators had a higher initial burden of comorbidities. These findings highlight the heterogeneous nature of patients initiating advanced therapies for PsO, emphasizing the need for individualized treatment approaches.



Abstract N°: 3790

Efficacy of zasocitinib (TAK-279), an oral, allosteric, potent and selective TYK2 inhibitor, evaluated by Physician's Global Assessment×Body Surface Area (PGA×BSA), in a randomized phase 2b trial in moderate-to-severe plaque psoriasis

Linda Stein Gold[1], Lawrence Green[2], Jessamyn Blau[3], Wenwen Zhang[3], Jonathan Uy[3], Warren Winkelman[3], Leon H Kircik*[4, 5, 6, 7]

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Introduction & Objectives:

Zasocitinib (TAK-279), an investigational, oral, allosteric, highly selective and potent TYK2 inhibitor, achieved its primary endpoint (PASI 75) with doses of ≥ 5 mg in a phase 2b trial of patients with moderate-to-severe plaque psoriasis (NCT04999839); 33% of patients receiving zasocitinib 30 mg achieved PASI 100 at Week 12.1 Physician's Global Assessment×body surface area (PGA×BSA), a more efficient and simpler tool than PASI for assessing psoriasis severity and extent, strongly correlates with PASI and is more sensitive to BSA changes.2 The objectives of this *post hoc* analysis of the phase 2b trial were to evaluate the efficacy of zasocitinib treatment in patients with moderate-to-severe plaque psoriasis using the PGA×BSA scoring system as an alternative measurement tool, and to assess correlations between PGA×BSA and Psoriasis Area and Severity Index (PASI) or Dermatology Life Quality Index (DLQI).

Materials & Methods:

In this randomized, multicentre, double-blind, placebo-controlled trial, patients received oral zasocitinib (2 mg, 5 mg, 15 mg or 30 mg) or placebo (1:1:1:1:1) once daily for 12 weeks. This *post hoc* analysis assessed the least-squares mean (LSM) percentage change from baseline to Week 12 in PGA×BSA, the relationship between PGA×BSA and PASI or DLQI at Week 12 using Spearman's correlation coefficients (ρ) and the proportions of patients achieving 75% improvement in PGA×BSA or PASI at Week 12.

Results:

Patients receiving zasocitinib achieved significantly greater percentage reductions in PGA×BSA at Week 12 than placebo when measured via LSM (placebo [n = 52]: −22.9%; 2 mg [n = 50]: −43.3%, $p = 0.005$; 5 mg [n = 52]: −62.1%, $p < 0.001$; 15 mg [n = 53]: −82.7%,$p < 0.001$; 30 mg [n = 52]: −78.4%,$p < 0.001$). Strong correlations between PGA×BSA and PASI (observed and percentage change from baseline scores) were observed at Week 12 for all zasocitinib groups and placebo (ρ = 0.95). Correlations between PGA×BSA and DLQI scores were moderate (ρ = 0.53–0.55). Equivalent proportions of zasocitinib-treated patients achieved 75% reduction in PGA×BSA and PASI at Week 12 (2 mg: 18.0%; 5 mg: 44.2%; 15 mg: 67.9%; 30 mg: 67.3%).

Conclusion:

Zasocitinib improved PGA×BSA versus placebo. Strong correlations between PGA×BSA and PASI were observed, validating use of PGA×BSA in routine clinical practice.

\1. Armstrong A *et al. JAMA Dermatol* 2024;160:1066–74.

\2. Walsh JA *et al. J Am Acad Dermatol* 2013;69:931–7.



Abstract N°: 3793

Standard of Care in Erythrodermic Psoriasis in Germany

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[1]Universitätklinikum Regensburg, Abteilung für Dermatologie, Regensburg, Germany
[2]Universitätsklinikum Augsburg (Haunstetten), Augsburg, Germany
[3]Klinik und Poliklinik für Dermatologie und Allergologie der LMU München, München, Germany
[4]Klinik und Poliklinik für Dermatologie und Allergologie am Biederstein, München, Germany
[5]Hautklinik des Uni-Klinikums Erlangen, Erlangen, Germany

Introduction & Objectives:

Treatment of plaque psoriasis (PsO) has been studied in detail and multifactorial treatment options are available including topicals and systemics, among them conventionals, small molecules and biologics. Erythrodermic psoriasis (EP) is rare, both pathophysiology and treatment response differ from PsO. There are no standardized treatment recommendations or guidelines dedicated to EP. In this study we aimed to assess the standard of care for patients with EP in Germany.

Materials & Methods:

We conducted a retrospective chart analysis of all patients who received treatment for EP (diagnosis of psoriasis based on clinical or histological features at dermatology specialists' discretion, EP defined as affected body surface area > 75%) in Bavarian University hospitals (Erlangen, Regensburg, TU Munich, LMU Munich, Augsburg) between 2019-2024. Patients aged 18 years and older were included. Patients with generalized pustular psoriasis were excluded.

Results:

29 patients met the inclusion criteria in the study period and were eligible for analysis. 21 patients (72.8%) were male, 8 patients (27.6%) were female. 14 patients (48.3%) had received phototherapy in the past, 4 patients (13.8%) had undergone biologic therapy for plaque psoriasis before being diagnosed with EP, and 12 patients (41,4%) had undergone conventional therapy. Conventional therapy with methotrexate, fumarates, acitretin or ciclosporin was initiated in 8 patients (27.5%) at the time of diagnosis of EP. 28 patients (96.3%) received treatment with biologics at the time of diagnosis of EP or in the course of treatment failure of conventional therapy. TNF-alpha inhibitors were used in 4 cases (13.8%), IL12/23 inhibitor in 2 cases (6.9%), IL17 inhibitors in 11 cases (37.9%) and IL23 inhibitors in 11 cases (37.9%).

Discussion and Conclusion:

The data presented here constitute a large case series on the treatment of patients with EP in Germany. They offer novel insights into real-world clinical practice and highlight the considerable heterogeneity in therapeutic approaches. To enable evidence-based recommendations for future management, prospective studies assessing treatment outcomes of different treatment modalities specifically in EP would be essential. With regard to the abundance of treatment options dedicated treatment recommendations for EP are mandatory.

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Abstract N°: 3805

TB screen for biologics of IL-17 and IL-23 inhibitors: do or NOT do?

Bing-Xi Yan*[1], Xiaoyong Man[1]

[1]Zhejiang University, Hangzhou, China

Introduction & Objectives:

Psoriasis is a chronic systemic inflammatory disease that predominantly affects the skin and joints (1).The inflammatory pathways involved include tumour necrosis factor (TNF)-α, interferon (IFN)-α and -β, and interleukins (ILs) -17, -12 and -23. Over the past 20 years, therapy with biologics has resulted in significant responses, but immune depression remains a challenge. Targeting different pathways, the inhibitors of IL-12/IL-23 (ustekinumab), of IL-17 (secukinumab,ixekizumab) and of IL-23 (guselkumab) have a differential impact on risk of tuberculosis infection.

In order to evaluate the risk of tuberculosis infection (TBI) in patients with treatment of IL-17 and IL-23, an observational retrospective study was conducted on the population referred to our centre at Dermatologic Clinic of University of Zhejiang, China.

Materials & Methods:

This single-center retrospective cohort enrolled adult patients with plaque psoriasis receiving ustekinumab, secukinumab,ixekizumab and guselkumab treatment. TBI was

defined as positive T-SPOT.TB results (≥6 spots). Analysis include T-SPOT.TB changes and TBI risk factors.

Results:

For TBI risk factor analysis, a cohort of 198 patients with psoriasis with negative baseline T-SPOT.TB was evaluated, revealing a TBI prevalence of 15.4%. Logistic regression analysis highlighted age≥ 46 years and body mass index (BMI) <24.0 kg/ m^2 as independent risk factors for TBI.

Conclusion:

IL-17 and IL-23 inhibitors do not appear to activate tuberculosis in patients with psoriasis, potentially reducing the need for routine TBI screening and preventive treatment.



Abstract N°: 3813

Zasocitinib (TAK-279), an oral, allosteric, highly selective TYK2 inhibitor, reduced PASI body region and individual component scores in a phase 2b trial in moderate-to-severe plaque psoriasis

Tina Bhutani-Jacques[1], laura ferris[2], Jessamyn Blau[3], Wenwen Zhang[3], Jonathan Uy[3], Warren Winkelman[3], Melinda Gooderham*[4]

[1]Synergy Dermatology, San Francisco, CA, United States
[2]University of Pittsburgh School of Medicine, Pittsburgh, PA, United States
[3]Takeda Development Center Americas, Inc., Cambridge, MA, United States
[4]SKiN Centre for Dermatology, Peterborough, ON, Canada

Introduction & Objectives:

Zasocitinib (TAK-279) is an investigational, oral, allosteric, highly selective and potent tyrosine kinase 2 (TYK2) inhibitor. In a phase 2b study of patients with moderate-to-severe plaque psoriasis, significantly higher proportions of patients receiving zasocitinib ≥ 5 mg achieved the primary endpoint (≥ 75% improvement in Psoriasis Area and Severity Index [PASI 75]) versus placebo at Week 12.1 This *post hoc* analysis of the phase 2b study compared PASI body region (head, trunk, upper and lower extremities) and component (erythema, induration and desquamation) scores for patients receiving zasocitinib (15 mg or 30 mg) versus placebo.

Materials & Methods:

In this randomized, multicentre, double-blind, placebo-controlled phase 2b trial, patients received oral zasocitinib (2 mg, 5 mg, 15 mg, 30 mg) or placebo (1:1:1:1:1) once daily for 12 weeks (NCT04999839). The least-squares mean (LSM) of percentage change and proportion of patients with ≥ 75% improvement from baseline in PASI body region and component scores at Week 12 were determined in the modified intent-to-treat analysis set.

Results:

Baseline mean PASI body region and component scores were similar between the zasocitinib 15 mg (n = 53), 30 mg (n = 52) and placebo (n = 52) groups. At Week 12, greater percentage reductions in PASI score were observed in patients receiving zasocitinib 15 mg or 30 mg than placebo (LSM: body regions, 75.0–90.5% versus 20.8–29.7%; components, 75.6–83.5% versus 26.0–26.7%; all $p < 0.001$). For each body region and component score, greater proportions of patients receiving zasocitinib 15 mg or 30 mg achieved ≥ 75% improvement from baseline at Week 12 than placebo (body regions, 62.3–69.2% versus 9.6–23.1%; components, 66.0–73.1% versus 7.7–9.6%; all $p < 0.001$).

Conclusion:

Zasocitinib led to consistent improvements across all body regions and components versus placebo, with similar effects in each body region and component observed.

\1. Armstrong A *et al. JAMA Dermatol* 2024;160:1066–74.

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Abstract N°: 3819

Treatment with zasocitinib (TAK-279), an investigational, oral, allosteric, highly selective and potent tyrosine kinase 2 inhibitor, is associated with improvements in Dermatology Life Quality Index in patients with moderate-to-severe plaque psoriasis

Tina Bhutani-Jacques*[1], Taylor Spector[2], Warren Winkelman[2], Wenwen Zhang[2], Melinda Gooderham[3]

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[2]Takeda Development Center Americas, Inc., Cambridge, MA, United States
[3]SKiN Centre for Dermatology, Peterborough, ON, Canada

Introduction & Objectives:

Zasocitinib (TAK-279) is an investigational, oral, allosteric, highly selective and potent inhibitor of tyrosine kinase 2. In a phase 2b trial in patients with moderate-to-severe plaque psoriasis (NCT04999839), zasocitinib showed acceptable safety and efficacy with greater skin clearance at doses ≥ 5 mg vs placebo at Week 12. Significantly more patients treated with zasocitinib 5, 15 or 30 mg once daily (QD) achieved ≥ 75% improvement in the Psoriasis Area and Severity Index at Week 12 (primary endpoint) than those who received placebo ($p < 0.001$). The Dermatology Life Quality Index (DLQI) is a widely used patient-reported outcome measuring the impact of skin disease on health-related quality of life. This *post hoc* analysis of the phase 2b study aims to evaluate the impact of zasocitinib 30 mg vs placebo on DLQI total score and individual DLQI domains.

Materials & Methods:

In this randomized, multicentre, double-blind, placebo-controlled trial, patients with moderate-to-severe plaque psoriasis were randomized 1:1:1:1:1 to receive oral zasocitinib (2, 5, 15 or 30 mg) or placebo QD for 12 weeks. DLQI was measured at baseline and Weeks 4, 8 and 12. The DLQI consists of 10 questions, with higher scores indicating higher impairment. Least-squares (LS) mean, standard error (SE) and nominal *p* values were determined using a mixed model for repeated measurements on the change from baseline in DLQI, which included treatment, visit, treatment-by-visit interaction and prior treatment with biologics as fixed effects, and baseline score as a covariate.

Results:

Overall, 259 patients received treatment in the study. As early as Week 4, patients receiving zasocitinib 30 mg (n = 52) showed greater LS mean (SE) improvements from baseline in DLQI total score vs those receiving placebo (n = 52) (−6.6 [0.65] vs −3.3 [0.65]; $p < 0.001$; **Figure 1a**). At Week 12, greater LS mean (SE) improvements from baseline in DLQI total score with zasocitinib 30 mg than placebo were observed (−8.9 [0.75] vs −4.9 [0.75]; $p < 0.001$), and a greater proportion of patients receiving zasocitinib 30 mg achieved a DLQI of 0/1 than those receiving placebo (51.1% [24/47] vs 17.0% [8/47]; **Figure 1b**).

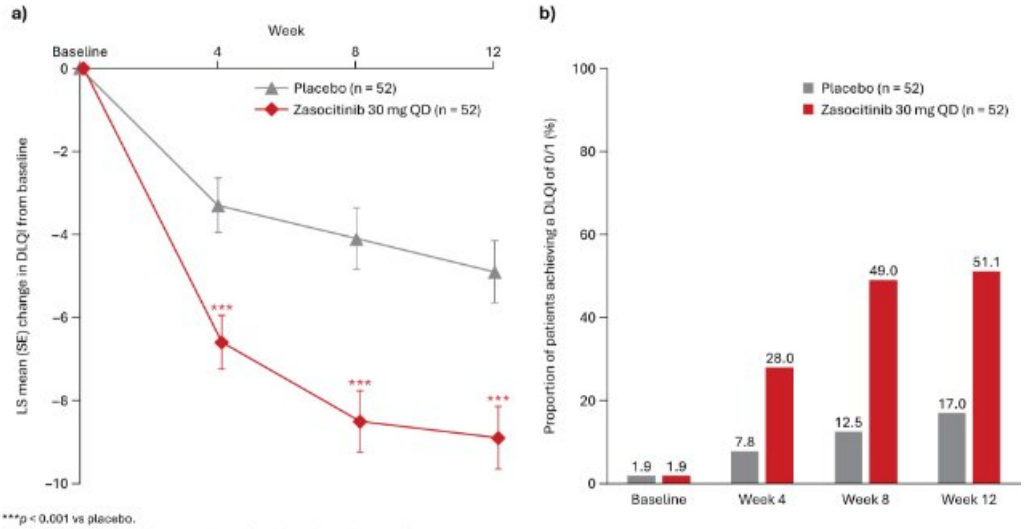
Numerically greater improvements were observed across all individual DLQI domains with zasocitinib 30 mg vs placebo at Week 12, with nominally significant DLQI improvements observed in most (5/6) domains (**Figure 2**). The greatest improvement with zasocitinib vs placebo was observed in the Symptoms and Feelings domain (LS mean [SE] changes from baseline: −2.4 [0.22] vs −1.1 [0.22]). Patients receiving zasocitinib 30 mg showed greater improvements in the individual question scores for this domain vs placebo from Week 4 (**Figure 3**). At Week 12, zasocitinib 30 mg treatment led to greater improvements in most (8/10) individual question scores in most (5/6) individual DLQI domains vs placebo (LS mean changes in individual question scores from baseline, range: −0.6, −

1.3 vs −0.3, −0.7).

Conclusion:

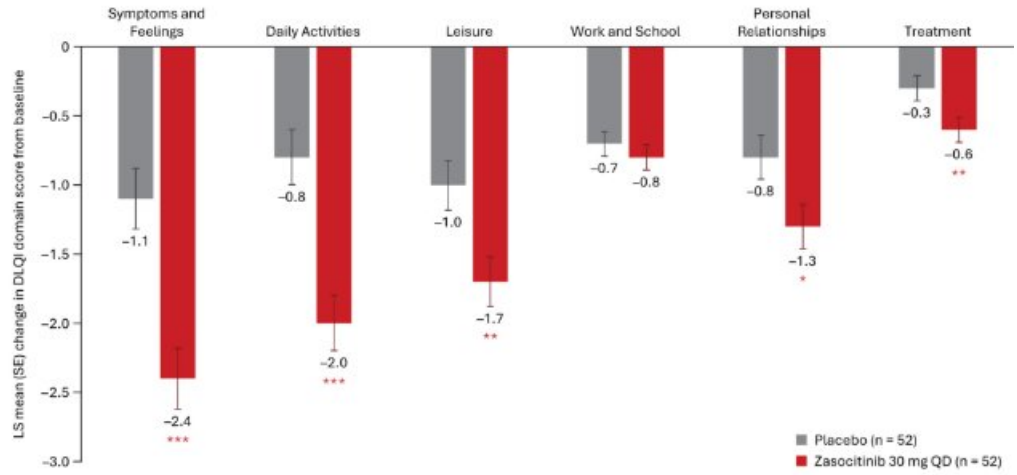
Treatment with oral zasocitinib 30 mg QD resulted in greater improvements from baseline in DLQI total score and most individual DLQI domains vs placebo, particularly in the Symptoms and Feelings domain as early as Week 4. These results suggest that zasocitinib may provide early onset benefits to patients' health-related quality of life. Ongoing phase 3 trials (NCT06088043 and NCT06108544) are further investigating the efficacy and safety of zasocitinib in patients with moderate-to-severe plaque psoriasis.

Figure 1. Zasocitinib treatment resulted in a) improvements in DLQI from baseline vs placebo and b) a greater proportion of patients achieving a DLQI of 0/1 vs placebo.[a]



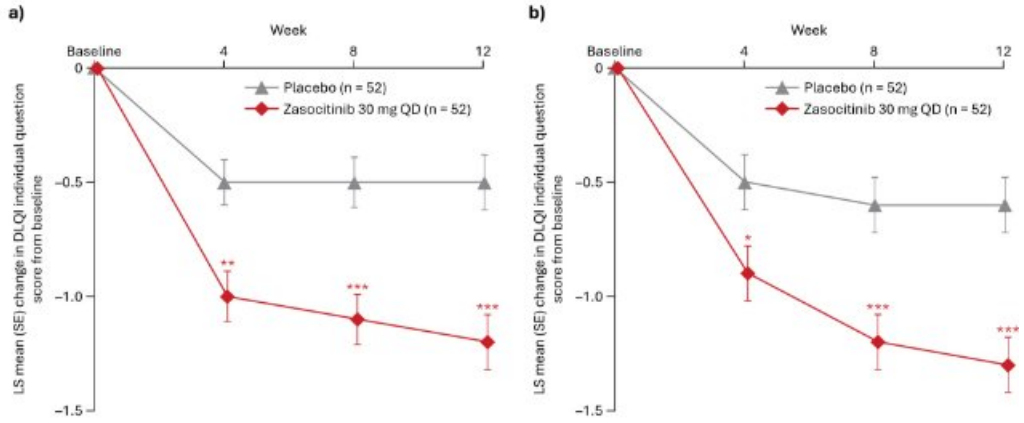
***$p < 0.001$ vs placebo.
[a]The proportion of responders was evaluated based on observed cases only.
DLQI, Dermatology Life Quality Index; LS, least-squares; QD, once daily; SE, standard error.

Figure 2. Treatment with zasocitinib led to improvements in DLQI score from baseline for most individual DLQI domains vs placebo at Week 12.



*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$ vs placebo.
DLQI, Dermatology Life Quality Index; LS, least-squares; QD, once daily; SE, standard error.

Figure 3. Zasocitinib treatment resulted in improvements in DLQI individual question scores in the 'Symptoms and Feelings' domain vs placebo as early as Week 4: a) Q1. Over the last week, how itchy, sore, painful or stinging has your skin been? b) Q2. Over the last week, how embarrassed or self-conscious have you been because of your skin?



*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$ vs placebo.
DLQI, Dermatology Life Quality Index; LS, least-squares; QD, once daily; SE, standard error.

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Abstract N°: 3821

Paradoxical psoriasis: experience with upadacitinib

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Introduction & Objectives:

Paradoxical psoriasis (PP) is characterized by the onset or exacerbation of psoriatic lesions during treatment with immunomoduladory, mainly tumor necrosis factor-alpha inhibitors (TNF-i). Management of PP should consider both the control of psoriatic lesions and the underlying inflammatory disease.

The aim of this report is to share our experience with upadacitinib in the treatment of PP.

Materials & Methods:

We present four cases of paradoxical psoriasis treated with upadacitinib.

Results:

Case 1. A 64-year-old female with a history of plaque psoriasis and rheumatoid arthritis (RA) presented with pustules on her soles and palms two months after initiating etanercept therapy for RA. Significant improvement of cutaneous manifestations was observed after eight weeks of treatment with upadacitinib.

Case 2. A 63-year-old female with psoriatic arthritis (PsA) developed psoriasiform lesions eight months after initiating adalimumab. She was subsequently treated with upadacitinib and after six weeks, the eruption had fully resolved.

Case 3. A 52-year-old female with a history of SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis, osteitis), ulcerative colitis (UC) and pustular palmoplantar psoriasis (PPP) presented new psoriatic lesions in the perianal area and worsening of PPP one month into treatment with ustekinumab. Switching to guselkumab controlled joint and digestive symptoms, but skin lesions persisted. Upadacitinib was subsequently introduced and the cutaneous lesions resolved within three weeks.

Case 4. A 58-year-old male with a history of ankylosing spondylitis (AS) and Crohn’s disease (CD) presented with PPP four years after initiating adalimumab. After switching to upadacitinib, his lesions cleared at 3 weeks.

Three patients maintained cutaneous response after a mean follow-up of one year. However, one experienced a relapse of psoriatic lesions after 11 months of upadacitinib treatment.

Conclusion:

Although upadacitinib is not currently approved for the treatment of psoriasis, favorable outcomes have been reported in the management of PPP, SAPHO syndrome and PP. It may represent a valuable therapeutic alternative in cases of PP, particularly when coexisting immune-mediated conditions influence and limit the selection of agents for cutaneous disease control.



Abstract N°: 3851

Characteristics influencing secukinumab treatment retention in patients with moderate to severe plaque psoriasis: 5-year real-world results from the SERENA study

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Introduction & Objectives:

Drug retention is an important determinant of treatment effectiveness. Here we evaluate the characteristics influencing long-term retention of secukinumab in patients with moderate-to-severe psoriasis in real-world setting.

Materials & Methods:

SERENA (CAIN457A3403) is an observational study conducted in adult patients with moderate-to-severe psoriasis, psoriatic arthritis (PsA) and radiographic-axial spondyloarthritis. Patients received secukinumab treatment for ≥16 weeks before enrolment into the study. Characteristics influencing secukinumab retention through 5 years after the start of the study (baseline visit) in patients with psoriasis were evaluated using univariate logistic regression. Effectiveness in the form of Psoriasis Area and Severity Index (PASI) 90 score were used for this analysis in patients with psoriasis. Data are presented as observed.

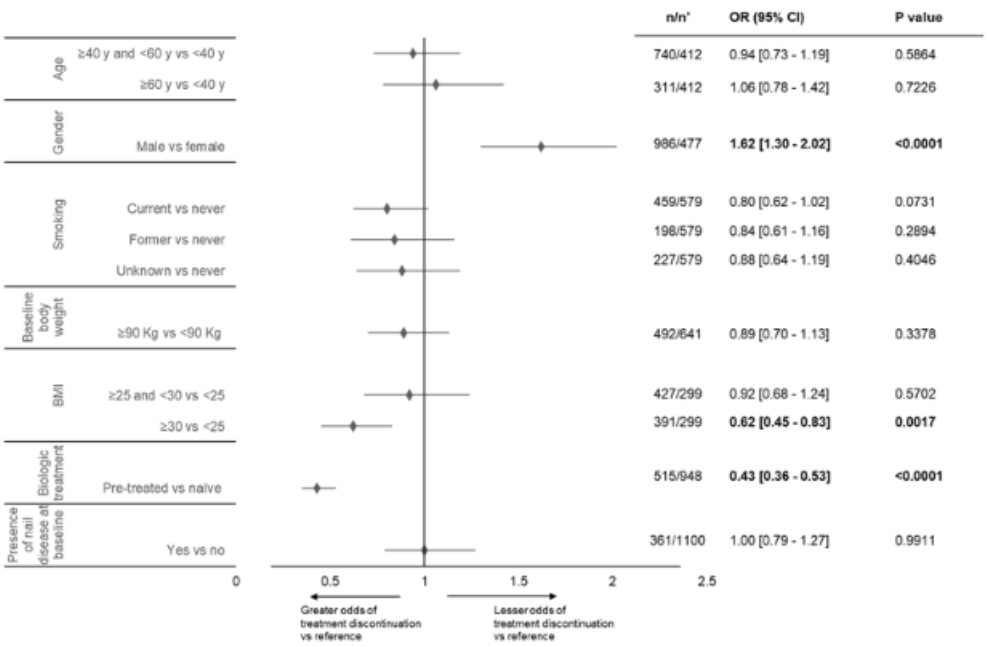
Results:

Overall, 1740 patients were included in the analysis (mean (SD) age: 48.3 (13.5) years). Female gender, BMI≥30, and prior use of biologics increased the odds of treatment discontinuation (**Figure 1**). Characteristics not associated with treatment discontinuation were age, smoking status, body weight and presence of nail disease. Overall, retention rates of ~40-60% were observed across the subgroups (**Table 1**). Over >5 years of secukinumab treatment ~60-75% of patients achieved PASI90 (**Table 2**).

Conclusion:

Gender, baseline BMI, and prior biologics treatment have impact on secukinumab retention. Irrespective of baseline characteristics, high retention rates were observed with secukinumab for up to 5 years in this real-world study.

Figure 1: Baseline characteristics associated with retention of secukinumab during 5 years in the study



n=number of patients in each category; n'= number of patients in the reference category. Data presented for subgroups with n>150.

Patients who discontinued the study within 5 years but who continue with treatment are not included in the calculation

BMI, body mass index; OR, odds ratio; y, years

Table 1: Retention rate of secukinumab over the study duration by baseline subgroups

	Gender		Previous biologic treatment		BMI		
	Male N'=1175	Female N'=565	No N'=1134	Yes N'=606	BMI<25 N'=361	25≤BMI<30 N'=502	BMI≥30 N'=475
At least 1 year	n=1139 89.4%	n=551 86.2%	n=1100 91.3%	n=590 82.9%	n=352 88.6%	n=487 88.9%	n=459 86.1%
At least 2 years	n=1093 77.7%	n=532 71.1%	n=1056 81.0%	n=569 65.4%	n=342 80.4%	n=474 77.0%	n=439 69.0%
At least 3 years	n=1056 69.0%	n=516 62.6%	n=1019 73.6%	n=553 54.6%	n=328 71.3%	n=457 68.1%	n=424 57.8%
At least 4 years	n=1028 63.5%	n=496 54.0%	n=990 67.4%	n=534 47.6%	n=315 64.8%	n=443 60.7%	n=406 50.7%
At least 5 years	n=986 58.9%	n=477 47.0%	n=948 62.3%	n=515 41.6%	n=299 57.9%	n=427 55.7%	n=391 45.8%

n=number of patients with non-missing data; N'= number of patients in the subgroup at baseline.

The retention rate is calculated as number of patients that completed X years of participation in the study and has not discontinued Secukinumab treatment.

BMI, body mass index

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Table 2: Proportion of patients achieving PASI 90 after start of secukinumab (observed values) by subgroups

	Gender		Previous biologic treatment		BMI		
	Male	Female	No	Yes	BMI<25	25≤BMI<30	BMI≥30
	N'=1175	N'=565	N'=1134	N'=606	N'=361	N'=502	N'=475
Year 1 from start of secukinumab	n=869	n=408	n=858	n=419	n=287	n=389	n=369
	63.2%	63.5%	68.2%	53.2%	70.0%	67.4%	53.4%
Year 2 from start of secukinumab	n=830	n=368	n=807	n=391	n=276	n=372	n=335
	61.4%	62.5%	68.0%	48.8%	70.3%	62.6%	53.4%
Year 3 from start of secukinumab	n=704	n=294	n=686	n=312	n=237	n=318	n=269
	63.2%	66.0%	68.5%	54.2%	68.4%	67.0%	56.5%
Year 4 from start of secukinumab	n=584	n=226	n=574	n=236	n=191	n=257	n=211
	65.4%	74.3%	72.1%	57.6%	71.2%	71.2%	58.3%
Year ≥5 from start of secukinumab	n=528	n=191	n=517	n=202	n=166	n=238	n=187
	65.2%	73.3%	70.4%	59.4%	74.7%	69.3%	56.7%

n=number of patients with non-missing data; N'= number of patients in the subgroup at baseline.

% calculated with n as denominator.

BMI, body mass index; PASI 90, Psoriasis Area and Severity Index 90 score

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Abstract N°: 3861

Psoriasis Management after Autologous Stem Cell Transplantation: Clinical and Immunologic Insights from IL-17 Inhibition

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Introduction & Objectives:

Psoriasis is a chronic immune-mediated inflammatory disease whose treatment in patients with hematologic malignancies poses unique challenges.[1] Autologous hematopoietic stem cell transplantation (HSCT) may transiently modulate immune function and influence disease activity in psoriasis.[2] Moreover, IL-17 plays a dual role, not only in psoriatic inflammation but also in the tumor microenvironment of multiple myeloma, promoting tumor growth and angiogenesis.[3] This case explores the impact of IL-17 inhibition in a patient with both diseases, raising questions about targeted therapy in oncologic-immunologic intersections.

To describe a case of psoriasis exacerbation following HSCT in a patient with multiple myeloma and the subsequent effective treatment with IL-17 inhibition, highlighting both cutaneous and hematologic outcomes.

Materials & Methods:

A 63-year-old man with chronic plaque psoriasis for over 20 years was diagnosed with lambda light chain multiple myeloma (ISS-II) in 2019. During induction chemotherapy (bortezomib, cyclophosphamide, dexamethasone), he developed severe psoriasis (BSA >70%) (Figure 1). Acitretin was initiated. He was submitted to autologous HSCT (melphalan 200 mg/m^2) with neutrophil engraftment on day +9 and complete remission. Four months later, corticosteroid tapering triggered a severe psoriasis flare (PASI 17.2, DLQI 12, BSA 45%). Thalidomide worsened skin lesions; lenalidomide was better tolerated. Secukinumab was started at standard psoriasis dosing. After 8 weeks of the anti-IL17, the patient improved significantly (PASI 1.6, DLQI 1, BSA 1%)(Figure 2) with no infectious or hematologic complications. Minimal residual disease (MRD) remained negative at 48 and 55 months post-transplant.

Results:

This case emphasizes the complexity of managing chronic inflammatory diseases in post-transplant oncology patients. Autologous HSCT may not fully reset autoreactive T-cell profiles, and psoriasis can flare due to chemotherapy, corticosteroid withdrawal, or immunomodulators like thalidomide.[2,4,5] IL-17 is pivotal in psoriasis pathogenesis, but also contributes to multiple myeloma progression by fostering tumor-supportive inflammation.[1,3] Recent studies suggest that IL-17 inhibition could have dual benefits, reducing both psoriatic activity and pro-tumoral immune signaling.[6] In this patient, secukinumab led to rapid cutaneous improvement without jeopardizing oncologic remission, supporting its selective use in such complex cases.

Conclusion:

IL-17 blockade may represent a promising strategy for psoriasis patients with hematologic malignancies in remission, especially after HSCT. This case reinforces the importance of interdisciplinary management and tailored

immunotherapy approaches in patients at the crossroads of autoimmunity and cancer.



Abstract N°: 3907

The Role of Biosimilars in Enhancing Global Access to Psoriasis Treatment

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Introduction & Objectives: In recent years, the introduction of biosimilars for the treatment of moderate-to-severe psoriasis has demonstrated comparable efficacy and safety to originator biologics, with the potential to improve cost-effectiveness. Biosimilars, developed following the expiration of patents for brand-name biologics offer a promising opportunity to expand access to cytokine-targeted therapies – particularly in low- and middle-income countries (LMICs) where affordability and availability remain major barriers. The global market for biosimilars continues to expand, with 10 FDA-approved biosimilars currently available for adalimumab, and 7 for ustekinumab. This study explores the potential for biosimilars to improve access to biologic therapies for psoriasis, especially in LMICs.

Materials & Methods: This analysis was based on the systematic review conducted as part of the submission process to include adalimumab and ustekinumab in the World Health Organization (WHO) Essential Medicines List (EML) for psoriasis. 2 searches were made in the following databases: Cochrane, EMBASE, PubMed, and Web of Science, using a search window of January 2014 to August 2024. The aim was to identify long-term efficacy and safety studies on the use of adalimumab and/or ustekinumab in patients with psoriasis, comparing their assets to other therapies for the patient population. From the 17 studies included in the systematic review, we selected those that provided data evaluating the cost and/or cost-effectiveness of biosimilars versus originators in the treatment of psoriasis.

Results: Two studies met the inclusion criteria. The first study was a health economic evaluation using a semi-

Markov model, which showed that biosimilar adalimumab was cost-effective compared with originator adalimumab for moderate-to-severe psoriasis. The second model-based study, using a cost-per-responder model for biologics, found that adalimumab biosimilar had the lowest cost-per PASI100 (complete clearance) responder among the anti-TNF (Tumor Necrosis Factor) therapies. Both studies have limitations. However, they represent a step forward in demonstrating the potential of biosimilars to improve access to biologic treatments in psoriasis.

Conclusion: The availability of biosimilars has been increasing, resulting in reduced costs, demonstrated in other inflammatory diseases: adalimumab biosimilar prices are 5–81% lower than those of the originator in North America and 50-80% lower in Europe. In the psoriasis field, a Swedish study projected that the introduction of ustekinumab biosimilars could result in budget savings ranging from €1.9 million to €6.4 million in the first year and from €14.8 million to €45.6 million over five years. Further studies focusing on psoriasis may be valuable to demonstrate how biosimilars can improve access to biologics in this specific group. We are working on a social media poll to explore, from a dermatologist's perspective, what percentage price decrease would be necessary to impact costs of biologics and perhaps improve access in LMICs.



Abstract N°: 3909

Clinical effectiveness of bimekizumab in recalcitrant and difficult-to-treat psoriasis areas (scalp, genital, nails and palmoplantar sites): a prospective observational study in real-life clinical practice.

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Introduction & Objectives:

The term difficult-to-treat site psoriasis refers to psoriasis affecting areas such as the scalp, nails,palms and soles that requires a differentiated approach due to its poor response to topical treatment and the significant physical and emotional burden they impose on patients. Evidence on the use of biologic therapies in these locations is scarce, generally limited to sub-analysis of clinical trials and small case series or isolated reports.

We report a case series, with the aim of analyzing the clinical response to bimekizumab in patients with localized psoriasis in difficult-to-treat areas, refractory to previous biologic therapies, in real-world clinical practice. In addition, a sub-analysis was performed to assess systemic inflammation before and after initiation of treatment with bimekizumab, comparing its evolution to that observed with other biologics.

Materials & Methods:

A total of 11 patients with moderate-severe psoriasis and failure of at least one biologic therapy were included. The locations were: scalp (36.4%), palmo-plantar (27.3%), nails (27.3%) and genital (9.1%). 45.5% of the patients were male and 54.5% were female. The mean age of our sample was 50.3 years. Associated psoriatic arthritis was present in 45.5%. Regarding previous biologic treatments, 18.2% had received infliximab, 36.4% etanercept, 54.5% adalimumab, 63.6% ustekinumab, 63.6% secukinumab, and 54.5% ixekizumab.

Results:

Our results show that 72.7% of patients achieved a PASI75 response by week 16 after receiving two doses of 160 mg. The mean duration of sustained response was 49.3 weeks and a median of 56 weeks. No adverse events were reported, and two patients experienced treatment failure.

Sub-analysis results showed that bimekizumab treatment was associated with a generalized reduction in markers of systemic inflammation in the patients evaluated, reflected by decreases in hematological indices such as NLR (Neutrophils/Lymphocytes), MLR (Monocytes/Lymphocytes) and SIRI (Neutrophils × Monocytes/Lymphocytes) after drug administration.

Conclusion:

The results obtained in this series suggest that bimekizumab could be an effective therapeutic alternative for patients with psoriasis in difficult locations, especially those refractory to other biologic treatments. Furthermore, the findings of the sub-analysis suggest that bimekizumab, beyond its clinical efficacy in the skin, could contribute to the modulation of systemic inflammation, which is relevant in immune-mediated diseases such as psoriasis.

Although the sample size of our study is limited, the findings obtained in real clinical practice reinforce the available scientific evidence for the sustained efficacy of bimekizumab in this population. While studies with larger sample sizes and controlled design are required to confirm these results, our preliminary data support its potential

as a valid therapeutic option for this difficult-to-treat form of psoriasis.



Abstract N°: 3917

Effective prevention of psoriatic arthritis with secukinumab: a 5-year observation from the SERENA study

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Introduction & Objectives:

Secukinumab, an IL-17A inhibitor, has well-established effectiveness in the treatment of psoriasis (PsO) and psoriatic arthritis (PsA) in both long-term clinical trials and the real world.1,2 There is an intense discussion if biologics can prevent the development of PsA in patients with psoriasis without PsA with nail involvement (higher risk patient group). SERENA is a large, longitudinal, observational study conducted at 438 sites across Europe in adult patients with moderate to severe chronic plaque PsO, active PsA and radiographic axial spondyloarthritis.2 The observations will be put into perspective to historical evidence regarding patients with PsO without PsA not previously treated with biologics3. Here we evaluate the 5-year effectiveness of secukinumab in prevention of PsA.

Materials & Methods:

Patients received secukinumab treatment for ≥16 weeks before enrolment into the study. In the subgroup of patients with PsO without PsA and nail involvement at the study entry, we analysed the incidence of PsA from inclusion into the study to the 5-year follow up. We describe the outcomes as exposure adjusted incidence rates (EAIR) of developing PsA during the 5-year follow-up, in terms of per 100 patient-years. Descriptive statistics of effectiveness assessments were based on observed data.

Results:

Overall, 292 patients with active PsO with nail involvement without PsA were included in the analysis (mean age at study enrolment, 49.2 years; male, 79.8%; mean body mass index, 29.3 kg/m2; mean time since diagnosis, 17.8 years). 28.8% had previous biologic exposure before the start of secukinumab. After 5 years of study enrolment and a total exposure of 1022 patient-years, most patients (287/292 patients; 98.3%) did not develop PsA. This translates into a yearly, exposure adjusted incidence rate (EAIR) of 0.49 (95% CI: 0.16,1.14). Secukinumab treatment resulted in a sustained control over skin changes as assessed by Psoriasis Area and Severity Index (PASI) and Physician's Global Assessment (PGA) 0/1 response, with 39% of patients achieving skin clearance (PASI 100) after 5 years (**Table 1**). Approximately 63% of patients achieved PASI 90 after 5 years (**Table 1**).

Conclusion:

Previously, an 8-year prospective observational study in patients with PsO (including 35% of patients with nail involvement) without PsA reported a yearly incidence rate of PsA of 2.7 per 100 patients not treated with a biologic3. SERENA is one of the largest real-world studies in Europe observing the effect of secukinumab over 5 years. Long-term secukinumab treatment in patients with PsO with nail involvement without PsA resulted in an ~82% reduction of the annual incidence rate of PsA in comparison to historic non-biologic treated patients. These results suggest that secukinumab may be effective in preventing PsA in patients with PsO. Secukinumab-treated patients also achieved sustained long-term control over skin changes.

Table 1. Effectiveness of secukinumab in patients with PsO without PsA and with nail involvement at inclusion

Endpoints	Study population	Year 1	Year 2	Year 3	Year 4	≥Year 5
PASI 100 n/M (%)	292	62/221 (28.1)	56/208 (26.9)	49/174 (28.2)	42/131 (32.1)	47/122 (38.5)
PASI 90 n/M (%)	292	119/221 (53.8)	113/208 (54.3)	95/174 (54.6)	76/131 (58.0)	77/122 (63.1)
PGA 0/1 response, n/M (%)	292	75/104 (72.1)	71/94 (75.5)	60/78 (76.9)	48/67 (71.6)	41/52 (78.8)

M, number of patients under evaluation; n, number of responders; N, number of patients in the study population; PASI Psoriasis Area and Severity Index, PGA, Physician's Global Assessment; PsA, psoriatic arthritis

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Abstract N°: 3939

Inhibition Of HuR/Elavl1 Activity In Human Psoriatic Keratinocytes AndLymphocytes As A New Therapeutic Strategy

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Introduction & Objectives:

HuR is among the most widely studied RNA Binding Proteins that post-transcriptionally regulates thousands of coding and non-coding RNAs bearing AU-rich elements (AREs). It exerts both pre-mRNA processing and maturation functions and regulation of mRNA stability and translation. Interestingly, most of the chemokines and cytokines contains AREs, suggesting that HuR-dependent post-transcriptional control is crucial for the inflammatory response. HuR is ubiquitously expressed and the outcome of its activation is context dependent and it is frequently deregulated in many types of cancers and immune related diseases.

Psoriasis is characterized by an intricate feed-forward interaction between the immune

system and the skin through inflammatory cytokines that were identified as post-transcriptionally regulated by HuR. Indeed, HuR is often hijacked in diseases as in psoriatic keratinocytes. In Th17, HuR is responsible for the expression of specific key

molecules for psoriasis pathogenesis.

It has been shown that 15,16 dihydrotanshinone (DHTS) specifically inhibits the HuR-RNA

complex formation. Recently, we have developed a new class of small molecules (named

Tanshinone Mimics, TMs), bearing various substitutions, that modulate the interaction between HuR and its target RNAs in mammalian cells in vitro, more potently than the original DHTS, while displaying more druggable properties.

Materials & Methods:

We enrolled 20 psoriatic patients for the isolation of primary human keratinocytes from lesional skin and T cells purified from peripheral blood. In keratinocytes isolated from lesional skin, HuR levels were increased compared to those in keratinocytes derived from healthy subjects. By the mean of MTT assays, Cell Cycle analysis and Western Blot we analyzed the effect of TMs on keratinocytes, while for T cells analysis, we used Flow cytometry for the analysis of markers and cell proliferation (CFSE), and ELISA to dose cytokine production.

Results:

Given the crucial role of HuR in regulating cell proliferation and differentiation, we treated both keratinocytes and lymphocytes with TM molecules, which selectively bind to HuR and modulate its activity. The treatment determined a dose-dependent inhibition of proliferation in both cell populations, in association the modulation of

Cyclin B. Psoriasis-derived cells were more sensitive to the treatments. In addition, keratinocyte psoriatic markers, such as S100A7 and EFABP, decreased after treatment, together with the modulation of proliferation markers, such as Survivin.

TM treatments also seem to exert an immunomodulatory function, modulating lymphocyte

activation and the production of cytokines such as IL17AF, IFN-γ. Furthermore, we

observed an impact on T cell proliferation and maturation, a modulation of the CD4+ to

CD8+ ratio, and a decrease in lymphocyte activation, evidenced by the reduction of CD25

and CD69 markers.

Conclusion:

These data demonstrate that HuR inhibition represents a promising and novel strategy to limit cytokine release and simultaneously block proliferation and interaction between keratinocytes and lymphocytes.



Abstract N°: 4004

Prevalence and Predictors of Latent Tuberculosis Infection in Patients with Psoriasis Undergoing Screening for Biologic Therapy

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Introduction & Objectives:

Latent tuberculosis infection (LTBI) remains a critical consideration prior to initiating systemic immunosuppressive therapy in patients with moderate-to-severe psoriasis. In countries with high tuberculosis (TB) endemicity, universal screening is recommended. However, whether clinical, metabolic, or inflammatory markers can accurately identify patients at risk of LTBI and support targeted screening remains unclear.

Objective:

To assess the association between latent TB and clinical, metabolic, and inflammatory variables in patients with moderate-to-severe plaque psoriasis.

Materials & Methods:

This cross-sectional study included 197 adult patients with moderate-to-severe plaque psoriasis evaluated prior to systemic therapy. LTBI was defined as a positive interferon-gamma release assay and tuberculin skin test in the absence of clinical or radiological signs of active disease. Variables assessed included age at psoriasis onset, smoking status, body mass index (BMI), type 2 diabetes, hypertension, HIV status, glycaemia abnormalities, Charlson comorbidity index, and inflammatory markers (neutrophil-to-lymphocyte ratio [NLR] and C-reactive protein [CRP]). Bivariate associations were analysed using chi-square tests. We explored independent predictors of LTBI through logistic regression using forward stepwise selection (Wald method).

Results:

LTBI was detected in 27 out of 197 patients (13.7%). No statistically significant associations were observed between LTBI and sex (p=0.359), smoking (p=0.379), diabetes (p=0.826), hypertension (p=0.884), abnormal glycaemia (p=0.543), BMI category (p=0.868), HIV status (p=0.421), CRP (p=0.161), or NLR (p=0.120). The Charlson index also showed no significant association (p=0.809). In multivariate analysis, none of the assessed variables independently predicted LTBI. The regression model was not statistically significant (χ^2=5.386, p=0.613; Nagelkerke R^2=0.036), and the classification performance was limited (sensitivity 0%, specificity 100%).

Conclusion:

No clinical, metabolic, or inflammatory variable was significantly associated with latent TB in patients with moderate-to-severe psoriasis. These findings support the continued use of universal TB screening prior to systemic immunosuppressive therapy, especially in endemic regions. Relying solely on clinical profiles to guide LTBI screening may lead to missed diagnoses. Furthermore, this study highlights the importance of reporting negative results, as they contribute to refining current screening strategies and underscore the need for improved biomarkers in dermatologic risk assessment.

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EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 4031

Real-World data to characterize in-hospital psoriasis treatment pathways from a European hospital network: the Psoriasis Observatory

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Introduction & Objectives:

Psoriasis can have a major impact on patients' quality of life and on society, such as healthcare costs and loss of work productivity. Patients with psoriasis can have up to 30% increased risk of developing depression, cardiovascular disease and/or arthritis. Since 2000, highly effective biologics became available to treat moderate to severe psoriasis. However, there is little comparative real-world data on the international variation in psoriasis treatment pathways, healthcare resource utilization (HCRU) and overall psoriasis therapy costs. The Psoriasis Observatory aims to characterize the clinical practice use patterns of the advanced systemic psoriasis treatments. The objective is to provide an international overview of psoriasis patients' characteristics, describing their treatment pathways and evaluate the HCRU, in aggregated format and hospital specific for each participating hospital.

Materials & Methods:

In 2024, 16 hospitals in five countries (Finland, the Netherlands, Spain, Sweden and the United Kingdom) participate in the Psoriasis Observatory. Administrative healthcare data from 2019 onwards is analysed. Each patient with a diagnosis of psoriasis initiating a first line advanced systemic therapy from 2020 onwards is eligible for inclusion. Patients are considered to receive their first line of advanced systemic therapy if they have not received an advanced systemic treatment in the 13 months prior to the start date. Patient, disease and treatment characteristics are collected including the real-world treatment based on drug dispenses or prescriptions. Time to next treatment is visualized with Kaplan Meier curves and treatment sequences with Sankey diagrams. HCRU is defined as the annual number of visits of psoriasis patients.

Results:

30708 PsO patients were included and 3513 adult patients started advanced systemic treatment for the first time for treatment of psoriasis between 2020 and 2024. Up to 25% of the total psoriasis patient population, treated in hospital, is at least using one advanced systemic treatment. The most frequently used treatment in the first treatment step across the countries is adalimumab (40%) followed by apremilast (18%). 24% of the patients that are starting advanced systemic treatment from 2020 onwards switched treatments before end-of-follow-up, with patients on apremilast being most likely to switch treatment. An example of the treatment sequences in Spain is shown in figure 1. HCRU varies per country and patients in Spain visit the hospital most frequently during treatment, with more than 1 visit per month.

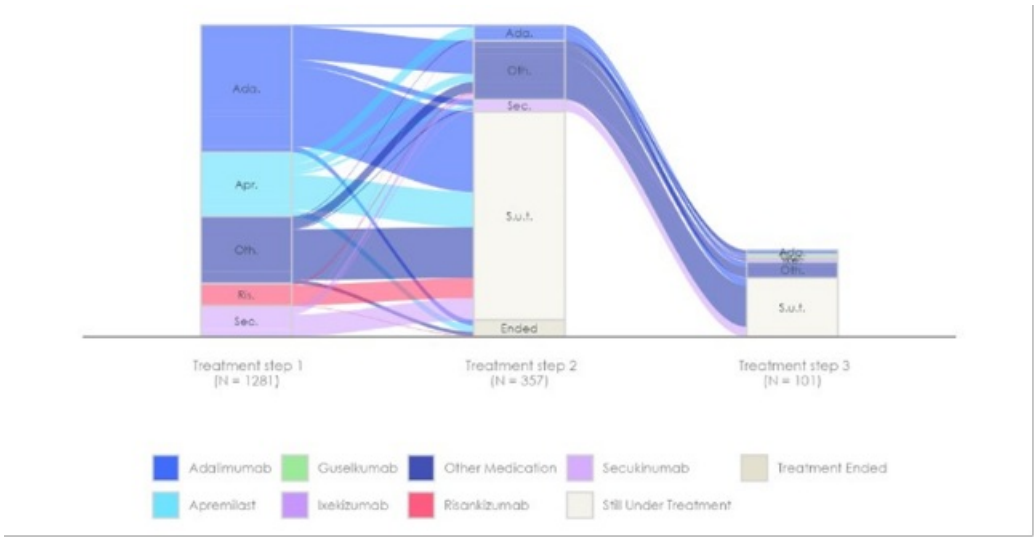


Figure 1: Sankey Flow Diagram for Psoriasis Patients Initiating Advanced Systemic Therapy in Spain

Conclusion:

Detailed real-world data on advanced systemic psoriasis treatments that are collected and analyzed within the Psoriasis Observatory, facilitating international comparisons of psoriasis treatment pathways and healthcare resource utilization.

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Abstract N°: 4038

Effectiveness and quality of life improvements with a fixed-dose combination of calcipotriol and betamethasone dipropionate cream in patients with mild to moderate psoriasis: real-world evidence

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Introduction & Objectives: Psoriasis is a highly prevalent chronic inflammatory skin condition, typically presenting in the form of plaque psoriasis (PP). Approximately 80% of patients experience localized, mild-to-moderate forms, which are generally well managed with topical therapies. Among these, a fixed-dose combination of topical betamethasone dipropionate and a vitamin D analog (calcipotriol) is recommended as a first-line option due to its proven efficacy, including in difficult-to-treat areas. This observational, real-world study assessed treatment effectiveness, quality of life, and clinical response in a large cohort of adult patients diagnosed with PP.

Materials & Methods: PP patients were treated with a once-daily application of calcipotriol/betamethasone cream. Clinical assessments were conducted at baseline and at follow-up (median: 4 weeks). Outcomes included the Psoriasis Area and Severity Index (PASI), Dermatology Life Quality Index (DLQI), and Physician Global Assessment (PGA) scores. Subgroup analyses were performed based on prior systemic or biologic treatment and body mass index (BMI). Continuous variables are reported as means (± standard deviation), and categorical variables as counts and percentages. Statistical analyses included paired t-tests to compare baseline and follow-up values, independent t-tests for comparisons between subgroups, chi-square tests for categorical variables (e.g., PASI response categories), and Wilcoxon signed-rank tests for ordinal data (DLQI, PGA). Significance was set at $p < 0.05$. PASI responses were categorized as PASI 75, PASI 90, and PASI 100, reflecting 75%, 90%, and 100% reduction from baseline, respectively.

Results: A total of 190 patients were enrolled (54.7% female; mean age: 47.4 ± 16.6 years; 74.2% with ≥1 difficult-to-treat area; 87.9% biologic-naïve). Nearly half of the patients had at least one relevant comorbidity, including metabolic or cardiovascular conditions. At follow-up, the mean PASI score decreased from 6.6 ± 4.6 to 2.1 ± 2.7 ($p < 0.001$). PASI 75, 90, and 100 responses were achieved by 54.4%, 45.6%, and 44.0% of patients, respectively. DLQI improved from 11.6 ± 5.8 to 4.2 ± 4.7 ($p < 0.001$), with 97.9% of patients reporting improvement. PGA indicated reduced disease severity in 84.2% of patients, with 45.3% rated as "clear" and 18.4% as "almost clear." Subgroup analysis showed comparable clinical improvements in biologic-naïve and biologic-experienced patients, as well as between obese and non-obese patients. However, a higher proportion of biologic-naïve patients achieved complete clearance.

Conclusion: In this real-world cohort, treatment with a fixed-dose combination of calcipotriol and betamethasone dipropionate cream led to rapid and significant clinical improvement and substantial enhancement in quality of life, displaying a favorable safety profile. These findings support its use as a first-line topical therapy for mild-to-moderate psoriasis, including in patients with comorbidities and difficult-to-treat areas, while also reducing treatment burden due to its once-daily application regimen.



Abstract N°: 4041

Scalp Psoriasis and Psoriatic Arthritis - Coincidence or Correlation? – A Systematic Review

Aleksandra Frątczak[1], Wiktor Kruczek[2], Barbara Jelonek[2], Anna Mandecka[2], Monika Kalicka[2], Beata Bergler-Czop[1], Karina Polak[1]

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Introduction & Objectives:

Psoriasis is a chronic inflammatory disease with an autoimmune background, affecting not only the skin but also other bodily systems. In approximately 7–40% of patients with cutaneous manifestations, psoriatic arthritis (PsA) develops, causing joint pain, stiffness, and reduced mobility. Recent attention has focused on a potential association between scalp psoriasis and joint involvement. Although these symptoms can occur independently, emerging evidence suggests a possible correlation between them. This review aims to analyze the available scientific literature to investigate whether a connection exists between these two manifestations of the disease.

Materials & Methods:

A systematic search of PubMed identified eight studies examining the relationship between scalp psoriasis and psoriatic arthritis from the database's inception to July 2024, following the removal of duplicates. EMTREE and MeSH terms such as "Psoriasis," "Scalp Dermatoses," and "Arthritis" were used, along with additional combinations designed to thoroughly identify relevant studies. Eight studies meeting PRISMA guidelines and predefined inclusion and exclusion criteria were included in the analysis. The findings were compiled and presented in tabular form.

Results:

The review of the included studies revealed a wide range of associations between scalp psoriasis and the development of psoriatic arthritis (PsA), spanning from statistically significant correlations to no detectable association. Among the eight studies, only two reported a significant positive relationship. One study found that individuals with scalp involvement had an almost fourfold increased risk of developing PsA compared to those without such lesions (hazard ratio [HR] 3.89; 95% confidence interval [CI]: 2.18–6.94). Another study observed severe PsA in 64.2% of the study population, predominantly among patients with concomitant scalp psoriasis ($\chi^2 = 3.2$; $p < 0.05$). The remaining studies did not confirm a significant association, and some even proposed that scalp involvement might serve as a negative prognostic indicator.

Conclusion:

The scalp is commonly affected in psoriasis, while psoriatic arthritis (PsA) is a debilitating complication that significantly impacts quality of life. Although some studies suggest a potential link between scalp psoriasis and increased PsA severity, others report no significant correlation or even identify scalp involvement as a negative predictor for PsA. This review concludes that scalp psoriasis alone may not function as an independent predictor of PsA, but it could contribute to the overall clinical manifestation and progression of the disease in certain patients. Further studies with larger cohorts and longitudinal follow-up are needed to clarify the complex relationship between these psoriasis manifestations.



Abstract N°: 4046

Exploring the value of achieving complete or near complete skin clearance in patients with a history of moderate-severe psoriasis: A real-world survey in Europe

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Introduction & Objectives:

Achieving absolute Psoriasis Area and Severity Index (PASI) ≤2 (which corresponds to PASI 90 response, complete or near complete skin clearance), is an appropriate treatment outcome for moderate-severe psoriasis (PsO), including treat-to-target approaches. To describe the value of achieving complete or near complete skin clearance, this study compared characteristics of patients who achieved absolute PASI≤2 vs PASI>2.

Materials & Methods:

Data were drawn from the Adelphi Real World PsO Disease Specific Programme™, a cross-sectional survey, with retrospective data collection, of dermatologists and their consulting patients with PsO in France, Germany, Italy, Spain and the United Kingdom from December 2021 – March 2022. Dermatologists reported patient demographics and clinical characteristics. Patients were invited to voluntarily self-report their quality of life via the EQ-5D Visual Analogue Scale (VAS) and Dermatology Life Quality Index (DLQI). Patients had a history of moderate-severe PsO (body surface area [BSA] >3 at any point post-diagnosis). Patients were stratified by PASI at time of survey; achieved absolute PASI≤2 vs PASI>2. Outcomes were compared (numeric reported as mean ± standard deviation, categorical as relative frequency); $p<0.05$ indicates significance.

Results:

Overall, 193 dermatologists reported data for 1203 patients (n=819 with PASI≤2, n=384 with PASI>2). For patients with PASI≤2, mean age was 42.8 ± 13.8 years, 44% were female, 90% were White, mean time since diagnosis was 7.0 ± 8.5 years and mean time on current treatment was 1.5 ± 1.7 years. For patients with PASI>2, this was 43.4 ± 14.6 years, 41% female, 92% White, 6.9 ± 8.0 years since diagnosis and 1.3 ± 2.5 years on current treatment.

Patients with PASI≤2 had lower BSA affected (3.1% ± 4.3 vs 13.1% ± 11.9, $p<0.001$) and lower physicians' global assessment (PGA) score (43% PGA=0 vs 2% PGA=0, $p<0.001$) compared to patients with PASI>2. Patients with PASI≤2 less commonly experienced scaling/flaking (30% vs 82%, $p<0.001$), red inflamed skin (19% vs 68%, $p<0.001$) and itching (19% vs 54%, $p<0.001$) as well as less frequent coverage of the scalp (21% vs 50%, $p<0.001$), face (6% vs 18%, $p<0.001$) and groin or genitals (6% vs 18%, $p<0.001$). Patients with PASI≤2 more commonly had no symptoms (48% vs 3%, $p<0.001$) and no body areas affected (46% vs 2%, $p<0.001$) compared to patients with PASI>2.

Patients with PASI≤2 had a higher mean VAS score (82.9 ± 14.6 vs 74.0 ± 15.7, $p<0.001$), and lower mean DLQI (3.5 ± 4.5 vs 7.7 ± 4.8, $p<0.001$).

Conclusion:

PsO patients who achieved complete/near-complete skin clearance (absolute PASI≤2) experienced lower disease burden, fewer PsO symptoms, had fewer body areas affected, including special sites, and had a better health-

related quality of life than those who achieve absolute PASI>2. The multidimensional value associated with achieving complete/ near-complete skin clearance should be considered in therapeutic decisions in PsO.

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Abstract N°: 4049

Charge psychologique persistante du psoriasis après un an de traitement systémique chez 1 246 patients de la cohorte prospective multicentrique française OMCCI ayant obtenu un PASI ≥90

FLORE VANLERBERGHE[1], Mallaury Ripolles[1], Armand LE LOUET[1], Christian Dorado cortez[1], François Maccari[2], Jean-Luc Perrot[1]

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[2]La Varenne Saint-Hilaire, Private office , Saint-Maur-des-Fossés, France

Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease that significantly impacts patients' quality of life beyond its physical symptoms. Clinical improvement, often defined as achieving a Psoriasis Area and Severity Index (PASI) ≥90, is commonly used as a therapeutic success marker, but may not reflect the persistence of psychological burden.

This study aimed to assess the persistence of psychological burden in patients with moderate-to-severe psoriasis who achieved a PASI ≥90 after one year of systemic treatment.

Materials & Methods:

This was a prospective, observational, descriptive study based on data from the French multicenter OMCCI cohort. A total of 566 patients with moderate-to-severe psoriasis at baseline who reached PASI ≥90 at 12 months were included. We analyzed clinical outcomes (PASI, SPI) and patient-reported outcomes (DLQI, I-BOP, SF-12 physical and mental scores, global disease burden) as well as sociodemographic data. Correlations between PASI/SPI and quality-of-life scores were assessed.

Results:

Among the 566 patients achieving PASI ≥90, 5.1% had moderate-to-severe DLQI scores, 2.1% had I-BOP scores in the same range, and 8% continued to perceive their psoriasis as bothersome. Additionally, 19.5% and 48.3% had physical and mental SF-12 scores below the general population average. The most impacted dimensions included body image, fear of relapse, and mood. PASI showed weak correlations with psychosocial scores, while SPI was more strongly associated with quality of life indicators.

Conclusion:

A major clinical response (PASI ≥90) does not guarantee psychological remission. A persistent psychological burden remains in a notable proportion of patients, impacting quality of life despite clinical clearance. Routine use of DLQI, I-BOP, and global patient-reported burden assessments is crucial to detect this residual suffering. These findings support the integration of psychosocial evaluation and care into standard psoriasis management.



Abstract N°: 4074

Persistent psychological burden of psoriasis after one year of systemic treatment in 1,246 patients from the french prospective multicenter OMCCI cohort who achieved a PASI ≥90

FLORE VANLERBERGHE[1], Mallaury Ripolles[1], Armand LE LOUET[1], Christian Dorado cortez[1], François Maccari[2], Jean-Luc Perrot[1]

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease that significantly impacts patients' quality of life beyond its physical symptoms. Clinical improvement, often defined as achieving a Psoriasis Area and Severity Index (PASI) ≥90, is commonly used as a therapeutic success marker, but may not reflect the persistence of psychological burden.

This study aimed to assess the persistence of psychological burden in patients with moderate-to-severe psoriasis who achieved a PASI ≥90 after one year of systemic treatment.

Materials & Methods:

This was a prospective, observational, descriptive study based on data from the French multicenter OMCCI cohort. A total of 566 patients with moderate-to-severe psoriasis at baseline who reached PASI ≥90 at 12 months were included. We analyzed clinical outcomes (PASI, SPI) and patient-reported outcomes (DLQI, I-BOP, SF-12 physical and mental scores, global disease burden) as well as sociodemographic data. Correlations between PASI/SPI and quality-of-life scores were assessed.

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Conclusion:

A major clinical response (PASI ≥90) does not guarantee psychological remission. A persistent psychological burden remains in a notable proportion of patients, impacting quality of life despite clinical clearance. Routine use of DLQI, I-BOP, and global patient-reported burden assessments is crucial to detect this residual suffering. These findings support the integration of psychosocial evaluation and care into standard psoriasis management.



Abstract N°: 4078

New Hope: Selective TYK-2 Inhibition in Psoriasis - Clinical Potential of Deucravacitinib

Aleksandra Frątczak[1], Martyna Biadasiewcz[2], Wiktoria Bajek[2], Monika Kalicka[2], Wiktor Kruczek[2], Karina Polak[1], Beata Bergler-Czop[1]

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Introduction & Objectives:

Psoriasis is a chronic, inflammatory autoimmune skin disease for which molecularly targeted treatments, such as TYK2 inhibitors, have emerged as a crucial component of contemporary therapeutic strategies. Tyrosine kinase 2 (TYK2) is an intracellular enzyme belonging to the Janus kinase (JAK) family, which includes JAK1, JAK2, JAK3, and TYK2. It mediates cytokine signal transduction via the JAK–STAT pathway. TYK2 inhibitors selectively block the activity of this kinase, thereby disrupting downstream signaling and inhibiting the production of pro-inflammatory cytokines, particularly interleukin IL-12, IL-23, and type I interferons—all of which are central to the pathogenesis of psoriasis. Deucravacitinib, a selective TYK2 inhibitor, is the first oral agent of its kind approved for treating moderate-to-severe plaque psoriasis.

Materials & Methods:

A systematic review was conducted to evaluate the efficacy and safety of tyrosine kinase 2 (TYK2) inhibitors in the treatment of psoriasis, following PRISMA guidelines. A comprehensive PubMed search was performed using MeSH terms such as 'Psoriasis,' 'TYK2 Kinase,' 'Deucravacitinib,' and related keywords. Studies were included if they were randomized controlled trials or clinical trials involving human subjects diagnosed with psoriasis and provided data on efficacy and safety outcomes. Exclusion criteria encompassed preclinical studies, review articles, and studies not centered on TYK2 inhibitors. After screening, 27 studies meeting the predefined eligibility criteria were included in the final analysis.

Results:

Deucravacitinib, in the treatment of plaque psoriasis, has demonstrated high efficacy and a favorable safety profile compared to traditional JAK inhibitors, outperforming placebo and other available therapies such as apremilast and adalimumab. A group of patients with pustular and erythrodermic psoriasis also participated in clinical trials; however, the small sample size limited the ability to draw strong conclusions regarding the effectiveness of TYK2 inhibitors in these types of psoriasis. Clinical studies have shown that deucravacitinib significantly reduces disease severity and achieves higher response rates compared to conventional treatments. It was generally well-tolerated, with a low rate of adverse events similar to those observed with placebo and other approved drugs. Serious adverse events and treatment discontinuations were infrequent. Deucravacitinib is particularly effective in patients with moderate to severe psoriasis, providing significant improvements in key outcomes such as PASI75, PASI90, PASI100, and PGA 0 or 1 after 16 to 52 weeks. Evidence from large trials further supports the superior efficacy of deucravacitinib compared to placebo and apremilast in improving psoriasis outcomes.

Conclusion:

Deucravacitinib, a selective TYK2 inhibitor, has demonstrated promising efficacy and a favorable safety profile in treating moderate to severe plaque psoriasis. While it shows potential effectiveness for pustular and erythrodermic

psoriasis, further research involving a larger patient population is needed. As the first FDA-approved TYK2 inhibitor, it introduces a novel therapeutic option for patients eligible for systemic therapy.

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Abstract N°: 4082

Bimekizumab efficacy and safety in Chinese patients with moderate to severe plaque psoriasis in the BE SHINING phase 3, multicentre, randomised, double-blinded, placebo-controlled study

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Introduction & Objectives:

The prevalence of psoriasis is increasing in China due to the large and increasingly ageing population.1 Due to the heterogeneity of symptoms/pathophysiology observed among different populations, it is important to understand the efficacy and safety of biologics in Chinese patients.2 Here, the efficacy and safety of bimekizumab (BKZ) was evaluated in Chinese patients with moderate to severe plaque psoriasis.

Materials & Methods:

In the BE SHINING trial (NCT06011733), Chinese patients with moderate to severe plaque psoriasis (Investigator's Global Assessment (IGA) of ≥3) were randomised in a 3:1 ratio to BKZ 320 mg every 4 weeks (Q4W) for 16 weeks followed by every 8 weeks (Q8W) through Weeks 16–32, or to placebo (PBO) Q4W for 16 weeks followed by BKZ 320 mg Q4W through Weeks 16–32.

The co-primary efficacy endpoints were achievement of ≥90% improvement from baseline in the Psoriasis Area and Severity Index (PASI 90) and IGA of 0/1 (clear/almost clear) at Week 16. Key secondary efficacy endpoints included achievement of PASI 75 at Week 4 and PASI 100 at Week 16; tertiary endpoints assessed efficacy responses over 32 weeks. Missing efficacy data were imputed as non-response (NRI), and p values were based on the Cochran-Mantel-Haenszel test.

BKZ safety outcomes were also assessed through Week 16 vs PBO, and throughout Weeks 0–32 in all patients who received ≥1 BKZ dose.

Results:

Overall, 133 patients were randomised to BKZ Q4W/Q8W (N=100) or PBO/BKZ Q4W (N=33). At Week 16, patients treated with BKZ had statistically superior clinical response rates compared with patients treated with PBO (PASI 90: 94.0% vs 3.0%; IGA 0/1: 92.0% vs 3.0%; $p<0.001$ for both comparisons). In BKZ-treated patients, this level of response was sustained up to Week 32 with 90.0% and 89.0% having PASI 90 and IGA 0/1, respectively (**Figure**). Patients who switched from PBO to BKZ at Week 16 achieved similar response levels after 16 weeks of BKZ treatment (Week 32; **Figure**). BKZ-treated patients demonstrated significantly higher PASI 75 response rates at Week 4, after one dose, vs PBO (74.0% vs 3.0%, $p<0.001$) and significantly higher rates of complete skin

clearance (PASI 100) at Week 16 vs PBO (65.0% vs 0.0%, p<0.001).

Through to Week 16, rates of treatment-emergent adverse events (TEAEs), serious TEAEs and TEAEs leading to discontinuation were 62.0%, 1.0% and 1.0% in BKZ-treated patients, respectively, vs 51.5%, 9.1% and 3.0% with PBO; through to Week 32 these were 73.8%, 6.2% and 5.4% in patients receiving ≥1 BKZ dose (**Table**). There were no deaths through Weeks 0–32 and only one *Candida* infection (0.8%) was reported.

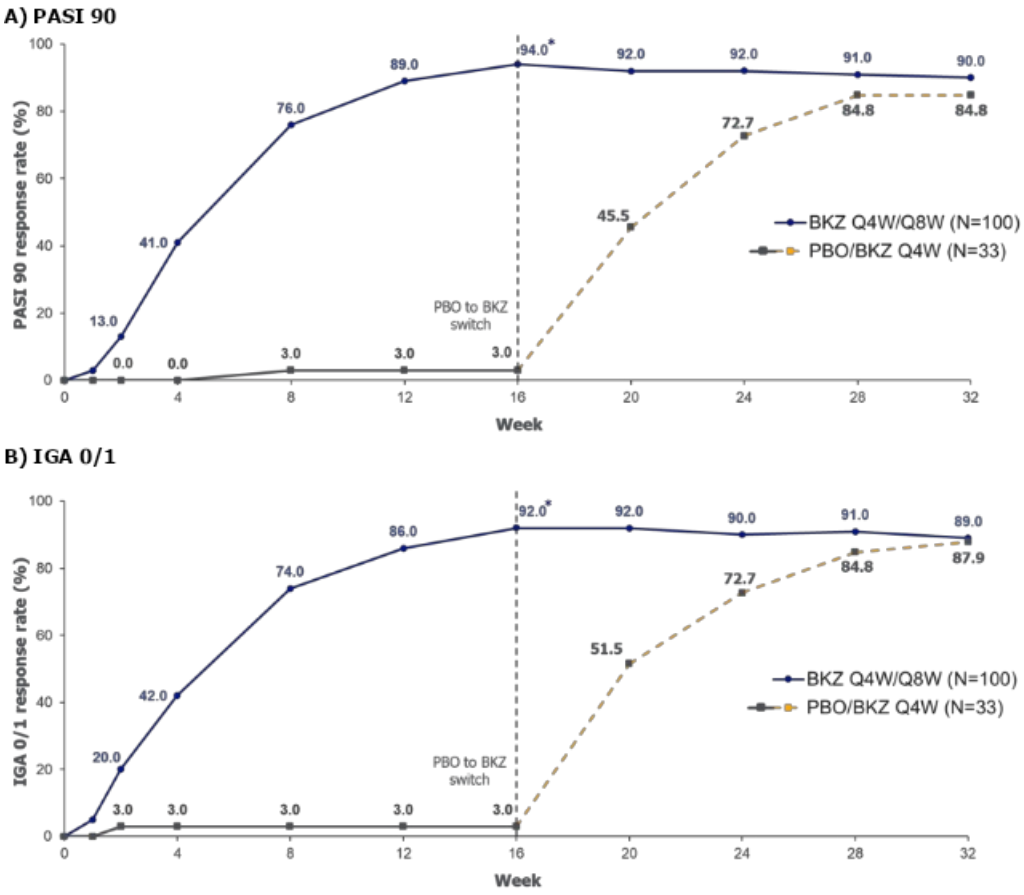
Conclusion:

Treatment with bimekizumab led to significantly improved clinical responses vs PBO in Chinese patients with moderate to severe plaque psoriasis, consistent with responses in global populations.3–6 Improvements were rapid and durable to Week 32. No new safety signals were identified and, apart from lower rates of candidiasis, observations were consistent with previous global studies.3–6 These results suggest that bimekizumab is an effective and well-tolerated treatment option for Chinese patients with moderate to severe psoriasis.

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Figure. Efficacy responses in patients randomised to BKZ and PBO through Week 32 (NRI)



Randomised set (all study participants randomised to treatment). *p<0.001. p values were used for comparisons based on the Cochran-Mantel-Haenszel test. Patients receiving PBO switched to BKZ Q4W from Week 16. BKZ: bimekizumab; IGA 0/1: Investigator's Global Assessment response of clear (0) or almost clear (1) with ≥2 category improvement relative to baseline; NRI: non-responder imputation; PASI 90: ≥90% improvement from baseline in Psoriasis Area and Severity Index; PBO: placebo; Q4W: every 4 weeks; Q8W: every 8 weeks.

Table. Incidence of TEAEs – initial treatment period (Weeks 0–16) and initial and maintenance periods (Weeks 0–32)

	Weeks 0–16		Weeks 0–32
	BKZ 320 mg Q4W N=100 n[a] (%)	PBO N=33 n[a] (%)	≥1 BKZ dose N=130 n[a] (%)
Any TEAE	62 (62.0)	17 (51.5)	96 (73.8)
Serious TEAEs	1 (1.0)	3 (9.1)	8 (6.2)
TEAEs leading to discontinuation	1 (1.0)	1 (3.0)	7 (5.4)
TEAEs leading to death	0	0	0
Most common TEAEs[b]			
Upper respiratory tract infection	21 (21.0)	2 (6.1)	25 (19.2)
Hyperlipidaemia	5 (5.0)	2 (6.1)	6 (4.6)
Increased aspartate aminotransferase	3 (3.0)	2 (6.1)	4 (3.1)
Injection site pain	5 (5.0)	1 (3.0)	9 (6.9)
Abnormal hepatic function	3 (3.0)	0	10 (7.7)
Eczema	3 (3.0)	0	8 (6.2)
Urticaria	3 (3.0)	0	7 (5.4)

Safety set (Weeks 0–16: patients who received ≥1 dose of treatment; Weeks 0–32: patients who received ≥1 dose of BKZ, but may have received PBO to Week 16). TEAEs were coded using MedDRA v19.0. [a] Number of patients reporting ≥1 TEAE; [b] Preferred terms of TEAEs with incidence rate of >5% in any group through Weeks 0–16 or 0–32. BKZ: bimekizumab; PBO: placebo; Q4W: every 4 weeks; TEAE: treatment-emergent adverse event.



Abstract N°: 4094

Oral probiotic therapy as a novel therapeutic approach in psoriasis – a systematicreview

Aleksandra Frątczak[1], Dawid Wolak[2], Paulina Rutecka[2], Zuzanna Pawlus[2], Wiktor Kruczek[2], Karina Polak[1], Beata Bergler-Czop[1]

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Introduction: Psoriasis, a chronic autoimmune skin disorder affecting approximately 2–3% of the global population, is characterized by erythematous plaques resulting from hyperproliferative keratinocytes and immune dysregulation. Recent evidence increasingly supports the gut-skin axis theory, which underscores the interplay between intestinal microbiota and systemic inflammation. Microbial dysbiosis has emerged as a contributing factor in psoriasis pathogenesis, positioning microbial modulation as a potential therapeutic approach. Probiotics, as live beneficial microorganisms, offer a promising strategy for restoring microbial homeostasis, regulating immune responses, and reducing inflammation. This review synthesizes contemporary findings on probiotic interventions in psoriasis and explores the evolving therapeutic potential of microbiome-based therapies.

Materials & Methods: A comprehensive search was conducted in the PubMed and EMBASE databases to examine probiotic therapy in psoriasis. The search spanned from the inception of these databases until March 2025, employing EMTREE and MeSH strategies as per PRISMA guidelines. Key terms included "psoriasis," "probiotics," "prebiotics," and "microbiome." The information retrieved was utilized to compile the present review. Approximately 30 studies met the inclusion criteria and were analyzed.

Results: Reduced gut microbiota diversity has been observed in psoriatic patients. The reviewed literature highlights the therapeutic potential of probiotic therapy in modulating inflammatory responses associated with psoriasis. Clinical studies demonstrated significant improvements in Psoriasis Area and Severity Index (PASI) scores and a reduced risk of relapse in patients receiving supplementation with Lactobacillus and Bifidobacterium strains. Furthermore, a notable reduction in inflammatory markers, including TNF-α and CRP, was achieved.

Conclusion: Probiotic therapy represents a novel and non-invasive therapeutic approach for psoriasis management, grounded in the mechanistic framework of gut-skin immune crosstalk. Current evidence supports its efficacy in reducing inflammation and restoring microbial balance. However, further investigations are essential to standardize probiotic strains, dosages, and treatment durations. The integration of microbiome-based diagnostics may enable individualized probiotic therapies, ushering in a future of precision medicine in dermatology. Given its favorable safety profile and mounting scientific evidence, probiotic therapy holds significant promise for transforming psoriasis treatment protocols.



Abstract N°: 4098

Tanshinone IIA suppresses oxidative stress responses through activation of Nrf2/HO-1 signaling in psoriasis

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Introduction & Objectives:

Psoriasis, a prevalent and recalcitrant skin disorder, significantly impacts the physical and mental wellbeing of patients. The interplay between inflammation and oxidative stress constitutes a pivotal aspect in the pathogenesis of psoriasis, underscoring the potential therapeutic value of antioxidants. The present study was designed to delve into the therapeutic efficacy of Tanshinone IIA in modulating inflammation and oxidative stress responses in the context of psoriasis.

Materials & Methods:

To investigate the anti-inflammatory effects of Tanshinone IIA (Tan IIA) and its therapeutic mechanisms in psoriasis, this study employed integrated in vitro and in vivo approaches. HaCaT keratinocytes were maintained in DMEM supplemented with 10% fetal bovine serum (FBS) and 1% penicillin-streptomycin. Cells were pretreated with 5 μM Tan IIA for 1 hour prior to stimulation with 10 ng/mL TNF-α. For animal studies, a psoriasis-like dermatitis model was established in male BALB/c mice through topical application of 5% imiquimod (IMQ) cream. Experimental groups included: vehicle control, IMQ model, IMQ+Tan IIA topical treatment, and IMQ+Tan IIA oral administration groups, with interventions administered daily for 7 days.

Analytical methods comprised: 1) ELISA quantification of serum cytokines (TNF-α, IL-17) and oxidative stress marker NQO1; 2) mRNA expression analysis of NRF2, HO-1, and SOD2 via real-time quantitative PCR (RT-qPCR), complemented by Western blot and immunohistochemical (IHC) examination of corresponding protein expressions; 3) Histopathological evaluation through hematoxylin & eosin (H&E) staining for epidermal thickness measurement and inflammatory cell infiltration scoring. In vitro assessments included EdU staining for proliferation rates, CCK-8 assay for viability, Annexin V/PI dual-staining flow cytometry for apoptosis quantification, and immunofluorescence localization of Nrf2 nuclear translocation.

Results:

Our findings revealed that Tanshinone IIA, at a concentration of 5uM, effectively inhibited the proliferation and mitigated the accumulation of reactive oxygen species (ROS) in HaCaT cells upon stimulation with TNF-α. Notably, Tanshinone IIA facilitated the nuclear accumulation of Nrf2, subsequently inducing the transcriptional activation of an array of antioxidant proteins. This, in turn, led to a reduction in the expression of vascular endothelial growth factor (VEGF).

Conclusion:

Collectively, our results indicate that Tanshinone IIA promotes Nrf2 nuclear translocation, which contributes to the attenuation of inflammation and oxidative stress. Furthermore, it exerts an inhibitory effect on the proliferation of HaCaT cells. These findings suggest a promising therapeutic role for Tanshinone IIA in the management of

psoriasis.



Abstract N°: 4148

Achieving Clear or Almost-Clear Skin Clearance in Moderate-to-Severe Psoriasis is Associated with Clinically Meaningful Itch Reduction and Lower Healthcare Costs

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Introduction & Objectives:

The goal of treatment in plaque psoriasis (PsO) includes achieving skin clearance or near-complete clearance of lesions and minimizing the impact of disease on health-related quality of life (HRQoL). Uncontrolled itch is one of the most burdensome symptoms of psoriasis with impact on HRQoL. This study characterized patients based on skin clearance achievement and assessed the impact of skin clearance on itch control, healthcare resource utilization (HCRU), and costs.

Materials & Methods:

Linked electronic health record and claims data from specialty dermatology networks in the OMNY Health platform from 2017 to 2024 were analyzed. Patients aged ≥ 18 years with a PsO diagnosis code were selected if they had a physician global assessment (PGA) of non-clear skin and a follow up PGA measurement within six months of the initial non-clear assessment (designated as the lead-in period). Clear skin was defined as a PGA of clear or almost clear (0 or 1). Patients were grouped based on skin clearance achievement during the lead-in period and indexed at the end of the lead-in period. Patients were characterized at the index date (demographics) and during the lead-in period (disease activity). Itch was measured using the itch numeric rating scale (NRS). HCRU was assessed during the 6-month lead-in period and 12 months following the index date.

Results:

24,433 met eligibility criteria and were included with 29% achieving skin clearance and 71% not achieving it). Distributions of gender (55% female), race (16% nonwhite), and age (mean: 53.9 years) were similar by skin clearance groups. Mean total gross charges for the 6-month lead-in period were $35,606 vs. $39,178 (did/did not achieve skin clearance; absolute difference = $3,572). The itch NRS scores at the initial non-clear assessment were similar for patients who did versus did not achieve skin clearance (median of 5 vs 6); however, patients who did not achieve skin clearance experienced greater itch burden during the lead-in period (median NRS: 4 vs 0 and 5 vs 1 at best and worst measurement, respectively). Median body surface area (BSA) was 10% for both groups at the initial non-clear assessment; however, it decreased to 1% (best measurement) for patients who achieved skin clearance during the lead-in period while remained at 10% for patients who did not. In the 12-month post-index period, mean number of hospitalizations (2.3), emergency visits (1.9-2), and outpatient visits (4.0) were comparable between groups, and mean total gross charges were lower for patients who achieved skin clearance vs. those who did not ($37,041 vs. $39,915; absolute difference = $2,874).

Conclusion:

Over 70% of patients did not achieve skin clearance, incurring a mean spend of $39,179 in the lead-in period. Skin clearance achievement was associated with clinically meaningful reduction in itch** burden. Patients who did not achieve skin clearance had greater healthcare costs without experiencing the benefit of reduced itch.



Abstract N°: 4229

Subclinical Cardiac Organ Damage in Patients with Moderate to Severe Psoriasis

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Introduction & Objectives:

We examined the extent of subclinical cardiac organ damage (OD) in 53 psoriasis patients on successful infliximab treatment and 99 matched controls without psoriasis.

Materials & Methods:

Cardiac OD was assessed by echocardiography as the presence of increased left ventricular (LV) relative wall thickness (RWT), LV hypertrophy or dilated left atrium. Psoriasis severity was graded using the psoriasis area and severity index (PASI). When the psoriasis patients started treatment with Infliximab, the Mean PASI was 16.8 and when the study was carried out the Mean PASI was 0.8. Mean drug survival at the time of the study was 4.9 years.

Results:

The prevalence of hypertension was 66% in psoriasis vs. 61% in controls (p = 0.54) and cardiac OD seen in 51 and 73%, respectively (p = 0.007). Psoriasis was associated with a lower prevalence of cardiac OD (odds ratio (OR) 0.32, 95% confidence interval (CI) 0.13–0.77, p = 0.01) independent of age, sex, smoking, body mass index, and hypertension. Among psoriasis patients, hypertension was associated with increased risk of subclinical cardiac OD (OR 6.88, 95% CI 1.32–35.98, p = 0.02) independent of age, sex, and body mass index. PASI at treatment initiation was associated with a higher RWT at follow-up, independent of sex, age, and hypertension (β 0.36, p = 0.006) while no association with current PASI was found

Conclusion:

Cardiac OD was significantly less prevalent in psoriasis patients on infliximab treatment than controls which may be attributable to low levels of inflammation in the psoriasis patients



Abstract N°: 4268

Assessment of the safety and efficacy of ixekizumab in patients with psoriasis: a single-centre retrospective study

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Introduction & Objectives:

Psoriasis is a systemic inflammatory disease associated with cardiovascular risk and complications such as non-alcoholic fatty liver disease and chronic kidney disease (CKD). Although ixekizumab has proven efficacy, real-world data on its metabolic, hepatic and renal impact remain limited and inconsistent. Additionally, factors influencing its effectiveness and treatment persistence are not fully understood.

Materials & Methods:

We conducted a retrospective, single-center study including patients who initiated ixekizumab between 2019 and 2024 at our institution. Eligible patients were over 6 years old with dermatologist-confirmed psoriasis requiring systemic therapy. Demographic, clinical and personal history data were collected, including lipid and glycemic profiles, liver and kidney function and adverse drug reactions before and during treatment.

Results:

Sixty-five patients were included (mean age 52.17 ± 12.23 years; 51% female), with a follow-up of 28.8 ± 18.63 months. The most frequent clinical phenotype was plaque psoriasis (71%), followed by palmoplantar pustulosis (12%). Special site involvement occurred in 44%, predominantly the scalp (73%). Comorbidities were common: obesity (68%), dyslipidemia (62%), hypertension (52%), diabetes (29%), and psoriatic arthritis (34%). PASI scores significantly decreased from 8.84 ± 10.41 to 2.20 ± 3.82 ($p<0.001$). About 26% of patients were biologic-naive. No significant changes were observed in metabolic, hepatic or renal parameters, including FIB4 ($p=0.109$). There were 22 treatment failures (34%), significantly linked to psoriatic arthritis ($p=0.012$). Twenty-three adverse events (35%) were recorded, mostly eczema and injection site reactions. Phenotype, special site involvement and previous biologic use were not significantly associated with failure or adverse events. However, prior biologic therapy showed a non-significant trend toward increased failure risk (HR 1.57; 95% CI: 0.74–3.10), consistent in multivariate Cox regression adjusted for psoriatic arthritis and adverse reactions.

Discussion:

Ixekizumab, an anti–IL-17A monoclonal antibody, is highly effective in skin psoriasis but less so in joint involvement, which may explain the predictive value of psoriatic arthritis for failure. Although literature supports superior outcomes in biologic-naive patients, our results showed similar failure rates regardless of prior use. Lipid and glycemic profiles remained stable. Although IL-17 blockade may improve liver fibrosis markers, no significant FIB4 changes were found, likely due to preexisting advanced liver disease. In CKD patients, eGFR declined by 22% ($p=0.043$) despite PASI improvement and stable creatinine, BUN and urea. Proteinuria significantly decreased in five patients (383.98 vs. 67.41 mg/g; $p=0.049$), possibly due to reduced hyperfiltration. All were under ACEI/ARB treatment with good glycemic control prior to biologic initiation. Two cases of paradoxical hidradenitis suppurativa prompted treatment discontinuation.

Conclusion:

Ixekizumab is safe and effective for the treatment of psoriasis, although the presence of psoriatic arthritis may predict treatment failure. The treatment appears metabolically and hepatically neutral.** Notably, this study is the first to suggest that ixekizumab may reduce proteinuria in CKD patients, a finding that warrants further investigation.



Abstract N°: 4277

Efficacy and safety of switching biological agents to Vunakizumab in patients with plaque psoriasis: a multicenter prospective observational study

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[2]The first people's hospital of guangyuan, Guangyuan, China
[3]Affiliated Hospital of North Sichuan Medica College, Nanchong, China

Introduction & Objectives:

Biologic therapies have transformed psoriasis management, yet treatment resistance remains a challenge. Vunakizumab, a novel IL-17A inhibitor, showed efficacy in phase III trials. This study evaluates its real-world performance in patients with plaque psoriasis who have previously been treated with biologics or targeted small-molecule drugs.

Materials & Methods:

A prospective observational study was conducted from three hospitals (October 2024–April 2025). Eligible patients (n=15) had used ≥1 biologic/targeted therapy. Subcutaneous Vunakizumab (240 mg at weeks 0.2.4 and q4w thereafter) was administered for ≥8 weeks. Assessments included Psoriasis Area and Severity Index (PASI), Investigator Global Assessment (IGA), Body Surface Area (BSA) and Dermatology Life Quality Index (DLQI) at baseline and week 8. Safety was monitored for adverse events (AEs).

Results:

Table 1. Baseline Characteristics and Clinical Outcomes

PARAMETER	BASELINE	WEEK 8	CHANGE
MEDIAN PASI (RANGE)	9.4 (3.3–25.2)	1.6 (0.6–3.2)	**-83%**
IGA ≥3, N (%)	13 (86.7%)	0 (0%)	—
IGA 0/1, N (%)	0 (0%)	15 (100%)	—
MEDIAN BSA % (RANGE)	20 (5-62)	10 (2-17)	**-50%**
MEDIAN DLQI (RANGE)	15 (9–25)	5 (0–9)	**-66.7%**
DEMOGRAPHICS			
MEAN AGE (YEARS)	35.5 ± 8.2	—	—
MALE, N (%)	13 (86.7%)	—	—
PRIOR THERAPIES			
IL-17A INHIBITORS, N (%)	10 (66.7%)	—	—
TNF-A INHIBITORS, N (%)	3 (20%)	—	—
OTHER BIOLOGICS*, N (%)	2 (13.3%)	—	—

*Including guselkumab.

At week 8, all patients achieved complete/near-complete clearance (IGA 0/1), with a median PASI reduction of 83% and DLQI improvement of 66.7%. Subgroup analyses showed consistent efficacy across prior therapy classes. No severe AEs (e.g., infections, hypersensitivity) were reported; mild injection-site erythema resolved spontaneously in 2 patients.

Conclusion:

Vunakizumab demonstrated rapid and profound efficacy in patients resistant to multiple biologics, achieving 100% IGA 0/1 response with no significant safety concerns. Its high binding affinity for IL-17A may explain its salvage potential. Larger, long-term studies are needed to validate these findings.



Abstract N°: 4296

Association of proinflammatory proteomic biomarker patterns with nail involvement and hemodynamic parameters in patients with psoriasis: A cross-sectional study

Carmen García Moronta[1], Manuel Sánchez-Díaz[1], Francisco Javier León Pérez[1], Antonio Martinez Lopez[1], Salvador Arias-Santiago[1, 2]

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[2]Instituto de Investigación Biosanitaria, Granada, Spain

Introduction & Objectives: Psoriasis is a chronic inflammatory disease that has been associated with increased cardiovascular risk and ungueal involvement. Currently there is scarce data on the association of concrete biomarkers with ungueal psoriasis and hemodynamic parameters related to cardiovascular risk, such as arterial stiffness. The aim of this study was to assess the specific inflammatory proteomic pattern associated with arterial stiffness and ungueal psoriasis in patients with psoriasis.

Materials & Methods: A cross-sectional study was conducted including patients with psoriasis who were candidates for biologic therapy. Prior to treatment initiation, data on hemodynamic parameters — specifically pulse-wave velocity (PWV) —clinical and sociodemographic characteristics, and a panel of proinflammatory biomarkers were collected. The association between these biomarkers and both arterial stiffness and nail psoriasis was explored. Multivariate analyses adjusted for disease severity and the presence of psoriatic arthritis were performed.

Results: A total of 34 patients were included. The mean age was 48 years, and 61% were male. The average Psoriasis Area and Severity Index (PASI) was 9.76 and 23.5% of the patients presented with psoriatic arthritis. Arterial stiffness, measured by PWV, was significantly associated with traditional cardiovascular risk factors such as age, male sex, blood pressure, and dyslipidaemia ($p<0.05$). Furthermore, PWV showed a significant correlation with the proinflammatory markers GDNF, CDCP1, CXCL11, and 4E-BP1, independently of psoriasis severity and arthritis. Patients with nail psoriasis exhibited significantly higher levels of TNF, IL-17C, and CCL20 ($p<0.05$), and these associations remained statistically significant after multivariate adjustment.

Conclusion: Proteomic analysis of inflammatory biomarkers in patients with psoriasis revealed that certain cytokines, including TNF, IL-17C, and CCL20, may be associated with increased arterial stiffness and nail involvement. These findings support the potential role of specific inflammatory pathways in linking skin disease with systemic vascular dysfunction.



Abstract N°: 4334

Psoriasis Superimposed on an Epidermal Hamartoma: A Rare Association

roumili raouia[1], mira chikhaoui[1], Houria Sahel[1]

[1]Bab El Oued University Hospital, bab el ouad, Algeria

Introduction & Objectives:

Epidermal nevi are cutaneous hamartomas with an often linear and unilateral distribution following Blaschko's lines. Present from birth or appearing early in childhood, they are characterized by epidermal hyperplasia with multiple clinical and histological forms. This case illustrates the potential complexity of diagnosis in the presence of a linear psoriasiform eruption arising on an epidermal hamartoma, and it establishes a distinct clinical entity: psoriasis

superimposed on an epidermal nevus.

Materials & Methods:

An 8-year-old child had a verrucous nevus on the right side of the body since the age of 3 months. Erythematous-squamous lesions appeared on this hamartoma six years later. Physical examination revealed an epidermal hamartoma on the right side of the body, sparing the face, producing pigmented plaques with a rough surface and a dirty keratotic appearance, arranged in bands following Blaschko's lines. Well-defined, rounded erythematous-squamous lesions were observed on the hamartoma, located on the neck, shoulder, axillary hollows, and umbilicus. Examination of the skin folds revealed intertrigo between the glutes. Parasitological and mycological examinations were negative. Skin biopsy of an erythematous-squamous lesion suggested psoriasis. The diagnosis of psoriasis superimposed on a pre-existing epidermal nevus was confirmed. The patient was treated with topical corticosteroids, resulting in clear improvement of her psoriasis

Results:

We report the case of a patient with a verrucous epidermal hamartoma with Blaschko-linear arrangement, on which psoriasis lesions developed.

This association is rare. The few cases reported in the literature presented typical psoriasis lesions, but these were not exclusively located on the hamartoma. Our case presented a single psoriasis lesion outside the hamartoma, located at the level of the intergluteal fold.

The main challenge was distinguishing between the two entities: psoriasis developing on a pre-existing hamartoma or a hamartoma mimicking psoriasis.

The diagnosis of psoriasis was made based on the chronology of lesion appearance, the clinical picture, and histology, with the elimination of differential diagnoses such as leishmaniasis and mycotic infections.

The pathophysiological explanation for this association remains poorly understood. Several factors are implicated, mainly genetic factors, epigenetics, and the Koebner phenomenon.

Conclusion:

Epidermal hamartomas can be the site of a heterogeneous group o inflammatory dermatoses with a Blaschko-linear disposition, such as psoriasis.



Abstract N°: 4339

Psoriasis Superimposed on an Epidermal Hamartoma: A Rare Association

roumili raouia[1], chikhaoui mira[1], Houria Sahel[1]

[1]Bab El Oued University Hospital, bab el ouad, Algeria

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Conclusion:

Epidermal hamartomas can be the site of a heterogeneous group o inflammatory dermatoses with a Blaschko-

linear disposition, such as psoriasis.



Abstract N°: 4447

Residual disease in adult psoriasis-treated patients: frequency, clinical aspects, and management. A survey among dermatologists

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[5]European Market Maintenance Assessment, Patients Priority, Fontenay sous bois, France

Introduction & Objectives:

In moderate-to-severe psoriasis, residual disease (RD) refers to persistent lesions despite well-managed systemic treatment, not necessarily warranting treatment intensification. While guidelines and clinical trials tolerate incomplete efficacy, little is known about RD's frequency, risk factors, and management. This study aimed to evaluate dermatologists' knowledge, patient profiles, and therapeutic approaches to RD in psoriasis patients under systemic treatment.

Materials & Methods:

A web-based survey was conducted from December 2024 to January 2025 among 2,400 French dermatologists from the EMMA Clinic database, with 505 (21%) responding. The questionnaire, created via Evalandgo Software, assessed demographics, RD definition, frequency, patient/lesion profiles, management strategies, patient impact, and training needs. RD was defined as "lesions persisting despite adapted treatment, not requiring systemic escalation." Results were analyzed descriptively, with quantitative data as means (min-max) and qualitative data as n (%).

Results:

Of respondents, 30.7% found the distinction between treatment ineffectiveness and RD unclear, and 88.6% reported observing RD in treated patients. RD was linked to resistant locations (87.3%), incomplete efficacy (67.7%), long-standing psoriasis (47.6%), and severe disease history (41.2%). Patients were typically middle-aged (30-70 years, >56%), male (97.0%), with lesions on scalp (50.6%), elbows (48.3%), nails (43.0%), tibia (40.0%), and knees (35.9%). Management was anticipated by 48.2% of dermatologists (topical steroid-vitamin D analogs, 78.7%), but 22.5% never intervened. RD impacted quality of life significantly in 36.6% of cases, with 61.7% noting patient complaints.

Conclusion:

This survey highlights RD as a common challenge in psoriasis management, with unclear boundaries complicating its recognition. The identified patient profile (middle-aged males with resistant sites) suggests specific risk factors, yet one-quarter of dermatologists do not proactively treat RD, despite its impact on patients. The preference for topical therapies aligns with limited systemic escalation, reflecting guideline tolerance of residual lesions. However, 76% of dermatologists lack sufficient resources, and 73.8% seek further training, underscoring the need for clearer definitions and management strategies to optimize care.



Abstract N°: 4488

Assessment of Nutritional Risk in Pediatric Psoriasis: Insights from a tertiary care centre

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Introduction & Objectives:

Psoriasis is a multifactorial, polygenic, immune-mediated chronic skin disorder frequently associated with metabolic comorbidities. Early identification of such conditions, including overweight and obesity, in pediatric psoriasis patients may help reduce their impact on disease progression and overall health. This study aims to evaluate the nutritional status of pediatric patients diagnosed with various clinical types of psoriasis at the time of their initial dermatological consultation.

Materials & Methods:

A retrospective, analytical study was conducted on 52 pediatric patients with different clinical types and severities of psoriasis, alongside 52 age- and sex-matched controls with non-inflammatory skin conditions (e.g., scabies, warts, dermatophyte infections, impetigo). The study period was from Jan 2023 to December 2024.

Results:

No significant difference in gender distribution was observed (F:M = 25:27). The mean age of the patients was 9.5 years, ranging from 1 to 17 years. An elevated BMI, corresponding to overweight or obesity, was identified in 10 psoriasis patients (19.2%) compared to 3 patients (5.8%) in the control group. The average BMI percentile among those with elevated values was 96 in the psoriasis group and 91 in the control group.

Among the 10 psoriasis patients with elevated BMI, 3 also had associated comorbidities:

- Two were diagnosed with arterial hypertension
- One had type 2 diabetes mellitus

In the control group, the three patients with elevated BMI had unrelated non-inflammatory skin conditions:

- One patient with seborrheic dermatitis
- One with keratosis pilaris
- One with alopecia areata Of these, one obese patient was also diagnosed with early-stage insulin resistance, while the others had no identified metabolic conditions.

All patients with increased BMI in both groups were referred to a pediatric nutrition specialist for further assessment and management.

Conclusion:

An elevated BMI is a recognized cardiovascular risk factor and a component of metabolic syndrome. While the association between psoriasis and metabolic syndrome is well documented in adults, emerging evidence points to similar trends in pediatric populations. In this study, the proportion of children with psoriasis and elevated BMI was over five times higher than in controls. Moreover, nearly 10% of the overweight or obese psoriasis patients

had an additional metabolic condition such as hypertension or diabetes. These findings emphasize the importance of early screening for metabolic comorbidities in pediatric psoriasis patients to support timely interventions and improve both dermatological and general health outcomes.



Abstract N°: 4496

Assessing Hepatotoxicity Monitoring in Methotrexate Treatment for Skin Disease: Adherence to British Association of Dermatologists Guidelines at the Birmingham Skin Centre in the United Kingdom

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Introduction & Objectives:

Methotrexate is a commonly used immunosuppressant in dermatology. While licensed in the UK solely for the treatment of psoriasis, its off-label use extends to various inflammatory and autoimmune dermatoses. Hepatotoxicity is a known side effect, and the British Association of Dermatologists (BAD) 2016 guidelines recommend monitoring liver function tests (LFTs) and P3NP levels at least every 3 months, with referral for specialist advice if abnormalities are detected. Our objective was to audit the current practice of hepatotoxicity monitoring in patients receiving methotrexate for dermatological conditions at the Birmingham Skin Centre, UK, in comparison to BAD guidelines, and to provide recommendations for improvement.

Materials & Methods:

Retrospective data were collected from all referrals to the gastroenterology department for suspected hepatotoxicity in patients on methotrexate between August 2012 and May 2023. Data on P3NP levels, Fibroscan results, liver disease risk factors, and outcomes were analysed.

Results:

A total of 90 referrals were made (n=90), with 82% (74/90) of patients using methotrexate for psoriasis and 6% (5/90) for atopic dermatitis. Of the 90 patients, 64% (59/90) had elevated P3NP levels. Among those with elevated P3NP, 72% (42/58) had normal Fibroscan results (<8 kPa), 10% (6/58) had intermediate results (8-16 kPa), and 17% (10/58) had Fibroscan results indicating liver fibrosis (>16 kPa). Methotrexate was discontinued in 24% (22/90) of cases, with 81% (18/22) of these discontinuations attributed to liver disease risk factors unrelated to methotrexate use.

Conclusion:

Dermatology is unique in monitoring methotrexate treatment with serum P3NP levels. Our findings reveal that most patients with elevated P3NP levels had normal Fibroscan results. In this cohort, metabolic syndrome and other liver disease risk factors played a more significant role than P3NP levels in determining fibrosis risk and methotrexate discontinuation. While the relationship between methotrexate and liver fibrosis in psoriasis remains debated, P3NP, a non-specific fibrosis marker with low specificity, continues to be widely used in dermatology. The British Society of Gastroenterology (BSG) recommends fibrosis marker testing (NAFLD fibrosis score or Fib-4 index) every two years due to its high negative predictive value. The American Academy of Dermatology (AAD) advises annual Fib-4 measurement in patients on methotrexate, in contrast to the BAD's recommendation for quarterly P3NP monitoring. It is suggested that the Fib-4 index may be a superior and more cost-effective alternative to P3NP monitoring for excluding advanced liver fibrosis in at-risk psoriasis patients.



Abstract N°: 4670

Psoriasis is Associated with an Increased Risk of Age-Related Macular Degeneration: Results from a Retrospective Observational Cohort Study

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Introduction & Objectives:

Psoriasis is a systemic inflammatory disease associated with hypertension, diabetes, and cardiovascular disease. Recent reports suggest that individuals with diabetes and psoriasis have an increased risk of developing exudative age-related macular degeneration (AMD) compared to those with diabetes alone, and exudative AMD is associated with higher odds of a prior psoriasis diagnosis. However, it remains unclear whether psoriasis increases the risk of non-exudative AMD. This study evaluated the overall risk of all-cause AMD in patients with psoriasis and examined whether biologic treatment influences that risk.

Materials & Methods:

We conducted a 15-year retrospective cohort study within TriNetX (US collaborative network). Patients >55 years old with psoriasis were compared to three propensity-matched control cohorts: melanocytic nevus (MN), major depressive disorder (MDD), and ophthalmologic exam (OE). Individuals with prior MD diagnoses were excluded. The ten-year incidence and risk ratio (RR) of exudative, non-exudative, and unspecified MD were analyzed, identified by ICD-10 codes. Patients were only included if they had an eye exam within 10 years of diagnosis. In a separate analysis, psoriasis patients treated with biologics were compared to those treated with topical corticosteroids who were biologic-naïve. Primary outcome was the incidence and RR of unspecified MD at 10 years.

Results: ** We found that psoriasis (n= 22,901 patients) was associated with a significantly increased risk of developing unspecified AMD relative to the MDD (n= 14,055) and MN (n= 13,279) control cohorts at 10 years (RR: 1.561, 95% CI: 1.344–1.812, p<0.0001) (RR: 1.209, 95% CI: 1.047–1.397, p=0.0097). Similarly, psoriasis was associated with an increased 10-year risk of exudative AMD relative to the MDD cohort (RR: 1.404, 95% CI: 1.129–1.746, p=0.0022) and non-exudative AMD relative to the MDD cohort (RR: 1.13, 95% CI: 1.011–1.262, p=0.0307). Among patients treated with biologics, there was a lower 10-year risk of unspecified MD compared to those using TCS alone (RR of 0.729, 95% CI: 0.606–0.877, p<0.0001).

Conclusion:

Our findings support a previously reported link between psoriasis and exudative MD and suggest a novel association with non-exudative MD, with biologic therapies potentially reducing this risk by targeting shared inflammatory pathways. Although limited by reliance on diagnostic codes and lack of control for psoriasis severity or socioeconomic status, these results highlight the potential value of AMD screening in patients with psoriasis to enable early detection and intervention.

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Abstract N°: 4704

High-Level Improvements in Psoriasis Area and Severity Index With Icotrokinra in Participants With Moderate-to-Severe Plaque Psoriasis: Results Through Week 24 of the Phase 3 ICONIC-LEAD Study

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Introduction & Objectives: Icotrokinra (ICO) is a first-in-class targeted oral peptide that selectively binds the interleukin-23–receptor and inhibits pathway signaling. In the phase 3, double-blind, placebo (PBO)-controlled, ICONIC-LEAD study (NCT06095115), ICO demonstrated significantly higher rates of skin clearance and similar adverse event (AE) rates vs PBO in adults and adolescents with moderate-to-severe plaque psoriasis (PsO).1 Early and sustained improvements in the extent and severity of PsO are important treatment goals, with achievement of an absolute Psoriasis Area and Severity Index (aPASI) threshold ≤2 considered a clinically relevant treatment target.2 An aPASI ≤3 achieved within the initial 3-4 months of treatment is also considered an acceptable treat-to-target strategy.3 This analysis evaluated the effect of ICO on relative improvements in PASI and achievement of aPASI thresholds, including those associated with stringent disease control.

Materials & Methods: In ICONIC-LEAD, adults and adolescents (age ≥12 years) with moderate-to-severe plaque PsO (body surface area involvement ≥10%; PASI ≥12; Investigator's Global Assessment score ≥3) were randomized 2:1 to once-daily (QD) ICO 200mg through Week (W)24 or PBO followed by transition to ICO 200mg QD at W16. The proportions of ICO participants (pts) achieving aPASI thresholds of ≤5, ≤4, ≤3, ≤2, ≤1, and 0 were evaluated at W16 (vs PBO) and W24. Mean and median percent improvements in PASI from baseline through W24 were also determined.

Results: ICONIC-LEAD randomized 684 pts to ICO (N=456) and PBO (N=228). ICO-treated pts exhibited greater mean and median percent improvements in PASI from baseline vs PBO through W16 (mean: 78.7% vs 23.3%; median: 91.0% vs 17.2%, respectively, at W16; both nominal $p<0.001$). The ICO mean and median percent improvements in PASI, which showed separation from PBO as early as W4, further increased to 88.1% and 97.0%, respectively, at W24 (**Fig 1**). Greater proportions of ICO vs PBO-treated pts achieved aPASI thresholds of ≤5 (71.1% vs 11.8%), ≤4 (66.7% vs 9.6%), ≤3 (61.0% vs 6.6%), ≤2 (52.6% vs 5.3%), ≤1 (39.5% vs 3.1%), and 0 (27.0% vs 0.4%) at W16 (all nominal $p<0.001$). The ICO aPASI ≤5, ≤4, ≤3, ≤2, ≤1, and 0 response rates continued to increase to 82.2%, 79.2%, 72.8%, 67.1%, 55.3%, and 40.4%, respectively, at W24 (**Fig 2**).

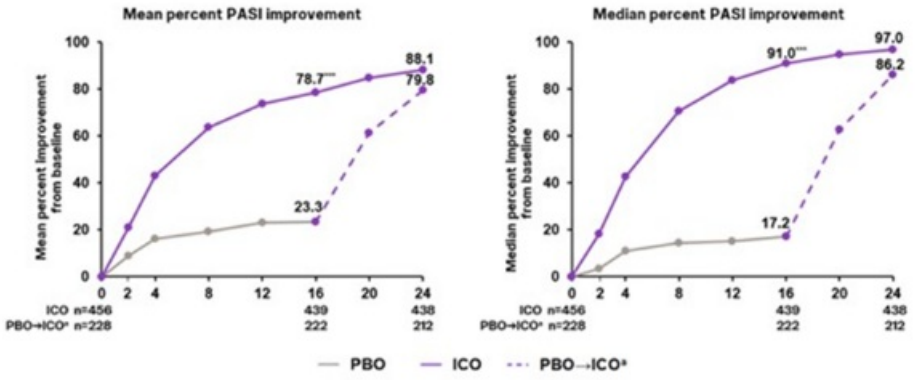
Conclusion: ICO-treated pts with moderate-to-severe plaque PsO exhibited early (separation from PBO by W4) and robust high-level percent PASI improvements through W24. ICO showed higher rates of achieving aPASI thresholds, including those indicating stringent disease control, vs PBO at W16, with even higher response rates at W24.

\1. Bissonnette R, et al. Presented at: AAD Annual Meeting; March 8, 2025; Orlando, FL, USA.

\2. Mahil SK, et al. *Br J Dermatol*. 2020;182:1158-66.

\3. Gisondi P, et al. *Dermatol Ther*. 2021;11:235-52.

Figure 1. Percent improvement in PASI from baseline through W24



[a]Includes pts who transitioned from PBO to ICO at W16.

***Nominal p<0.001 vs PBO at W16 based on mixed model for repeated measurement (MMRM) model with treatment group, visit, treatment group by visit interaction, age group, baseline weight, geographic region, baseline PASI total score, and baseline PASI total score by visit interaction as covariates.

Zero percent improvement from baseline was assigned after pts discontinued study agent due to lack of efficacy or an AE of worsening of PsO, or initiated a prohibited PsO treatment. Observed data were used for pts who discontinued study agent for other reasons. The remaining missing data were not imputed and were accounted for through correlation of repeated measure in the MMRM model.

Figure 2. Achievement of aPASI thresholds at W16 and W24



***All nominal p<0.001 vs PBO at W16.

P-values were based on Cochran-Mantel-Haenszel chi-square test stratified by age group, baseline weight category for adult, and geographic region. Nonresponder imputation was assigned after pts discontinued study agent due to lack of efficacy or an AE of worsening of PsO, or initiated a prohibited PsO treatment. Observed data were used for pts who discontinued study agent for other reasons. After accounting for these intercurrent events, pts with missing data were considered as nonresponders.

[a]Per the British Association of Dermatologists Biologics and Immunomodulators Register, a relevant treat-to-target approach for a clinical setting is aPASI ≤2.[2]



Abstract N°: 4716

Effectiveness and safety of switching to brodalumab in psoriatic patients not responding to IL-17A inhibitors: a real life clinical multicenter experience.

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Introduction & Objectives: secukinumab, ixekizumab and brodalumab are three interleukin 17 inhibitors (IL17i) widely used in psoriatic patients. Specifically, secukinumab and ixekizumab perform an IL-17A inhibition, while brodalumab blocks the IL17A receptor (IL17RA). Biological switching is a common practice in psoriatic patients experiencing therapeutic loss of efficacy or adverse events, however, data on switching from an IL17A to IL17RA antagonist are limited.** We aimed** to assess the effectiveness, safety and the drug survival of brodalumab in patients who previously failed at least one IL-17A inhibitor.

Materials & Methods: We conducted a non-interventional retrospective multicenter study, analyzing psoriasis database records from 28 Italian hospitals between April 19, 2019, and May 30, 2024. Patients included had prior exposure to at least one IL-17A inhibitor before switching to brodalumab due to failure or adverse events.

Results: Two hundred and eight patients were considered. Results showed brodalumab’s effectiveness in psoriasis patients who previously failed one or more IL-17 inhibitors. At week 12, 81.7% of patients achieved PASI75, increasing to 92.1% by week 24 and maintaining high efficacy over the years. A multivariate analysis to find parameters potentially related to brodalumab failure evidenced that the former use of secukinumab and total disease duration before starting brodalumab were negatively associated with brodalumab retention rate, while higher BMI was associated with a lower risk of brodalumab failure.**

Conclusion: This study supports the effectiveness and safety of switching to brodalumab in psoriatic patients who previously interrupted an IL-17Ai due to failure or adverse events.

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Abstract N°: 4729

Maintenance of response after guselkumab withdrawal: Findings from an observational study in Chinese patients with moderate-to-severe plaque psoriasis

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Introduction & Objectives:

While maintenance treatment is recommended for moderate-to-severe psoriasis, treatment discontinuation frequently occurs in real-world clinical practice. Maintenance of clinical response and potential for relapse after treatment withdrawal are critical points of consideration when initiating biologic treatment. The efficacy of guselkumab in Chinese patients has been studied in a post-approval commitment (PAC) study (NCT04914429); however, data following guselkumab discontinuation in this population are limited. Therefore, this prospective, observational, post-PAC study was conducted to evaluate maintenance of response after withdrawal of guselkumab treatment in Chinese patients with moderate-to-severe plaque psoriasis.

Materials & Methods:

The study population consisted of Chinese adult patients with moderate-to-severe plaque psoriasis in the PAC study who achieved a Psoriasis Area and Severity Index (PASI) 75 response at Week 44 and were then withdrawn from guselkumab treatment. All data were self-reported by patients and collected remotely using an electronic reporting system based on the decentralized clinical trial design. The primary endpoint was off-treatment duration (OTD), defined from the index date of guselkumab withdrawal to the date of starting any systemic treatment for psoriasis (i.e., relapse). Secondary endpoints include change in Dermatology Life Quality Index (DLQI) score during the study follow-up period.

Results:

A total of 243 eligible patients entered this study. Baseline (i.e., at the index date of guselkumab withdrawal) characteristics showed a mean age of 41.2 (range 19–74) years, and the majority of patients were male (79.8%), overweight (24 ≤ body mass index [BMI] < 28 kg/m2; 36.6%) or of normal weight (18.5 ≤ BMI < 24 kg/m2; 35.8%), had a PASI score consistent with mild disease (<3; 94.2%), and an Investigator Global Assessment score of 0 (60.1%). Previous treatments reported include systemic agents (60.5%), phototherapy (53.1%) and biologic treatments (4.9%). Overall, 15 patients (6.2%) discontinued from the study due to loss to follow-up (n=10), withdrawal of consent (n=3) and participation in other clinical trials (n=2).

The median OTD was 350 (range 9–350) days. During the 48-week follow-up period, the median time to relapse was not reached (Figure 1). For the 187 patients with DLQI data at the index date, the mean (standard deviation [SD]) DLQI change from baseline was 0.5 (4.50), 2.6 (6.24), 4.9 (7.54), and 6.9 (7.57) at Weeks 12, 24, 36 and 48, respectively. Mean (SD) DLQI scores increased significantly from 2.5 (4.28) at the index date to 9.1 (7.21) at Week 48 (P<0.001) (Figure 2; Table 1).

Conclusion:

In this population of Chinese patients with moderate-to-severe plaque psoriasis, the median OTD after guselkumab withdrawal was 350 days. However, mean DLQI scores increased significantly after guselkumab withdrawal, indicating a worsening of quality of life. These findings support sustained real-world effectiveness with continued maintenance dosing of guselkumab.

Figure 1. Off-treatment duration Kaplan–Meier curve

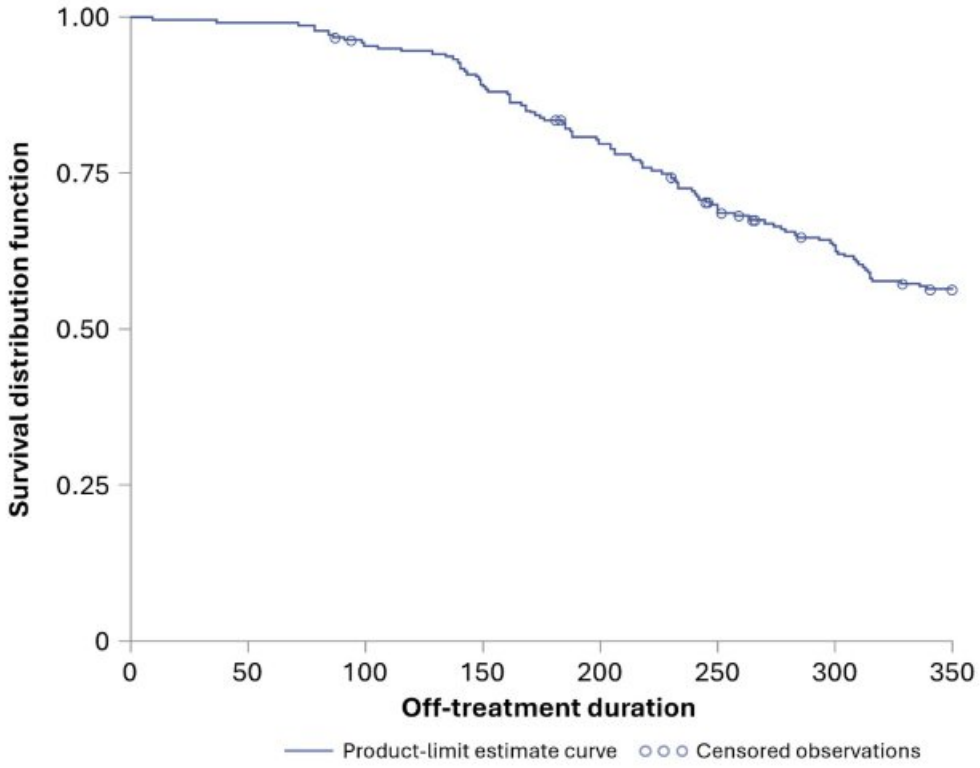
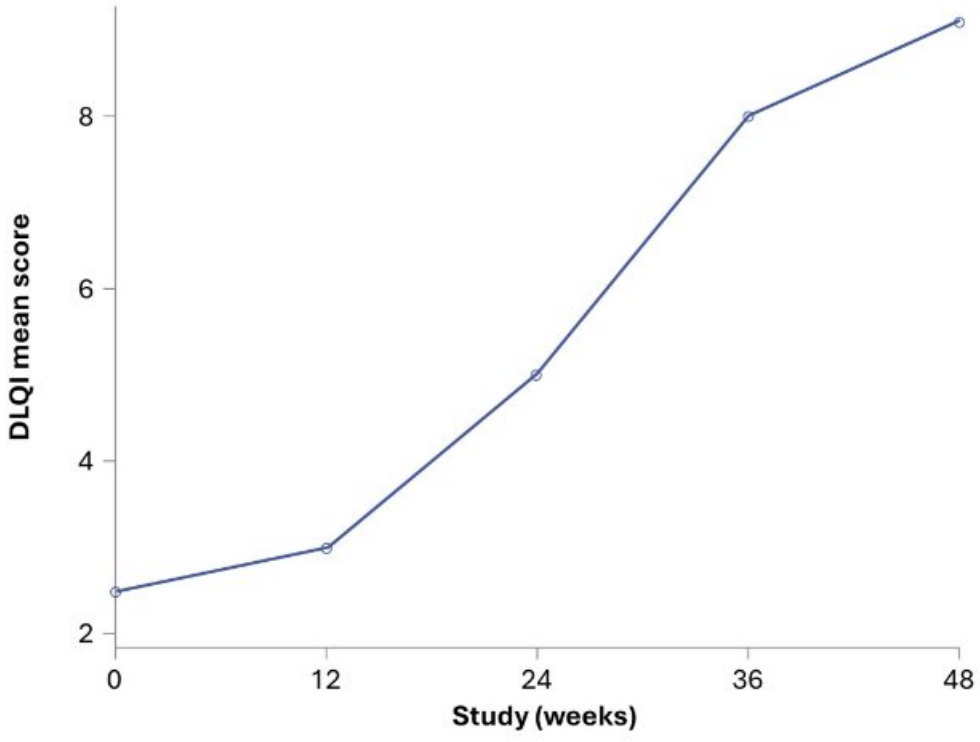


Figure 2. Mean DLQI scores over time after guselkumab withdrawal



DLQI, Dermatology Life Quality Index.

Table 1. Summary of DLQI scores over time after guselkumab withdrawal

	Index date (N = 243)	Week 12 (N = 243)	Week 24 (N = 243)	Week 36 (N = 243)
DLQI				
n	187	172	215	173
Mean (SD)	2.5 (4.28)	3.0 (4.42)	5.0 (6.09)	8.0 (7.73)
Median	1	1	3	7
Q1, Q3	0, 3	0, 5	0, 8	1, 12
Min, max	0, 26	0, 27	0, 30	0, 30
Missing, n (%)	56 (23.0)	71 (29.2)	28 (11.5)	70 (28.8)

Percentages are calculated using the number of total patients in the Enrolled set as the denominator.
DLQI, Dermatology Life Quality Index; Q1, first quartile; Q3, third quartile; SD, standard deviation.

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Abstract N°: 4734

Predictors of psoriasis relapse after guselkumab withdrawal: an observational analysis of Chinese patients

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Introduction & Objectives:

A post-approval commitment (PAC) study (NCT04914429) previously demonstrated the efficacy of guselkumab in Chinese patients with moderate-to-severe psoriasis. This post-PAC study was conducted to understand maintenance of response after guselkumab withdrawal and time to psoriasis relapse in a real-world setting. The primary results on maintenance of response following withdrawal of guselkumab are shown in a concurrent presentation. Here we explore potential predictors of psoriasis relapse.

Materials & Methods:

This prospective, observational, post-PAC study included adult Chinese patients with moderate-to-severe plaque psoriasis who achieved a Psoriasis Area and Severity Index 75 response at Week 44 in the PAC study and were then withdrawn from guselkumab treatment. Socio-demographic and clinical characteristics of patients in the relapse (i.e., those starting a systemic treatment for psoriasis) and non-relapse groups are described. Change in Dermatology Life Quality Index (DLQI) score during the study follow-up period was also assessed. Associations between patients' demographic and clinical features with clinical outcomes of relapse or non-relapse were explored using Cox proportional-hazards models to estimate hazard ratios (HRs) and 95% confidence intervals (CIs).

Results:

Of 243 eligible patients included in this study, 103 (42.4%) experienced a relapse of psoriasis. Among patients in the relapse group, mean (standard deviation [SD]) age was 41.7 (13.04) years, 87.4% were male, 15.5% had a family history of psoriasis, 68.0% previously received systemic treatment, and 5.8% previously received a biologic. In the non-relapse group (n=140), mean age (SD) was 40.8 (11.8) years, 74.3% were male, 11.4% had a history of psoriasis, 55.0% previously received systemic treatment, and 4.3% previously received a biologic.

Baseline (i.e., at the time of guselkumab withdrawal) DLQI scores were available for 80 (77.7%) relapse patients and 107 (76.4%) non-relapse patients. Mean DLQI (SD) score at baseline was 1.9 (3.11) for relapse patients and 3.0 (4.93) for non-relapse patients. For relapse patients, mean (SD) DLQI change from baseline was 0.9 (3.94) at Week 12 and 8.1 (7.17) at Week 48 (Figure). For non-relapse patients, mean (SD) DLQI change from baseline was 0.1 (4.89) at Week 12 and 6.6 (7.70) at Week 48 (Figure).

Multivariate Cox regression analysis (Table) showed an increased risk of relapse for overweight patients compared with those with normal body mass index (HR 1.813 [95% CI 1.021–3.217]). In addition, an increased risk of relapse was observed for patients who received previous systemic treatment compared with those who received no prior systemic treatment (HR 1.915 [95% CI 1.163–3.154]; P=0.011). History of past biologic treatment showed a

numerically greater, but nonsignificant, risk of relapse (HR 2.443 [95% CI 0.977–6.111]; P=0.056).

Conclusion:

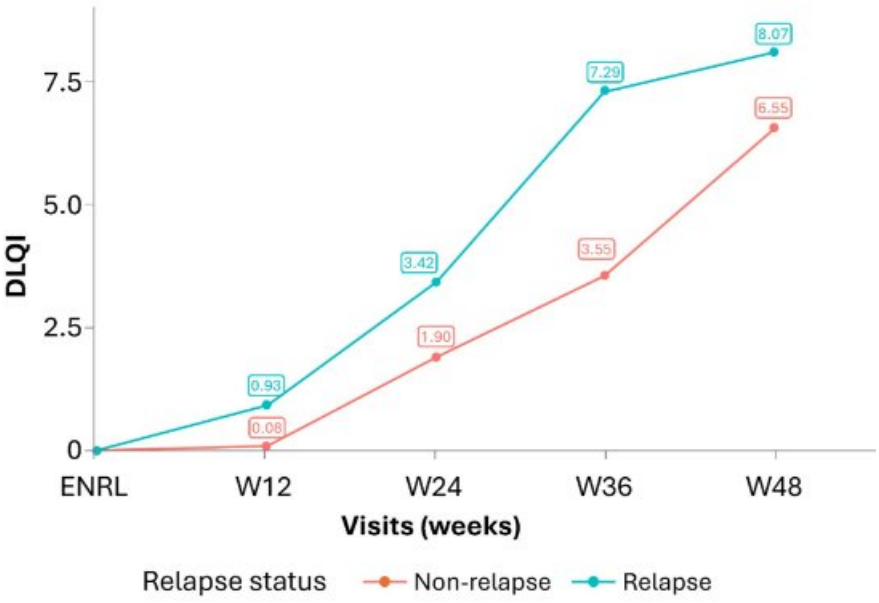
Among Chinese patients with moderate-to-severe plaque psoriasis who discontinued guselkumab treatment, overweight status and history of systemic treatment were associated with a higher risk of relapse. Changes in DLQI scores over time, indicating worsened quality of life among patients who relapse after treatment withdrawal, may be a signal for restarting treatment and highlights the importance of monitoring DLQI. Further research is needed to validate these associations.

Table. Effects of demographic and clinical characteristics and PROs on psoriasis relapse: Multivariate Cox regression model

Demographic and clinical variables	HR (95% CI)	P value
Age	0.989 (0.968–1.012)	0.349
BMI, kg/m²		
Underweight (<18.5)	0.297 (0.039–2.291)	0.244
Normal (18.5–<24)	Ref	Ref
Overweight (24–<28)	1.813 (1.021–3.217)	0.042
Obese (≥28)	1.811 (0.991–3.311)	0.054
Gender		
Male	Ref	Ref
Female	0.566 (0.275–1.165)	0.122
Smoking status		
No	Ref	Ref
Yes	0.896 (0.529–1.520)	0.684
Drinking status		
No	Ref	Ref
Yes	1.450 (0.817–2.575)	0.204
Family history of psoriasis		
No	Ref	Ref
Yes	1.763 (0.943–3.298)	0.076
Past treatment history		
Systemic treatment		
No	Ref	Ref
Yes	1.915 (1.163–3.154)	0.011
Biologics		
No	Ref	Ref
Yes	2.443 (0.977–6.111)	0.056
PASI score		
Mild (PASI <3)	Ref	Ref
Moderate (3 ≤ PASI <10)	1.551 (0.543–4.428)	0.413
Severe (PASI ≥10)	–	–
DLQI		
0–1 no effect at all on patient's life	Ref	Ref
2–5 small effect on patient's life	1.303 (0.767–2.211)	0.327
6–10 moderate effect on patient's life	0.255 (0.078–0.838)	0.024
11–20 very large effect on patient's life	0.832 (0.245–2.826)	0.769
21–30 extremely large effect on patient's life	–	–
IGA score		
0 – Clear	Ref	Ref
1 – Almost clear	1.037 (0.622–1.728)	0.890
2 – Mild	1.200 (0.422–3.412)	0.732
3 – Moderate	–	–
4 – Severe	–	–

BMI, body mass index; CI, confidence interval; DQLI, Dermatology Life Quality Index; IGA, Investigator Global Assessment; HR, hazard ratio; PASI, Psoriasis Area and Severity Index; PRO, patient-reported outcome.

Figure. DLQI mean score change over time by relapse status



DQLI, Dermatology Life Quality Index; ENRL, enrollment.



Abstract N°: 4778

Immunohistochemistry Expression of Interleukin-22 and Vitamin D Receptor in Chronic Plaque Psoriasis

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Immunohistochemistry Expression of Interleukin-22 and Vitamin D Receptor in Chronic Plaque Psoriasis

Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease that can occur in all ages, resulting from dysregulated immune activation associated with a large local secretion of cytokines. Interleukin-22 (IL-22) is a cytokine pro-inflammatory that has an important role in inflammatory diseases. IL-22 produced by Th1, Th17 and Th22. IL-22 induces migration of keratinocytes, causing hyperplasia of the keratinocyte layer resulting in thick epidermis, and largely contributes to epithelial remodeling and inflammation by inhibiting the terminal differentiation of keratinocytes and inducing antimicrobial peptides. The role of vitamin D is mediated by vitamin D receptors (VDR) in target cells. VDR is a nuclear hormone that is involved in the anti-proliferation and pro-differentiation pathways in keratinocytes. Vitamin D Receptors modulate the up-regulation of IL-10, down-regulation of IFN-g, and inhibition of Th17 differentiations. Aims: To determine the correlation between of IL-22 and VDR expressions in chronic plaque psoriasis patients

Materials & Methods:

An analytic study with a cross-sectional design, involving 21 chronic plaque psoriasis patients. Skin specimens are done by 4 mm punch biopsy to assess the immunohistochemistry expressions of IL-22 and VDR.

Results:

From 21 chronic plaque psoriasis patients, the majority are women (57.1%) with a mean age of 37.62 ± 15.46 years old, the disease's duration was 6 years, and severe PASI scores were 52.4%. Predominantly, the IHC expressions of IL-22 were moderate (47.6%), and the IHC expressions of VDR were strong (76.2%). There was a significant moderate inverse correlation between the IHC intensity of IL-22 and VDR (P = 0.020; R2 = -0.488), but no correlation between the distribution and immunoreactive scores of IL-22 and VDR.

Conclusion:

We have identified an inversed correlation between the immunohistochemistry expressions of VDR and severity of psoriasis, but no significant correlation between the immunohistochemistry expressions of IL-22 with severity of psoriasis or VDR in chronic plaque psoriasis.

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Abstract N°: 4799

Efficacy of picankibart in moderate-to-severe plaque psoriasis patients with scalp psoriasis: a post-hoc analysis of a phase 3, randomized, double-blind trial

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Introduction & Objectives:

Scalp involvement is a common manifestation in psoriasis patients, the degree of involvement gradually increases along the disease progresses, it could induce both physical discomfort and psychological distress, which seriously affects the quality of life of patients. Picankibart is a highly potent IL-23p19 inhibitor which has demonstrated favorable efficacy profile in patients with moderate-to-severe plaque psoriasis in a phase 3 randomized, double-blind trial (CLEAR-1, NCT05645627). This study aims to conduct a post-hoc analysis to evaluate the efficacy of picankibart in the patients with scalp involvement.

Materials & Methods:

Post-hoc analysis was conducted on data from the CLEAR-1 trial which enrolled 500 adult patients with moderate-to-severe plaque psoriasis. Participants were randomized in a 2:2:1 ratio to receive 200mg picankibart at week 0, 4, and 8, followed by 200mg picankibart every 12 weeks at week 20, 32, and 44 (picankibart 200mg group); 200mg picankibart at week 0, 4, and 8, followed by 100mg picankibart every 12 weeks at week 20, 32, and 44 (picankibart 100mg group); or placebo at week 0, 4, 8 followed by 200mg picankibart at week 16, 20, 24, 32, and 44 (placebo group). Efficacy analyses include Psoriasis Scalp Severity Index (PSSI) 75, PSSI 90, and PSSI 100 rates and corresponding dynamics throughout the trial.

Results:

A total of 458 participants (458/500, 91.6%) were identified with scalp psoriasis at baseline, 350 (76.4%) were males and 108 (23.6%) were females. The mean (SD) age was 41.4 (11.78) years and the mean disease duration was 12.23 (9.421) years. The mean BMI was 25.98 (3.926) kg/m2. The mean baseline PSSI score was 25.6 (15.51) in picankibart group (picankibart 200mg group+ picankibart 100mg group) (n=368), and 23.5 (13.15) in placebo group (n=90). At week 4, mean change from baseline of PSSI were -15.9 (12.68) in picankibart group, while only -4.5 (10.64) in placebo group. At week 16, the mean PSSI was reduced to 0.8 (2.13) and 13.9 (13.62), with a percentage change from baseline of -96.51% (10.614) and -37.15% (45.982), respectively. 95.1%, 86.4%, and 79.6% of the participants and 28.9%, 15.6%, and 14.4% of the participants achieved PSSI 75, PSSI 90, and PSSI 100 in picankibart and placebo group. The percentage difference (95% CI) between two groups were 66.2% (56.6%,75.8%), 70.9% (62.6%,79.1%), and 65.2% (56.9%,73.5%) for PSSI 75, PSSI 90, and PSSI 100, and all parameter achieved statistically significant difference (P <0.0001). The efficacy was sustained to week 52 no matter participants receiving 100mg or 200mg picankibart after week 20 with PSSI 75, PSSI 90, and PSSI 100 of 84.9%, 73.7%, and 65.6% and 91.2%, 85.7%, and 79.7%, respectively. The PSSI significantly improved after

participants in placebo group switched to picankibart treatment. At Week 52, the mean PSSI was reduced to 0.6 (1.59) with a mean percentage change of -97.34% (6.801) from baseline. Among the participants, 95.2%, 86.7%, and 79.5% achieved PSSI 75, PSSI 90, and PSSI 100 post crossover. Consistent with prior study, no safety signals were identified in participants with Scalp involvement.

Conclusion:

The results of the post-hoc analysis has demonstrated that for moderate-to-severe plaque psoriasis patients with scalp involvement, picankibart has substantial efficacy with preferable safety. Improvement were observed as early as Week 4 and sustained through Week 52, which suggested a rapid and persistent efficacy profile.



Abstract N°: 4803

Efficacy of Guselkumab through 48 weeks in Chinese Psoriasis Patients with and without Metabolic Comorbidities: a Post-Hoc Analysis of a Phase 4 RCT

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Introduction & Objectives:

Patients (Pts) with psoriasis have a higher prevalence of metabolic comorbidities including hypertension, diabetes, obesity, and hyperlipidemia compared with the general population. These metabolic comorbidities have been reported to be associated with a reduced likelihood of achieving optimal Psoriasis Area and Severity Index (PASI) responses. Guselkumab has shown high effectiveness and excellent tolerance in Chinese pts with moderate-to-severe psoriasis in a recent phase 4 study. However, there is lack of evidence demonstrating responses to guselkumab across pts with various metabolic comorbidities. In this post hoc analysis, we aim to explore the efficacy of guselkumab among Chinese pts with and without metabolic comorbidities through 48 weeks of treatment.

Materials & Methods:

In the Phase 4 Chinese post-approval commitment (PAC) study (NCT04914429), eligible pts with moderate-to-severe plaque psoriasis were enrolled at 26 sites across China. Pts (n=327) were randomized in a 2:1 ratio to receive guselkumab 100 mg (n=217) or placebo (n=110) by subcutaneous injection at Weeks (Wks) 0, 4, and 12. At Wk 16, pts in the placebo group crossed over to receive guselkumab. From Wks 20 to 44, all pts received active treatment with guselkumab every 8 weeks. In this post hoc analysis, pts were further divided into subgroups based on the presence of obesity, hyperlipidemia, hypertension, hyperuricemia, and diabetes mellitus at baseline. Baseline demographics and psoriasis disease characteristics were summarized. IGA 0/1 and PASI 90 responses were evaluated through 48 weeks and compared between pts with and without obesity, hyperlipidemia, hypertension, hyperuricemia, and diabetes mellitus, respectively.

Results:

In the overall study population, obesity (24.5%), hyperlipidemia (22.3%), hypertension (21.7%), hyperuricemia (12.5%), and diabetes mellitus (6.7%) were the most frequently reported metabolic comorbidities. In total, 50.5% of pts had at least one metabolic comorbidity as listed. Pts with comorbidities were more commonly male and 45 to 65 years of age compared to those without. As expected, a high proportion (95%) of pts over 90 kg had

metabolic comorbidities; mean BMI was higher among pts with vs without metabolic comorbidities (27.1 (SD 3.3) vs 21.2 (SD 2.0), respectively). A numerically higher proportion of pts with metabolic comorbidities had a baseline PASI over 20 and severe IGA score vs those without metabolic comorbidities. Overall, 79.1% and 70.8% of obese pts achieved IGA 0/1 and PASI 90 at Wk 16, respectively. Response rates were higher among overweight pts (IGA 0/1: 93.6%, PASI 90: 90.6%). Response rates for obese and overweight pts remained generally stable through Wk 48. Among pts with hyperlipidemia, 88.1% achieved IGA 0/1 at Wk 16 and 79.6% at Wk 48, while PASI 90 response rates were 76.2% at Wk 16 and 63.8% at Wk 48. Pts without hyperlipidemia had higher response rates (IGA 0/1: 90.8% at Wk 16, 90.1% at Wk 48; PASI 90: 85.6% at Wk 16, 87.2% at Wk 48). Consistent responses were observed among pts with and without hypertension. Guselkumab was well-tolerated and safety findings were generally comparable among pts with and without metabolic comorbidities.

Conclusion:

High IGA 0/1 and PASI 90 response rates were observed through 48 weeks of guselkumab treatment among Chinese pts with moderate-to-severe psoriasis, regardless of the presence of metabolic comorbidities (i.e. obesity, hyperlipidemia and hypertension).



Abstract N°: 4855

Impact of a Joint Dermatology-Rheumatology Clinic on the Management of Psoriasis and Psoriatic Arthritis: A Real-World Experience from a Spanish Hospital

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Introduction & Objectives:

Up to 30% of patients with psoriasis may develop psoriatic arthritis, significantly affecting their quality of life. A multidisciplinary approach, involving both dermatologists and rheumatologists in a joint clinic, can facilitate early diagnosis of articular involvement, which is essential for the optimal management of these patients. This model supports more accurate treatment selection based on individual clinical profiles and allows for better control of potential comorbidities, ultimately leading to improved health outcomes. This study aims to assess the clinical outcomes and treatment decisions resulting from a joint dermatology-rheumatology clinic in a real-world setting.

Materials & Methods:

A descriptive analysis was conducted based on a cohort of patients evaluated in a joint Dermatology-Rheumatology clinic since its establishment in June 2024 at a Spanish hospital. Decisions made during clinical assessments and their impact on the management of both cutaneous and rheumatological disease (PASI, tender/swollen joint count, and pain VAS) were analyzed.

Results:

A total of 36 patients (52.78% men, 47.22% women) were included, with a mean age of 52.48 years. The average age at initial diagnosis (psoriasis or psoriatic arthritis) was 34 years. Among them, 77.78% had received at least one conventional systemic therapy. Regarding biologic therapy, 11% had received at least four lines, 2.78% three lines, 16.67% two lines, and 19.45% a single line.

Therapeutic changes included a switch in biologic therapy in 13 patients, initiation of biologic therapy in 9 patients, initiation of conventional systemic therapy in 1 patient, and continuation of the previous treatment in 2 patients. Additionally, inflammatory joint disease was ruled out in five patients and cutaneous psoriasis in one patient.

Furthermore, psoriasis was diagnosed in three patients with seronegative arthritis and early diagnosis of psoriatic arthritis was achieved in one patient.

The mean initial PASI score was 8.4, decreasing to 0.36 after an average of 2.3 visits. The average number of tender and swollen joints decreased from 10.13 to 5.07. The mean pain VAS score decreased from 5.46 to 1.42.

Conclusion:

The statistical analysis confirms clinical improvement at both cutaneous and joint levels in patients evaluated through a joint dermatology-rheumatology approach. This model allows for improved treatment selection tailored to patients' clinical and comorbidity profiles, enhancing therapeutic efficacy and offering pharmacoeconomic advantages. Beyond its clinical and care-related value, the multidisciplinary clinic also represents a valuable

educational opportunity for specialists and a source of research initiatives. This model could be extended not only to patients with psoriasis, but also to other conditions with articular involvement such as hidradenitis suppurativa or rheumatologic diseases with cutaneous manifestations.



Abstract N°: 4858

Risk of infections in psoriasis patients treated with biologic agents and new oral small molecules. Biobadaderm Registry

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Introduction & Objectives:

Infections are the most common adverse event associated with systemic treatment for psoriasis. The objective of this study were to: (1) describe in detail the infection and infestation-related findings associated with biologics and the new oral small molecules, as used in routine clinical practice among patients included in the Spanish Registry of Adverse Events for Biological Therapy in Dermatological Diseases (BIOBADADERM); and (2) compare the risk of all infections, risk of serious infections, risk of infection recurrence, and risk of infections of special interest for each of the different modern systemic treatments with those for adalimumab.

Materials & Methods:

Using data from the BIOBADADERM registry, we analyzed crude incidence rates of overall, serious, recurrent, and

some special interest infections associated with biologics (etanercept, infliximab, certolizumab, adalimumab, ustekinumab, secukinumab, ixekizumab, brodalumab, bimekizumab, guselkumab, risankizumab, tildrakizumab) and oral small molecules (apremilast and dimethyl fumarate). Adjusted incidence rate ratios (IRRs) were calculated using propensity score adjustment, with adalimumab as the comparator.

Results:

The study included 4,820 patients (8,826 treatment cycles; 20,829 patient-years of follow-up). The most frequent infections were respiratory tract infections, followed by urinary tract infections and COVID-19. Ustekinumab was associated with a significantly lower risk of overall infections compared to adalimumab. The risk of *Candida* infections was significantly higher with bimekizumab, ixekizumab, and secukinumab, while apremilast was associated with an increased risk of tinea infections. In contrast, risankizumab was associated with a lower risk of mucocutaneous human papillomavirus infections. Guselkumab, secukinumab, ixekizumab, and ustekinumab were linked to a reduced incidence of respiratory infections, and both etanercept and ustekinumab were associated with a lower risk of COVID-19 infection.

Conclusion:

Our study supports the good safety profile of the new systemic drugs in the treatment of psoriasis, especially in terms of the risk of serious infections, with no notable differences between them except for the risk of Candida infections caused by IL-17 inhibitors.



Abstract N°: 4859

Targeted Impact: Apremilast Treatment Outcomes According to High-Impact Sites for Plaque Psoriasis with Limited Skin Involvement – A Post-Hoc Analysis from EMBRACE

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Introduction & Objectives: Psoriasis in high-impact sites (HIS), even among those with limited skin involvement, can negatively affect quality of life, often with multiple HIS per patient (pt).1** In this post-hoc analysis of the phase 4 EMBRACE study (NCT03774875), the impact of apremilast (APR) treatment according to location and/or number of HIS was assessed over 52 weeks in pts with plaque psoriasis (PsO) with limited skin involvement in ≥1 HIS (defined as lesions in visible locations, scalp, nails, genital areas, and/or palmoplantar areas).

Materials & Methods: Eligible pts (Psoriasis Area and Severity Index score ≥3 to ≤10, Dermatology Life Quality Index [DLQI] total score >10) were randomized 2:1 to receive APR 30 mg twice daily or placebo (PBO) until Week (W) 16, after which all pts received APR (APR/APR or PBO/APR) until W 52. The primary endpoint was DLQI response (≥4-point reduction) at W 16.1 In this post-hoc analysis, we analyzed the impact of APR through W 52 by primary HIS (as determined by the pt), specific combinations of HIS (>10 pts in either treatment group), or number of HIS involved (1, 2, or ≥3). Assessments included the percent change from baseline in DLQI total score and the proportion of pts achieving: static Physician Global Assessment (sPGA)=0/1 in visible locations, Scalp Physician's Global Assessment (ScPGA)=0/1, Nail Psoriasis Severity Index (NAPSI)=0, modified sPGA-Genitalia (sPGA-G)=0/1, Palmoplantar Psoriasis Physician Global Assessment (PPPGA)=0/1, Body Surface Area (BSA) ≤3%, and Patient Benefit Index (PBI) ≥1%. Data are summarized descriptively.

Results: Baseline characteristics were generally similar between treatment arms (mean BSA 7.3% for PBO, 7.0% for APR; **Table 1**). Across all primary locations and specific combinations of HIS, greater improvements were seen in DLQI with APR vs PBO as early as W 4 and at W 16, with similar improvements in APR/APR and PBO/APR by W 52 (**Figure 1**). In pts with HIS involvement in 1, 2, or ≥3 locations, APR-treated pts had greater improvements in DLQI vs PBO at W 16: −52.8% vs −31.2% (1 HIS), −48.6% vs −13.6% (2 HIS), and −43.6% vs −13.0% (≥3 HIS; **Figure 2**). By W 52, DLQI improvements were seen with both APR/APR and PBO/APR: −60.4% and −77.2% (1 HIS), −64.7% and −56.9% (2 HIS), and −60.7% and −58.3% (≥3 HIS). The percentages of pts achieving clinical responses at W 16 were

higher with APR vs PBO (43.8% vs 34.3% for sPGA=0/1, 36.5% vs 10.8% for ScPGA=0/1, 16.3% vs 11.4% for NAPSI=0, 50.0% vs 25.0% for sPGA-G=0/1, 32.0% vs 22.2% for PPPGA=0/1; **Table 2**). At W 52, improvements in clinical responses were seen with both APR/APR and PBO/APR (50.0% and 62.5% for sPGA=0/1, 43.6% and 51.7% for ScPGA=0/1, 18.9% and 26.1% for NAPSI=0, 73.3% and 46.2% for sPGA-G=0/1, 52.9% and 44.4% for PPPGA=0/1). In pts with HIS involvement in 1, 2, or ≥3 locations, a higher percentage of APR pts achieved BSA ≤3% vs PBO at W 16 and results were maintained or improved through W 52 (**Figure 3**); similar results were achieved for PBI ≥1%.

Conclusion: Regardless of primary HIS, specific combinations of HIS, or number of HIS, APR-treated pts showed DLQI improvements as early as W 4, with further improvements observed through W 16 and W 52. Consistent clinical responses were observed in each HIS (visible locations, scalp, nail, genital areas, and palmoplantar areas) in favor of APR vs PBO at W 16 and sustained through W 52. Greater proportions of APR vs PBO pts achieved BSA ≤3% at W 16, with maintained benefits through W 52, regardless of number of HIS.

\1. Mrowietz *et al. JEADV* 2023; **37**: 348–55.

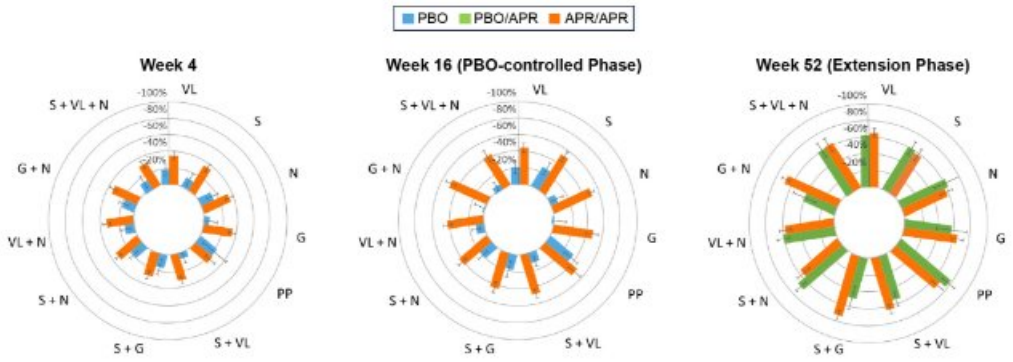
Table 1. Baseline Demographics and Disease Characteristics

	PBO (n=92)		APR (n=185)	
Age, mean (SD) years	50.9 (13.7)		47.4 (14.3)	
Male, n (%)	57 (62.0)		106 (57.3)	
BMI (kg/m^2), mean (SD)	29.4 (5.7)		28.1 (5.6)	
DLQI Total Score, mean (SD)	18.5 (4.9)		18.1 (4.9)	
DLQI Total Score by primary HIS or combination HIS	*n*	*mean (SD)*	*n*	*mean (SD)*
Visible location	16	19.6 (6.0)	50	17.4 (5.0)
Scalp	20	17.3 (4.7)	45	17.7 (4.8)
Nail	16	17.1 (5.0)	40	18.3 (4.7)
Genital	10	17.5 (4.7)	28	17.9 (4.1)
Palmoplantar	7	17.7 (3.7)	22	20.4 (5.4)
Scalp + Visible location	24	18.8 (5.5)	59	17.4 (4.7)
Scalp + Genital	12	17.3 (4.7)	32	17.8 (3.7)
Scalp + Nail	19	19.4 (5.4)	39	17.5 (4.2)
Visible location + Nail	18	19.6 (6.0)	53	18.3 (5.0)
Genital + Nail	14	18.5 (5.6)	32	18.3 (4.0)
Scalp + Visible location + Nail	11	20.7 (5.6)	27	16.9 (4.3)
DLQI Total Score by number of HIS	*n*	*mean (SD)*	*n*	*mean (SD)*
1 HIS	19	17.7 (4.6)	58	18.2 (5.0)
2 HIS	29	16.9 (4.6)	68	18.0 (5.0)
≥3 HIS	21	19.3 (5.7)	59	18.1 (4.6)
BSA %, mean (SD)	7.3 (4.3)		7.0 (3.5)	
BSA % by number of HIS	*n*	*mean (SD)*	*n*	*mean (SD)*
1 HIS	19	6.4 (2.7)	58	7.1 (4.3)
2 HIS	29	7.4 (4.4)	68	7.4 (3.5)
≥3 HIS	21	8.6 (6.0)	59	6.5 (2.5)
PASI, mean (SD)	6.8 (2.0)		6.8 (1.9)	
sPGA, n (%)				
0 (Clear)	16 (17.4)		31 (16.8)	
1 (Almost Clear)	7 (7.6)		9 (4.9)	
2 (Mild)	19 (20.7)		40 (21.6)	
3 (Moderate)	46 (50.0)		93 (50.3)	
4 (Severe)	4 (4.3)		12 (6.5)	
ScPGA, n (%)				
0 (Clear)	17 (18.5)		41 (22.2)	
1 (Almost Clear)	8 (8.7)		15 (8.1)	
2 (Mild)	16 (17.4)		40 (21.6)	
3 (Moderate)	42 (45.7)		69 (37.3)	
4 (Severe)	9 (9.8)		20 (10.8)	
NAPSI*, mean (SD)	5.5 (2.2)		4.9 (2.1)	
sPGA-G, n (%)				
0 (Clear)	56 (60.9)		90 (48.6)	
1 (Almost Clear)	3 (3.3)		9 (4.9)	
2 (Mild)	5 (5.4)		26 (14.1)	
3 (Moderate)	25 (27.2)		52 (28.1)	
4 (Severe)	3 (3.3)		8 (4.3)	
PPPGA, n (%)				
0 (Clear)	59 (64.1)		123 (66.5)	
1 (Almost Clear)	7 (7.6)		15 (8.1)	
2 (Mild)	12 (13.0)		15 (8.1)	
3 (Moderate)	9 (9.8)		26 (14.1)	
4 (Severe)	5 (5.4)		6 (3.2)	

ITT population.

*NAPSI Score for the Target Nail for Subjects with presence of nail psoriasis in ≥2 fingernails. APR, apremilast; BMI, body mass index; BSA, body surface area; DLQI, Dermatology Life Quality Index; HIS, high-impact site(s); sPGA, static Physician Global Assessment; ScPGA, Scalp Physician's Global Assessment; NAPSI, Nail Psoriasis Severity Index; sPGA-G, modified sPGA-Genitalia; PASI, Psoriasis Area and Severity Index; PPPGA, Palmoplantar Psoriasis Physician Global Assessment; PBO, placebo.

Figure 1. Percent Change (SE) from Baseline in DLQI Total Score by Primary HIS or Specific Combinations of HIS at Weeks 4, 16, and 52

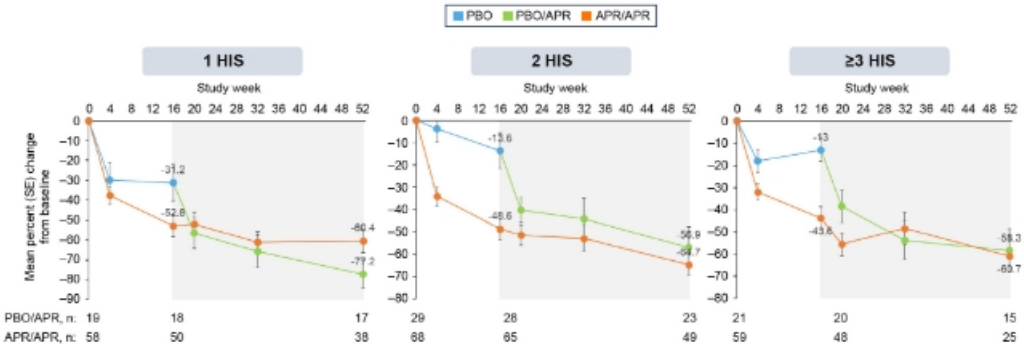


	Week 4		Week 16		Week 52	
	PBO, n	APR, n	PBO, n	APR, n	PBO/APR, n	APR/APR, n
VL	16	47	15	46	13	32
S	20	43	20	39	19	25
N	16	39	16	37	9	27
G	10	26	9	23	7	15
PP	6	21	6	18	7	13
S + VL	24	54	23	53	19	33
S + G	12	30	11	27	9	12
S + N	19	36	18	33	14	17
VL + N	18	50	18	44	12	28
G + N	14	30	13	24	11	15
S + VL + N	11	25	11	23	8	13

At Week 4 and 16 in the PBO arm, all PBO patients in the Intent-to-Treat population were included. PBO/APR includes patients who were initially randomized to placebo and entered the apremilast extension phase. APR/APR includes patients who were initially randomized to apremilast. For the primary HIS, if a patient presented with multiple high-impact sites, they were allocated to the site that was most severe, as determined by the patient. Specific combinations of HIS were included if >10 patients in each treatment group. Data as observed.

APR, apremilast; DLQI, Dermatology Life Quality Index; G, genital; HIS, high impact site; N, nail; PBO, placebo; PP, palmoplantar; S, scalp; SE, standard error; VL, visible location.

Figure 2. Percent Change from Baseline in DLQI Total Score Over Time by Number of HIS Involved at Baseline



At Week 4 and 16 in the PBO arm, all PBO patients in the Intent-to-Treat population were included. PBO/APR includes patients who were initially randomized to placebo and entered the apremilast extension phase. APR/APR includes patients who were initially randomized to apremilast. Data as observed. Gray shading on graphs signifies when patients who received PBO switched to APR.

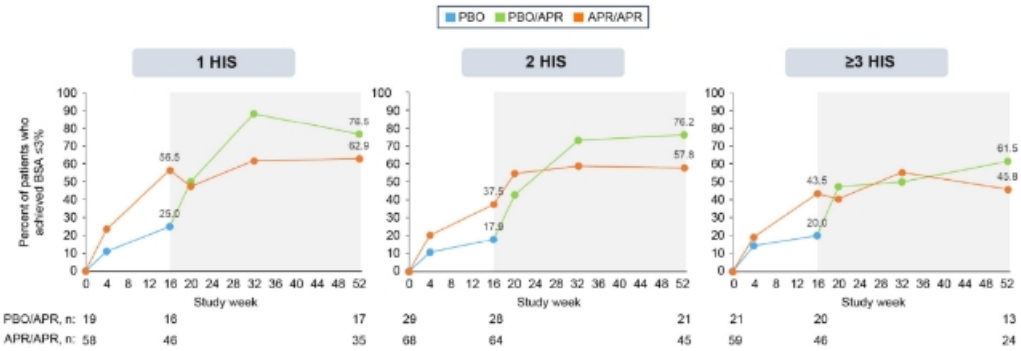
APR, apremilast; DLQI, Dermatology Life Quality Index; HIS, high impact site; PBO, placebo; SE, standard error.

Table 2. Proportion of Patients Achieving Clinical Response at Weeks 16 and 52

	Week 16 (PBO-controlled Phase)		Week 52 (Extension Phase)	
	PBO n/m (%)	APR n/m (%)	PBO/APR n/m (%)	APR/APR n/m (%)
sPGA (0 or 1)*	12/35 (34.3)	39/89 (43.8)	15/24 (62.5)	29/58 (50.0)
ScPGA (0 or 1)†	4/37 (10.8)	27/74 (36.5)	15/29 (51.7)	17/39 (43.6)
NAPSI (0)‡	4/35 (11.4)	13/80 (16.3)	6/23 (26.1)	10/53 (18.9)
sPGA-G (0 or 1)§	5/20 (25.0)	25/50 (50.0)	6/13 (46.2)	22/30 (73.3)
PPPGA (0 or 1)‖	2/9 (22.2)	8/25 (32.0)	4/9 (44.4)	9/17 (52.9)

PBO/APR includes patients who were initially randomized to placebo and entered the apremilast extension phase. APR/APR includes patients who were initially randomized to apremilast. Data as observed.
n=number of responders. m=number of patients with non-missing data. *In patients with sPGA in visible locations ≥3 at baseline. †In patients with ScPGA ≥3 at baseline. ‡In patients with nail psoriasis in ≥2 fingernails at baseline. §In patients with sPGA-G ≥3 at baseline. ‖In patients with PPPGA ≥3 at baseline. APR, apremilast; sPGA, static Physician Global Assessment; ScPGA, Scalp Physician's Global Assessment; NAPSI, Nail Psoriasis Severity Index; sPGA-G, modified sPGA-Genitalia; PPPGA, Palmoplantar Psoriasis Physician Global Assessment; PBO, placebo.

Figure 3. Percent of Patients Achieving BSA ≤3% Over Time by Number of HIS Involved at Baseline



At Week 4 and 16 in the PBO arm, all PBO patients in the Intent-to-Treat population were included. PBO/APR includes patients who were initially randomized to placebo and entered the apremilast extension phase. APR/APR includes patients who were initially randomized to apremilast. Data as observed. Gray shading on graphs signifies when patients who received PBO switched to APR.

APR, apremilast; Body surface Area, BSA; HIS, high impact site; PBO, placebo.



Abstract N°: 4884

Efficacy and safety of Guselkumab for the treatment of moderate-to-severe psoriasis: A systematic review and meta-analysis of randomized placebo-controlled trials

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[2]Faculty of Pharmacy, Zagazig University, Zagazig, Egypt

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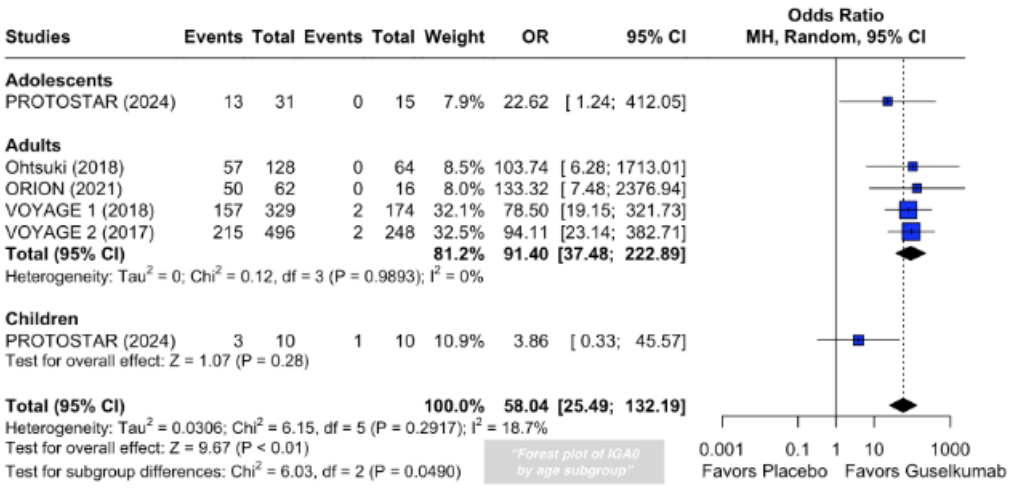
Introduction & Objectives: Psoriasis, a chronic inflammatory skin condition affects 125 million worldwide. Current treatments provide symptomatic relief but face limitations like ineffectiveness, non-adherence, and side effects. Guselkumab shows promise for moderate-to-severe psoriasis. We aim to conduct a systematic review and meta-analysis exploring the safety and efficacy of Guselkumab in moderate-to-severe psoriasis.

Materials & Methods: This systematic review and meta-analysis was registered in PROSPERO (CRD42025648512), conducted according to the Cochrane Handbook, and reported in adherence to the PRISMA guidelines. We searched PubMed, Embase, and Cochrane for randomized controlled trials (RCTs) comparing Guselkumab to placebo in moderate-to-severe psoriasis. Primary endpoints: Investigators' Global Assessment (IGA) 0, Psoriasis Area and Severity Index (PASI) 90, and ≥1 adverse event (AE). Secondary endpoints: IGA 0/1, PASI75, PASI100, Dermatology Life Quality Index (DLQI), and ≥1 severe AE. A DerSimonian-Laird random-effects model was used. Heterogeneity was assessed with I2 statistics. RStudio was used.

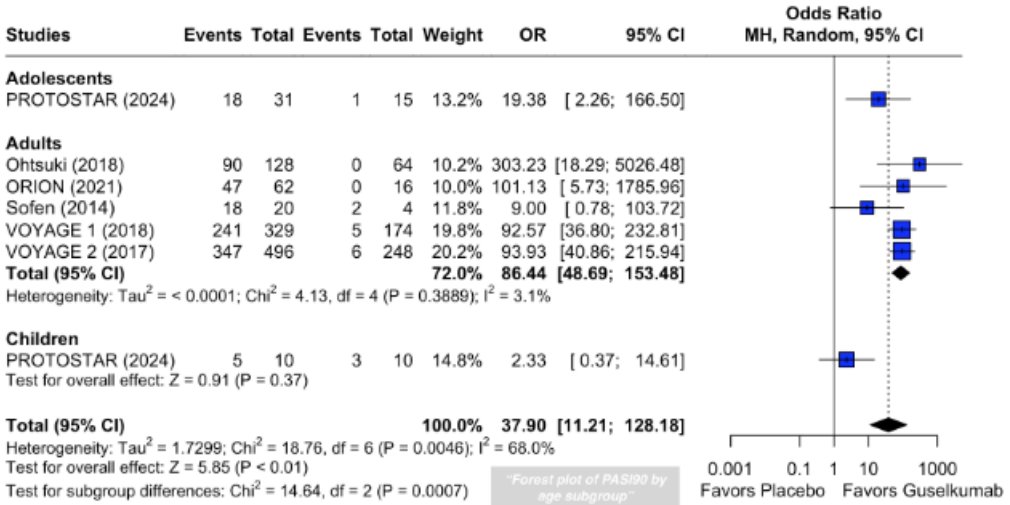
Results: We included 1607 patients from 6 RCTs. Guselkumab significantly increased odds of IGA 0 (OR 73.87; 95% 32.53-167.73; p<0.00001; I2=0), and IGA 0/1 (OR 54.84; 95% 24.72-121.64; p<0.00001; I2=60.1%). Also, the odds of PASI75 (OR 58.42; 95% 23.03-148.17; p<0.001; I2=70.0%), PASI90 (OR 46.47; 95% 14.23-151.76; p<0.001; I2=71.7%), and PASI100 (OR 59.27; 95% 23.17-151.61; p<0.001; I2=0.0%) were higher with Guselkumab. Aditionally, DLQI change was higher with Guselkumab (MD -8.46; 95% -10.31 - -6.62; I^2 = 77.8%). No significant difference in AEs (OR 0.92; 95% 0.68-1.24; I^2 = 30.9%) and severe AEs (OR 1.19; 95% 0.54-2.64; I^2 = 0.0%) between Guselkumab and placebo. Leave-one-out analysis identified PROTOSTAR, the only trial that includes pediatric participants, as a source of heterogeneity. Subgroup analysis showed higher odds of IGA 0 and PASI90 in adults, followed by adolescents, and then children, with no dosage-based PASI90 or AE differences.

Conclusion: This meta-analysis suggests that Guselkumab does significantly improve moderate-to-severe psoriasis, without a significant increase in AEs.

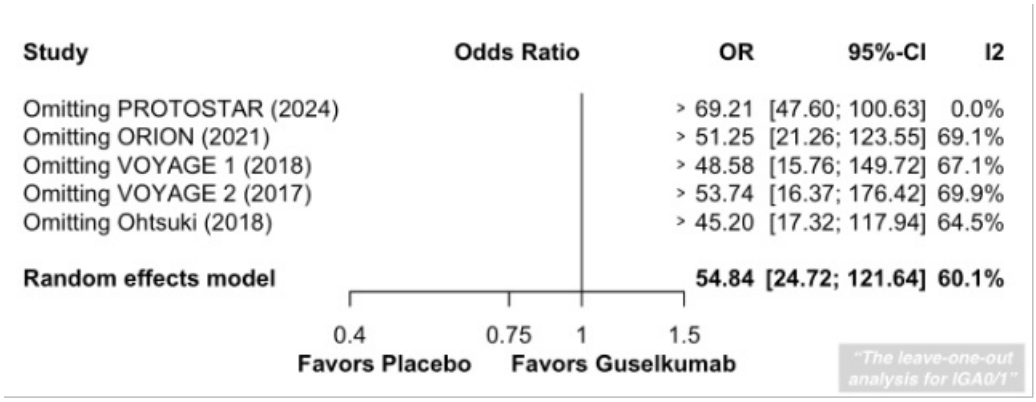
Study	Follow-up (weeks)	No. of patients, n	Male, n (%)	Children*, n (%)	Age (years), mean ± SD	BMI (Kg/m²), mean ± SD	Duration of psoriasis (years), mean ± SD	BSA (%), mean ± SD	IGA 4 (severe), n (%)	PASI, mean ± SD	DLQI (0-30), mean ± SD	SC Guselkumab regimen
PROTOSTAR (2024)	16	66	36 (54.54)	20 (30.3)	13.02 ± 3.18	22.22 ± 6.14	4.81 ± 3.02	24.95 ± 14.51	15 (22.72)	19.18 ± 6.14	9.36 ± 6.78	< 70kg: 1.3 mg/kg ≥ 70kg: 100 mg at weeks 0, 4, and 12
ORION (2021)	16	78	53 (67.9)	0 (0)	46 ± 13.43	31.4 ± 6.7	18.7 ± 12.13	19.8 ± 8.88	12 (15.4)	18 ± 4.27	NR	100 mg at weeks 0, 4, and 12
VOYAGE 1 (2018)	16	503	359 (71.37)	0 (0)	44.24 ± 12.79	29.42 ± 6.46	17.79 ± 12.31	26.43 ± 16.73	120 (23.85)	21.51 ± 9.26	13.75 ± 7.35	100 mg at weeks 0, 4, and 12
VOYAGE 2 (2017)	16	744	522 (70.16)	0 (0)	43.56 ± 12.26	29.6 ± 6.52	17.9 ± 11.95	28.33 ± 16.42	172 (23.11)	21.76 ± 8.53	14.83 ± 6.99	100 mg at weeks 0, 4, and 12
Ohtsuki (2018)	16	192	145 (75.52)	0 (0)	48.74 ± 11.45	25.44 ± 4.8	14.43 ± 9.54	36.5 ± 19.96	38 (19.79)	27.41 ± 12.14	10.43 ± 7.07	50 or 100 mg at weeks 0, 4, and 12
Sofen (2014)	24	24	15 (62.5)	0 (0)	42.5 §	31.6 §	18.07 ± 29.15	35.62 ± 50.43	NR	20.67 ± 17.33	NR	10, 30, 100, or 300 mg

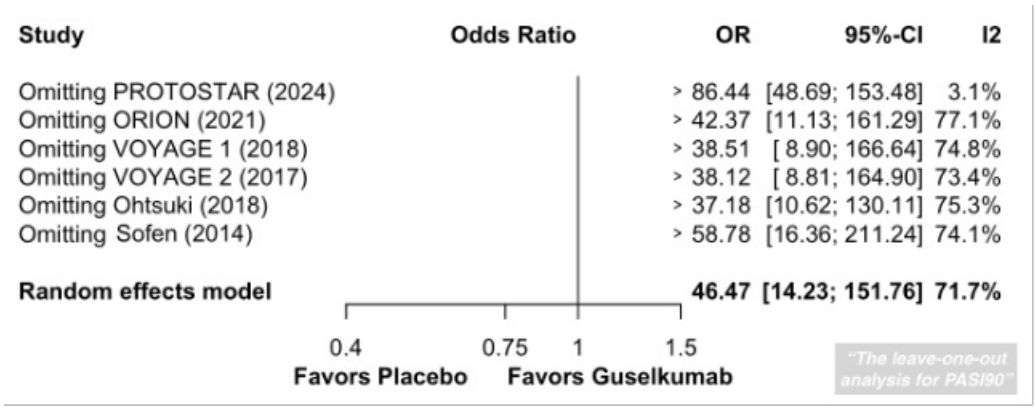


"Forest plot of IGA0 by age subgroup"



"Forest plot of PASI90 by age subgroup"


Study
Odds Ratio
OR
95%-CI
I2
Omitting PROTOSTAR (2024) > 69.21 [47.60; 100.63] 0.0%
Omitting ORION (2021) > 51.25 [21.26; 123.55] 69.1%
Omitting VOYAGE 1 (2018) > 48.58 [15.76; 149.72] 67.1%
Omitting VOYAGE 2 (2017) > 53.74 [16.37; 176.42] 69.9%
Omitting Ohtsuki (2018) > 45.20 [17.32; 117.94] 64.5%
Random effects model 54.84 [24.72; 121.64] 60.1%
0.4
0.75
1
1.5
Favors Placebo
Favors Guselkumab
"The leave-one-out analysis for IGA0/1"


Study
Odds Ratio
OR
95%-CI
I2
Omitting PROTOSTAR (2024) > 86.44 [48.69; 153.48] 3.1%
Omitting ORION (2021) > 42.37 [11.13; 161.29] 77.1%
Omitting VOYAGE 1 (2018) > 38.51 [8.90; 166.64] 74.8%
Omitting VOYAGE 2 (2017) > 38.12 [8.81; 164.90] 73.4%
Omitting Ohtsuki (2018) > 37.18 [10.62; 130.11] 75.3%
Omitting Sofen (2014) > 58.78 [16.36; 211.24] 74.1%
Random effects model 46.47 [14.23; 151.76] 71.7%
0.4
0.75
1
1.5
Favors Placebo
Favors Guselkumab
"The leave-one-out analysis for PASI90"

EA DV CONGRESS
PARIS 17-20 SEPTEMBER 2025
EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 5047

Patient Characteristics and Biologic Treatment History of Chinese Patients Receiving Ixekizumab for moderate to severe psoriasis: A Real-World Retrospective Analysis

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[5]Chongqing Traditional Chinese Medicine Hospital, Chongqing, China
[6]The First Affiliated Hospital of Dali University, Dali, China
[7]Daqing Oilfield General Hospital, Daqing, China
[8]Changde Hospital, Xiangya School of Medicine, Central South University (The first people's hospital of Changde city), Changde, China
[9]Eli Lilly and Company, Shanghai, China
[10]Changsha Normin Health Technology Ltd, Changsha, China

Introduction & Objectives: To describe the characteristics and biologic treatment history of a large cohort of patients with moderate-to-severe psoriasis (msPsO) receiving ixekizumab in real-world settings in China.

Materials & Methods: This retrospective study utilized data from the Psoriasis Real-World Registry database in China. Adult patients with msPsO who initiated ixekizumab treatment between September 2020 and October 2024 were identified. Their demographic and clinical characteristics (e.g., psoriasis area and severity index [PASI], body surface area [BSA] involved, Dermatology Life Quality Index [DLQI]), along with their biologic treatment history prior to ixekizumab, were summarized using descriptive statistics. The characteristics were then compared by prior biologic treatment exposure using the Wilcoxon rank-sum test, chi-square test, or Fisher's exact test, as appropriate.

Results: A total of 2,236 patients from 192 hospitals were included (mean±standard deviation [SD] age: 42.2±13.8 years; 70.5% male; 32.9% overweight [BMI≥25 kg/m2 to <30 kg/m^2] and 10.5% obese [BMI≥30 kg/m^2]; mean±SD disease duration: 12.0±10.4 years; mean±SD PASI: 12.8±10.9; mean±SD BSA: 21.0%±21.4%; mean±SD DLQI: 10.2±6.7). The majority had a considerable disease burden: 81.3% had severe psoriasis (PASI ≥10, BSA ≥10%, or DLQI ≥10), 82.4% had skin lesions in special body areas (most commonly scalp [73.5%]), and 93.2% had multisite involvement. Of the included patients, 93.4% were biologic-naïve at ixekizumab initiation. Among the remaining biologic-experienced patients, secukinumab was the most commonly used prior biologic (66.2%) and the primary reason for switching to ixekizumab was inadequate efficacy (64.8%). Compared to the biologic-experienced patients, biologic-naïve patients had a shorter disease duration (11.8 vs. 14.8 years, P<0.001), a lower proportion of overweight/obesity (42.6% vs. 57.4%, P<0.001), a higher prevalence of severe psoriasis (82.3% vs. 68.2%, P<0.001), fewer comorbidities (16.7% vs. 26.1%, P=0.005), and lower socioeconomic status (full-time employment: 67.0% vs. 77.2%, P=0.011; bachelor's degree or higher: 32.9% vs. 43.2%, P=0.013; urban employee basic medical insurance: 57.9% vs. 70.1%, P=0.004).

Conclusion: Chinese patients with msPsO receiving ixekizumab generally had a long disease duration, severe disease, and multisite involvement, and most were biologic-naïve at ixekizumab initiation. Compared to biologic-

experienced patients, those receiving ixekizumab as their first biologic treatment appeared to have more advanced disease and lower socioeconomic status. The common choice of initiating biologic treatment with ixekizumab reflects an urgent need for effective psoriasis treatment. Biologic-experienced patients tended to present with a long disease duration, a high proportion of overweight/obesity and comorbidities, and a great treatment challenge; ixekizumab may serve as an alternative after prior biologic failure for these patients.



Abstract N°: 5069

Safety of Tildrakizumab in Psoriasis patients - data from a real-world study over three years

Merle Hansen[1], Julia Suttorp*[1], Katharina Antonia Langen[1], Sascha Gerdes[1], Ulrich Mrowietz[1]

[1]University Hospital Schleswig-Holstein, Department of Dermatology, Kiel, Germany

Introduction & Objectives:

Psoriatic disease is a chronic inflammatory condition affecting the skin, joints and blood vessels. Biologics are recommended for moderate to severe cases or for those unresponsive to other treatments. IL-23p19 inhibitors, including tildrakizumab, have shown sustained efficacy in the treatment of psoriasis. With a long dosing interval (every 12 weeks), tildrakizumab improves adherence and simplifies management, making IL-23 inhibitors a promising, effective, and safe treatment option for psoriasis. To improve the evidence base and optimize patient care, long-term safety of tildrakizumab was investigated in patients with moderate to severe psoriasis over three years in a single-center cohort.

Materials & Methods:

Patients with moderate to severe psoriasis treated with tildrakizumab were analyzed for changes in laboratory values and reasons for discontinuation over three years. Tildrakizumab was administered according to guidelines. Laboratory values (blood count, liver and kidney function) were monitored regularly. Participants were categorized into an Intention-to-Treat group (ITTG), a Treatment Adherent Group (TAG), and a Discontinuation Group (DG).

Results:

The ITTG included 150 patients (53 females, 97 males, median age 47 years). 124 patients had previously received conventional therapy, and 37 had biologic treatment. All received at least one tildrakizumab injection. After 3 years 50 patients discontinued treatment, of those, 16 were primary-non-responders. Ten patients discontinued therapy during the first 16-week induction phase, 6 patients continued treatment despite insufficient efficacy and later discontinued. Discontinuations were mainly due to primary treatment failure (32%), good response (22%), and compliance issues (16%). Most discontinuations occurred in the first year (20% during induction, 38% between weeks 16-52).

In all treatment groups, safety assessment showed stable laboratory values with slight fluctuations. Lymphocyte counts increased but remained within the upper normal range. Liver and kidney values remained within the upper normal range. 2 patients discontinued treatment due to adverse events (frequent upper respiratory infections and headaches). One patient died at the age of 93 years, unrelated to treatment.

Conclusion:

Tildrakizumab therapy was well tolerated and only few patients discontinue treatment because of adverse events. An early change of therapy should be considered if the treatment goal is not achieved after the induction phase of 16 weeks. No clinically relevant changes in laboratory values were observed, confirming tildrakizumab´s good safety profile in long-term studies. Our study suggests that regular blood monitoring during tildrakizumab therapy may not be necessary. This real-world study provides important data on the long-term safety and efficacy of tildrakizumab in a real-world cohort. Laboratory analyses show stable laboratory parameters, indicating good tolerability and questioning the need for regular laboratory testing.

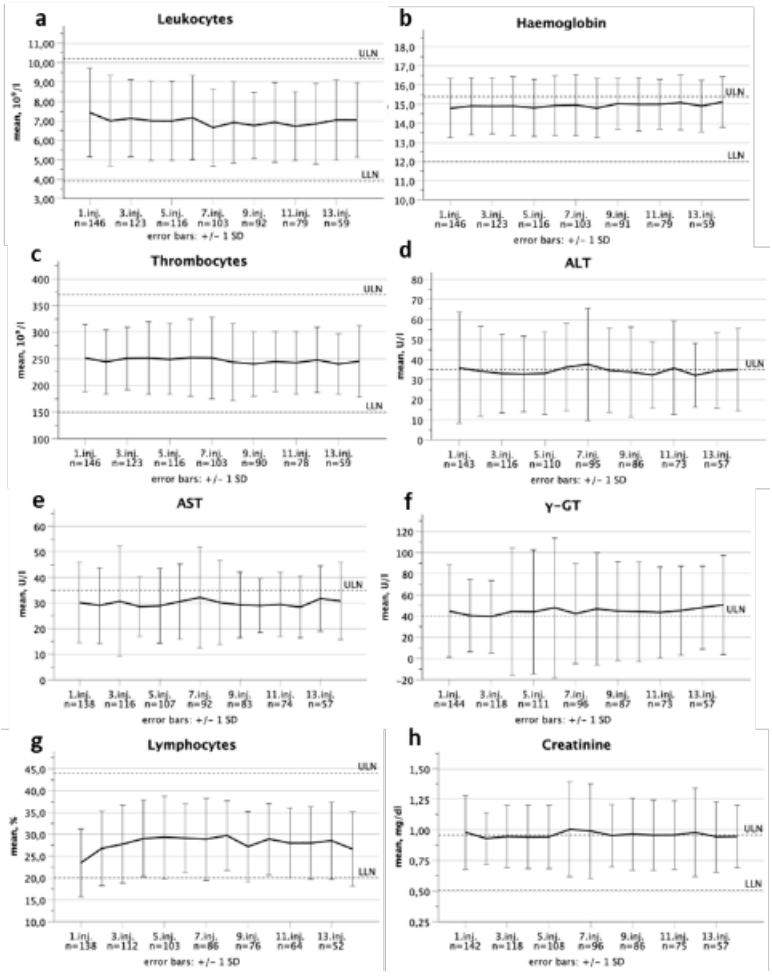


Figure 5: Development of laboratory parameters of the ITT group; leukocytes (a), haemoglobin (b), thrombocytes (c), ALT (d), AST (e), γ-GT (f), lymphocytes (g), creatinine (h). The x-axis shows the number of injections. The y-axis shows the mean values with standard deviation (SD) in the corresponding unit. ITT = intention to treat, n = number, inj. = injection, ULN = upper limit of normal, LLN = lower limit of normal.



Abstract N°: 5155

Efficacy of Tildrakizumab in Psoriasis patients - data from a real-world study over three years

Merle Hansen[1], Julia Suttorp*[1], Katharina Antonia Langen[1], Gerdes Sascha[1], Mrowietz Ulrich[1]

[1]University Hospital Schleswig-Holstein, Department of Dermatology, Kiel, Germany

Introduction & Objectives:

Psoriatic disease is a chronic inflammatory condition affecting the skin, joints and blood vessels. Biologics are recommended for moderate to severe cases or those unresponsive to other treatments. IL-23p19 inhibitors, including tildrakizumab, have shown sustained efficacy in psoriasis treatment. With a long dosing interval (every 12 weeks), tildrakizumab improves adherence and simplifies management, making IL-23 inhibitors an effective and safe treatment option for psoriasis.

To optimize patient care, we analyzed the efficacy and adherence of tildrakizumab in patients with moderate to severe psoriasis over three years in a single-center cohort.

Materials & Methods:

Patients with moderate to severe psoriasis were analyzed over three years at our psoriasis center. Tildrakizumab was administered according to guidelines. The focus was on the number of injections over a three-year period; data on disease severity were collected at each injection time. Additionallly, Data were collected at the start of therapy and at the end of the three-year observation period. Patients were categorized into an Intention-to-Treat group (ITTG), a Treatment Adherent Group (TAG), and a Discontinuation Group (DG).

Results:

The ITTG included 150 patients (53 females, 97 males, median age 47). 124 patients had prior conventional therapy, and 37 had biologic treatment. All received at least one tildrakizumab injection, but the frequency varied. In the TAG group, 63% received the recommended 14 injections, 85% at least 12. In the DG (n= 50), most discontinued after 3 injections. 98% of patients received a second injection, and 40% received six. No significant demographic differences were observed between TAG and DG. Efficacy assessments showed significant improvements in the ITTG and TAG groups, with sustained efficacy over three years. The DG group also showed significant improvements despite treatment discontinuations; 22% of patients discontinued treatment due to symptom clearing. In the TAG group, mean PASI improved by 77.6% from 8.65 to 1.94 and DLQI improved by 81.9% (12.42 to 2.25).

Conclusion:

The PASI improvement in the TAG group was slightly lower than in previous 52-week trials (82.4% Tsianakas et al., 2023; 88.79% in Berenguer-Ruiz et al., 2023), but the absolute PASI was similarly low, highlighting the importance of absolute PASI values. In the TAG group, excellent treatment response was achieved over three years, with 63% receiving the recommended number of 14 injections. The main reasons for missed injections were illness, vacation, or missed doctor’s appointments, however, this did not lead to a loss of efficacy. These data show the benefit of tildrakizumab in a real-world setting.

This study demonstrates that tildrakizumab maintains high efficacy with prolonged injection intervals or missed injections, suggesting the feasibility of individualized dosing based on disease activity, patient preference, and treatment response. Future research should explore flexible dosing options without compromising efficacy.

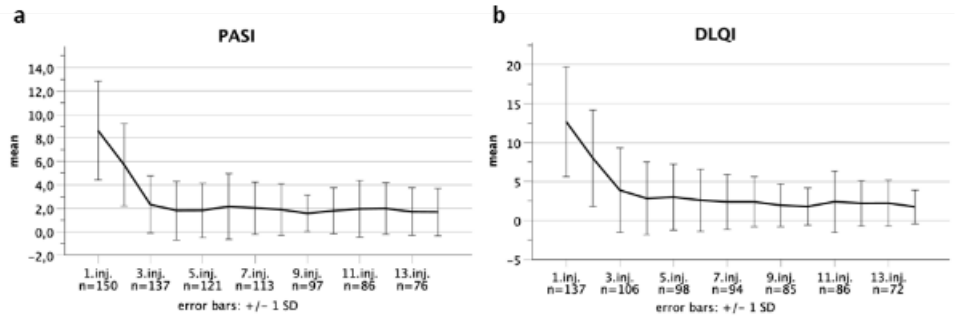


Figure 1: Course of the TAG efficacy data in two-line diagrams (a-b); PASI (a), DLQI (b). The x-axis shows the number of injections. The y-axis shows the mean values with standard deviation (SD). TAG = treatment-adherent group, n = number, inj. = injection.

Number of injection	n (ITT)	%	n (TAG)	%	n (DG)	%
1	150	100,0	100	100,0	50	100,0
2	149	99,3	100	100,0	49	98,0
3	142	94,6	100	100,0	42	84,0
4	128	85,3	100	100,0	28	56,0
5	123	82,0	100	100,0	23	46,0
6	120	80,0	100	100,0	20	40,0
7	114	76,0	98	98,0	16	32,0
8	110	73,3	97	97,0	13	26,0
9	97	64,7	92	92,0	5	10,0
10	94	62,7	91	91,0	3	6,0
11	89	59,3	88	88,0	1	2,0
12	86	57,3	85	85,0	1	2,0
13	78	52,0	77	77,0	1	2,0
14	63	42,0	63	63,0	0	0,0

Table 1: Comparison of the number of tildrakizumab injections administered; n = number, ITT = intention to treat, TAG = treatment-adherent group, DG = discontinuation group



Abstract N°: 5187

Small Areas, Big Trouble: Topical Therapy to the Rescue in Psoriasis

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Introduction & Objectives:

Psoriasis is a common and heterogeneous disease with various clinical manifestations, some of which are particularly challenging to manage. Palmoplantar pustulosis, inverse psoriasis, and scalp psoriasis pose a therapeutic challenge, as they affect a small percentage of the total body surface area (BSA) but significantly impact patients' quality of life. In many cases, systemic treatment is required for disease control; however, it is not always a feasible option due to comorbidities or patient preference.

Materials & Methods:

To evaluate the efficacy of topical treatment with betamethasone dipropionate 50 mg and calcipotriol 50 µg/g cream in two patients with psoriasis in challenging locations, achieving complete lesion control without the need for systemic therapy.

Results:

- Case A: A 65-year-old male smoker with a 7-day history of palmoplantar pustulosis (BSA 4%) and no prior psoriasis episodes. Reluctant to systemic therapy, treatment with betamethasone dipropionate 50 mg and calcipotriol 50 µg/g cream was initiated, applied once daily for 8 weeks. At the 4-week follow-up, BSA had reduced to 1% with no adverse effects and high patient satisfaction.

- Case B: A 41-year-old female with long-standing psoriasis well-controlled with an IL-17 inhibitor, presenting with new-onset scalp and periauricular lesions (BSA 9%). Topical betamethasone dipropionate 50 mg and calcipotriol 50 µg/g cream was added, applied once daily for 8 weeks. At the 4-week follow-up, complete lesion clearance was achieved with no adverse effects (BSA <1%).

Conclusion:

Topical treatment with betamethasone dipropionate 50 mg and calcipotriol 50 µg/g cream is an effective and safe option for managing psoriasis in challenging locations. Its versatility allows for use both as a first-line treatment and in combination with systemic therapies, providing a valuable alternative for patients in whom systemic options are contraindicated. Furthermore, its safety profile and ease of application enhance patient autonomy in disease management.



Abstract N°: 5210

Importance of the psychological burden in people suffering from psoriasis in southeast asia

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Introduction & Objectives:

Psoriasis, a chronic inflammatory disease affecting skin, nails, and joints, imposes a significant psychological burden, often understudied in Southeast Asia. This study compares the psychosocial impact of psoriasis between Asian patients in Southeast Asia and Caucasian patients in Europe and North America. By considering cultural and socioeconomic differences, it aims to assess effects on quality of life, social relationships, professional life, and body image to inform tailored therapeutic and psychosocial interventions.

Materials & Methods:

Within the ALL project, a cross-sectional study included adult psoriasis patients: Caucasians from Europe and North America and Asians from China and South Korea. Professionally diagnosed patients, selected by self-reported ethnicity, completed questionnaires on demographics, sensory symptoms, lesion locations, and psychosocial burden. Intergroup comparisons used statistical tests for quantitative and qualitative variables, with significance set at $p < 0.05$.

Results:

Asian patients showed a significant male predominance (65.31% vs 52.4%, p=0.007) and earlier psoriasis onset (46.19±14.13 years vs 50.47±15.46 years, p=0.001). No differences were observed in lesion distribution (e.g., scalp involvement, p=0.68) or pruritus prevalence (60.08% vs 61.9%, p=0.76). However, Asians experienced a substantially greater psychosocial and professional burden. Personal impairment was reported by 61.9% of Asians vs 36.66% of Caucasians (p<0.001), and professional impairment by 57.82% vs 27.83% (p<0.001). Asians had more work/school absences (26.32% vs 15.66%, p=0.007) and reduced productivity (42.65% vs 22.22%, p<0.001). Socially, they were more likely to avoid events (27.82% vs 17.27%, p=0.009), face marital difficulties (40.44% vs 22.68%, p<0.001), experience deteriorating social relationships (32.35% vs 19.19%, p=0.002), and feel absent from family life (32.59% vs 17.61%, p<0.001). They also postponed important activities (40.71% vs 27.44%, p=0.004) and altered personal projects (28.57% vs 16.12%, p=0.001). Body image concerns were more pronounced: Asians controlled their appearance more (51.02% vs 37.43%, p=0.004), avoided selfies (32.65% vs 15.36%, p<0.001), felt socially excluded (26.53% vs 16.7%, p=0.010), and exhibited physical avoidance behaviors (22.45% vs 11.52%, p=0.001).

Conclusion:

This study highlights a heavier psychosocial, economic, and professional burden among Asian patients, likely due to cultural emphasis on appearance and lower acceptance of skin conditions. Economic constraints, worsened by limited healthcare coverage, amplify the impact. Marital tensions and social isolation reflect strong stigma. Holistic

care with psychological support and anti-stigma campaigns is crucial. Longitudinal studies are needed to confirm findings and explore sociocultural factors.



Abstract N°: 5212

Demographic, Clinical, and Psychosocial Differences in Psoriasis Between Caucasian and Asian Patients Living in North America and Europe

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease affecting ~2–3% of the global population. While ubiquitous, differences in prevalence, presentation, and treatment response exist across ethnic groups. Studies show that, among Asian populations, psoriasis may present with less severity but more pruritus, greater burden, and quality-of-life impairment than in Caucasians. Few studies have directly compared these groups within the same environment, excluding geographic or healthcare system biases. This study aimed to identify demographic, clinical, and psychosocial differences between Caucasian and Asian patients with psoriasis living in North America and Europe.

Materials & Methods:

Adults (≥16 years) from 11 countries in Europe and North America were surveyed (n=25,000), identifying those with diagnosed psoriasis. Participants self-reported ethnicity and completed standardized questionnaires on demographics, symptoms, lesion sites, impacts, healthcare use, and alternative therapies. Comparative analysis between Caucasian (C) and Asian (AW: Asians in the West) patients used appropriate statistical tests, with significance at $p<0.05$.

Results:

Among 544 psoriasis patients, 521 were Caucasian and 16 Asian. Age of onset was earlier in AW (37.7 vs. 50.5 years, $p=0.007$). Gender distribution was comparable. Lesion distribution was largely similar, except for more frequent involvement of the nape (33.3% vs. 6.4%, $p=0.019$) and face (77.8% vs. 39.9%, $p=0.035$) among AW. Pruritus was less common and less intense in AW (30.8% vs. 60.1%, mean intensity 2.25 vs. 3.99; $p<0.05$). Care perception and use of treatments were similar between groups, including alternative therapies.

However, information-seeking differed: AW more often used brand-sponsored websites (30.8% vs. 7.7%, $p=0.017$) and patient associations (15.4% vs. 1.7%, $p=0.027$). The personal, social, and psychological impact (fatigue, sleep, discouragement, relational strain) was similar in both groups.

Conclusion:

This is the first study comparing AW and C psoriasis patients living in the same environment. AW had an earlier disease onset, aligning with prior studies. The lower pruritus prevalence and intensity contrast with some previous findings. Similar treatment patterns may reflect healthcare standardization in Western countries. AW patients' preference for digital sources may stem from cultural/language barriers and trust in online content. Despite clinical differences, the psychosocial burden was similar, highlighting the need for both personalized and universally empathetic care. Further studies with larger AW cohorts are needed to refine care strategies.



Abstract N°: 5246

Efficacy of Apremilast in Paediatric Patients With Plaque Psoriasis According to Disease Duration in the SPROUT Randomised Controlled Trial

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Introduction & Objectives: Paediatric patients (pts) with moderate to severe plaque psoriasis (PsO) have impaired quality of life, are often undertreated, and frequently receive topical therapy. Based on evidence from adult studies, early systemic intervention in paediatric pts may modify disease course and improve outcomes. The SPROUT trial showed that apremilast (APR), the only oral systemic therapy approved in the US and EU for moderate to severe paediatric PsO, improved disease activity and was well tolerated in paediatric pts with PsO. This post hoc analysis assessed APR efficacy based on disease duration over 52 weeks (wks) of treatment.

Materials & Methods: The phase 3 SPROUT (NCT03701763) trial enrolled pts aged 6–17 years (y) with moderate to severe PsO inadequately controlled by/inappropriate for topical therapy. Pts were randomised 2:1 to APR or PBO for 16 wks, then received APR through Wk 52. Efficacy was assessed according to disease duration (<2 y, ≥2 to <5 y, ≥5 y), as informed by prior adult studies. Static Physician's Global Assessment (sPGA) response (score 0/1 with a ≥2-point reduction from baseline [BL]), proportion of pts achieving a ≥75%, ≥90%, or 100% reduction from BL in Psoriasis Area and Severity Index (PASI-75, -90, or -100), and percent change from BL in affected body surface area (BSA) were assessed through Wk 52.

Results: Overall, SPROUT enrolled 245 pts (APR: 163; PBO: 82): 221 (90%) completed the PBOcontrolled phase (APR: 149 [91%]; PBO: 72 [88%]) and 186 (84%) completed the APR extension phase (APR/APR: 125 [84%]; PBO/APR: 61 [85%]). Pts with disease duration ≥5 y had slightly higher age, body weight, PASI, and BSA at BL with more males and prior systemic therapy use vs pts with disease durations <2 y and ≥2 to <5 y (**Table 1**). BL characteristics were otherwise comparable among groups. At Wk 16, higher sPGA and PASI-75 responses and greater improvements in BSA were observed with APR vs PBO across disease durations, particularly <2 y (**<2 y**: sPGA 0/1, 43% vs 9%; PASI-75, 44% vs 11%; BSA, –54% vs –8%; **≥2 to <5 y**: sPGA 0/1, 33% vs 21%; PASI-75, 45% vs 21%; BSA, –53% vs –29%; **≥5 y**: sPGA 0/1, 19% vs 7%; PASI-75, 43% vs 14%; BSA, –48% vs –25%;**Figures 1–3**).

At Wk 52, further improvements were observed in sPGA response (**<2 y**, **≥2 to <5 y**, **≥5 y**—APR/APR: 58%, 63%, 31%; PBO/APR: 64%, 58%, 28%; **Figure 1**), PASI-75 (**<2 y**, **≥2 to <5 y**, **≥5 y**—APR/APR: 73%, 74%, 46%; PBO/APR: 71%, 90%, 52%; **Figure 2**), and BSA (**<2 y**, **≥2 to <5 y**, **≥5 y**—APR/APR: −75%, −71%, −59%; PBO/APR: −72%, −83%, −50%; **Figure 3**), with greater responses in disease durations <2 y and ≥2 to <5 y. At Wk 16, for the stringent outcomes of PASI-90 and PASI-100, the greatest treatment difference in favour of APR vs PBO was in disease duration <2 y (**Figure 2**). At Wk 52, disease durations <2 y and ≥2 to <5 y had a higher percentage of pts vs disease duration ≥5 y who achieved PASI-90 (**<2 y**, **≥2 to <5 y**, **≥5 y**—APR/APR: 54%, 57%, 22%; PBO/APR: 57%, 63%, 28%; **Figure 2**) and PASI-100 (**<2 y**, **≥2 to <5 y**, **≥5 y**—APR/APR: 19%, 24%, 9%; PBO/APR: 18%, 37%, 12%; **Figure 2**).

Conclusion: At Wk 16 in paediatric pts with moderate to severe PsO in SPROUT, APR was more effective than PBO, particularly in pts with shorter disease duration (ie, <2 y vs ≥2 y). Efficacy in all disease duration groups generally improved with APR through Wk 16, with further improvements observed with APR through Wk 52. At Wk 52, efficacy was greater in the <2 y and ≥2 to <5 y groups vs the ≥5 y group, further supporting the value of early intervention with APR to mitigate long-term disease burden in paediatric pts with moderate to severe PsO.

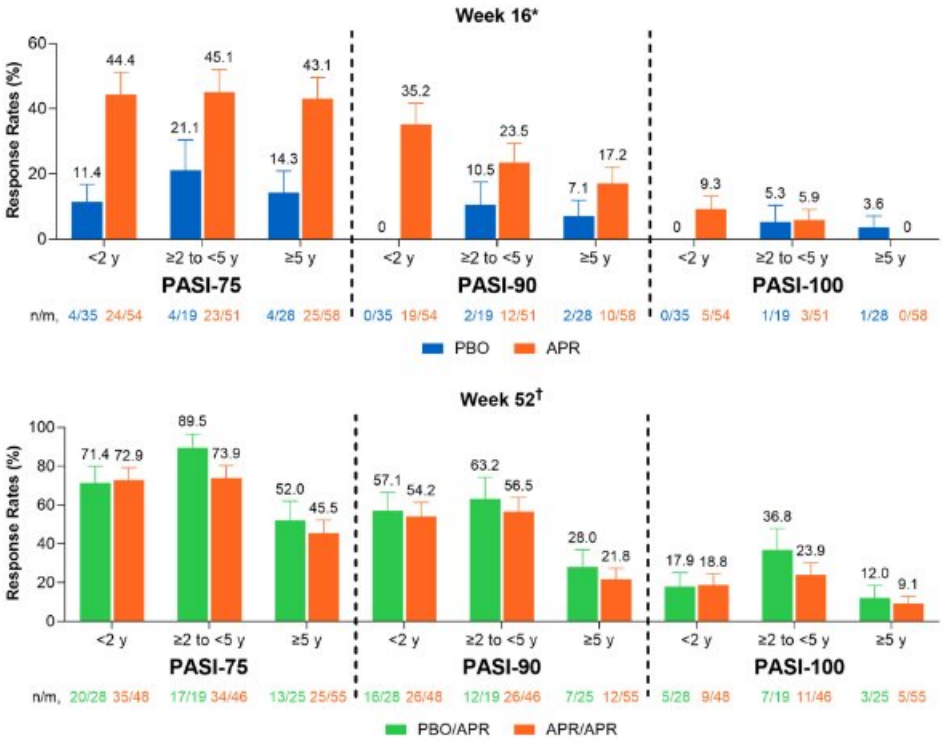
Table 1. Baseline Demographics and Disease Characteristics by Treatment and Duration of Plaque PsO (ITT Population)

	Duration of PsO, y					
	<2		≥2 to <5		≥5	
Characteristic	PBO (n=35)	APR (n=54)	PBO (n=19)	APR (n=51)	PBO (n=28)	APR (n=58)
Age, y, mean (SD)	11.7 (3.7)	11.7 (3.5)	11.9 (3.0)	11.0 (3.3)	13.0 (2.7)	13.9 (2.5)
Age category, y, n (%)						
6–11	18 (51.4)	26 (48.1)	9 (47.4)	33 (64.7)	7 (25.0)	8 (13.8)
12–17	17 (48.6)	28 (51.9)	10 (52.6)	18 (35.3)	21 (75.0)	50 (86.2)
Duration of PsO, y, mean (SD)	1.1 (0.4)	1.2 (0.4)	3.2 (0.8)	3.1 (0.9)	8.1 (2.2)	8.2 (2.3)
Male, n (%)	18 (51.4)	26 (48.1)	8 (42.1)	18 (35.3)	17 (60.7)	30 (51.7)
White, n (%)	31 (88.6)	46 (85.2)	17 (89.5)	41 (80.4)	25 (89.3)	53 (91.4)
Weight, kg, mean (SD)	53.2 (27.7)	48.2 (19.4)	45.0 (13.7)	47.6 (22.5)	54.8 (18.4)	59.5 (19.6)
Weight category, kg, n (%)						
≥20 to <50	17 (48.6)	31 (57.4)	12 (63.2)	31 (60.8)	11 (39.3)	18 (31.0)
≥50	18 (51.4)	23 (42.6)	7 (36.8)	20 (39.2)	17 (60.7)	40 (69.0)
BMI, kg/m², mean (SD)	21.9 (7.1)	20.4 (4.4)	19.3 (3.1)	21.0 (6.0)	21.9 (4.6)	22.4 (5.0)
sPGA score, n (%)						
3 (moderate)	29 (82.9)	40 (74.1)	17 (89.5)	39 (76.5)	17 (60.7)	43 (74.1)
4 (severe)	6 (17.1)	14 (25.9)	2 (10.5)	12 (23.5)	11 (39.3)	15 (25.9)
PASI score, mean (SD)	18.3 (7.0)	19.3 (8.3)	18.1 (6.6)	19.1 (7.2)	21.9 (9.4)	21.5 (8.7)
Affected BSA, %, mean (SD)	27.3 (17.3)	31.3 (19.0)	27.0 (13.6)	28.5 (16.6)	37.7 (22.6)	35.4 (19.2)
WBI-NRS score, mean (SD)	5.6 (3.1)	5.4 (2.7)	4.4 (2.6)	5.8 (2.9)	4.9 (2.6)	5.2 (2.9)
≥1 prior therapy, n (%)						
Phototherapies	7 (20.0)	7 (13.0)	6 (31.6)	8 (15.7)	3 (10.7)	12 (20.7)
Systemic therapies*	12 (34.3)	14 (25.9)	5 (26.3)	16 (31.4)	13 (46.4)	24 (41.4)
Conventional systemic therapies†	9 (25.7)	4 (7.4)	0	7 (13.7)	9 (32.1)	13 (22.4)
Biologic therapies‡	1 (2.9)	2 (3.7)	0	3 (5.9)	4 (14.3)	4 (6.9)

*Included prior biologic therapy, prior conventional systemic therapy, and other therapies that were not considered prior biologics or conventional systemic therapies (such as antihistamines including cetirizine, chloropyramine, and loratadine). †Included, but not limited to, cyclosporine, corticosteroids, methotrexate, oral retinoids, mycophenolate, thioguanine, hydroxyurea, sirolimus, sulfasalazine, azathioprine, and fumaric acid esters. ‡Included, but not limited to, etanercept, infliximab, adalimumab, certolizumab pegol, guselkumab, tildrakizumab, ixekizumab, brodalumab, and ustekinumab.

APR, apremilast; BMI, body mass index; BSA, body surface area; ITT, intent-to-treat; PASI, Psoriasis Area and Severity Index; PBO, placebo; PsO, psoriasis; SD, standard deviation; sPGA, static Physician's Global Assessment; WBI-NRS, Whole Body Itch Numeric Rating Scale; y, years.

Figure 2. PASI-75, PASI-90, and PASI-100 Response Rates by Treatment and Duration of Plaque PsO

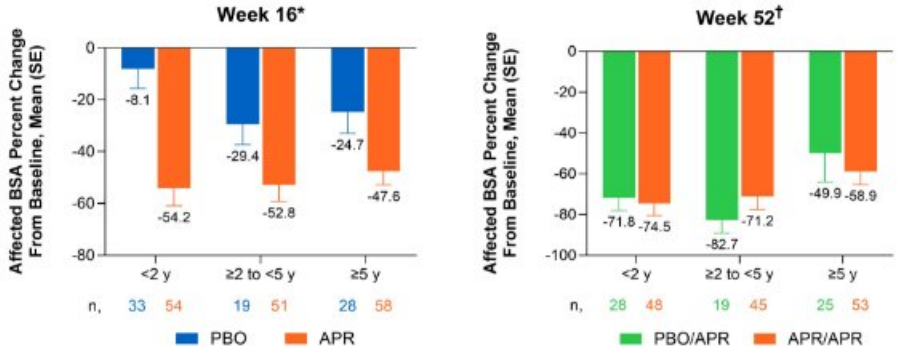


Data shown at Week 16 are the values from the end of the PBO-controlled phase, which are defined as the last postbaseline observations in the phase (Weeks 0 to 16). Data shown at Week 52 are the values from the end of the APR extension phase, which are defined as the last postbaseline observations in the phase (Weeks 16 to 52). PASI-75, PASI-90, and PASI-100 responses are defined as a ≥75%, ≥90%, and 100% reduction in total PASI score from baseline, respectively. PBO/APR includes patients who were initially randomised to PBO and entered the APR extension phase. APR/APR includes patients who were initially randomised to APR and entered the APR extension phase. Missing scores were imputed using nonresponder imputation. Error bars represent SE. Values above the bars are the percent of responders. n/m=Number of responders/Number of patients at time point.

*From the PBO-controlled phase (Weeks 0 to 16): ITT population. †From the APR extension phase (Weeks 16 to 52): Patients who entered the APR extension phase.

APR, apremilast; ITT, intent-to-treat; PASI, Psoriasis Area and Severity Index; PBO, placebo; PsO, psoriasis; SE, standard error; y, years.

Figure 3. Percent Change From Baseline in Affected BSA by Treatment and Duration of Plaque PsO



Affected BSA, %, mean (SE)	Duration of PsO, y <2		≥2 to <5		≥5	
	PBO (n=35)	APR (n=54)	PBO (n=19)	APR (n=51)	PBO (n=28)	APR (n=58)
Baseline (Week 0)*	27.3 (2.9)	31.3 (2.6)	27.0 (3.1)	28.5 (2.3)	37.7 (4.3)	35.4 (2.5)
	PBO/APR (n=28)	APR/APR (n=48)	PBO/APR (n=19)	APR/APR (n=46)	PBO/APR (n=25)	APR/APR (n=55)
Baseline (Week 0)†	27.9 (3.3)	32.6 (2.8)	27.0 (3.1)	29.9 (2.5)	38.2 (4.7)	33.9 (2.5)

Data shown at Week 16 are the values from the end of the PBO-controlled phase, which are defined as the last postbaseline observations in the phase (Weeks 0 to 16). Data shown at Week 52 are the values from the end of the APR extension phase, which are defined as the last postbaseline observations in the phase (Weeks 16 to 52). PBO/APR includes patients who were initially randomised to PBO and entered the APR extension phase. APR/APR includes patients who were initially randomised to APR and entered the APR extension phase. Data as observed. Error bars represent SE. Values below the bars are the percent change from baseline. n=number of patients.

*From the PBO-controlled phase (Weeks 0 to 16): ITT population. †From the APR extension phase (Weeks 16 to 52): Patients who entered the APR extension phase.

APR, apremilast; BSA, body surface area; ITT, intent-to-treat; PBO, placebo; PsO, psoriasis; SE, standard error; y, years.



Abstract N°: 5296

Assessing tildrakizumab's effectiveness in psoriasis patients with baseline joint pain: interim results from the POSITIVE study

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Introduction & Objectives: Psoriasis is a chronic inflammatory disease that profoundly impairs patients' social, emotional, functional, and physical condition.1 Patients with psoriasis may experience joint pain, which is a high burdensome symptom.2 Tildrakizumab is an interleukin-23p19 inhibitor for the treatment of moderate-to-severe plaque psoriasis with demonstrated long-term efficacy and safety.3,4** The objective of this analysis was to assess the effect of tildrakizumab on the overall well-being, skin symptoms, and quality of life (QoL) in patients with moderate-to-severe psoriasis with or without reported joint pain at baseline in routine care.

Materials & Methods: POSITIVE is a 24-month, phase IV observational study in adults with moderate-to-severe plaque psoriasis treated with tildrakizumab in a real-world setting.5 Well-being was assessed through the 5-item WHO Well-being Index (WHO-5; range 0-100, 100=maximal well-being).6 Effectiveness assessments included Psoriasis Area and Severity Index (PASI) score and proportion of patients achieving PASI ≤3 and ≤1. The QoL instrument was Dermatology Life Quality Index-Relevant (DLQI-R; range 0-30, where a higher score represents a greater impairment in QoL; 0-1.99=no effect on patient's life).7 Symptoms were assessed through the 11-point itch-, pain-, and fatigue-Numeric Rating Scale (NRS), ranging from 0 to 10 (10=worse symptoms). Here, we report 52-week (W) interim data using an observed cases approach.

Results: A total of 333 patients were included, of whom 230 (69.1%) and 103 (30.9%) patients had a baseline joint pain-NRS score <4 and ≥4, respectively. Mean±95%CI WHO-5 score increased from 56.3±2.7/49.3±4.2 at baseline to 67.2±2.7/61.1±4.2 at W16 and 67.3±3.1/61.5±6.4 at W52 in patients with a baseline joint pain-NRS

score <4/≥4. Mean±95%CI PASI decreased from 12.4±1.0/13.9±1.6 at baseline to 2.1±0.3/3.0±0.7 at W16 and 1.3±0.3/1.4±0.5 at W52 in patients with a baseline joint pain-NRS score <4/≥4. At W16 and W52, 76.3%/43.1% and 91.8%/59.8% of patients with a baseline joint pain-NRS score <4, and 67.0%/36.3% and 90.3%/55.6% with a score ≥4 achieved PASI ≤3/≤1. Mean±95%CI DLQI-R score decreased from 11.1±1.0/16.4±1.4 at baseline to 3.5±0.6/5.5±1.3 at W16 and 2.7±0.7/3.9±1.4 at W52 in patients with a baseline joint pain-NRS score <4/≥4. At W16/W52, 43.2%/51.7% of patients with a baseline joint pain-NRS score <4 and 26.7%/38.1% with a score ≥4 had a DLQI-R score between 0 and 1.99. The proportions of patients who achieved a ≥4-point reduction in itch-/pain-/fatigue-NRS at W16 and W52 by subgroups of baseline joint pain-NRS score are shown in **Table 1**.

Table 1. Patients who achieved a ≥4-point reduction in itch-/pain-/fatigue-NRS at weeks 16 and 52 (%) by baseline joint pain-NRS score

		Baseline joint pain-NRS score	
Proportion of patients with a ≥4-point reduction in:	**Week**	**<4**	**≥4**
Itch-NRS*	16	73.0	60.8
	52	65.3	61.4
Pain-NRS*	16	69.3	69.9
	52	82.0	84.6
Fatigue-NRS*	16	56.9	60.8
	52	60.8	59.1

*In patients with NRS ≥4 at baseline. NRS, Numeric Rating Scale.

Conclusion: Patients with baseline joint pain showed lower levels of well-being and QoL at baseline. In both patients with and without baseline joint pain, tildrakizumab improved patients' well-being, PASI, QoL, and symptoms after 16 weeks, and this improvement was maintained or increased through W52 in a real-world setting.

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Abstract N°: 5305

Generalized pustular psoriasis and severe hypocalcemia

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Introduction & Objectives:

Psoriasis is a common chronic erythematous-squamous dermatosis. It is most often benign and is considered an autoimmune disease with poorly understood etiology. Generalized pustular psoriasis (GPP) represents a rare but severe form that can be life-threatening. Hypocalcemia has been identified as a potential trigger for this variant, though their association remains infrequent.

We report the case of a patient presenting with generalized pustular psoriasis associated with profound hypocalcemia.

Materials & Methods:

Results:

We present the case of a 35-year-old female patient with a 7-year history of cutaneous vulgar psoriasis and a 5-year history of rheumatoid arthritis. She presented with a one-week history of a generalized pustular eruption accompanied by neurological symptoms, including paresthesia.

Clinical examination revealed erythematous plaques topped with non-follicular pustules involving the trunk, back, face, forearms, hands, and buttocks, with intervening areas of healthy skin. Additionally, erythematous-squamous lesions were noted on the elbows, both knees, and extensor surfaces of the legs. The affected body surface area was estimated at 40%. The candle wax sign and Auspitz sign were positive. The Psoriasis Area and Severity Index (PASI) was 18.5, and the Dermatology Life Quality Index (DLQI) was 19. Neurological examination showed perioral and distal paresthesia with a positive Chvostek sign.

Biochemical investigations revealed profound corrected hypocalcemia (50 mg/L), hyperphosphatemia, hypocalciuria, hypophosphaturia, vitamin D deficiency, normal serum magnesium levels, and normal parathyroid hormone (PTH) levels. ECG showed a prolonged QT interval. Cerebral CT scan did not reveal any features suggestive of Fahr syndrome.

Treatment included correction of hypocalcemia, vitamin D and magnesium supplementation, and topical corticosteroids. The clinical evolution was favorable. Initiation of biological therapy with secukinumab was indicated.

Conclusion:

Early recognition and appropriate management of generalized pustular psoriasis, particularly in the context of metabolic disturbances such as hypocalcemia, are crucial to ensure clinical improvement and prevent potentially severe complications.



Abstract N°: 5341

Does serum tryptophan levels correlate with psoriasis disease severity?

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Introduction & Objectives:

Psoriasis is a chronic inflammatory disease affecting skin, joints and blood vessels. Tryptophan generates metabolites with both pro- and anti-inflammatory effects. Disruptions in tryptophan metabolism have been linked to autoimmune and inflammatory diseases, such as inflammatory bowel disease (IBD), systemic lupus erythematosus (SLE), and rheumatoid arthritis (RA). Furthermore, tryptophan metabolism correlates with the severity of chronic intestinal diseases. Alterations in tryptophan metabolites, including serotonin, quinolinic acid, and kynurenic acid, have also been associated with depression onset in both animals and humans.

Since psoriasis is a systemic disease, we hypothesized that tryptophan serum levels could correlate with disease severity.

Materials & Methods:

Tryptophan serum levels were measured at baseline and every 12 weeks in 583 psoriasis patients during routine consultations over 60 weeks. Inflammatory markers like C-reactive protein (CRP), leukocytes, and hemoglobin (Hb) were also assessed. Tryptophan levels were determined using high-performance liquid chromatography (HPLC). The severity of psoriasis was assessed using the Psoriasis Area and Severity Index (PASI). Correlation analyzes were performed within the overall populations as well as between subgroups of patients (PASI <2 vs. PASI >10; psoriasis patients with and without psoriatic arthritis (PsA); patients with and without depression). Finally, tryptophan levels in patients treated with fumaric acid esters (FAE) or biologics were analyzed over a 60 weeks' time period.

Results:

In 331 patients with follow-up data and precise clinical characterization, we investigated the association between serum tryptophan (TRP) and CRP levels with psoriasis severity, as measured by the PASI. Permutation-based Spearman tests revealed that TRP level were not correlated with PASI (rho = -0.054, p = 0.19), while CRP showed a slight positive but not statistically significant association (rho = 0.16, p = 0.31). Multivariable linear regression models adjusting for body mass index (BMI), weight, topical therapy, and previous therapy further examined these relationships. The TRP-adjusted model showed that for every one-unit increase in TRP, PASI decreased by 0.026 units (95% CI: -0.064 to 0.012, p = 0.19). The CRP-adjusted model indicated that for one-unit increase in CRP, PASI decreased by 0.058 units (95% CI: -0.3 to 0.18, p = 0.62). There were no significant differences in TRP levels for patients with PASI ≤ 2 (n=311), PASI ≥ 10 (n=46), PsA (n=147) or depression (n=69). TRP levels were numerically lower in the PASI ≥ 10 group with PsA compared to patients with PASI ≥ 10 without PsA (p = 0.065). A preliminary analysis of follow-up data showed that after 6 weeks of FAE therapy, TRP levels decreased (p = 0.026), but this reduction was diminished after 12 weeks, showing no significant change from baseline. The effect of biologic therapy on TRP levels is under investigation.

Conclusion: These findings suggest that in this cohort, neither serum tryptophan nor C-reactive protein was significantly associated with psoriasis severity, indicating limited predictive value for systemic inflammation. However, the short-term effects of FAE therapy on TRP levels suggest limited potential as a biomarker for

treatment response. Further analyses, including investigating the effects of biological therapies on TRP levels, are currently underway.



Abstract N°: 5369

Baseline Characteristics of Patients with Moderate-to-Severe Plaque Psoriasis Treated with Guselkumab Self-Administered Using the One-Press Injector in Portugal: A Study on Treatment Satisfaction

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Introduction & Objectives:

Guselkumab, a selective p19 subunit-targeted interleukin-23 inhibitor, is approved for self-administration in patients with moderate-to-severe plaque psoriasis (PsO). This study reports the baseline characteristics of participants in the CERES study (Patient Satisfaction Using Guselkumab One-Press Single-Dose Injector Pen for Psoriasis), aimed at evaluating patient satisfaction, quality of life, and the treatment effectiveness of Guselkumab self-administration in Portugal.

Materials & Methods:

This prospective, multicenter, non-interventional study includes adult PsO patients recruited between September 2022 and November 2023, who were eligible for Guselkumab treatment under standard clinical practice. Baseline data, including demographics and clinician- and patient-reported outcomes, were collected from medical records and surveys.

Results:

A total of 101 patients enrolled in CERES; 62.4% were male, mean age was 49.6 ± 14.2 years and mean body mass index was 27.7 ± 5.9. Comorbidities were reported in 76.2% of patients (n=77), with 70.2% (n=54) having 2 or more comorbidities. Hypertension was reported in 45.5% of patients and dyslipidemia in 42.9%. Prior to Guselkumab, most patients (89.1%) had received biological and/or systemic therapies, mainly methotrexate (45.6%), cyclosporine (44.4%), adalimumab (30%) and etanercept (17.8%). Phototherapy had been used by 31.7% of patients. All patients had an Investigator's Global Assessment (IGA) score of ≥2, with 63.4% having an IGA score of 3. Based on the Self-Injection Assessment Questionnaire, most patients reported no injection or needle fear (>54.5%) and expressed confidence in self-administration under proper conditions (>41.6%).

Conclusion:

The baseline profile of the CERES cohort aligns with national data from previous epidemiological studies. These findings support the relevance of upcoming study outcomes to the broader Portuguese PsO population.



Abstract N°: 5374

Deucravacitinib, an oral, selective, allosteric tyrosine kinase 2 (TYK2) inhibitor, in patients with plaque psoriasis in a community setting: efficacy and safety results from a phase 4 multicenter, randomized, double-blinded, placebo-controlled study (ARTISTYK)

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Introduction & Objectives

Deucravacitinib, an oral, selective, allosteric tyrosine kinase 2 inhibitor, is approved in the US, EU, and other countries for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy. ARTISTYK (NCT05701995), an ongoing phase 4 multicenter, randomized, double-blinded, placebo-controlled study, assesses the effect of deucravacitinib on quality of life (QoL) in patients with plaque psoriasis and impaired QoL treated in a community setting.

Materials & Methods

Patients aged ≥18 years with ≥3% body surface area (BSA) involvement, static Physician Global Assessment (sPGA) ≥3, and Dermatology Life Quality Index (DLQI) >5 were randomized 1:2 to placebo or deucravacitinib 6 mg once daily for 16 weeks; the protocol was amended to include patients with sPGA ≥3 after enrollment had begun. Randomization was stratified by body weight (≥90 kg and <90 kg) and BSA (BSA 3–10% and BSA >10%). The primary endpoint was DLQI 0/1. Key secondary endpoints were: achieving the DLQI meaningful change threshold (MCT; ≥4-point improvement from baseline), change from baseline in whole-body itch numeric rating scale (NRS), and sPGA 0/1. Efficacy outcomes were evaluated at Week 16 for the overall population and the subpopulation with sPGA ≥3. Binary endpoints were assessed using Cochran-Mantel-Haenszel tests, stratified by randomization stratification factors. The continuous endpoint was analyzed with an analysis of covariance model with treatment and randomization stratification factors as fixed effects and the baseline value as a covariate.

Results

180 patients were randomized (placebo: n = 60; deucravacitinib: n = 120). The mean (SD) age was 48.6 (14.5) years; 62.2% of patients were male and 31.1% reported Hispanic/Latino ethnicity. Baseline characteristics were similar in each group (placebo: mean (SD) DLQI 14.6 (6.1), DLQI 11–20: 51.7%, DLQI 21–30: 20.0%; deucravacitinib: mean (SD) DLQI 14.4 (6.0), DLQI 11–20: 54.2%, DLQI 21–30: 15.0%). In the overall population, deucravacitinib was superior to placebo for DLQI 0/1 response rates (95% CI): 33.3% (25.0, 42.5) vs 6.7% (1.8, 16.2); $P = 0.0001$.

Deucravacitinib was also superior to placebo for DLQI MCT response rates (95% CI): 72.5% (63.6, 80.3) vs 53.3% (40.0, 66.3); *P* = 0.0107; and for adjusted mean change from baseline (95% CI) in whole-body itch NRS: -3.9 (-4.4, -3.4) vs -1.8 (-2.5, -1.2); *P* < 0.0001. In the sPGA ≥3 subpopulation, a greater proportion achieved sPGA 0/1 response (95% CI): 35.5% (26.5, 45.4) vs 8.2% (2.3, 19.6); *P* = 0.0004. The most common adverse events (AEs) in the deucravacitinib group (≥5%) were acne (7.6%), nasopharyngitis (6.7%), COVID-19 (5.9%), and sinusitis (5.0%). Serious AEs (SAEs) were reported in 3 patients in the deucravacitinib group (2.5%) and in 1 patient in the placebo group (1.7%); no SAE was considered treatment related.

Conclusion

This phase 4 trial, engaging community-based dermatologists across the US, enrolled a substantial proportion of patients with either very large or extremely large impact on QoL, despite a range of total BSA involvement. Deucravacitinib significantly improved skin-related QoL in these patients with moderate to severe plaque psoriasis and substantially impaired QoL, meeting the primary and all key secondary endpoints. Safety findings were consistent with the known deucravacitinib safety profile.

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Abstract N°: 5376

Global burden of major depressive disorder attributed to psoriatic disease: a preliminary analysis of the global burden of disease study 2021

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Introduction & Objectives: Depressive disorders are a leading cause of disease burden worldwide, with almost one in five people experiencing a major depressive episode during their lifetime. Addressing factors that contribute to the risk of developing depressive disorders may help alleviate the burden on patients and healthcare systems. Psoriasis is a common autoimmune condition with significant implications for patient quality of life and mental health, including depression. Though the relationship between psoriasis and depression is likely bidirectional, a recent systematic review and meta-analysis estimated the relative risk of developing depression following a psoriasis diagnosis for adults without a previous history of depression. We seek to estimate the contribution of psoriasis to the global burden of major depression utilizing data from the Global Burden of Disease study 2021 (GBD 2021).

Materials & Methods: The population attributable fraction (PAF) was calculated using psoriasis prevalence data from the GBD 2021 and a pooled relative risk estimate from a systematic review and meta-analysis with strict criteria to investigate temporality. Attributable burden was calculated by multiplying PAF by disability-adjusted life years for major depressive disorder estimated as part of GBD 2021.

Results: Globally, there were almost 41 million disability adjusted life years related to major depressive disorder, of which almost 140,630 were attributed to psoriasis. The greatest DALYs attributed to psoriasis were seen in middle age (45-65 years of age) with females having greater DALYs than men. Regionally, Western Europe (8.13 per 100,000) and high-income North America (6.69 per 100,000) had the greatest rate of major depressive disorder DALYs attributed to psoriasis, while Eastern Sub-Saharan Africa (0.85 per 100,000) had the least. Put together, we find that 3.4% of the global burden of major depressive disorder can be attributed to psoriatic disease.

Conclusion: Findings support increasing depression screenings for psoriasis patients and suggest that managing psoriatic disease may decrease the burden of depressive disorders globally.



Abstract N°: 5471

Deucravacitinib, an oral, selective, allosteric tyrosine kinase 2 (TYK2) inhibitor, in patients with plaque psoriasis: patient-reported outcomes in a phase 4 multicenter, randomized, double-blinded, placebo-controlled study (ARTISTYK)

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Introduction & Objectives

Deucravacitinib, an oral, selective, allosteric tyrosine kinase 2 inhibitor, is approved in the US, EU, and other countries for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy. ARTISTYK (NCT05701995), an ongoing, phase 4, multicenter, randomized, double-blinded, placebo-controlled study, assesses the effect of deucravacitinib on quality of life (QoL) in patients with plaque psoriasis and impaired QoL. We report the results of patient-reported outcome ad hoc analyses at Week 16.

Materials & Methods

Patients aged ≥18 years with ≥3% body surface area (BSA) involvement, static Physician Global Assessment (sPGA) ≥3, and Dermatology Life Quality Index (DLQI) >5 were randomized 1:2 to placebo or deucravacitinib 6 mg for 16 weeks, stratified by body weight (≥90 kg, <90 kg) and baseline BSA (3–10%, >10%). DLQI categories at Week 16 were compared using generalized linear models with treatment and randomization stratification factors as fixed effects and the baseline value as a covariate; a Cochran-Mantel-Haenszel test with randomization stratification factors assessed response rates for achieving meaningful improvement in whole-body itch numeric rating scale (NRS) (≥4-point reduction from baseline) in patients with baseline scores ≥4. Psoriasis Symptom and Sign Diary (PSSD) score changes from baseline were analyzed using analysis of covariance models with treatment and randomization stratification factors as fixed effects and the baseline value as a covariate. *P* values for exploratory endpoints are nominal.

Results

The overall population included 60 and 120 patients randomized to placebo and deucravacitinib, respectively. At baseline, 70.0% of patients in the overall population reported very large or extremely large disease impact on QoL (DLQI ≥11). DLQI category distributions were balanced between treatment groups. At Week 16, patients receiving deucravacitinib reported improvements in QoL, with 33.3% experiencing no effect on QoL (DLQI 0/1; primary

endpoint), compared with none at baseline. The proportion of patients with very large effect on QoL (DLQI 11–20) decreased with deucravacitinib from 54.2% at baseline to 17.5% at Week 16. The proportion of patients with extremely large effect on QoL (DLQI 21–30) decreased from 15.0% at baseline to 2.5% at Week 16. Patients receiving deucravacitinib vs placebo were more likely to experience better DLQI outcomes (odds ratio [95% CI]: 3.1 [1.8, 5.5]; $P < 0.0001$). Greater proportions of patients receiving deucravacitinib vs placebo achieved clinically meaningful improvement in whole-body itch (response rate [95% CI]: 51.8% [42.1, 61.3] vs 27.8% [16.5, 41.6]; $P = 0.0033$). Week 16 reductions from baseline in PSSD symptom, sign, and total scores (95% CI) were significantly greater in the deucravacitinib vs placebo groups (symptom: -27.6 [-31.6, -23.6] vs -10.8 [-16.4, -5.2]; sign: 29.1 [-33.2, -25.1] vs -10.8 [-16.5, -5.1]; total: -28.4 [-32.3, -24.4] vs 10.8 [-16.4, -5.2]; all $P < 0.0001$).

Conclusion

While substantial proportions of patients with plaque psoriasis reported very large or extremely large impact of disease on QoL at baseline, patients who received deucravacitinib vs placebo experienced significantly better DLQI outcomes. Patients receiving deucravacitinib vs placebo also reported clinically meaningful improvement in whole-body itch, as well as substantial reductions in other psoriasis symptoms and signs.



Abstract N°: 5511

Real-world use of deucravacitinib in high-impact areas: interim data from a 5-year, multicenter, prospective study in patients with moderate to severe plaque psoriasis in Germany (DELPHIN)

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Introduction & Objectives

Deucravacitinib, an oral, selective tyrosine kinase 2 inhibitor, was approved in Germany in March 2023 for the treatment of adults with moderate to severe plaque psoriasis (PsO). Efficacy and safety were demonstrated in prior studies (POETYK PSO-1 [N = 666; NCT03624127], POETYK PSO-2 [N = 1020; NCT03611751] and POETYK long-term extension [N = 1452; NCT04036435]). The non-interventional post-authorization DELPHIN study is an ongoing prospective, multicenter study. The objective of this interim analysis is to provide real-world data on deucravacitinib in patients with moderate to severe plaque PsO in Germany, especially in patients with involvement of high-impact areas.

Materials & Methods

Patients were enrolled in DELPHIN beginning in April 2023 and will be followed up to 5 years. This interim analysis focuses on treatment effectiveness from baseline to Week 24 in high-impact areas, including genital, intertriginous, palmoplantar, and scalp. Involvement of high-impact areas was defined as baseline Physician Global Assessment [PGA] score ≥1; moderate to severe involvement was defined as PGA ≥3. Treatment effects on itch were assessed using a numeric rating scale (NRS). Quality of life was assessed using the Dermatology Life Quality Index [DLQI] and disease severity using the Psoriasis Area and Severity Index [PASI].

Results

As of January 2025, this interim analysis included data from 475 treated patients. At baseline, mean (standard deviation [SD]) PASI score was 13.3 (8.8), with 60.8% having a PASI score >10. The DLQI total score was 12.2 (SD 7.4), with 52.8% having a DLQI score >10. Among patients who had involvement in high-impact areas at baseline, the proportions of patients with moderate to severe involvement in specific high-impact areas (defined as PGA

≥3) at Week 24 decreased as compared with baseline in every high-impact area (baseline vs Week 24): genital, 47.8% vs 1.4%; intertriginous, 41.2% vs 4.9%; palmoplantar, 46.6% vs 14.5%; and scalp PsO, 60.4% vs 11.2%. The proportion of patients with a clear or almost clear scalp (scalp-specific [ss]-PGA 0/1) increased from 31.1% at baseline to 80.6% at Week 24. From baseline to Week 24, mean average itch NRS decreased from 5.2 (SD 2.8) to 2.7 (SD 2.8), while mean worst itch NRS decreased from 5.9 (SD 3.0) to 2.9 (SD 2.9). The mean DLQI total score decreased 7.7 points from baseline to Week 24 from 12.2 (SD 7.4) to 4.5 (SD 5.7), respectively. The proportion of the overall population achieving an absolute PASI ≤3 increased from 3.8% at baseline to 62.0% at Week 24.

Conclusion

Interim real-world data on patients with plaque PsO treated with deucravacitinib in Germany indicate that a notable proportion had PsO involvement in high-impact areas. Previous studies show that PsO in high-impact areas greatly impairs quality of life, as measured by DLQI. Interim effectiveness data from this study suggest that deucravacitinib treatment leads to a notable decrease in disease severity in high-impact areas, as well as a reduction in itch and an improvement in quality of life for these patients. Consistent with earlier interim data from this study, and a recent real-world study in the US, deucravacitinib also decreased whole-body disease severity as measured by PASI. These findings provide further data on the effectiveness of deucravacitinib in the real-world setting in especially burdensome areas, further supporting the existing clinical efficacy profile.



Abstract N°: 5532

Real-world efficacy of brodalumab in psoriasis patients with risk factors for treatment challenges: insights from the PSO-TARGET cohort

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Introduction & Objectives:

Biologic therapies, including anti-IL-17 agents, have significantly improved treatment options for patients with moderate-to-severe psoriasis. Brodalumab is a fully human monoclonal antibody targeting the IL-17 receptor A. Its efficacy and safety have been demonstrated in clinical trials.

Materials & Methods:

This observational, prospective, multicenter study in France and Belgium included 143 patients with moderate to severe psoriasis for which a bodalumab treatment was initiated between December 2020 and January 2022. Patients were followed for 52 weeks, with assessments at baseline, weeks 12–16, and week 52. Baseline data included demographics, medical history, Psoriasis Area and Severity Index (PASI), presence of high impact areas (four high-impact body locations of interest were monitored at baseline and considered (scalp, nails, body folds, genital) for every patient), Dermatology Life Quality Index (DLQI), comorbidities, and prior treatments. Follow-up visits documented PASI, DLQI, and drug survival. The analysis focused on four potential modifiers of treatment response: body mass index (BMI), biologic treatment history, number of high impact areas, and age.

Results:

Brodalumab demonstrated efficacy and safety in patients with moderate-to-severe psoriasis requiring systemic therapy. Exposure time to brodalumab was 13 months (52±4 weeks). At weeks 12/16, 49.6% and 64.3% achieved PASI 100 and DLQI ≤ 1respectively, sustained in 61.9% and 72.3% at week 52.

Efficacy was consistent across subgroups often associated with reduced treatment response. At week 52, PASI 100 and DLQI ≤ 1 were observed in 62.5% and 73.2% of patients with overweight, and 48.6% and 61.8% of patients with obesity, respectively. Among elderly patients, 60.9% achieved PASI 100 and 65.2% reported DLQI ≤ 1. In patients with more than 2 high impact areas, 60.0% achieved PASI 100 and 68.9% experienced DLQI ≤ 1.

Response was also favorable across treatment history: 65.5% of bio-naive and 51.7% of bio-experienced patients achieved PASI 100; DLQI ≤1 was observed in 75.0% and 64.3%, respectively.

Drug survival was high overall (94.6%) and across subgroups (88.3–100%). The safety profile was consistent with clinical trial data. Adverse events leading to discontinuation occurred in 4.2% and serious adverse events in 4.9% of patients, underscoring brodalumab's favorable tolerability in clinical practice.

Conclusion:

Brodalumab efficacy was consistent regardless of BMI, age, or number of high impact areas. Real-world data supports brodalumab use as a valuable long-term treatment for high impact areas and specific subpopulations such as elderly, bio-naïve, bio-experienced, with overweight and with obesity.

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Abstract N°: 5540

Long-term impact of secukinumab on the prevention of psoriatic arthritis in patients with psoriasis: a 5-year pooled analysis of the ERASURE, FIXTURE and SCULPTURE studies

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Introduction & Objectives: Secukinumab is a fully human monoclonal antibody that selectively inhibits interleukin-17A, demonstrating robust and sustained efficacy in moderate to severe psoriasis (PsO) and psoriatic arthritis (PsA) with a good safety profile in long-term trials.1-3 Besides its efficacy in PsA, secukinumab may have a preventive effect in patients with PsO without clinical signs of PsA. Pooled clinical trials of secukinumab (ERASURE, FIXTURE and SCULPTURE) provide valuable data sets that can help in understanding PsA prevention with secukinumab treatment. This study aimed to explore the efficacy of secukinumab in preventing PsA in patients with PsO using pooled data from the ERASURE, FIXTURE and SCULPTURE trials and to indirectly compare these data with historical data in patients who were biologic-naïve.4

Materials & Methods: Patients with moderate to severe PsO (with no medical history of PsA at baseline) who were treated with secukinumab 300 mg up to 5-year follow-up were included in this analysis. The incidence of PsA within the studies was assessed using exposure-adjusted incidence rates (EAIRs; incidence rate/100 patient-years [PY]). The preferred term 'psoriatic arthropathy' in the reported adverse events was used to capture the incident PsA. The time to develop PsA was estimated using Kaplan-Meier analysis. Efficacy was measured using Psoriasis Area and Severity Index (PASI) 90 and 100 responders (as observed data).

Results: Overall, 673 patients with active PsO without PsA were included in the analysis (mean age: 45.2 years; male: 71.8%; mean body mass index: 28.9 kg/m2; mean time since diagnosis: 16.1 years). In total, 8% (N=54), 11.3% (N=76), 34.5% (N=232) and 46.2% (N=311) of patients had <2, 2-<5, 5-<15 and ≥15 years of disease duration, respectively. Overall, 18.3% of patients were biologic-experienced before the start of secukinumab. All patients had a PASI score of ≥10. After 5 years of treatment and a total exposure of 1831 PY, most patients (659/673 patients; 97.9%) did not experience PsA (**Fig. 1**). This translates into an EAIR of 0.76 (95% CI: 0.42,1.28).

An 8-year prospective observational study previously reported a yearly PsA incidence rate of 2.7/100 patients in biologic-naïve patients with PsO without PsA.4 When we indirectly compared these data with current data from pooled clinical trials, we found that incidence rate of PsA development was ~72% lower with secukinumab. At Year 5 of secukinumab treatment, 36.5% and 63.9% of patients achieved skin clearance (PASI 100) and PASI 90, respectively (**Table 1**).

Conclusion: These findings support the hypothesis that secukinumab may prevent PsA development in patients with PsO and suggest a potential protective effect against PsA. Additionally, secukinumab-treated patients demonstrated effective and sustained long-term control over skin clearance.

References:

\1. Langley RG, et al. Br J Dermatol. 2023;188:198-207

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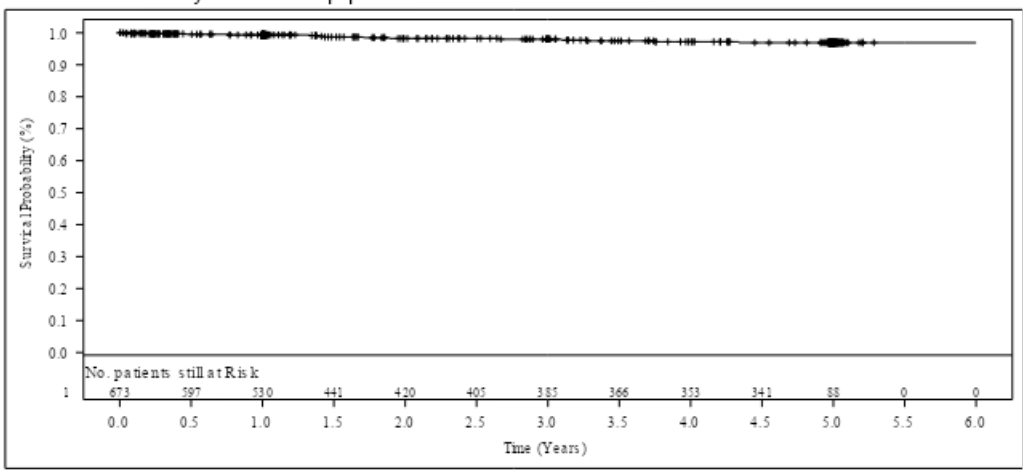
\4. Eder L. Arthritis Rheumatol. 2016;68:915-23.

Table 1. Efficacy of secukinumab in patients with psoriasis without PsA at baseline over a 5-year follow-up period

Endpoints	Study population (N)	Year 1	Year 2	Year 3	Year 4	≥Year 5
PASI 100 n/M (%)	673	242/570 (42.5)	139/334 (41.6)	115/316 (36.4)	107/290 (36.9)	92/252 (36.5)
PASI 90 n/M (%)	673	407/570 (71.4)	217/334 (65.0)	187/316 (59.2)	188/290 (64.8)	161/252 (63.9)

M, number of patients under evaluation; n, number of responders; N, number of patients in the study population; PASI, Psoriasis Area and Severity Index; PsA, psoriatic arthritis.

Figure 1: Kaplan-Meier Curve for PsA development in patients with psoriasis without PsA at baseline over a 5-year follow-up period.



PsA, psoriatic arthritis.



Abstract N°: 5601

Trends in baseline demographics and disease characteristics in patients with moderate to severe plaque psoriasis receiving secukinumab from 2016–2024: Data from the British Association of Dermatologists Biologic Intervention Register (BADBIR)

Donal O'Kane*[1], Jenny Hughes[2], Kave Shams[3], Anna Antoniou[4], Lois Skellon[4], Adam Brown[4], Laura Jane Savage[5]

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Introduction & Objectives:

Psoriasis (PsO) is a chronic, inflammatory, skin disease with a high disease burden, often accompanied by comorbidities such as psoriatic arthritis (PsA).1 Biologic therapies have transformed the treatment landscape for PsO with many options available. Secukinumab has demonstrated long-term efficacy alongside an established safety profile in PsO in clinical trials.2,3 As clinical trials may not fully represent real-world populations, there remains a need for longitudinal, real-world data to understand evolving patient profiles, disease burden, and treatment patterns. Herein, the baseline demographic and disease characteristics of patients with moderate to severe plaque PsO receiving secukinumab enrolled in the British Association of Dermatologists and Immunomodulators Register (BADBIR), are reported.

Materials & Methods:

BADBIR is an ongoing, prospective, longitudinal study which monitors the long-term safety of therapeutics used to treat plaque PsO in the United Kingdom and Ireland. Adult participants (≥18 years) enrolled in BADBIR with moderate to severe PsO who received ≥1 dose of secukinumab in the study identification period (January 2016–August 2024) were included. This analysis reports on trends in baseline demographic and disease characteristics of patients with moderate to severe PsO who were enrolled to initiate secukinumab treatment between 2016 and 2024.

Results:

A total of 1945 patients enrolled to receive secukinumab treatment between 2016 and 2024 were included from BADBIR. Over half of the patients were male (55.8%), with a mean age of 47.2 years and BMI of 31.8 kg/m2 at enrolment (Table). Baseline demographic characteristics, including age, sex, and BMI, remained consistent across the study years. The proportion of patients enrolling with biologic experience increased from 58.3% in 2016 to 61.0% in 2023 and 80.0% in 2024. Similarly, the proportion of patients enrolling with concomitant PsA increased from 23.6% in 2016 to 30.5% in 2023 and 40.0% in 2024. Baseline disease severity (mean PASI and DLQI scores, disease duration and concomitant nail PsO) among patients enrolled between 2016 and 2024 remained consistent across the years, with minor year-to-year variation, indicating a stable level of disease burden at treatment initiation over time (Table). Hypertension and depression were the most common comorbidities, followed by diabetes, asthma, and dyslipidaemia, all of which were observed consistently across the study period.

Conclusion:

This analysis provides insight into baseline demographics and disease characteristics of patients receiving secukinumab between 2016 and 2024 in the UK, highlighting features that remained consistent and those that evolved over time. Compared with RCTs (ERASURE and FIXTURE),4 the real-world cohort had a higher proportion of biologic-experienced patients, a longer disease duration, and a lower baseline PASI score, reflecting differences between clinical trial and real-world populations. These data highlight the importance of holistic management of patients with PsO, particularly those with concomitant PsA or cardiovascular comorbidities, and support the suitability of secukinumab for this patient population.

References:

1. Griffiths CEM, et al. Lancet. 2021;397(10281):1301–15
2. Langley RG, et al. Br J Dermatol. 2023;188(2):198–207
3. Gottlieb AB, et al. Acta Derm Venereol. 2022;102:adv00698
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Table. Demographic and disease characteristics of patients with moderate to severe plaque PsO in the BADBIR between 2016 and 2024

Characteristic	2016 (N=216)	2017 (N=368)	2018 (N=470)	2019 (N=407)	2020 (N=140)	2021 (N=133)	2022 (N=119)	2023 (N=82)	2024 (N=10)*	Overall (N=1945)
Age at the index date (years), mean (SD)	44.8 (12.21)	46.0 (13.00)	46.5 (13.22)	47.4 (13.40)	49.4 (12.91)	48.5 (14.33)	51.0 (13.87)	51.1 (14.89)	45.7 (16.47)	47.2 (13.39)
Sex, n (%)										
Male	132 (61.1)	210 (57.1)	273 (58.1)	239 (58.7)	69 (49.3)	59 (44.4)	50 (42.0)	47 (57.3)	7 (70.0)	1086 (55.8)
Female	84 (38.9)	158 (42.9)	197 (41.9)	168 (41.3)	71 (50.7)	74 (55.6)	69 (58.0)	35 (42.7)	3 (30.0)	859 (44.2)
Body weight (kg) n (%)										
≥90	111 (51.4)	188 (51.1)	228 (48.5)	179 (44.0)	57 (40.7)	66 (49.6)	59 (49.6)	36 (43.9)	3 (30.0)	927 (47.7)
<90	99 (45.8)	162 (44.0)	214 (45.5)	193 (47.4)	64 (45.7)	53 (39.8)	43 (36.1)	41 (50.0)	6 (60.0)	875 (45.0)
Missing	6 (2.8)	18 (4.9)	28 (6.0)	35 (8.6)	19 (13.6)	14 (10.5)	17 (14.3)	5 (6.1)	1 (10.0)	143 (7.4)
BMI, N	**206**	**343**	**437**	**363**	**117**	**116**	**101**	**77**	**9**	**1769**
Mean (SD), kg/m^2	32.5 (8.20)	31.3 (6.93)	31.7 (7.64)	31.8 (7.12)	32.3 (8.21)	31.3 (6.92)	30.8 (7.17)	32.6 (7.22)	35.0 (7.45)	31.8 (7.42)
Disease duration, N	**212**	**366**	**465**	**403**	**136**	**129**	**119**	**82**	**10**	**1922**
Mean (SD), years	22.9 (12.14)	22.6 (12.98)	22.4 (13.93)	22.9 (13.47)	23.5 (13.48)	24.1 (14.23)	25.5 (15.51)	25.3 (15.40)	25.1 (11.10)	23.1 (13.62)
PASI score, N	**159**	**311**	**419**	**339**	**89**	**100**	**82**	**63**	**4**	**1566**
Mean (SD)	13.7 (8.07)	13.9 (7.78)	14.1 (8.60)	12.4 (7.90)	10.8 (8.05)	13.8 (10.22)	12.8 (8.05)	12.8 (9.71)	18.0 (10.63)	13.3 (8.38)
DLQI total score, N	103	271	351	248	50	46	45	32	2	1148
Mean (SD)	16.4 (7.85)	16.4 (7.57)	16.8 (7.60)	16.6 (8.34)	14.8 (8.13)	17.9 (8.02)	17.7 (7.30)	15.6 (8.76)	10.0 (1.41)	16.6 (7.84)
Presence of PsA, n (%)	51 (23.6)	111 (30.2)	131 (27.9)	150 (36.9)	68 (48.6)	70 (52.6)	47 (39.5)	25 (30.5)	4 (40.0)	657 (33.8)
Presence of nail PsO, n (%)	116 (53.7)	206 (56.0)	233 (49.6)	196 (48.2)	74 (52.9)	72 (54.1)	65 (54.6)	41 (50.0)	6 (60.0)	1009 (51.9)
Previous exposure to biologics, n (%)	126 (58.3)	141 (38.3)	191 (40.6)	248 (60.9)	115 (82.1)	105 (78.9)	89 (74.8)	50 (61.0)	8 (80.0)	1073 (55.2)
Comorbidities, n (%)										
Hypertension	45 (20.8)	87 (23.6)	103 (21.9)	84 (20.6)	35 (25.0)	22 (16.5)	32 (26.9)	20 (24.4)	1 (10.0)	429 (22.1)
Depression	45 (20.8)	71 (19.3)	110 (23.4)	84 (20.6)	32 (22.9)	39 (29.3)	35 (29.4)	13 (15.9)	2 (20.0)	431 (22.2)
Diabetes	23 (10.6)	48 (13.0)	59 (12.6)	37 (9.1)	17 (12.1)	9 (6.8)	12 (10.1)	6 (7.3)	0 (0.0)	211 (10.8)
Asthma	20 (9.3)	37 (10.1)	53 (11.3)	49 (12.0)	13 (9.3)	12 (9.0)	12 (10.1)	10 (12.2)	0 (0.0)	206 (10.6)
Dyslipidaemia	15 (6.9)	22 (6.0)	30 (6.4)	21 (5.2)	7 (5.0)	11 (8.3)	7 (5.9)	6 (7.3)	1 (10.0)	120 (6.2)

*Low number of patients in 2024 is due to incomplete data entry at the time of the data cut-off.

BADBIR, British Association of Dermatologists and Immunomodulators Register; BMI, body mass index; DLQI, dermatology life quality index; n, number of patients with outcome; N, number of patients in the group; PsA, psoriatic arthritis; PsO, psoriasis; SD, standard deviation.



Abstract N°: 5602

Guselkumab in Biologic-Naïve versus Biologic-Experienced Patients with Moderate-to-Severe Plaque Psoriasis: A Cost-Effectiveness Analysis

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disorder affecting approximately 125 million individuals worldwide. Advances in understanding its immunopathogenesis have led to the development of targeted biologic therapies, significantly improving disease outcomes. Guselkumab, a monoclonal antibody targeting the IL-23 pathway, has demonstrated high levels of efficacy and a favorable safety profile in randomized controlled trials for moderate-to-severe plaque psoriasis.

Objective: To conduct a cost-effectiveness analysis comparing guselkumab as a first-line biologic therapy versus as a later-line biologic option.

Materials & Methods:

A Markov model was developed to simulate the clinical pathway of patients with psoriasis, comparing the costs and quality of life associated with guselkumab as an initial-line therapy versus its administration in subsequent lines of biologic therapy. The Markov model included two health states: (1) responders and (2) non-responders with a cycle length of one month and a time horizon of 10 years. Patients who discontinued due to lack of response were switched to another biologic agent after a maximum delay of 3 months In the model. for patients who did not respond, we used a maximum of three lines of treatment (different drugs). Response rates were estimated using a log-normal distribution based on a retrospective cohort between 2002 and 2024, including 69 patients with moderate-to-severe plaque psoriasis who were treated with guselkumab as first-line therapy,

and 131 patients who were treated with other biologic drugs as first line. Utility values were derived from published literature, and drug costs were obtained from publicly available sources. QALYs and cost values were estimated using a Monte Carlo simulation with 10,000 subjects repeated for 100 trials. In addition, we conducted a one-way sensitivity analysis of all parameters and a probability sensitivity analysis.

Results: * First line treatment with guselkumab was cost-saving compared to its use in subsequent lines for patients with psoriasis. The mean cost for first-line guselkumab therapy was 584,731 ± 2,491 currency units, compared to 673,201 ± 4,938 for treatment sequences without guselkumab in the first line. The QALY gain associated with first-line guselkumab was 2.352. Figure 1 illustrates the estimated treatment response over time using a log-normal model. First-line guselkumab treatment maintained higher response rates over the simulation period, with a slower decline compared to second- and third-line treatments. Sensitivity analysis revealed a robust result (Table 1 and Figure 2).

Conclusion:

Initiating guselkumab as a first-line biologic therapy was associated with improved quality-adjusted life expectancy and lower mean treatment cost compared to later-line use. These findings suggest that earlier treatment initiation may enhance persistence and potentially improve both clinical and economic outcomes in the management of

moderate-to-severe plaque psoriasis.

Figure 1: The log-normal estimation of response rate of treatment in psoriasis

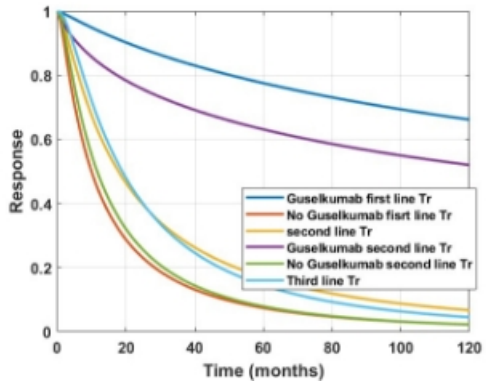
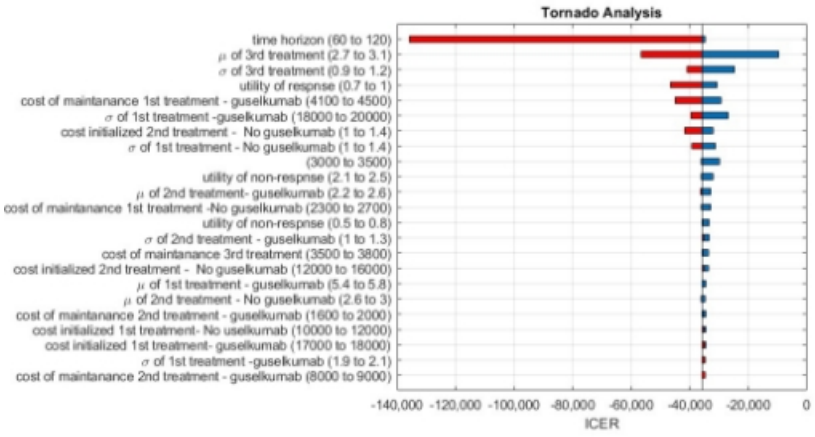


Table 1: Results of the Monte-Carlo simulation

Strategy	**Cost**	**Δ Cost**	**QALY**	**Δ QALY**	**ICER**
1st treatment guselkumab	584,731±2,491	-	8.185±0.02	-	-
1st treatment No guselkumab	673,201±4,938	88,470	5.833±0.02	-2.352	-37,610

Figure 2: Tornado diagram



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Abstract N°: 5609

Long-term effectiveness of secukinumab in patients with moderate to severe plaque psoriasis in the real-world setting: results from the British Association of Dermatologists Biologic Interventions Register (BADBIR)

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Introduction & Objectives:

Psoriasis (PsO) is a chronic skin disease with a high disease burden which has a substantial impact on patient's quality of life (QoL).1 Secukinumab has been reported to have a long-term efficacy alongside an established safety profile in patients with plaque PsO in clinical trials,2,3 but it remains important to generate long-term evidence in the real-world setting. Herein, the longitudinal real-world data on the effectiveness of secukinumab in patients with moderate to severe plaque PsO enrolled in the British Association of Dermatologists and Immunomodulators Register (BADBIR) up to 2024 are reported.

Materials & Methods:

BADBIR is an ongoing, prospective, longitudinal study which monitors the long-term safety of therapeutics used to treat plaque PsO in the United Kingdom (UK) and Ireland. Adult participants (≥18 years) enrolled in BADBIR with moderate to severe PsO who received ≥1 dose of secukinumab in the study identification period (January 2016–August 2024) were included. The effectiveness of secukinumab was evaluated through 54 months follow-up period, by assessing changes in disease severity (based on proportion of patients achieving PASI 0, ≤1, ≤2, ≤3, and ≤5) and QoL (based on proportion of patients achieving dermatology life quality index [DLQI] score of 0 or 1, which suggests no effect on QoL).

Results:

As of Aug 2024, a total of 1945 patients receiving secukinumab were included. Over half of the patient population were male (55.8%), with a mean (SD) age of 47.2 (13.39) years and a mean (SD) body mass index of 31.8 (7.42) kg/m2 at enrolment. Overall, 36.2%, 52.2%, 66.1%, 75.4%, and 84.7% of patients who initiated secukinumab achieved absolute PASI score of 0, ≤1, ≤2, ≤3, and ≤5, respectively, at month 6 and the responses were sustained through month 54 (Figure). The mean DLQI score at baseline was 16.6 (7.84). The proportion of patients achieving DLQI 0/1 increased over time, from 35.4% at month 6 to 52.2% at month 54, suggesting sustained improvement in quality of life over time with secukinumab treatment. One limitation of this study is the low number of patients at later timepoints, which may be attributable to a combination of insufficient time for evaluation and patient discontinuation.

Conclusion:

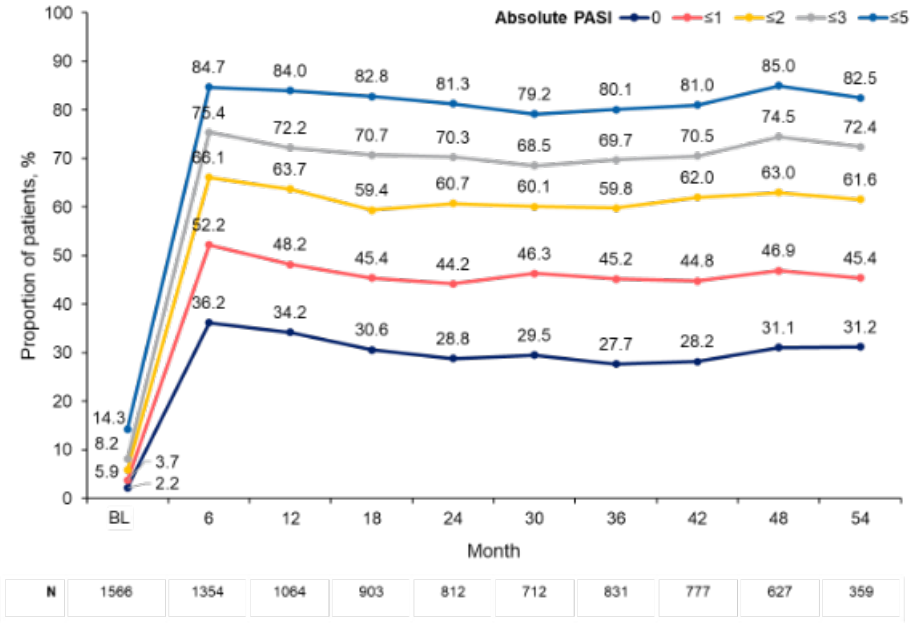
The BADBIR registry provides real-world evidence on the effectiveness of secukinumab in patients with plaque PsO. Secukinumab demonstrated sustained effectiveness based on improvements in PASI and DLQI scores. These

results are consistent with those from the long-term multi-national observational studies such as SERENA and PURE.4,5

References:

1. Griffiths CEM, et al. Lancet. 2021;397(10281):1301–15
2. Langley RG, et al. Br J Dermatol. 2023;188(2):198–207
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Figure. Proportion of patients achieving absolute PASI 0, ≤1, ≤2, ≤3, and ≤5: Data from BADBIR registry between 2016 and 2024



BL, baseline; DLQI, dermatology life quality index; PASI, Psoriasis Area and Severity Index; N, number of patients evaluable



Abstract N°: 5650

Epidemiological Profile of Patients Hospitalized for Psoriasis in the Dermatology Department of CHU Bab El Oued: 71 Cases

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Introduction & Objectives:

Psoriasis is a chronic, multifactorial dermatosis of unknown origin. The aim of this study was to establish the epidemiological profile of patients hospitalized for psoriasis in the dermatology department of CHU Bab El Oued.

Materials & Methods:

This was a descriptive, prospective study including all cases of psoriasis followed at the dermatology department of CHU Bab El Oued from July 2023 to December 2024.

Results:

A total of 71 cases were included. The mean age was 45.73 years (range: 17–83 years), with a male predominance (54.9%). The average age of onset of psoriasis was 29.38 years. Comorbidities were present in 45% of patients, mainly diabetes and hypertension (14.7%). The most frequent clinical form was chronic plaque psoriasis (83%), followed by guttate psoriasis (23%), psoriatic arthritis (26.8%), pustular psoriasis (19.7%), and erythrodermic psoriasis (1.4%). Pruritus was reported by 84.5% of patients. The mean PASI score was 12.47. Severe psoriasis (body surface area >10%) was found in 81.4% of cases. All patients had received topical treatments. Methotrexate was prescribed in 76.5% of cases, followed by cyclosporine (33.8%), acitretin (16.9%), and phototherapy (3%). Anti-TNF alpha therapy was administered in 15.5% of patients.

Conclusion:

We report the epidemiological profile of patients hospitalized for psoriasis, characterized by a male predominance, a high frequency of pustular forms, and a predominant use of methotrexate as systemic therapy.



Abstract N°: 5651

Toward Conversational EMRs: ChatGPT Accurately Extracts Psoriasis Treatments from Unstructured Medical Records

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Introduction & Objectives:

Managing psoriasis involves complex therapeutic decisions across topicals, systemics, and biologics. While Electronic Medical Records (EMR) support continuity of care, their unstructured free-text format limits the ability to extract actionable treatment data. Large language models (LLMs) such as ChatGPT offer a potential solution by transforming narrative records into structured information. The objective was to evaluate ChatGPT-4's ability to extract psoriasis treatment data from unstructured clinical documentation and compare its performance to expert-verified annotations.

Materials & Methods:

We retrospectively analyzed 94 consecutive medical records from patients treated for psoriasis at the Dermatology and Psoriasis Clinic of Sheba Medical Center. Each record, written in Hebrew, included detailed anamnesis, physical examination, and treatment plans. ChatGPT-4 was prompted to identify all treatments used in each case. A human expert performed the same task, and the results were compared against a structured ground truth derived from the EMR. A total of 78 distinct treatments were evaluated, grouped by pharmacologic category. Metrics included sensitivity, positive predictive value (PPV), F1-score, specificity, and Cohen's Kappa. Group-level performance was also assessed.

Results:

ChatGPT achieved a sensitivity of 84.9%, PPV of 88.5%, F1-score of 86.6%, and specificity of 99.5%. The false positive rate was low (1.4%), indicating minimal over-reporting of treatments. Agreement with the human benchmark was strong (Cohen's Kappa = 0.86). Biologics and systemic therapies demonstrated the highest accuracy (F1 = 0.98 and 0.92, respectively), while performance was lower in infrequent or variably documented topical agents. Group-level analysis reflected consistent trends across pharmacologic categories.

Conclusion:

ChatGPT-4 demonstrated high accuracy in extracting treatment data from unstructured psoriasis medical records, closely aligning with expert analysis. Its strong performance in identifying commonly used and structured treatments supports its future use in automating treatment documentation, enhancing EMR usability, and advancing toward conversational, AI-assisted medical records.

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Abstract N°: 5673

Effect of disease duration on effectiveness of biologics in patients with psoriasis: A single-center retrospective study in Japan

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Introduction & Objectives: Recent studies suggest that the duration of psoriasis prior to initiating biologic therapy—particularly interleukin (IL)-23 inhibitors—is associated with achieving high treatment efficacy, such as complete skin clearance. However, no such data have been reported from Japan, and there is also a lack of evidence regarding IL-17 inhibitors and tumor necrosis factor (TNF)-α inhibitors. Therefore, we conducted a retrospective study to evaluate whether the duration of psoriasis affects the effectiveness of biologic therapies in real-world clinical practice in Japan.

Materials & Methods: We included patients with plaque psoriasis who visited our hospital between January 20, 2010, and July 31, 2024, and initiated biologic therapy for the first time. Biologic agents included IL-23 inhibitors (risankizumab, guselkumab), IL-17 inhibitors (ixekizumab, secukinumab, brodalumab), and the TNF-α inhibitor (adalimumab). Clinical data were retrospectively collected from medical records. Patients were categorized into two groups based on disease duration prior to biologic initiation: ≤2 years (short disease duration, SDD) and >2 years (long disease duration, LDD). The cumulative proportion of patients achieving a Psoriasis Area and Severity Index (PASI) score of 0 (complete skin clearance) at 6 months (6M), 1 year (1Y), and 2 years (2Y) was evaluated. Patients with unknown disease onset, prior biologic therapy, or insufficient documentation of skin lesions were excluded.

Results: A total of 219 patients were included. Among them, 87 received IL-23 inhibitors (risankizumab: 48; guselkumab: 39), 92 received IL-17 inhibitors (secukinumab: 41; ixekizumab: 25; brodalumab: 26), and 40 received the TNF-α inhibitor adalimumab. The cohort included 153 males and 66 females, indicating a male predominance. The mean age at disease onset was 48.4 ± 14.6 years. The average duration from disease onset to biologic initiation was 12.1 ± 10.5 years, and the mean baseline PASI score was 15.6 ± 10.0. The SDD group included 29 patients (13.2%). The proportion of patients achieving absolute PASI 0 was 91.7% in the SDD group and 76.1% in the LDD group at 6M (Fisher's exact test, p = 0.1123); 89.3% and 84.3% at 1Y (p = 0.7749); and 96.0% and 93.0% at 2Y (p > 0.9999), respectively. Within the SDD group, there were no significant differences in the PASI 0 achievement rates across time points (Chi-square test, p = 0.6561). However, in the LDD group, the PASI 0 achievement rates showed a significant difference across time points (p = 0.0002).

Conclusion: This study suggests that approximately 90% of patients with a disease duration of ≤2 years achieved complete skin clearance within 6M of initiating biologic therapy. In contrast, while comparable percentage of patients with a disease duration >2 years ultimately reached complete clearance skin at 2Y, a longer period was required for some patients to achieve these outcomes.



Abstract N°: 5675

An analytical study of serum proteomics in psoriasis and review of their role in its pathophysiology

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Introduction & Objectives:

Psoriasis is a chronic dermatological disease which is characterized by a complex pathophysiological combination of abnormal proliferation of keratinocytes, immune cell dysfunction and vascular abnormality. Several protein components are involved in the final pathways which may show altered levels in the circulation. Identification and quantification of these proteins can prove to be the potential biomarkers in the diagnosis, prognosis and development of therapeutic targets.

Materials & Methods:

Proteomic analysis of serum sample from psoriasis patients and healthy subjects utilizing Orbitrap Fusion Tribrid Mass Spectrometer, a high-resolution liquid chromatography Mass Spectrometry (LS-MS/MS), was performed. Validation of two of the detected proteins namely Lipopolysaccharide binding protein (LBP) and Profilin1were subjected to quantification by enzyme linked immunosorbent assay (ELISA). Literature review was performed to understand the role of significantly up- and down-regulated proteins.

Results:

In total, 45 patients with psoriasis (case group) and 45 healthy subjects (control or comparative group) were included for the study. In the discovery phase, 10 patients and 10 healthy subjects participated. LS-MS/MS had detected 20 proteins, which were significantly dysregulated (8 upregulated and 12 downregulated). C-reactive protein isoform 1(CRP), Lysophosphatidic acid(LPA),Fructose-bisphosphate aldolase B (ALDOB), Lipopolysaccharide-binding protein(LBP),Carbonic anhydrase 2 isoform 1(CA2), Peroxiredoxin-2(PRDX2), Keratin type I cytoskeletal 16(KRT16), Collectin-11 isoform (COLEC11), Immunoglobulin J chain(JCHAIN), Apolipoprotein C-I (APOC1), Thrombospondin-4 isoform (THBS4) and profilin 1(PFN 1) were among the altered proteins. Quantitative estimation of two proteins, Lipopolysaccharide binding protein (LBP) and Profilin 1 (PFN1), was performed using Enzyme linked immunosorbent assay (ELISA)using the serum of the enrolled 45 patients and 45 healthy subjects. There was a 1.68 fold increased levels ($p < 0.0007$) of LBP and 0.4 fold decreased levels ($p<0.0038$) of PFN1 in serum of patients which corroborated with the mass spectrometry findings. All these proteins identified play some role in the pathogenesis of psoriasis or related systemic inflammatory process.

Conclusion:

These proteins may serve as potential biomarkers for the diagnosis, and prognosis of patients with psoriasis. Some proteins may also be further studied as a possible therapeutic target.



Abstract N°: 5718

When the Skin Blocks the Needle: Therapeutic Dilemma in a Patient with Severe Generalised Psoriasis and Hepatitis B/D Co-infection

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Introduction & Objectives:

Psoriasis is a common, chronic inflammatory dermatosis affecting 0.1–3% of the population, with a relapsing-remitting course. Chronic plaque psoriasis accounts for 80–90% of cases characterized by symmetrically distributed erythematous-squamous plaques involving the extensor surfaces, scalp, lumbosacral area, buttocks and genital region, typically sparing the face. It is a polygenic disorder triggered by various environmental factors. Beyond cutaneous involvement, up to 30% of patients develop psoriatic arthritis and nail involvement occurs in 10–78% of cases.

Therapeutic management is challenging when complicated by chronic infections such as hepatitis B virus (HBV) and hepatitis D virus (HDV) co-infection, a combination that accelerates progression to cirrhosis, liver failure and eventually hepatocellular carcinoma within 5-10 years. Initiating biologic therapy for psoriasis in this context requires caution due to immunosuppression risks. The objective of this case report is to highlight the clinical and therapeutic difficulties in managing a patient with severe psoriasis and HBV/HDV co-infection, particularly concerning the sequencing of biologic and antiviral therapies, including a novel agent: Bulevirtide- an entry inhibitor for hepatitic viruses.

Materials & Methods:

We report the case of a 38-year-old male admitted for a generalized (>90% BSA) eruption consisting of erythematous-squamous plaques and patches, round to oval in shape, with well-defined and regular borders, covered by thick, adherent, silvery scales. Nail involvement (both fingernails and toenails) included pitting, subungual hyperkeratosis, distal onycholysis and discoloration. Severity scores at admission were: PASI=68.4, DLQI=27, PSSI=54, sPGA-G=4, NAPSI=83. The patient had a long-standing history of psoriasis since childhood, previously treated with topical therapies, phototherapy, Methotrexate and biologics (Adalimumab, Etanercept), the latter being discontinued following the detection of HBV/HDV co-infection during a routine evaluation.

During our hospitalization and after interdisciplinary examinations, the patient was diagnosed with a severe flare of psoriasis, co-infection VHB/VHD but with supra-replication only of VHD (lab tests showed: HBV DNA< 2000 UI/mL and HDV RNA=3 500 000 UI/mL), psoriatic arthritis and hypertension. Although standard guidelines recommend prioritizing antiviral therapy, administration of Bulevirtide (requiring subcutaneous injection) was postponed due to extensive skin lesions and increased infection risk. Consequently, biologic therapy with Bimekizumab (anti-IL-17A/F) was initiated, given its rapid onset of action, favorable safety profile and efficacy in both skin and joint manifestations.

Results:

Within three weeks, the patient showed major improvement: PASI decreased to 8.6, DLQI to 4, PSSI to 6, sPGA-G to 1, NAPSI to 30. Subsequently, Bulevirtide therapy was commenced with close monitoring. HBV and HDV viral loads declined, liver enzymes normalized and Fibroscan results were within normal limits.

Conclusion:

This case underscores the complexity of treating severe psoriasis with HBV/HDV co-infection, highlighting the necessity of individualized, interdisciplinary strategies and cautious therapeutic sequencing. Bimekizumab demonstrated efficacy and safety in this high-risk context, but further studies are required to define optimal management protocols.



Abstract N°: 5757

Real-World Drug Survival and Predictors of Switching and Discontinuation of Biologics and Small Molecules in Moderate-Severe Plaque Psoriasis: A Multicenter Study from Argentina

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Introduction & Objectives:

Several real-world survival studies on biologics and small molecules (B&SM) have been published; however, data is missing on drug survival or predictors of switching in Argentina.

This study aimed to assess the proportion of patients with moderate-to-severe plaque psoriasis who switched or discontinued B&SM, identify associated factors, and evaluate drug survival by initial B&SM class.

Materials & Methods:

A retrospective cohort study was conducted among adults with moderate-to-severe plaque psoriasis treated at psoriasis units in three high-complexity private hospitals in Argentina, between January 1, 2015, and March 31, 2025. All patients had received at least one B&SM, with the first B&SM initiation defined as the index date. Follow-up ended at drug switching, discontinuation, death, or last visit. Five-year drug survival was assessed using Kaplan-Meier estimates and the log-rank test. Factors related to switching or discontinuation were analyzed using Cox proportional hazards regression, adjusted for age, sex, psoriasis onset age, joint involvement, highest PASI score, prior conventional therapy, phototherapy, and initial B&SM class.

Results:

Among 323 patients reviewed, 66.6% (n=215) were male, with a mean age of 53.2 years (SD 16.2). Psoriasis onset before age 40 was reported in 71.4% (n=252), and the mean highest PASI score was 18.3 (SD 10.5). Joint involvement was present in 29.1% (n=94).

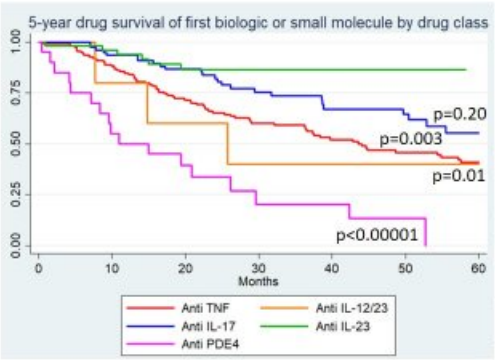
First-line biologics included anti-TNF agents (50.8%, n=164), anti-IL-17 (25.7%, n=83), and anti-IL-23 (15.8%, n=51). IL-23 inhibitors showed significantly higher five-year drug survival compared to anti-TNF (p=0.003), anti-IL-12/23 (p=0.01), and PDE4 inhibitors (p=0.00001), but not anti-IL-17 agents (p=0.20). Anti-TNF agents had the longest availability, with treatments lasting up to 234 months.

Switching or discontinuation occurred in 45.2% (n=146), with 29.5% (n=43) within the first year. Secondary failure was the most common reason (67.8%, n=99), and 90% (n=117) involved inter-class switching.

In multivariate analysis, older age was protective (HR=0.98, p=0.010), while higher PASI scores increased risk (HR=1.02, p=0.026). Compared to anti-TNF, both anti-IL-23 (HR=0.52, p=0.005) and anti-IL-17 (HR=0.23, p=0.002) were associated with lower risk of discontinuation, while PDE4 inhibitors showed increased risk (HR=3.42, p<0.001). Prior use of conventional systemic therapy was also protective (HR=0.39, p=0.006). No significant associations were found for sex, early-onset psoriasis (<40 years), phototherapy, or psoriatic arthritis.

Conclusion:

In this cohort, IL-23 and IL-17 inhibitors showed superior five-year drug survival as first-line therapies. Protective factors against switching or discontinuation included older age, prior conventional systemic therapy, and use of IL-23/IL-17 inhibitors over anti-TNF agents. Higher PASI scores and PDE4 inhibitor use were linked to increased switching or discontinuation risk.



Variable	Hazard Ratio	Standar error	95%CI	p value
Drug class				
- Anti IL-12/23	0.71	0.52	0.17-2.97	0.64
- **Anti IL-17**	**0.52**	**0.12**	**0.33-0.83**	**0.005**
- **Anti IL-23**	**0.23**	**0.11**	**0.09-0.58**	**0.002**
- **Anti PDE4**	**3.42**	**1.11**	**1.80-6.47**	**0.0001**
Sex	1.19	0.24	0.80 - 1.76	0.39
Age	**0.98**	**0.01**	**0.96 – 0,99**	**0.01**
Psoriasis onset < age 40	0.86	0.25	0.49 - 1.51	0.61
Joint involvement	1.34	0.28	0.89 - 2.01	0.17
Highest PASI score	**1.02**	**0.01**	**1.00 - 1.04**	**0.03**
Prior conventional systemic treatment	**0.39**	**0.14**	**0.20 -0.76**	**0.006**
Prior phototherapy treatment	0.91	0.19	0.60-1.38	0.65

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Abstract N°: 5817

Paradoxical Palmoplantar Pustulosis Induced by Methotrexate

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Paradoxical Palmoplantar Pustulosis Induced by Methotrexate

Introduction & Objectives:

Biologic therapies and antirheumatic drugs represent significant advances in the treatment of inflammatory diseases, although paradoxical skin reactions have been reported.

Materials & Methods:

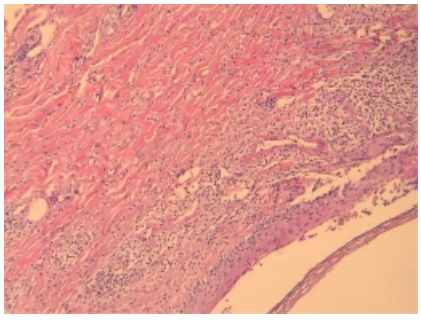
A 69-year-old female patient, heavy smoker, had been suffering from moderate to severe psoriasis for 35 years, resistant to usual topical treatments. Her medical history included hypertension, hypertriglyceridemia, coronary artery disease, and chronic obstructive pulmonary disease. Methotrexate treatment was initiated, effective after four weeks, but was accompanied by the appearance of bilateral palmoplantar pustulosis after four weeks of treatment. Discontinuation of methotrexate led to a marked regression of the pustulosis.

Results:

This is a case of paradoxical pustulosis most probably linked to the use of methotrexate, as supported by chronological criteria and the favorable evolution of symptoms after discontinuing the drug. The exact mechanism behind the triggering of pustulosis by methotrexate is not well understood. However, an in vitro study showed that treatment with antirheumatic drugs such as methotrexate and sulfasalazine leads to an increase in interleukin-36α. Moreover, genetic studies have identified six genetic variants predisposing to pustular psoriasis, highlighting the central role of IL-36 in the pathogenesis of pustular psoriasis. A paradoxical pustulosis due to methotrexate could therefore result from uncontrolled IL-36 activity.

Conclusion:

To our knowledge, this is the first reported case of paradoxical palmoplantar pustulosis due to methotrexate. This reaction could be part of a genetically predisposed context, as seen in cases reported with biologics such as anti-TNF-α.



Histological image of a plantar pustule showing an excoriation of the epidermis, a perivascular and interstitial infiltrate, and numerous eosinophils and neutrophils in the superficial and mid-dermis.



Abstract N°: 5964

Generalized Pustular Psoriasis: case report successfully treated with Secukinumab

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Introduction & Objectives:

Generalized pustular psoriasis (GPP) is a rare, severe inflammatory skin disease characterized by the sudden onset of sterile pustules on erythematous plaques, often accompanied by systemic symptoms.

Materials & Methods:

We present the case of a 23-year-old male with a history of plaque psoriasis and bronchiectasis who developed GPP after discontinuing methotrexate and during a pulmonary infection.

Results:

The disease proved refractory to acitretin, methotrexate, and ciclosporin, with only partial control under adalimumab, which had to be discontinued due to demyelinating lesions. The introduction of secukinumab led to rapid and sustained clearance of skin lesions, without neurological or respiratory deterioration.

Conclusion:

This case highlights the efficacy and safety of secukinumab in managing GPP, particularly in patients with contraindications to anti-TNF therapies.



Abstract N°: 5967

How similar are biosimilar-a retrospective study of the records of 75 patients with moderate to severe plaque psoriasis who were forced to switch from one adalimumab to other during a period of six months when Greece faced an acute shortage of two biosimilars- data from a single Greek private office

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Introduction & Objectives:

Biosimilar medicines are considered highly similar to the originator biological drugs with no clinically meaningful difference in structure, pharmacokinetics, quality, safety or efficacy. However as are highly dependent on a proprietary process that cannot be duplicated, biosimilars do have a potential for variation from reference product. As clinical studies performed by biosimilars aim to demonstrate similarity to the reference product and not to independently establish the safety/effectiveness of the biosimilar, they don't need to be as extensive as those performed for the reference product. This could lead to miss rare events regarding safety, immunogenicity and efficacy. Although for a biosimilar to be approved as interchangeable must, among others, prove to produce same response as the original in any given patient, the type of studies required to prove so have not yet been specified. Consequently, many HCPs and patients feel they don't have the knowledge they need to make informed decisions on therapy and postmarketing pharmacovigilance and real-world data may be particularly beneficial.

Materials & Methods:

We retrospectively studied the records of 75 patients receiving two different biosimilars of adalimumab for moderate/severe plaque psoriasis prior a period of six months when Greece faced an acute shortage of those biosimilars. As patients were forced to change therapy and all of them were well controlled with a stable PGA:0/1 for at least 6 months, switch to another adalimumab (10 to reference product while rest to other biosimilar) was decided.

Results:

Upon the restorage of shortage only 15/75 were satisfied of their new therapy while rest asked to go back to previous agent due to either loss of well response (25/60) or due to practical reasons such as the type of pen or discomfort during injection. Notably 3/25 patients lost well response after switching to the originator agent .23/25 with loss of well response either faced itch or reappear of minimal plaques while 2/25 presented with aPASI>3. All reachieved former well control after the reswitch to previous biosimilar within 1 month. No meaningful differences between two biosimilars were detected

Conclusion:

Biologics are much more complex than conventional chemical drugs and it is impossible to produce biosimilars that are identical to the originator drug. As a result, the therapeutic efficacy and safety of a biosimilar could vary from the originator because the end product is highly dependent on a proprietary manufacturing process that differs for each manufacturer. Our experience suggests that each biosimilar do vary from originators and from each other. Therefore, it is crucial that a robust postapproval surveillance program be in place and that the approval process include sufficient and appropriate studies to ensure HCPs' and patients' ability to make

informed choices and to establish interchangeability.



Abstract N°: 5997

Psoriasis and breast cancer: an unexpected diagnosis during screening for immunobiological treatment.

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Introduction & Objectives: Psoriasis is a chronic, systemic inflammatory disease that is commonly associated with numerous comorbidities.

A correlation has been observed between psoriasis and an increased risk of some types of malignancies, such as skin cancer, lymphomas and bladder cancer. Multiple factors contribute to this association, including lifestyle and systemic treatments for psoriasis.

Immunobiological drugs have been used to treat psoriasis for over 20 years. Each new class has been associated with increased efficacy and safety. However, concerns persist regarding the potential risk of malignancy, which may limit their use in oncology patients.

We presented the case of a young female patient with severe psoriasis and a diagnosis of breast cancer.

Materials & Methods: A 36-year-old woman with a 14-year history of psoriasis. The disease had been treated with multiple courses of topical therapies and phototherapy, all of which resulted in suboptimal responses.

The patient experienced a significant exacerbation of the disease three months postpartum (PASI 8.0, DLQI 15).

A pre-biological screening was performed, which included a routine gynecological examination recommended based on her age (including cervix cytopathological exam and breast ultrasound). Breast exam revealed hypoechoic nodules in both the right and left breasts (BI-RADS 3). She was referred to the mastology team and diagnosed with right-sided triple-negative ductal breast cancer.

The patient received neoadjuvant chemotherapy followed by quadrantectomy and radiotherapy, with an excellent response to treatment.

Six months following the completion of radiotherapy, the patient presented with a significant flare of psoriasis (PASI 15, DLQI 20). Therapeutic options were discussed with the patient and the oncology team. After 10 months of remission from breast cancer, we initiate anti-IL23 immunobiological therapy (Guselkumab) for the management of psoriasis. The patient achieved PASI 90 during the induction phase (PASI 0.8, DLQI 0) and has maintained a good response for 18 months, with neoplasia in remission.

Results: This case highlights the importance of good screening prior to the initiation of immunobiological therapy for psoriasis, enabling early diagnosis of comorbidities.

The efficacy and safety of biological agents are well documented in clinical trials and in real life. However, there is still a difficulty when deciding on therapy with biological drugs in patients with a history of recent neoplasia (< 5 years). There is limited evidence on the safety of the use of biological treatments in patients with cancer.

Rusiñol et al. conducted a study involving 31 patients with moderate to severe psoriasis who had a history of cancer prior to or concurrent with biologic treatment. The treatments were effective, safe and no recurrences or second neoplasia have been associated to biologic treatment.

However, there is a lack of studies, including patients with psoriasis and preexisting malignancy, that can accurately assess the risk of cancer progression or recurrence in patients with psoriasis receiving treatments with biological drugs.

Conclusion: Biologic treatment of psoriasis in oncologic patients can be considered a highly effective and safe alternative. In the absence of large, well-structured studies or guidelines specifically focusing on this population, real-life experiences are valuable resources for clinicians make therapeutic decisions.

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Abstract N°: 5998

Trauma history correlates with higher disease activity of psoriatic arthritis: Findings from a cross-sectional analysis of the PARWCH cohort

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Introduction & Objectives:

Psoriatic arthritis (PsA) is a chronic inflammatory musculoskeletal disease affecting approximately 30% of individuals with psoriasis, imposing a substantial burden on patients and healthcare systems. Patients with moderate to high disease activity (MDA/HDA) often present with more severe joint involvement and may be at increased risk of irreversible joint damage. This study aims to identify clinical factors associated with disease activity in PsA patients, with the goal of informing personalized management strategies.

Materials & Methods:

A cross-sectional analysis was performed based on baseline data from adult PsA patients enrolled in our prospective PARWCH cohort. Collected variables included demographic information, disease duration, onset order, comorbidities, family and personal histories, nail involvement, and psoriasis severity. Disease activity was assessed using the clinical Disease Activity in Psoriatic Arthritis (cDAPSA) score, and patients were stratified into three groups: Remission, low disease activity (LDA), and moderate/high disease activity (MDA/HDA). Descriptive statistics and multivariable logistic regression analyses were performed to identify clinical factors independently associated with disease activity levels.

Results:

Among all baseline characteristics, only PsA duration and trauma history showed statistically significant differences across the three disease activity groups. Mean PsA duration was 4.38 years (SD 5.44), 3.16 years (SD 3.97), and 4.95 years (SD 7.37) for Remission, LDA, and MDA/HDA groups, respectively (P=0.01). Trauma history was reported by 12 (11.54%), 16 (12.80%), and 52 (26.00%) patients, respectively (P=0.003). After adjusting for age, sex, and PsA duration, trauma remained significantly associated with higher disease activity (MDA/HDA vs. Remission: OR 2.96, 95% CI 1.48–5.92, P=0.002), while no significant association was observed between trauma and LDA compared to Remission (OR 1.09, 95% CI 0.48–2.48, P=0.83).

Conclusion:

Trauma history was independently associated with moderate to high disease activity, even after adjusting for potential confounders. This finding suggests that clinicians should routinely assess trauma exposure in PsA patients and consider patient education regarding trauma avoidance as part of a comprehensive disease management plan. Such trauma-prevention strategies prior to PsA onset may contribute to presenting with milder disease activity and improving patient outcomes.



Abstract N°: 6000

Detection of Structural Variants in Psoriasis and Psoriatic Arthritis Using Third-Generation Sequencing

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[2]Sichuan University West China Hospital, Institute of Rare Diseases, Chengdu, China

Introduction & Objectives:

Psoriasis affects over 60 million individuals worldwide and progresses to psoriatic arthritis (PsA) in approximately 30% of cases. Genetic predisposition plays a pivotal role in both diseases. However, previous GWAS studies have not fully explained their genetic susceptibility.

Materials & Methods:

We extracted peripheral blood DNA from three psoriasis patients and three PsA patients, which were sequenced using the Oxford PromethION platform. Two independent bioinformatic pipelines (NanoSV and Vulcan-Sniffles) were employed to detect high-confidence structural variant (SV)s. Functional enrichment analysis of the identified SV-genes was performed using Gene Ontology and Kyoto Encyclopedia of Genes and Genomes databases.

Results:

A total of 420 SV-genes were identified in PsA and 362 in psoriasis. Four genes were shared among all patients including *ETFA*, a gene linked to metabolic disorders. Furthermore, seven SV-genes in the PsA group have been reported in previous GWAS-based PsA genetic studies: *IL19, DLEU1*, *HLA-DQB1*, *U2*, *MYT1L*, *HCP5*, and *OSMR-DT*. Similarly, ten genes identified in GWAS of psoriasis patients were also found with SVs in our study. Functional enrichment analysis showed SV-genes in PsA patients enriched in the endocytic vesicle membrane pathway. Among genes involved the pathway, *MSR1* is associated with macrophage-mediated inflammation, potentially pathogenic to PsA.

Conclusion:

This study identified novel SVs in psoriasis and PsA, including shared genes like*ETFA* and PsA-specific pathways such as the endocytic vesicle membrane pathway involving *MSR1*. These findings expand the understanding of disease pathogenesis and identify potential targets for therapeutic development, addressing gaps in genetic knowledge for these complex conditions.

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Abstract N°: 6001

Comparative Effectiveness and Safety of Adalimumab, Secukinumab, and Upadacitinib in Psoriatic Arthritis: A Prospective Cohort Study based on PARWCH Cohort

Yiyi Wang[1], Jingya Gao[1], Wei Li[1]

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Introduction & Objectives:

Psoriatic arthritis (PsA) is a chronic inflammatory disease affecting about 30% of psoriasis patients. Although targeted therapies like adalimumab (ADA), secukinumab (SEC), and upadacitinib (UPA) have proven efficacy and safety in randomized controlled trials, real-world direct comparisons are limited. We aimed to compare the real-world effectiveness and safety of ADA, SEC, and UPA in PsA patients.

Materials & Methods:

This prospective cohort study utilized data from the PARWCH database and included PsA patients treated with ADA, SEC, or UPA. Clinical assessments were performed at baseline, week 4, week 12, and week 24. Skin involvement was evaluated using PASI75 and PASI90 response rates. Joint outcomes—including peripheral and axial arthritis—were assessed using ACR, PsARC, and ASAS response criteria. Pain, disease activity, and HAQ scores were also recorded. Adverse events during treatment were documented.

Results:

A total of 187 PsA patients were included (SEC: 78; ADA: 66; UPA: 43). All three agents demonstrated comparable efficacy in improving peripheral joint symptoms (ACR20: SEC vs. ADA, Coef=−0.29, P=0.62; UPA vs. ADA, Coef=-0.29, P=0.66) and axial involvement (ASAS20: SEC vs. ADA, Coef=−0.04, P=0.81; UPA vs. ADA, Coef=−1.05, P=0.23). UPA and SEC showed significantly greater efficacy than ADA in improving skin lesions, as reflected by higher PASI90 response rates (SEC vs. ADA, Coef=1.84, P=0.006; UPA vs. ADA, Coef=1.53, P=0.04). However, ADA was more effective in relieving pain compared to both UPA (Coef=2.43, P<0.001) and SEC (Coef=1.21, P=0.02). Regarding safety, 85 adverse events (AEs) were reported by 48 patients over 24 weeks. The most common AEs were fatigue, rash, upper respiratory tract infection, and pruritus. No serious AEs were observed during the study period.

Conclusion:

In conclusion, UPA and SEC demonstrated balanced efficacy across skin and joint symptoms, while ADA offered superior pain relief. These findings support personalized treatment strategies tailored to the clinical features of PsA patients.



Abstract N°: 6008

Stevioside has the immunoregulatory effects in a mouse model of psoriasis via the NF-κB pathway

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Introduction & Objectives:

Stevioside (STE), a naturally occurring diterpenoid glycoside extracted from *Stevia rebaudiana*, has shown potential immunomodulatory effects, including inhibition of dendritic cell maturation. Due to its non-toxic nature and anti-inflammatory properties, we postulated that STE can be utilized as a suitable natural therapeutic agent for psoriasis treatment. To explore its therapeutic potential, we investigated the efficacy of STE in an imiquimod (IMQ)-induced mouse model of psoriasis. Key endpoints include skin inflammation, immune cell infiltration, cytokine production, and T cell functionality.

Materials & Methods:

An experimental psoriasis model was established in BALB/c mice via IMQ immunostimulation. The study employed histopathological analysis, skin protein and cytokine profiling (ELISA, qPCR), immunostaining, dendritic cell isolation and culture, cell viability testing (CCK-8), flow cytometry, and Western blot to evaluate STE's immunoregulatory effects.

Results:

STE treatment markedly reduced skin erythema, scaling, and epidermal thickening, particularly at 100 mg/kg. It significantly downregulated pro-inflammatory cytokines (IL-6, TNF-α, IL-17A) and abnormal expression of Involucrin and Filaggrin. STE also suppressed dendritic cell maturation and cytokine release (e.g., IL-12, RANTES), while inhibiting the activation of key signaling pathways (p-NF-κB, p-STAT3, NLRP3). These results highlight STE's potential as an immunomodulatory agent for psoriasis therapy.

Conclusion:

Our results approved the STE has the potential for the psoriasis treatment.



Abstract N°: 6012

VISIBLE: Guselkumab Impact on Psoriatic Arthritis Through Week 48 in Participants With Moderate-to-Severe Psoriasis Across All Skin Tones

Joseph F. Merola* , Alice B. Gottlieb[1], Amy McMichael[2], Tina Bhutani[3], Olivia Choi[4], Katelyn Rowland[4], Theodore Alkousakis[4], Jessica Vasquez[4], Tony Ma[4], Soumya D. Chakravarty[4, 5], Daphne Chan[4], Andrea Nguyen[6], Seemal R. Desai[7], Andrew Alexis[8], Joseph F. Merola[9]

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Introduction & Objectives:

VISIBLE is an ongoing Phase 3b study that enrolled participants who self-identified as non-white with moderate-to-severe plaque (Cohort A) or scalp (Cohort B) psoriasis (PsO) across all skin tones. This post hoc analysis reports efficacy and patient-reported outcomes through Week 48 for participants with psoriatic arthritis (PsA) at baseline.

Materials & Methods:

Study participants were randomized 3:1 to receive guselkumab 100 mg at Week 0, Week 4, then every 8 weeks thereafter; or placebo with crossover to guselkumab at Week 16. PsA was identified based on a history of a rheumatologist's diagnosis or a Psoriasis Epidemiology Screening Tool score of ≥3 at screening. For participants with PsA, the physical, social, and psychological impact of PsA was assessed using the Psoriatic Arthritis Impact of Disease questionnaire (PsAID-12; score range 0–10; patient-acceptable symptom score [PASS]: ≤3.95; minimal clinically important improvement [MCII]: reduction of ≥3.0 points).1,2 For participants with PsA and a baseline Investigator's Global Assessment (IGA) ≥2 and PsO body surface area (BSA) ≥3%, skin improvement was assessed using IGA, Psoriasis Area and Severity Index (PASI), and BSA outcomes.

Results:

Among 205 participants (efficacy analysis set) in VISIBLE Cohorts A and B, 29.8% (n=61) had PsA, IGA ≥2 and PASI ≥3 at baseline. Mean baseline data for this PsA subgroup reflect extensive skin disease (PASI=20.0; BSA=23.6%), severe scalp PsO (Psoriasis Scalp Severity Index=28.5; scalp surface area=45.3%), and moderate impact of PsA on health (PsAID-12 score=6.2; 77.0% had a baseline score >3.95). From baseline to Week 16, guselkumab-treated participants had clinically important improvements in PsAID-12 (LS mean change, −3.5 vs −0.8 for placebo-treated participants; nominal $p<0.001$) with nearly 60% of participants in the guselkumab group achieving PASS and MCII (among those with baseline scores >3.95 and ≥3.0, respectively); responses were generally maintained or improved through Week 48. At Week 16, the majority of participants with PsA had achieved clear/almost clear skin (IGA 0/1=72.3%; PASI 90=59.6%) or complete skin clearance (IGA 0=42.6%; PASI 100=40.4%). By Week 48, mean percent PASI and BSA improvements were >92% for all guselkumab-treated

participants.

Conclusion:

At baseline, most VISIBLE participants with PsA had a PsAID-12 score above the PASS threshold, indicating a need for improved PsA control. After 3 doses of guselkumab, the majority of these participants achieved clinically meaningful improvements in their PsA symptoms and health-related quality of life; these improvements increased and were maintained through Week 48. The majority of guselkumab-treated participants with PsA achieved levels of skin clearance consistent with the overall VISIBLE population, as assessed by IGA, PASI, and BSA measures.

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Abstract N°: 6037

Utilization and costs of laboratory monitoring in systemic treatment of psoriasis – large-scale claims data analysis

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Introduction & Objectives:

Psoriasis vulgaris is a chronic systemic inflammatory disease that imposes a significant physical, emotional, and social burden on affected individuals. There is a growing recognition of the importance of comprehensive monitoring and management to optimize treatment outcomes, particularly with the advent of advanced systemic therapies.

This study aims to characterize the prevalence of laboratory monitoring and associated costs in persons with psoriasis undergoing systemic treatment, with a specific focus on the differences based on treatment modality and patient characteristics.

Materials & Methods:

A retrospective longitudinal analysis was conducted using German health insurance data from the DAK-Gesundheit. The study population included persons diagnosed with psoriasis who received systemic therapies between 2016 and 2020. Laboratory service utilization and costs were assessed during the initiation and course of treatment, factoring in demographic parameters and comorbidities.

Results:

Among 62,063 persons with psoriasis, 8,018 (12.9%) were identified as having received systemic treatment, which of 92.5% utilized at least one laboratory service. The average annual laboratory monitoring cost per person was higher for those on biologic therapies (€57.88) compared to systemic treatments (€23.70). Laboratory service utilization and costs were associated with the comorbidity index (CCI) and age.

Conclusion:

Biologic therapies for psoriasis induce considerably higher monitoring costs than non-biological systemic drugs. Age and CCI were main predictors for higher utilization of laboratory services. The costs add to the higher drug costs of biologicals but need to be related to the benefits from treatment.



Abstract N°: 6045

Effectiveness and treatment satisfaction with Tildrakizumab 200 mg in routine clinical practice: 28 weeks interim results from the TIL-TWO study

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Introduction & Objectives:

Psoriasis is a chronic, immune mediated inflammatory systemic disease. It varies in morphology and distribution of lesions, severity, and course, with plaque psoriasis being the most common type. State-of-the art therapeutics target the IL23/Th17 axis, with IL23p19 inhibitors being highly efficacious and safe. Tildrakizumab (TIL) is an IL23p19 inhibitor indicated for adults with moderate to severe plaque psoriasis. It is approved in two doses: 100 mg as the standard dose and 200 mg which may bring additional benefits for patients with elevated body weight and high burden of disease.

Materials & Methods:

The observational study TIL-TWO investigates the real-world use of TIL 200 mg in routine dermatological practice in Germany. Outcome measures include characterization of the demographics and baseline characteristics of patients treated with TIL 200 mg, as well as treatment satisfaction assessed by the TSQM9 and health related quality of life assessed through the DLQI. Importantly, the WHO-5 wellbeing questionnaire and clinical effectiveness measured by PASI and PGA are also reported. To evaluate if body weight or disease duration may contribute to tildrakizumab's effectiveness, subgroup analyses are conducted. Data are presented as observed cases (OC).

Results:

For this interim analysis at week 28, data from 183 patients are available, with 61.1% being male. Mean baseline PASI is 18.2, and the mean disease duration is 16.2 years (y). Mean body weight, one of the potential reasons for selecting TIL 200mg, is 99.8 kg, the mean BMI is 32.2 kg/m2. 84.4% of the patients show scalp involvement. 62.2% of patients suffer from comorbidities, with metabolic syndrome being the most common one. Overall, the patients seem highly affected by their psoriasis, which is reflected in the reasons to choose TIL 200 mg. Despite the high body weight, high burden of disease (at investigator's discretion) was the main reason for selecting TIL 200mg (71.0%). Elevated body weight was the reason given for 59.0% of patients (multiple answers possible).Treatment satisfaction in week 28 shows an overall high level of patient satisfaction with their medication, particularly regarding convenience (>85% satisfaction). Subgroup analysis revealed that disease duration (threshold of 8 y) and body weight (≤ 90 kg, > 90 and ≤ 120 kg, >120 kg) lead to similar values across all TSQM-categories (Treatment satisfaction, Effectiveness and Convenience). The mean DLQI decreased from 14.5 at baseline to 4.5 at week 28 in the full analysis set, with a tendency of more favorable outcomes in patients with longer disease duration (≥ 8 y). The mean wellbeing index WHO-5 increased from 45.1 at baseline to 60.6 in week 28, representing a clinically significant difference (> 10% improvement). The well-established effectiveness of TIL was confirmed by a mean 80 % PASI reduction with no significant differences across all subgroups and an achievement of scalp PGA 0/1 at week 28 in nearly 80% of all patients irrespective of clinical characteristics

including body weight and duration of disease.

Conclusion:

These first interim data of the TIL-TWO study show that treatment with TIL 200 mg in patients with elevated body weight and / or high burden of disease in routine daily practice in Germany improves signs and symptoms of plaque psoriasis and reduces the burden of disease. This is reflected by favorable patient-reported outcomes such as TSQM9, DLQI and WHO-5.



Abstract N°: 6062

Needs and treatment expectations of elderly patients with moderate to severe psoriasis treated with tildrakizumab in routine clinical practice: week 28 interim results on patients' needs and wellbeing

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Introduction & Objectives:

Psoriasis is a chronic, immune mediated inflammatory systemic disease affecting not only the skin. It varies in morphology, distribution, severity and course, with plaque psoriasis being the most common form. The ongoing demographic transition in Germany will give rise to a growing proportion of elderly citizens. As psoriasis is a chronic condition, the number of patients suffering from moderate to severe plaque psoriasis will also increase. As a consequence, more elderly patients are expected to suffer from psoriasis.

Materials & Methods:

This observational study TIL-SENIOR investigates whether patients ≥ 65 years (y) with moderate to severe plaque psoriasis treated with tildrakizumab in routine dermatological practice have other personal needs and treatment expectations than patients < 65 y. Outcome measures are the patient benefit index short (PBI-S10), the WHO-5 wellbeing questionnaire, the dermatology life quality index (DLQI) as well as treatment satisfaction questionnaire (TSQM). Efficacy assessment is based on Psoriasis Area and Severity Index (PASI), Physicians global assessment (PGA). Values are expressed as observed cases (OC).

Results:

This interim analysis at week 28 assessed data from 145 patients, 96 patients are < 65 y, 49 patients are ≥ 65 y. In the younger group, 60.4 % are male vs 44.9 % in the older arm. Baseline PASI is similar in both groups with 15.8 (< 65 y) vs 15.9 (≥ 65 y). Disease duration is longer in the older arm with 20.5 y vs 17.7 y. Interestingly, the needs and expectations regarding treatment are very similar between the younger and the older population, with "regaining control over the disease", "being free of itch", "to be able to have a normal life" and "to be less a burden to relatives" as the most important factors. The main difference, if any, is seen in the topic of having "fewer side effects" and to "get a better skin quickly" which is more relevant for the population ≥ 65 y while the group of patients < 65 y focused on "being comfortable showing themselves" and "need less time for daily treatment". The WHO-5 wellbeing score improves in both age groups, increasing from 47.7 to 65.7 in the < 65 y arm and from 44.6 to 58.5 in the ≥ 65 y arm, giving a clinically meaningful improvement, though less pronounced in the older population. In terms of effectiveness, the evolution of PASI is comparable in both age groups, decreasing from 15.8, 15.9 resp. to 2.4 for both groups within 28 weeks.

Conclusion:

These first interim data show that the treatment expectations and needs of patients ≥ 65 y are very similar to the ones < 65 y. The biggest needs for the patients were seen in effective disease management. The assessed effectiveness and improvement in wellbeing are substantial and comparable in both age groups. This leads to the conclusion that treatment with modern class of biologics offers a meaningful therapeutic option independently

from the age of the patients.

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Abstract N°: 6071

Real-World Experience with Spesolimab for Generalized Pustular Psoriasis: A Four-Case Series

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Introduction & Objectives:

Generalized pustular psoriasis (GPP) is a rare and potentially life-threatening autoinflammatory skin disease, characterized by sudden flares of sterile pustules and systemic symptoms. Recent advances have identified the IL-36 pathway as a key player in its pathogenesis, leading to the development of spesolimab, a humanized anti-IL-36R monoclonal antibody. In the Effisayil-1 trial, spesolimab showed rapid and sustained efficacy. While clinical trial data support its use, our contribution lies in presenting real-world clinical experience with spesolimab in four patients with severe GPP flares, reinforcing its effectiveness and utility in routine practice beyond controlled trial settings.

Materials & Methods:

This is a retrospective study in. We collected clinical data from the medical records of four patients diagnosed with severe GPP flares who were treated with spesolimab.

Results:

		PATIENT 1	PATIENT 2	PATIENT 3	PATIENT 4
SOCIO-DEMOGRAPHIC DATA	AGE AT DIAGNOSIS	63	51	72	80
	GENDER	♀	♀	♀	♂
	HISTORY OF PSORIASIS/ PSORIATIC ARTHROPATHY	Yes / Yes	Yes / Yes	Yes / No	No/ No (debut)
	PREVIOUS TREATMENTS RECEIVED	Topical corticosteroids, phototherapy, methotrexate, cyclosporine, acitretin, adalimumab, etanercept, apremilast	Topical corticosteroids, acitretin, cyclosporine, methotrexate, adalimumab, infliximab, salazopyrin	Topical corticosteroids and antifungals, acitretin	No
SPESOLIMAB-TREATED OUTBREAK	TRIGGER	Abrupt withdrawal of systemic corticosteroids	Acitretin dose reduction and gastroenteritis	Unidentified	Unidentified
	CLINICAL SUBTYPE	Von Zumbusch	Annular	Von Zumbusch	Annular
	BIOPSY	Gpp-compatible	Gpp-compatible	Gpp-compatible	Gpp-compatible
	SCORES (BSA/ GPPGA – pustules subscale)	50% / 4 – 4	40% / 3- 2	80% with 15% epidermal **detachment**/ 4 – 4	40% / 3 – 3
	ANALYTICAL FINDINGS AND SYSTEMIC COMPLICATIONS	Leukocytosis, elevated acute phase reactants. Psoriatic arthritis and **urinary tract infection.**	Leukocytosis, elevated acute phase reactants and creatinine. **Urinary tract infection**, anxiety	Severe leukocytosis, very elevated acute phase reactants and creatinine. Cutaneous bacterial overinfection	Leukocytosis, elevated acute phase reactants, creatinine, bilirubin and transaminases
	TIME TO RESPONSE (DAYS) (from 1st spesolimab dose to no new pustules)	5	2	1	1
	SECOND SPESOLIMAB DOSE	Yes	No	Yes	No
	HOSPITAL STAY (DAYS)	13	5	7	2
	REMISSION DURATION	42	22	Not applicable; due to severity, maintenance treatment was initiated without awaiting	In referral since hospital discharge (33 days)
	MAINTENANCE TREATMENT	Ixekizumab 80mg/4weeks	Acitretin 20mg/day and topical corticosteroids	Bimekizumab 320mg/ 8 weeks. Given poor response switched to Ustekinumab 90mg/12 weeks	No

Table 1

GPP is a rare and clinically heterogeneous disease, with four subtypes. In our cohort, two patients had the acute Von Zumbusch variant and two the annular subtype, illustrating the diversity of clinical patterns. Three patients had long-standing, treatment-refractory disease, while one was experiencing a first flare. Consistent with published data, 75% of our cases were women, supporting the reported female predominance.

Treatment with spesolimab led to rapid and significant improvement in all cases, with pustule clearance occurring within five days—often within the first 24 hours—objectively measured by the Generalized Pustular Psoriasis Physician Global Assessment (GPPGA) scale. Two patients achieved complete pustular clearance with a single dose, without needing re-treatment. Systemic symptoms such as fever, pain, and psoriatic arthritis resolved alongside skin improvement.

Patient 4, who was treatment-naïve, showed the fastest and most sustained response. He achieved complete remission after just one dose, including normalization of transaminases, and has remained flare-free without maintenance therapy. This case suggests that early intervention with spesolimab may offer a window of opportunity for long-term disease control with minimal therapeutic exposure.

Patient 3 presented with a particularly severe flare, requiring admission to a burn unit due to >15% skin detachment. The response to spesolimab was striking, with dramatic improvement within 24 hours, further underscoring its utility in life-threatening cases.

The treatment was well tolerated. Two patients developed uncomplicated urinary tract infections, which resolved promptly with oral antibiotics and had no impact on treatment efficacy.

Three patients are currently receiving maintenance therapy, while one remains in sustained remission off-treatment. These real-world findings support spesolimab not only as an effective rescue therapy, but also as a potential disease-modifying option in selected patients.

Conclusion:

Our real-world data confirm the rapid and sustained efficacy of spesolimab in GPP flares, with responses seen within hours—even in refractory cases. A single dose was sufficient in half of the patients, including one treatment-naïve case now in remission without maintenance. These results support spesolimab as a powerful first-line option and highlight the need for further studies on early intervention and long-term disease control.



Abstract N°: 6081

Managing Erythrodermic Psoriasis in Homeless Patients: Therapeutic Challenges of Noncompliance

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Introduction & Objectives: Erythrodermic psoriasis is a rare, severe variant of psoriasis characterized by widespread erythema, scaling, and inflammation affecting more than 90% of the body surface area. This potentially life-threatening condition can be triggered by abrupt discontinuation of systemic treatment, infections, psychological stress, or underlying systemic diseases. Clinically, it manifests as generalized redness, pain, itching, and substantial loss of fluids and heat, which may lead to hypotension, hypoalbuminemia, and thermoregulatory instability.

Materials & Methods: We present a compelling case of a 28-year-old homeless man with recurrent episodes of erythrodermic psoriasis. The clinical course was complicated by social instability, significant cognitive limitations, and poor treatment adherence. The patient was repeatedly brought to our department by emergency services, presenting with generalized erythema, thick, adherent scaling, arthralgia, and general malaise. Despite partial clinical improvement following treatment, the patient consistently discharged himself against medical advice after a few days, only to return in a deteriorated state within 4–5 weeks. These cycles recurred multiple times, with repeated counseling by healthcare professionals proving ineffective.

Results: Diagnosis of psoriasis was confirmed by clinical evaluation (PASI 60.6) and laboratory tests, which also revealed elevated hepatic transaminases, hepatitis C infection, and evidence of hepatic fibrosis. Although the patient initially responded to systemic corticosteroids and topical therapy, repeated relapses occurred due to nonadherence and corticosteroid rebound following abrupt discontinuation. Antipsoriatic therapies were contraindicated due to noncompliance and the patient's compromised hepatic function. Given the risk of progressive liver damage, we suggested initiating antiviral treatment for hepatitis C to prevent progression to cirrhosis or hepatocellular carcinoma. In the long term, biologic therapy may be appropriate once the patient's hepatic condition and adherence can be stabilized.

Conclusion: This case underscores the multifaceted challenges of managing erythrodermic psoriasis in socially marginalized populations. Factors such as homelessness, limited healthcare access, cognitive impairment, and psychological distress significantly hinder treatment adherence, resulting in poor disease control and increased risk of infectious complications. A recent study conducted in Slovakia reported a markedly increased mortality rate from infectious causes among homeless men, highlighting the impact of socioeconomic disadvantage and restricted healthcare access. Effective management requires not only pharmacological intervention but also a comprehensive, multidisciplinary approach. This should include patient education, psychological support, and coordination with social services and therapeutic institutions to facilitate sustained treatment and follow-up.



Abstract N°: 6087

Prospective single-center study on efficacy and safety of ustekinumab biosimilar: short term results

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Introduction & Objectives:

Over the last few years, alongside the exponential increase in innovative molecules available for psoriasis treatment, we have witnessed the consolidation of the use of the first molecules developed and the expiration of their patent, with the consequent marketing of anti-TNF biosimilars of etanercept, adalimumab and infliximab. Recently, several biosimilars of ustekinumab originator have been made available, following the expiration of the SPC in July 2024. We report our experience with ustekinumab biosimilar (AVT04 and SB17) both in ustekinumab naïve patients and in patients switched from continuous therapy with ustekinumab originator.

Materials & Methods:

Patients with moderate-to-severe psoriasis, visited in our Psoriasis Center, treated with AVT04 or SB17, have been prospectively evaluated. Patients have been divided into two groups. The first group (group 1) includes patients already on ustekinumab originator therapy and switched to biosimilar, while the other group (group 2) includes ustekinumab-naïve patients who underwent ustekinumab biosimilar treatment for at least 12 weeks.

Results:

We describe clinical efficacy and safety of AVT04 and SB17 in patients of group 1 and group 2, at 12, 24 and 52 weeks of therapy, on chronic plaque psoriasis and comorbidities (including psoriatic arthritis, when present).

Conclusion:

So far, ustekinumab biosimilar has been well tolerated with no increase in side effects and adverse events compared to ustekinumab originator in our population. Indeed, switch to ustekinumab biosimilar did not result in lower efficacy over time, and it showed similar primary efficacy compared to the originator.



Abstract N°: 6135

Current Standard of Care in Systemic Psoriasis Treatment with Regard to Latent Tuberculosis Screening and Chemoprevention: An Online Survey Assessment

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Introduction & Objectives:

The justification for employing preventive treatment prior to initiating methotrexate (MTX) or IL-17/IL-23/IL-12/23p40 inhibitors in the case of latent tuberculosis infection (LTBI) has largely been based on indirect evidence of reactivations observed with TNF inhibitors. Direct evidence for an elevated reactivation risk during the use of MTX and these newer biologics is lacking, as preventive therapy is often administered beforehand. To assess the true reactivation risk, it is essential to estimate how many LTBI patients are exposed to these drugs without chemoprevention. However, such data are scarce.

Materials & Methods:

As part of the revision process for European and German psoriasis treatment guidelines, an anonymous international online survey was conducted among dermatologists. Distributed through national and international dermatological societies, the survey captured current practices regarding LTBI screening and the use of preventive tuberculosis therapy (PT) prior to initiating systemic psoriasis treatments. Respondents were asked about their use of screening tools (IGRA, chest X-ray) and their decision-making regarding PT across different drug classes.

Results:

326 dermatologists from various healthcare settings completed the survey. LTBI screening was performed by 45% of respondents before initiating MTX, compared to 95% for IL-17/IL-23/IL-12/23p40 inhibitors. Preventive TB therapy was “always” or “almost always” administered in 38% of MTX cases and omitted in 31%. For IL-17/IL-23/IL-12/23p40 inhibitors, PT was used in 66% of LTBI cases, while 9% of respondents “never” or “almost never” prescribed it. These findings indicate that a substantial number of patients receive MTX or IL-17/IL-23/IL-12/23p40 inhibitors without prior LTBI treatment. Notably, reported TB reactivation cases in the literature remain rare, even in real-world populations where screening or PT is not systematically applied.

Conclusion:

The data suggest that many patients with LTBI are treated with MTX or IL-17/IL-23/IL-12/23p40 inhibitors without preventive therapy - yet reactivation remains uncommon. A more differentiated, risk-adapted approach to LTBI management may be justified, particularly in light of the adverse effects and delays associated with unnecessary chemoprevention.



Abstract N°: 6163

Bimekizumab treatment in psoriasis patients who failed other biological treatment: A 104-week real-life study

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Introduction & Objectives:

The objective was to evaluate the efficacy, safety and persistence of bimekizumab as a rescue tool in refractory patients receiving anti-TNFα, anti-IL12/23 , anti-IL17 and/or , anti-IL23.

Materials & Methods:

An observational, longitudinal, retrospective study was carried out in patients with moderate-severe PSO treated with biemkizumab (BKZ) who had previous received anti-TNFα, anti-IL12/23 , anti-IL17 and/or , anti-IL23.

This single-center retrospective study included 32 patients affected by moderate-to-severe plaque psoriasis treated with BKZ from January 2023 to January 2025. BKZ was administrated according to the summary of product characteristics.

Assessment criteria encompassed Psoriasis Area and Severity Index (PASI), body surface area (BSA), Dermatology Life Quality Index (DLQI), at 0, 4,16, 24, 36 , 52 , 72 and 104 weeks. At each visit, the occurrence of any adverse events was investigated.

Results: Patients exhibited significant improvements in PASI (baseline 12.1 to 1.05 at week 16), BSA (baseline 13.17 to 1.4 at week 16) and DLQI (baseline 19.2 to 1.2 at week 16).

8/32 patients had received an anti IL23 prior to a dose of bimekizumab, 6/32 another anti IL17, 10/32 anti TNF, 2 anti IL12-23 and 2 naive patients

Conclusion: Our real-life study confirmed the efficacy and safety of biemkizumab , suggesting it as a valuable therapeutic weapon among the armamentarium of biologics, also in psoriasis patients who previously failed other biological treatment



Abstract N°: 6170

Safety, Immunogenicity, and Efficacy of Tildrakizumab in Patients With Chronic Plaque Psoriasis: Final Results From the reSURFACE 1 and reSURFACE 2 Long-Term Extension Studies

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Introduction & Objectives: Tildrakizumab, a monoclonal antibody targeting the interleukin-23 p19 subunit, is approved for the treatment of adults with moderate-to-severe plaque psoriasis. Final long-term safety, immunogenicity, and efficacy results are reported for tildrakizumab 100 mg (TIL100) and 200 mg (TIL200) from the completed reSURFACE 1 (NCT01722331) and reSURFACE 2 (NCT01729754) long-term extension studies (EXTs).

Materials & Methods: reSURFACE 1 and reSURFACE 2 were double-blinded, randomized, controlled Phase 3 trials in adults with moderate-to-severe chronic plaque psoriasis. Patients completing the base studies (64/52 weeks) with ≥50% improvement from baseline (BL) in Psoriasis Area and Severity Index (PASI) could enter the optional EXTs receiving the same TIL dose for up to an additional 192 weeks (Extension 1 [EXT 1]); patients completing EXT 1 could continue receiving TIL in EXT 2 (108 weeks) and then EXT 3 (48 weeks) until it became commercially available in local markets. Safety was assessed from frequencies of adverse events (AEs). Immunogenicity endpoints included frequency of antidrug antibodies (ADAs) and correlation of ADA with efficacy and safety. Efficacy endpoints in the EXTs included proportions of patients with ≥75%, ≥90%, and 100% improvement in PASI (PASI 75/90/100 response) among those with each response at the end of the base studies, and proportion of patients with Physician Global Assessment score of clear or minimal with a ≥2-grade reduction from base study BL (PGA 0/1) over time. Data are shown as observed.

Results: Among 506/730 patients entering the reSURFACE 1/reSURFACE 2 EXTs, 74.9%/77.0% completed EXT 1,

31.6%/7.1% completed EXT 2, and 15.4%/4.2% completed EXT 3 (**Table 1**); median treatment duration was 204/192 weeks.

Overall frequencies of treatment-related AEs (TRAEs), TRAEs leading to discontinuation, and serious TRAEs in the reSURFACE 1/reSURFACE 2 EXTs were 18.6%/26.0%, 2.2%/1.0%, and 3.8%/1.9% and similar between TIL100 and TIL200; malignancies, severe infections, and major adverse cardiovascular events were reported in 5.7%/3.0%, 5.5%/3.6%, and 2.8%/2.2% of patients (**Table 2**). Frequencies of AEs did not increase with long-term TIL100 or TIL200 treatment. Among 503/725 ADA-evaluable patients in the reSURFACE 1/reSURFACE 2 EXTs, 93.6%/80.8% had conclusive results: 79.9%/67.7% were ADA-negative, 9.1%/7.7% were treatment-emergent ADA-positive (neutralizing antibody [nAB] positive, 4.6%/1.8%), and 4.6%/5.4% were non–treatment-emergent ADA-positive (nAB positive, 1.2%/0.6%). There was no clear correlation between nAB frequency and efficacy or overall AE frequency among ADA-positive patients.

Of patients with PASI 75/90/100 responses at the end of the base studies who entered the EXTs, 94.1%/88.8%/68.6% receiving TIL100 and 92.1%/87.6%/78.6% receiving TIL200 had similar response at EXT study start in reSURFACE 1 and 96.5%/93.1%/84.0% and 93.7%/88.1%/79.8% in reSURFACE 2; 64.7% and 59.4% of patients in reSURFACE 1 and 74.1% and 70.8% in reSURFACE 2 had PGA 0/1 responses at EXT start. In both studies, the majority of patients in both dose arms maintained PASI 75/90/100 and PGA 0/1 responses throughout the EXTs for up to 368 weeks (**Figure 1; Figure 2**).

Conclusion: No new safety signals emerged after up to 368 weeks of tildrakizumab treatment in patients with plaque psoriasis. Efficacy of tildrakizumab was maintained for up to 368 weeks in the majority of patients at each time point.

Table 1. Disposition of patients in the extension studies

	reSURFACE 1			reSURFACE 2		
	TIL100 n = 239	TIL200 n = 267	Total N = 506	TIL100 n = 381	TIL200 n = 349	Total n = 730
Extension 1						
Completed, n (%)	171 (71.5)	208 (77.9)	379 (74.9)	290 (76.1)	272 (77.9)	562 (77.0)
Discontinued, n (%)	68 (28.5)	59 (22.1)	127 (25.1)	90 (23.6)	76 (21.8)	166 (22.7)
Reasons for discontinuation, n (%)						
AEs	19 (7.9)	8 (3.0)	27 (5.3)	14 (3.7)	11 (3.2)	25 (3.4)
Death	1 (0.4)	1 (0.4)	2 (0.4)	3 (0.8)	1 (0.3)	4 (0.5)
Lack of efficacy	6 (2.5)	5 (1.9)	11 (2.2)	10 (2.6)	11 (3.2)	21 (2.9)
Lost to follow-up	15 (6.3)	9 (3.4)	24 (4.7)	15 (3.9)	13 (3.7)	28 (3.8)
Noncompliance with study drug	0	1 (0.4)	1 (0.2)	2 (0.5)	2 (0.6)	4 (0.5)
Physician decision	5 (2.1)	5 (1.9)	10 (2.0)	8 (2.1)	11 (3.2)	19 (2.6)
Pregnancy	0	5 (1.9)	5 (1.0)	2 (0.5)	1 (0.3)	3 (0.4)
Progressive disease	0	0	0	0	2 (0.6)	2 (0.3)
Other protocol-specified criteria	0	0	0	1 (0.3)	0	1 (0.1)
Withdrawal by patient	22 (9.2)	25 (9.4)	47 (9.3)	35 (9.2)	24 (6.9)	59 (8.1)
Extension 2						
Total entered Extension 2	**n = 82**	**n = 108**	**N = 190**	**n = 77**	**n = 69**	**N = 146**
Completed, n (%)	70 (29.3)	90 (33.7)	160 (31.6)	31 (8.1)	21 (6.0)	52 (7.1)
Discontinued, n (%)	12 (5.0)	18 (6.7)	30 (5.9)	46 (12.1)	48 (13.8)	94 (12.9)
Reasons for discontinuation, n (%)						
AEs	2 (0.8)	2 (0.7)	4 (0.8)	2 (0.5)	0	2 (0.3)
Death	1 (0.4)	1 (0.4)	2 (0.4)	0	0	0
Lack of efficacy	0	0	0	4 (1.0)	1 (0.3)	5 (0.7)
Lost to follow-up	1 (0.4)	0	1 (0.2)	0	0	0
Physician decision	0	0	0	1 (0.3)	2 (0.6)	3 (0.4)
Study terminated by sponsor				12 (3.1)	27 (7.7)	39 (5.3)
Withdrawal by patient	4 (1.7)	10 (3.7)	14 (2.8)	10 (2.6)	8 (2.3)	18 (2.5)
Other protocol-specified criteria	4 (1.7)	5 (1.9)	9 (1.8)	17 (4.5)	10 (2.9)	27 (3.7)
Extension 3						
Total entered Extension 3	**n = 33**	**n = 45**	**N = 78**	**n = 20**	**n = 11**	**N = 31**
Completed, n (%)	33 (13.8)	45 (16.9)	78 (15.4)	20 (5.2)	11 (3.2)	31 (4.2)
Discontinued, n (%)	0	0	0	0	0	0

All patients entered a 20-week follow-up/washout period following the extension study treatment period to monitor safety/tolerability, PK, and ADA response. Patients returned for 2 visits during the follow up period occurring at 12 and 20 weeks after the patient's last visit during the treatment period. The follow-up period was not applicable for patients who switched to commercial drug at the discretion of the investigator. Patients who had already entered the follow-up period before the protocol amendment to accommodate Extensions 2 and 3 was implemented could resume study treatment after completing a minimum of 12 weeks of follow-up.

Extension 1 refers to the study period comprising the treatment visits from the end of the reSURFACE 1/reSURFACE 2 base studies to W192 in the extension studies; Extension 2 refers to additional treatment visits up to 108 weeks after completion of Extension 1; and Extension 3 refers to additional treatment visits up to 48 weeks after completion of Extension 2.

In reSURFACE 1, 197 patients in total entered Extension 2. Of these, 1 had unknown status due to early site closure and 6 switched to commercial drug without completion or discontinuation status; 190 have completion/discontinuation information available.

In reSURFACE 2, 249 patients in total entered Extension 2. Of these, 22 had unknown status due to early site closure and 81 switched to commercial drug without completion or discontinuation status; 146 have completion/discontinuation information available.

ADA, antidrug antibody; AE, adverse event; PK, pharmacokinetic; TIL100, tildrakizumab 100 mg; TIL200, tildrakizumab 200 mg; W, week.

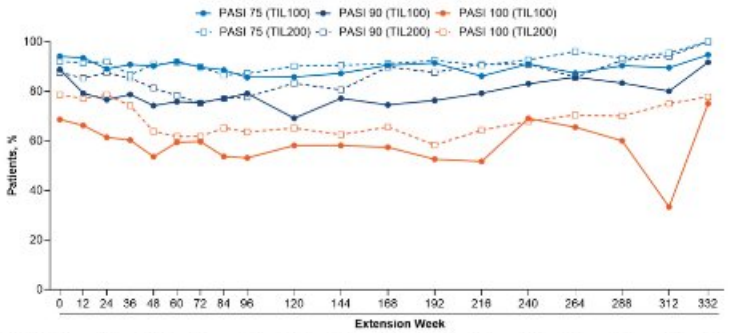
Table 2. Summary of AEs in the reSURFACE 1/reSURFACE 2 extension studies

Category, n (%)	reSURFACE 1			reSURFACE 2		
	TIL100 (n = 239)	TIL200 (n = 267)	Total (N = 506)	TIL100 (n = 381)	TIL200 (n = 349)	Total (N = 730)
≥1AE	216 (90.4)	231 (86.5)	447 (88.3)	321 (84.3)	307 (88.0)	628 (86.0)
Treatment-related AEs	44 (18.4)	50 (18.7)	94 (18.6)	91 (23.9)	99 (28.4)	190 (26.0)
SAEs	60 (25.1)	58 (21.7)	118 (23.3)	87 (22.8)	79 (22.6)	166 (22.7)
Treatment-related SAEs	12 (5.0)	7 (2.6)	19 (3.8)	8 (2.1)	6 (1.7)	14 (1.9)
Deaths	3 (1.3)	2 (0.7)	5 (1.0)	4 (1.0)	2 (0.6)	6 (0.8)
AEs leading to discontinuation	26 (10.9)	13 (4.9)	39 (7.7)	16 (4.2)	13 (3.7)	29 (4.0)
Treatment-related AEs leading to discontinuation	9 (3.8)	2 (0.7)	11 (2.2)	4 (1.0)	3 (0.9)	7 (1.0)
SAEs leading to discontinuation	23 (9.6)	7 (2.6)	30 (5.9)	7 (1.8)	8 (2.3)	15 (2.1)
Treatment-related SAEs leading to discontinuation	7 (2.9)	1 (0.4)	8 (1.6)	1 (0.3)	1 (0.3)	2 (0.3)
Tier 1 AEs						
Severe infections	12 (5.0)	16 (6.0)	28 (5.5)	15 (3.9)	11 (3.2)	26 (3.6)
Malignancies	19 (7.9)	10 (3.7)	29 (5.7)	9 (2.4)	13 (3.7)	22 (3.0)
Nonmelanoma skin cancer	1 (0.4)	1 (0.4)	2 (0.4)	5 (1.3)	4 (1.1)	9 (1.2)
Melanoma skin cancer	1 (0.4)	1 (0.4)	2 (0.4)	0	2 (0.6)	2 (0.3)
Confirmed extended MACE	6 (2.5)	8 (3.0)	14 (2.8)	7 (1.8)	9 (2.6)	16 (2.2)
Treatment-related hypersensitivity reactions	1 (0.4)	0	1 (0.2)	1 (0.3)	2 (0.6)	3 (0.4)

AE, adverse event; MACE, major adverse cardiovascular event; SAE, serious adverse event; TIL100, ± Idrakizumab 100 mg; TIL200, tildrakizumab 200 mg.

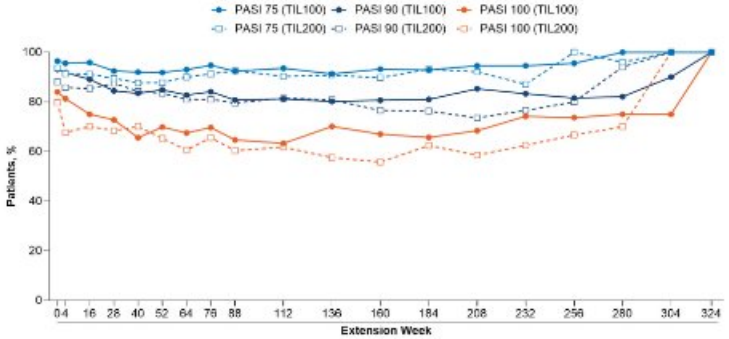
Figure 1. Percentages of PASI 75/90/100 responders at base study completion who maintained the response over time during the (A) reSURFACE 1 and (B) reSURFACE 2 extension studies

(A) reSURFACE 1



TIL100, n = 233	228	217	205	200	189	182	176	168	84	83	75	65	19	19
TIL200, n = 263	261	255	251	240	235	229	218	208	105	102	93	73	23	22

(B) reSURFACE 2



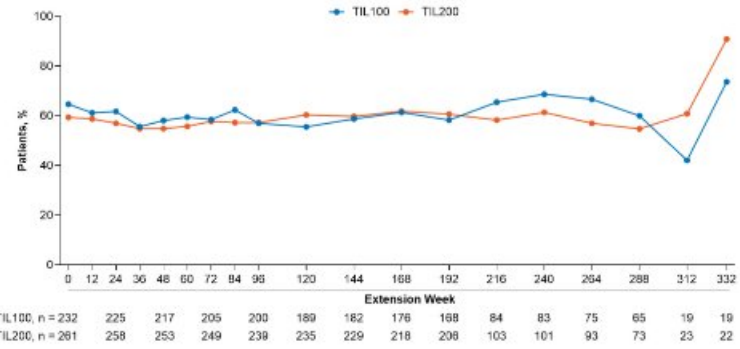
TIL100, n = 378	371	355	343	322	320	307	296	286	103	82	48	49	11	12
TIL200, n = 345	337	332	312	299	295	286	279	272	85	71	35	29	9	4

Percentages are calculated from the number of patients who had PASI 75/90/100 responses at completion of the reSURFACE1/reSURFACE 2 base studies (W64/52) and who remained in the extension study at the timepoints shown. Although patients were followed up for 368/332 weeks in the reSURFACE 1/reSURFACE 2 extension studies, timepoints beyond extension W332/324 are not shown because <10 patients remained in the studies.

BL, baseline; EXT, extension study; PASI 75/90/100, ≥75%/≥90%/100% improvement from baseline in Psoriasis Area and Severity Index; TIL100, tildrakizumab 100 mg; TIL200, tildrakizumab 200 mg; W, week.

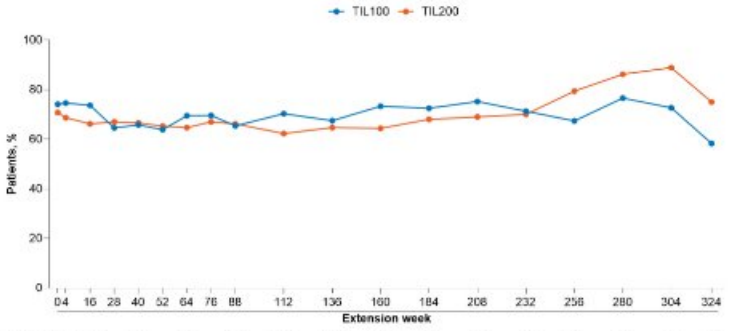
Figure 2. Percentages of patients with PGA 0/1 over time in the (A) reSURFACE 1 and (B) reSURFACE 2 extension studies

(A) reSURFACE 1



TIL100, n = 232	225	217	205	200	189	182	176	168	84	83	75	65	19	19
TIL200, n = 261	258	253	249	238	235	229	218	208	103	101	93	73	23	22

(B) reSURFACE 2



TIL100, n = 374	369	351	341	321	316	305	292	284	101	80	46	47	11	12
TIL200, n = 342	334	329	309	296	292	283	275	269	84	70	34	29	9	4

Although patients were followed up for 368/332 weeks in the reSURFACE 1/reSURFACE 2 extension studies, timepoints beyond extension W332/324 are not shown because <10 patients remained in the studies.

PGA 0/1, Physician Global Assessment score of clear or minimal with ≥2-grade improvement from baseline; TIL100, tildrakizumab 100 mg; TIL200, tildrakizumab 200 mg; W, week.

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Abstract N°: 6174

Characteristics of Quality-of-Life High Responders With Plaque Psoriasis and High-Impact Site Involvement Treated With Apremilast: A Post Hoc Analysis of the EMBRACE Trial

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Introduction & Objectives: Plaque psoriasis (PsO) often presents across ≥1 high-impact site (HIS) and substantially impairs quality of life (QOL) regardless of the degree of skin involvement. Results from the EMBRACE trial demonstrated that apremilast (APR) improved QOL in patients with PsO with HIS involvement and impaired QOL. In this analysis, we describe the demographics, clinical characteristics, and outcomes in patients from EMBRACE treated with APR who achieved a high QOL response (APR QOL-HRs).

Materials & Methods: EMBRACE (NCT03774875) was a phase 4, randomised, placebo (PBO)-controlled trial in adults with chronic PsO (≥6 months) inadequately controlled by topical therapy and with a lack of response, contraindication, or intolerance to conventional first-line systemic therapy. Patients had ≥1 HIS, a Dermatology Life Quality Index (DLQI) total score >10, and a Psoriasis Activity and Severity Index (PASI) score ≥3 to ≤10. Patients were randomised 2:1 to APR (30 mg twice daily) or PBO for 16 weeks (wks), then all patients received APR through Wk 52. APR QOL-HRs were defined as patients who received APR, as randomised or transitioned, and achieved a DLQI total score of 0/1 at Wk 16, 32, or 52 (patients did not need to have data at all three time points). Patients who were randomised to APR and received APR through Wk 52 (APR/APR) were included as a reference group. Changes in DLQI over time and body surface area (BSA) ≤3%, PASI <3, Patient Benefit Index (PBI) ≥1, Itch Numeric Rating Scale (NRS), and skin discomfort/pain Visual Analogue Scale (VAS) at Wks 16, 32, and 52 were assessed in APR QOL-HRs and the APR/APR reference arm. The coefficients of Pearson's correlation (R2) were calculated between the above scores and DLQI total score for APR QOL-HRs; R2 <0.2 was considered a weak correlation, ≥0.2 to ≤0.6 a moderate correlation, and >0.6 a strong correlation.

Results: At Wk 16, the primary endpoint of DLQI response (a ≥4-point reduction from baseline) was achieved by 65.4% of patients who received APR compared to 29.3% who received PBO. This response was maintained through Wk 52 (APR/APR: 64.5%). Among patients treated with APR at any time during the trial, 67/238 (28.2%) met the criteria to be APR QOL-HRs. Baseline demographics and clinical characteristics of APR QOL-HRs and APR/APR are presented in **Table 1**. Mean DLQI was high at baseline (APR QOL-HR: 17.1; APR/APR: 18.1), indicating a large effect on patient QOL. DLQI total scores improved over time in both APR QOL-HRs and APR/APR, with greater and more sustained improvements observed in APR QOL-HRs through Wk 52 (**Figure 1**). At Wk 16, 52.2%, 58.2%, and 82.1% of APR QOL-HRs achieved BSA ≤3%, PASI <3, and PBI ≥1, respectively; at Wk 52, rates were 77.6%, 77.6%,

and 91.0%, respectively (**Figure 2**). Greater improvements in Itch NRS and skin discomfort/pain VAS were also observed in APR QOL-HRs vs APR/APR at both time points (**Figures 3–4**). In APR QOL-HRs, DLQI score at Wk 16 was strongly correlated with Itch NRS (R^2=0.75) and skin discomfort/pain VAS (R^2=0.76) and moderately correlated with BSA (R^2=0.49) and PASI (R^2=0.56). At Wk 52, DLQI was strongly correlated with all measures (R^2 >0.6).

Conclusion: In this analysis, QOL responders who achieved DLQI 0/1 with APR were identified. APR QOL-HRs demonstrated greater and sustained improvements across clinical and patient-reported outcomes compared to overall APR-treated patients, supporting DLQI-based response as a meaningful indicator.

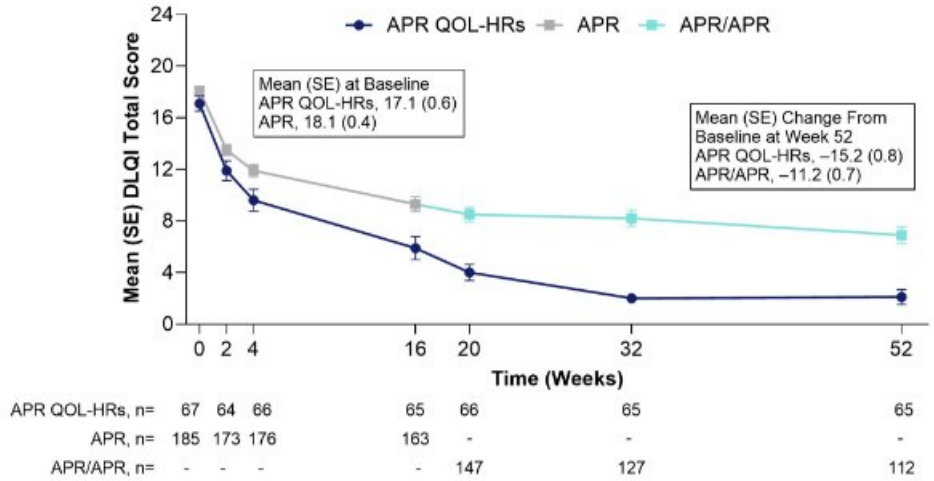
Table 1. Baseline Demographics and Clinical Characteristics

Characteristic	APR QOL-HRs (n=67)	APR/APR (n=152)
Age, year, mean (SD)	51.8 (13.4)	47.1 (14.1)
Sex, n (%)		
Male	33 (49.3)	91 (59.9)
Female	34 (50.7)	61 (40.1)
BMI, kg/m², mean (SD)	28.0 (4.5)	27.8 (5.5)
Duration of PsO, year, mean (SD)	17.3 (13.3)	16.4 (13.0)
Number of high-impact sites, mean (SD)	1.9 (0.9)	2.1 (0.9)
1–2, n (%)	52 (77.6)	108 (71.1)
≥3, n (%)	15 (22.4)	44 (29.0)
Primary manifestation for stratification, n (%)		
Visible area	18 (26.9)	42 (27.6)
Scalp	22 (32.8)	36 (23.7)
Nails	11 (16.4)	36 (23.7)
Genitals	8 (11.9)	21 (13.8)
Palmoplantar	8 (11.9)	17 (11.2)
DLQI score, mean (SD)	17.1 (4.7)	18.1 (4.7)
PASI score, mean (SD)	6.7 (2.1)	6.8 (1.9)
BSA, %, mean (SD)	7.2 (4.4)	7.0 (3.5)
Itch NRS score, mean (SD)	7.5 (1.9)	7.4 (2.0)
Skin discomfort/pain VAS score, mean (SD)	62.2 (27.3)	59.6 (26.7)
Number of prior therapies, n (%)		
Conventional systemic therapies		
0	15 (22.4)	41 (27.0)
1	23 (34.3)	54 (35.5)
2	15 (22.4)	28 (18.4)
≥3	14 (20.9)	29 (19.1)
Biologic therapies		
0	61 (91.0)	137 (90.1)
1	6 (9.0)	13 (8.6)
2	0	1 (0.7)
≥3	0	1 (0.7)

APR QOL-HRs were defined as patients who received APR, as randomised or transitioned from PBO to APR at Week 16, and achieved a DLQI total score of 0/1 at Week 16, 32, or 52. At Week 16, three patients from the PBO arm achieved a DLQI 0/1 response. APR/APR includes patients who were initially randomised to APR during the PBO-controlled phase and entered the APR extension phase.

APR, apremilast; BMI, body mass index; BSA, body surface area; DLQI, Dermatology Life Quality Index; NRS, Numeric Rating Scale; PASI, Psoriasis Area and Severity Index; PBO, placebo; PsO, plaque psoriasis; QOL-HR, quality-of-life high responder; SD, standard deviation; VAS, visual analogue scale.

Figure 1. DLQI Total Score

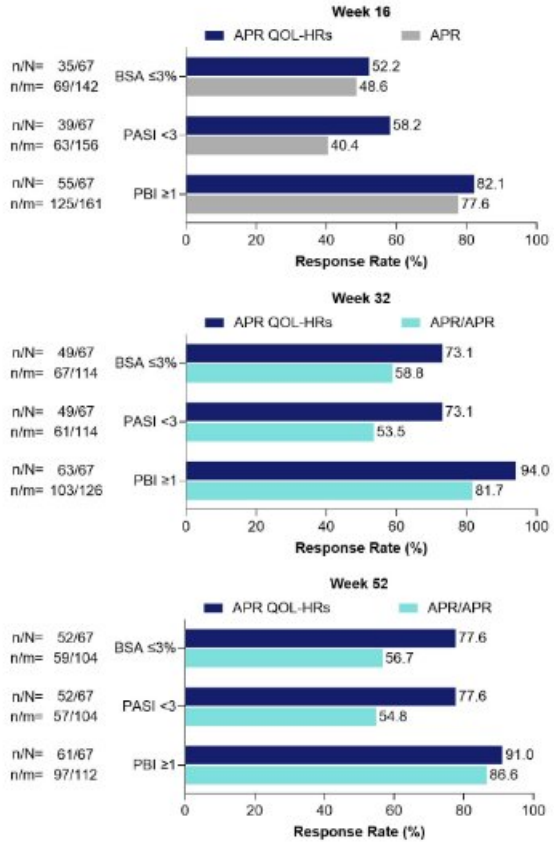


DLQI Total Score, Mean (SE)	APR QOL-HRs	APR
Week 16	5.9 (0.9)	9.3 (0.6)
	APR QOL-HRs	**APR/APR**
Week 32	2.0 (0.4)	8.2 (0.6)
Week 52	2.1 (0.6)	6.9 (0.7)

APR QOL-HRs were defined as patients who received APR, as randomised or transitioned from PBO to APR at Week 16, and achieved a DLQI total score of 0/1 at Week 16, 32, or 52. APR includes patients who were initially randomised to APR during the PBO-controlled phase. APR/APR includes patients who were initially randomised to APR during the PBO-controlled phase and entered the APR extension phase.

APR, apremilast; DLQI, Dermatology Life Quality Index; PBO, placebo; QOL-HR, quality-of-life high responder; SE, standard error.

Figure 2. Proportion of Patients Who Achieved BSA, PASI, and PBI Responses

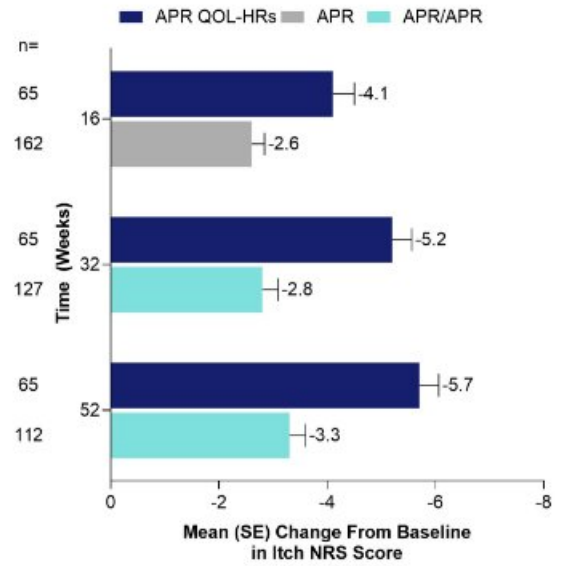


Coefficient of Pearson's Correlation With DLQI (R^2)	APR QOL-HRs		
	Week 16	Week 32	Week 52
BSA	0.49	0.19	0.69
PASI	0.56	0.31	0.72

APR QOL-HRs were defined as patients who received APR, as randomised or transitioned from PBO to APR at Week 16, and achieved a DLQI total score of 0/1 at Week 16, 32, or 52. APR includes patients who were initially randomised to APR during the PBO-controlled phase. APR/APR includes patients who were initially randomised to APR during the PBO-controlled phase and entered the APR extension phase. Values next to bars are percent responders. n/N=Number of responders/Number of patients in treatment group (nonresponder imputation). n/m=Number of responders/Number of patients with nonmissing data (data as observed).

APR, apremilast; BSA, body surface area; DLQI, Dermatology Life Quality Index; PASI, Psoriasis Activity and Severity Index; PBI, Patient Benefit Index; PBO, placebo; QOL-HR, quality-of-life high responder.

Figure 3. Mean Change From Baseline in Itch NRS Score



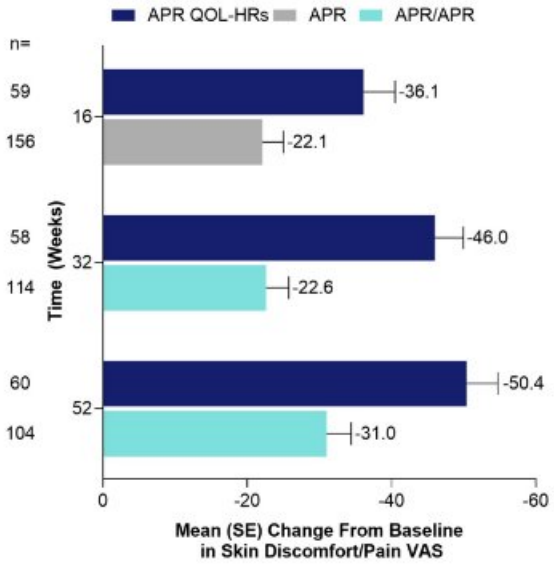
Itch NRS Score, Mean (SE)	APR QOL-HRs (n=67)	APR/APR (n=151)
Baseline (Week 0)	7.5 (0.2)	7.4 (0.2)

Coefficient of Pearson's Correlation With DLQI (R^2)	APR QOL-HRs		
	Week 16	Week 32	Week 52
Itch NRS score	0.75	0.71	0.70

APR QOL-HRs were defined as patients who received APR, as randomised or transitioned from PBO to APR at Week 16, and achieved a DLQI total score of 0/1 at Week 16, 32, or 52. APR includes patients who were initially randomised to APR during the PBO-controlled phase. APR/APR includes patients who were initially randomised to APR during the PBO-controlled phase and entered the APR extension phase. Values next to bars are mean changes from baseline.

APR, apremilast; DLQI, Dermatology Life Quality Index; NRS, Numeric Rating Scale; PBO, placebo; QOL-HR, quality-of-life high responder; SE, standard error.

Figure 4. Mean Change From Baseline in Skin Discomfort/Pain VAS Score



Skin Discomfort/Pain VAS Score, Mean (SE)	APR QOL-HRs (n=67)	APR/APR (n=152)
Baseline (Week 0)	62.2 (3.3)	59.6 (2.2)

Coefficient of Pearson's Correlation With DLQI (R^2)	APR QOL-HRs		
	Week 16	Week 32	Week 52
Skin discomfort/pain VAS Score	0.76	0.66	0.78

APR QOL-HRs were defined as patients who received APR, as randomised or transitioned from PBO to APR at Week 16, and achieved a DLQI total score of 0/1 at Week 16, 32, or 52. APR includes patients who were initially randomised to APR during the PBO-controlled phase. APR/APR includes patients who were initially randomised to APR during the PBO-controlled phase and entered the APR extension phase. Values next to bars are mean changes from baseline.

APR, apremilast; DLQI, Dermatology Life Quality Index; PBO, placebo; QOL-HR, quality-of-life high responder; SE, standard error; VAS, visual analogue scale.



Abstract N°: 6203

Ambient NO2 exposure promotes psoriasis-like dermatitis through increasing neutrophil migration and infiltration

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Introduction & Objectives:

An increasing body of epidemiological evidence has implicated air pollutants, particularly nitrogen dioxide (NO2), are associated with an increased incident risk of psoriasis and may be a trigger factor for psoriasis flare. Our prior time-series analysis demonstrated a significant association between NO2 exposure and increased risk of outpatient visits for psoriasis in Wuhan, China. However, its precise pathophysiological mechanism in psoriasis remains unclear. The purpose of this study was to explore the effects of NO2 on psoriasis-like dermatitis as well as the possible underlying mechanisms.

Materials & Methods:

The imiquimod (IMQ)-induced psoriasis-like mice were exposed to 2.5/5 ppm NO2 with a whole-body exposure system. Keratinocyte proliferation, inflammatory cell infiltration and Inflammatory cytokines were respectively determined by hematoxylin-eosin (H&E), IHC staining and quantitative RT-PCR (qRT-PCR). RNA-sequencing (RNA-seq) was performed on skin lesions to delineate NO2-induced transcriptional alterations. For in vitro experiments, keratinocytes were treated with varying concentrations of sodium nitrate (NaNO3), followed by quantification of psoriasis-related chemokines.

Results:

IMQ-treated mice exposed to different doses of NO2 had concentration-dependently exacerbated dermatitis, accompanied by increased PASI scores, release of inflammatory factors, and enhanced inflammatory infiltration. High-doses NO2 exposure could induce more severe dermatitis. RNA-seq analysis of skin lesions showed that upregulated genes after NO2 exposure in IMQ-induced psoriasis-like mice were significantly enriched in cytokine-cytokine receptor interaction pathway. Quantitative RT-PCR analysis further showed that IMQ-induced mice exposed to NO2 had upregulated expression of chemokines (CXCL1, CXCL2 and CXCL5) in skin lesions, which is related to enhanced neutrophil infiltration. Notably, we found that systemic exposure to NO_2 increased nitrate levels in both serum and skin lesions of mice. We next used NaNO3 ointment for topical application and identified a similar aggravation of IMQ-induced psoriasis-like dermatitis. In vitro, nitrate stimulation upregulated both the expression and secretion of neutrophil chemokines in keratinocytes. Furthermore, using a transwell migration assay, we demonstrated that the conditioned media from nitrate-stimulated keratinocytes significantly increased migration of neutrophils.

Conclusion:

This study reveals that NO_2, converted to nitrate in vivo, exacerbates psoriasis via induction of keratinocyte-derived chemokines. Nitrate-activated keratinocytes increase neutrophil chemokines, driving neutrophil migration and infiltration into psoriatic lesions, thereby elucidating the mechanism of NO_2-induced exacerbation of psoriatic inflammation.



Abstract N°: 6239

Psoriasis and Obesity. Long-Term Efficacy of the IL-23 Inhibitor Guselkumab: A Real-World Experience

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Introduction & Objectives: Psoriasis is a chronic systemic inflammatory disease characterized by the production of multiple proinflammatory cytokines produced by immune cells and interacting with various tissues, which leads to typical clinical manifestations of the disease, extending far beyond the skin lesion. Obesity is an independent risk factor for psoriasis and is associated with a more severe course, being a negative predictor of treatment efficacy. The intersection of pathogenesis mechanisms in psoriasis and obesity can exacerbate systemic inflammation and metabolic dysfunction. Thanks to enormous progress in understanding the pathophysiology of psoriasis, it has been revealed that the key regulator of inflammatory pathways interleukin (IL) 23 in the IL-17/IL-23 immune axis plays a key role in immune dysregulation, which allows for the effective use of these therapeutic targets in psoriasis and comorbid obesity. The aim of the study was to evaluate the long-term efficacy of IL-23 inhibitor guselkumab therapy in patients with moderate to severe psoriasis and comorbid obesity with maintenance of response to therapy.

Materials & Methods: A retrospective study of 36 patients diagnosed with widespread psoriasis vulgaris was conducted. Baseline parameters were assessed by the values of the PASI (Psoriasis Area and Severity Index), dermatological quality of life index (DQLI), body mass index (BMI); in addition, anthropometric parameters were assessed. All patients received treatment with the IL-23 inhibitor guselkumab according to the standard regimen. Therapy efficacy was assessed based on the dynamics of PASI, DLQI, BMI at baseline and after 12, 24, 52 and 468 weeks of therapy, as well as the frequency of patient response in the form of PASI 90 and PASI 100.

Results: Among the patients under our observation, obesity was diagnosed in the vast majority of cases - in 25 (69.0%) patients, the BMI ranged from 30.3 to 35.7.Biological therapy with guselkumab resulted in a statistically significant improvement in all parameters after 12 weeks, the response in each patient was maintained at 24, 52 and 468 weeks ($p < 0.001$). High statistical significance of the difference between the baseline and after guselkumab therapy according to the PASI index was demonstrated ($p < 0.001$). All patients with a “super response” achieved complete skin clearance with a PASI index of 100 by the 24th week of therapy. Changes in the PASI index led to a statistically significant improvement in quality of life indicators according to the DLQI scale ($p < 0.001$). All patients achieved a “super response” regardless of BMI values.

Conclusion: Biological therapy with the IL-23 inhibitor guselkumab is highly effective in reducing disease severity regardless of body mass index. The IL-23 inhibitor may be a better therapeutic alternative for patients with moderate to severe psoriasis and comorbid obesity.



Abstract N°: 6258

Automated Machine Learning for Chronic Skin Disease Patient Data Analysis

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Introduction & Objectives:

Automated machine learning (AutoML) has emerged as a key tool for health data analysis. It represents a novel technology that automatically trains and compares multiple machine learning models, allowing users to select the most accurate one based on performance metrics (e.g., area under the curve (AUC)) to generate predictions and identify key predictors. Chronic skin conditions such as psoriasis and eczema affect 3-10% of the population and could particularly benefit from this approach.

Materials & Methods:

Our research used patient data from three clinical trials conducted between 2018 and 2021. These trials included patients with psoriasis vulgaris, psoriatic arthritis and hand/foot eczema, who used a smartphone app to collect data. Secondary datasets were compiled comprising up to 369 patients and 82 variables, including app-derived data, health parameters, therapy details and social factors. AutoML was used to train machine learning models to predict changes in the Dermatology Life Quality Index (DLQI) and Psoriasis Area and Severity Index (PASI), as well as changes in systemic therapy.

Results:

DLQI progression: A Random Forest Classifier (Gini) with an AUC of 0.7678 was selected as the best model. Key predictors included therapy changes, baseline disease activity, and itch intensity. Therapy changes were associated with improved quality of life.

PASI progression: A blender model (AUC 0.9241) targeted PASI changes after 24 weeks. Primary predictors were baseline PASI, itch severity changes, and changes in systemic therapy. Low baseline PASI and consistently minimal itch were associated with improved PASI outcomes.

Systemic therapy changes: Among 303 models, XGBoost with early stopping achieved the highest accuracy (AUC 0.9078). Significant predictors included baseline systemic therapy, CASPAR score, and quality-of-life changes. Certain therapies were more likely to be maintained, while combinations such as infliximab with methotrexate were more likely to be discontinued.

Conclusion:

This study provides novel insights into DLQI and PASI progression, as well as factors influencing systemic therapy decisions. These findings may inform personalized treatment strategies and enhance patient quality of life.
[References: 1. JMIR Form Res 2024;8:e55855; 2. JMIR Form Res 2024;8:e55855.]



Abstract N°: 6326

T-cell Dysregulation Causes Selective Increase in Viral Sexually Transmitted Infections in Patients with Psoriasis

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Introduction & Objectives:

Psoriasis has been known to be associated with viral causes such as human immunodeficiency virus (HIV), human papillomavirus (HPV), and hepatitis C. Contributing causes may include an imbalance of CD4+/CD8+ lymhocyte ratio in patients with HIV or an upregulated inflammatory state causing release of nerve growth factor, which influences psoriatic pathologic factors in patients with HPV. This study aims to investigate the relationship between psoriasis and common sexually transmitted infections (STI), postulating that chronic inflammatory responses, particularly in T-cell dependent pathways, lead to an increased rate of STIs.

Materials & Methods:

Using a national NIH database, the All of Us (AoU) Research Program, patients with psoriasis (SNOMED: 9014002 and/or ICD-10-CM L40.0) were identified. Propensity-score matching was utilized to match cases to four control subjects with nearest-neighbor matching with a caliper of 0.1. Matching was adjusted for sex, age, race/ethnicity, income, education, and smoking status. Analysis of sociodemographic factors was done using Fisher's exact test for categorical variables and unpaired t-test for continuous variables. Univariate and multivariate logistic regression models were built to examine the odds ratio (OR) of sexually transmitted infection comorbidities. Statistical significance was set at $P < 0.05$, and Wald-based 95% confidence intervals (CI) were calculated.

Results:

Univariate analysis revealed significant associations with herpes simplex virus (HSV) (OR: 1.71, 95% CI [1.44, 2.04], $p < .001$), human papillomavirus (HPV) (1.43 [1.20, 1.72], $p < .001$), and syphilis (0.31 [0.11, 0.87], $p = .017$). Multivariate analysis confirmed significant associations with HSV (2.06 [1.72, 2.45], $p < .001$), HIV (1.50 [1.23, 1.82], $p < .001$), and HPV (1.57 [1.30, 1.88], $p < .001$). Associations with syphilis, gonorrhoeae, and chlamydia were not statistically significant in the multivariate model.

Conclusion:

The observed findings highlight important findings in immunodysregulation seen in psoriasis, particularly the disproportionate predisposition for viral as opposed to bacterial STIs. The contrast in significance between these infections is attributed to psoriasis's underlying dysregulation of innate and adaptive immune systems, particularly Th1 and Th17 pathways, type 1 interferons, and chronic activation of plasmacytoid dendritic cells (pDCs). This study contributes to our hypothesis of T-cell dependent dysregulation leading to increased risk for STIs by addressing the increased prevalence of HPV in psoriasis in regards to anti-IL-17 therapies. Future research is warranted to explore the pathophysiological mechanisms that drive these associations. Physicians should take a thorough STI history and screen for STIs in psoriasis patients, especially for viral STIs. An improved understanding of these interactions may guide both dermatologic and infectious disease management for patients with psoriasis.



Abstract N°: 6399

Tildrakizumab in Real-World Chinese Psoriasis: Efficacy-Safety Profiles from a 28-Week Prospective Cohort with Geriatric and Metabolic Syndrome Stratification

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Introduction & Objectives: The anti-interleukin (IL)-23 p19 mAb Tildrakizumab exhibited robust efficacy and a favorable safety profile in pivotal clinical trials for moderate-to-severe psoriasis management. However, scarce real-world evidence exists regarding the use of tildrakizumab in Chinese populations.

Materials & Methods: This retrospective observational cohort study enrolled 47 patients with moderate-to-severe psoriasis from two tertiary dermatology centers in China between March 2023 and February 2025. The primary endpoint was the change in Psoriasis Area and Severity Index (PASI) score from baseline to week 28 (ITT analysis). Subgroup analyses were prespecified for Metabolic Syndrome (MetS) comorbidity and geriatric populations (≥65 years), with stratified comparisons using ANOVA to assess differences while accounting for baseline disease severity.

Results: Mean PASI scores demonstrated progressive improvement, decreasing from 9.0±3.5 (baseline) to 0.7±1.1 at week 28 ($p<0.001$ for trend). Clinically meaningful responses were observed at week 16 (86.4% achieving PASI <3; 54.5% PASI <1), with further enhancement at week 28 (95.2% and 71.4%, respectively). DLQI scores showed parallel improvement, declining from 7.7±3.7 at baseline to 1.1±2.2 at week 28 ($p<0.001$), corresponding to a 85.1% reduction in quality-of-life impairment. . Subgroup analysis revealed numerically higher PASI 75 response rates in geriatric patients (92.3% vs 76.9%, $p=0.06$) and non-inferior DLQI 0/1 rates (84.6% vs 78.3%, $p=0.776$), though statistical significance was not reached. MetS status did not significantly modulate treatment response (PASI reduction: -8.3±1.2 vs -8.1±1.4, $p=0.42$). Safety analysis identified 3 (6.4%) treatment-emergent adverse events (1 serious [cerebral hemorrhage in an elderly patient with underlying diseases], 2 mild [1 pruritus and 1 memory loss]), with no discontinuations due to psoriasis exacerbation.

Conclusion: Tildrakizumab demonstrated sustained efficacy in real-world management of moderate-to-severe psoriasis. Geriatric populations exhibited accelerated response kinetics without safety compromise. Metabolic syndrome comorbidity did not attenuate therapeutic benefits, supporting broad applicability across diverse psoriasis subtypes.



Abstract N°: 6421

Efficacy of picankibart in genital psoriasis: results from the phase 3 randomized, double-blind CLEAR-1 study

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Introduction & Objectives:

Genital psoriasis is normally companioned by outstanding symptoms of itching, pain, discomfort and impaired quality of life, which imposes heavy physical and mental burden to the patients. However, topical therapies have drawbacks on poor adherence, while limited results had been reported for biologicals. Here we describe the efficacy result of Picankibart, a highly potent IL-23p19 inhibitor, from a phase 3 randomized, double-blind, placebo-controlled clinical trial (CLEAR-1, NCT05645627).

Materials & Methods:

This subgroup analysis is part of the CLEAR-1 study, in which a total of 500 eligible patients were randomized in a 2:2:1 ratio to picankibart 200mg group, picankibart 100mg group, and the control group. Participants received 3 doses of 200 mg picankibart every 4 weeks, followed by 3 dose of 200 mg picankibart and 100 mg picankibart on Week 20, 32, and 44. Placebo injection was used on Week 16 and 24 to preserve the dosing frequency for blindness maintenance. Participants in the control group switched to receive 200 mg picankibart on Week 16, 20, 24, 32, and 44 after finishing 3 doses of placebo administered on Week 0, 4, and 8. The analysis was conducted among participants who had genital psoriasis, on the percentage of participants who achieved 0, 1, or 0/1 on static Physician's Global Assessment of Genitalia (sPGA-G) at Week 16 and 52, along with the sPGA-G dynamics throughout the trial.

Results:

A total of 57 participants (57/500, 11.4%) had genital psoriasis, and 56 of them had baseline sPGA-G score (1 missing). Majority (43/57, 75.4%) participants were male. The mean (SD) age was 40.4 (11.52) years, the mean weight was 72.37 (11.196) kg, and the mean duration of disease was 10.41 (8.193) years. The mean baseline sPGA-G score was 2.6 (0.90) for 100mg picankibart group (n=22), 2.4 (0.83) for 200mg picankibart group (n=24), and 2.3 (0.82) for control group (n=10). At week 4, the mean changes from baseline of sPGA-G were -1.3 (0.89), -1.2 (0.78), and -0.6(1.26) respectively. At Week 16, the mean sPGA-G was 0.2 (0.66), 0.1(0.34), and 1.4 (1.35). The response rate for sPGA-G 0/1 were 91.5% in picankibart group (100mg picankibart group + 200mg picankibart group), which was significantly greater than that of control group (20.0%, P<0.0001). More than half participants (56.6% and 54.2%) in picankibart group achieved sPGA-G 0, while no participants (0) achieved sPGA-G 0 in control group. At week 52, the response rate of sPGA-G was well maintained in picankibart 100 mg and 200 mg groups, with reported sPGA-G 0/1 rate of 82.6% and 83.3%, and sPGA-G 0 rate of 60.9% and 45.8%. The efficacy significantly improved for patients in the control group after switching to 200mg picankibart treatment at Week

16, with a mean sPGA-G change from baseline of -2.1 (0.88) and mean percentage change of -91.67% (18.002). All participants (100%) achieved sPGA-G score 0/1, and 40.0% achieved sPGA-G score 0.

Conclusion:

Picankibart showed notable efficacy signal on sPGA-G improvement in moderate-to-severe plaque psoriasis patients with perineum involvement. A quick response was observed at week 4 with 50% improvement from baseline. Majority of the patients had nearly clean lesions and more than half of patients achieved skin clear at genital area at week 16, followed by a continued response sustained to week 52. A large-scale prospective study is warranted to further validate these findings.



Abstract N°: 6469

VISIBLE Cohort B: Guselkumab Demonstrated Scalp Clearance and Improved Health-Related Quality of Life Through Week 48 in Participants With Moderate-to-Severe Scalp Psoriasis Across All Skin Tones

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Introduction & Objectives: To evaluate guselkumab efficacy and safety in VISIBLE study Cohort B skin of color participants with moderate-to-severe scalp psoriasis.

Materials & Methods: VISIBLE participants were randomized 3:1 to receive guselkumab 100 mg at Week 0, Week 4, then every 8 weeks thereafter, or placebo with crossover to guselkumab 100 mg at Week 16. Efficacy was assessed for all participants meeting Cohort B inclusion criteria (N=102); safety was evaluated for all randomized participants (N=108; guselkumab, n=81; placebo, n=27). Scalp-specific Investigator's Global Assessment (ss-IGA), Psoriasis Scalp Severity Index (PSSI), and scalp surface area (SSA) clearance outcomes, and health-related quality of life (HRQoL) improvements assessed by the Psoriasis Symptoms and Signs Diary (PSSD) are presented through Week 48.

Results: Outcomes through Week 16 have been previously reported. At Week 16 (primary endpoint), ss-IGA 0/1 and PSSI 90 response rates were 68.4% and 65.8%, respectively; in guselkumab-randomized participants, response rates increased to 85.5% and 80.3% at Week 48. Week 48 ss-IGA 0 and PSSI 100 response rates were 67.1% and 68.4%, respectively, for guselkumab-randomized participants; mean improvement from baseline was 94.8% for SSA and 94.6% for PSSI. Mean improvements in PSSD symptom and scalp itch scores for guselkumab-randomized participants at Week 16 (43.7 and 4.9) were maintained at Week 48 (50.4 and 5.9). Among guselkumab-randomized participants with a baseline PSSD symptom score ≥1, 34.7% had a score of 0 at Week 48. Week 48 outcomes for the placebo-crossover group were similar to those for the guselkumab-randomized group. No new safety signals were identified through Week 48.

Conclusion: These data demonstrate that guselkumab is a highly effective and durable treatment for moderate-to-severe scalp psoriasis in participants across all skin tones, with improved or sustained responses through Week 48.



Abstract N°: 6521

Efficacy and Safety of Icotrokinra, a Novel Targeted Oral Peptide (IL-23R-inhibitor), in Adolescents With Moderate-to-Severe Plaque Psoriasis: Subgroup Analyses From a Phase-3, Randomized, Double-Blind, Placebo-Controlled Study (ICONIC-LEAD)

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Introduction & Objectives: Icotrokinra, a novel targeted oral peptide, binds the interleukin-23 (IL-23) receptor to inhibit IL-23 signaling. ICONIC-LEAD (NCT06095115) is the first Phase 3 study in moderate to severe psoriasis to assess the efficacy and safety of a systemic therapy simultaneously in adolescents and adults.

Materials & Methods: In ICONIC-LEAD, adolescents (12 to <18 years) with moderate-to-severe psoriasis (Body surface area [BSA] ≥10%, Psoriasis Area and Severity Index [PASI] ≥12, Investigator's Global Assessment [IGA] ≥3) and body weight ≥40 kg were randomized 2:1 to once-daily icotrokinra 200 mg or placebo through Week 16. Placebo patients transitioned to icotrokinra after Week 16. The overall ICONIC-LEAD co-primary endpoints, IGA 0/1 response (IGA score=cleared [0] or minimal [1] and ≥2-grade improvement) and PASI 90 response at Week 16, were assessed in adolescents, as were efficacy and safety through Week 24.

Results: Adolescents comprised 9.6% (66/684) of the ICONIC-LEAD population. The mean age was 15 years, and the mean psoriasis disease duration was 5.2 years (**Table**). At Week 16, higher proportions of adolescents receiving icotrokinra versus placebo achieved clear/almost clear skin (IGA 0/1: 84.1% vs. 27.3%; PASI 90: 70.5% vs. 13.6%; nominal p<0.001). At Week 24, rates of clear/almost clear skin with icotrokinra were 86.4% (IGA 0/1) and 88.6% (PASI 90; **Figure**). Response patterns were consistent for IGA 0 and PASI 100. At Week 16, 50% of icotrokinra and 73% of placebo adolescents had ≥1 adverse event; no safety signals emerged through Week 24.

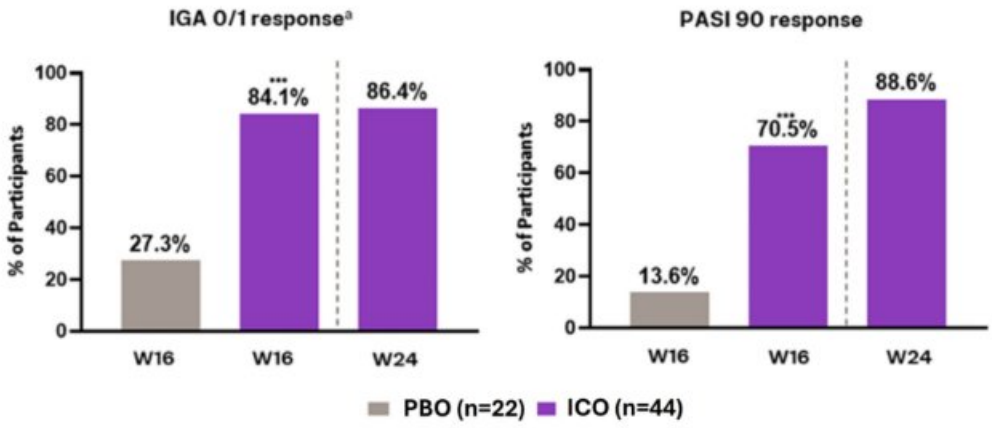
Conclusion: In adolescents with moderate-to-severe psoriasis, higher proportions of participants randomized to icotrokinra versus placebo achieved clear/almost clear skin at Week 16, with unprecedented response rates at

Week 24 and a favorable adverse event profile.

Table. Baseline Demographics, Disease Characteristics, and Previous Treatment Among Adolescents With Moderate-to-Severe Psoriasis			
	Placebo (n=22)	Icotrokinra (n=44)	Total (N=66)
Demographics			
Age, years	15.0 (1.5)	15.0 (1.8)	15.0 (1.7)
Sex, female	64%	52%	56%
Race, Asian/Black/White	23/0/77%	23/4/70%	23/3/73%
Weight, kg	66.4 (23.4)	75.5 (20.9)	72.5 (22.0)
BMI, kg/m^2	24.4 (7.9)	26.0 (7.1)	25.5 (7.4)
Disease characteristics			
Psoriasis disease duration, years	5.8 (3.4)	4.9 (4.0)	5.2 (3.8)
IGA score			
Severe (4)	18%	30%	26%
Moderate (3)	82%	70%	74%
PASI score (0-72)	18.6 (4.0)	19.8 (8.2)	19.4 (7.1)
BSA (%)	27.1 (14.0)	26.1 (15.6)	26.4 (15.0)
Previous psoriasis treatment			
Systemic[a]	50%	52%	52%
Conventional nonbiologic systemic[b]	32%	36%	35%
Biologics[c]	41%	14%	23%
Phototherapy (PUVA or UVB)	14%	23%	20%
Novel nonbiologic systemic[d]	0	2%	2%

Data shown are mean (SD) or %. [a]Includes conventional nonbiologic systemics, novel nonbiologic systemics, 1,25-vitamin D3 and analogues, phototherapy, and biologics. [b]Includes PUVA, methotrexate, cyclosporine, acitretin, azathioprine, and fumarate. [c]Includes etanercept, infliximab, adalimumab, ustekinumab, briakinumab, secukinumab, ixekizumab, brodalumab, guselkumab, risankizumab, tildrakizumab, alefacept, efalizumab, natalizumab, and certolizumab pegol. [d]Includes apremilast, deucravacitinib, and tofacitinib.
BMI=body mass index; BSA=body surface area; IGA=nvestigator's Global Assessment; PASI=Psoriasis Area and Severity Index; PUVA=psoralen plus ultraviolet A; SD=standard deviation; UVB=ultraviolet B.

Figure. IGA 0/1 and PASI 90 Response at Week 16 and Week 24



***Nominal p<0.001 vs. PBO based on Cochran-Mantel-Haenszel chi-square test stratified by geographic region (2-sided α=0.05).
[a]IGA score of cleared [0] or minimal [1] and ≥2-grade improvement from baseline.
ICO=icotrokinra; IGA=Investigator's Global Assessment; PASI=Psoriasis Area and Severity Index; PBO=placebo.



Abstract N°: 6538

Moving towards value-based healthcare: defining outcomes that matter to people living with psoriasis

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Introduction & Objectives:

Value-based healthcare emphasizes outcomes that truly matter to patients. For psoriasis, a patient-centred outcome set exists but requires further validation for international implementation. This scoping study aimed to gather recommendations from an international working group to refine this outcome set for people living with psoriasis, in preparation for a Delphi consensus project.

Materials & Methods:

A scoping study was conducted following the development guidelines proposed by the International Consortium for Health Outcomes Measurement (ICHOM). Initial steps included a systematic review of patient-relevant outcomes and discussion meetings with a working group composed of patient representatives and dermatologists recruited through the International Federation for Psoriasis Associations (IFPA) and the International Psoriasis Council (IPC). The meetings aimed to identify outcomes that matter most to people with psoriasis, determine appropriate ways to measure them, and define case-mix variables that influence patient value. These insights will inform the Delphi study planned for the next project phase.

Results:

The working group consisted of 34 experts, including 11 patient representatives (32%) and 23 dermatologists (68%) from 20 countries worldwide. The working group focused on proposing a feasible, concise, and internationally applicable patient-centered outcomes set. The discussion meetings led to the refinement of the set, resulting in a new model that includes 20 patient-relevant outcomes, as well as recommendations on which comorbidities should be considered. Outcome measures should be relevant to patients in addressing these outcomes, with a preference for high-quality and concise measures. A heatmap was developed to address these requirements, supporting the working group in making informed decisions during the Delphi phase. Finally, the working group proposed a set of 50 potential case-mix variables, covering demographic variables, psoriasis and treatment characteristics, comorbidities, and lifestyle-related issues.

Conclusion:

This scoping study brought together an international working group of patient representatives and dermatologists to establish the foundation for the first internationally validated patient-centred outcome set for psoriasis. Engaging with patients adds clear value to such initiatives, strengthening alignment between patients and healthcare providers beyond clinical outcomes. The involvement of experts from over 20 countries ensures broad applicability, including in low- and middle-income settings.

Finding balance in an outcome set that is relevant to patients and methodologically sound remains a challenge. Patient voices are sometimes unintentionally overruled by healthcare professionals. Nevertheless, developing a robust and sustainable outcome set requires collaboration among multiple stakeholders, including patients, clinicians, researchers, and methodologists.

This project represents a critical step toward value-based healthcare at an international level, promoting holistic, integrated, and interdisciplinary disease management. A balanced partnership between patients and professionals ensures the outcome set is both meaningful and methodologically sound. The recommendations and findings of this study will guide the final consensus.

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Abstract N°: 6543

VISIBLE Cohort A: Guselkumab Demonstrated Skin Clearance and Improved Health-Related Quality of Life Through Week 48 in Participants With Moderate-to-Severe Plaque Psoriasis Across All Skin Tones

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Introduction & Objectives: To evaluate guselkumab efficacy and safety in VISIBLE Cohort A participants with skin of colour and moderate-to-severe plaque psoriasis.

Materials & Methods: VISIBLE participants were randomized 3:1 to receive either guselkumab 100 mg at Week 0, Week 4, then every 8 weeks (q8w) thereafter, or placebo with crossover to guselkumab 100 mg at Week 16. Efficacy and safety were evaluated for all randomized Cohort A participants (N=103; guselkumab n=77, placebo n=26). Investigator's Global Assessment (IGA), Psoriasis Area and Severity Index (PASI), and body surface area (BSA) skin clearance outcomes, and health-related quality-of life (HRQoL) improvements assessed using the Psoriasis Symptoms and Signs Diary (PSSD) are presented through Week 48. Outcomes through Week 16 have been previously reported.

Results: From Week 16 to Week 48, IGA 0/1 (clear/minimal; 74.0% to 70.1%) and PASI 90 (57.1% to 76.6%) response rates for guselkumab-randomized participants were sustained or improved. Both IGA 0 (clear) and PASI 100 response rates were 54.5% at Week 48 for guselkumab-randomized participants, and mean percent improvements from baseline in BSA and PASI were 94.4% and 94.9%, respectively. Mean improvements in PSSD symptom and itch scores at Week 16 (49.6 and 4.7, respectively) were maintained at Week 48 (54.4 and 5.5, respectively). Among guselkumab-randomized participants with a baseline PSSD symptom score of ≥1, 23.4% had a score of 0 at Week 48. Outcomes were similar for the placebo-crossover and guselkumab-randomized groups at Week 48. No new safety signals were identified through Week 48.

Conclusion: These results show that guselkumab is a highly effective and durable treatment for moderate-to-severe plaque psoriasis in participants across all skin tones, with improvement in or maintenance of responses observed through Week 48.



Abstract N°: 6546

SPECTREM: Guselkumab Demonstrates Consistent and Significant Clearance Across the Full Range of Low Body Surface Area, Moderate Psoriasis With High-Impact Site Involvement

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Introduction & Objectives:

SPECTREM is an ongoing phase 3b, multicenter, randomized, double-blind, placebo-controlled study evaluating the efficacy and safety of guselkumab in participants with low body surface area (BSA; [range=2-15%]), moderate (Investigator's Global Assessment [IGA] score=3) plaque psoriasis involving ≥1 high-impact (scalp, face, intertriginous areas, and genital) region.

Materials & Methods:

A total of** 338 participants were randomized 2:1 to receive guselkumab 100 mg or placebo at Week 0 and Week 4, then every 8 weeks thereafter. The primary endpoint was the proportion of participants achieving IGA 0/1 (clear/minimal) at Week 16. Major secondary endpoints include Psoriasis Area and Severity Index (PASI) 90, PASI 100, IGA 0, and mean improvement from baseline in BSA and PASI at Week 16.

Results:

At baseline, mean BSA was 7.6%, and mean PASI was 9.0. At Week 16, a significantly greater proportion of participants achieved IGA0/1 with guselkumab versus placebo (74.2% vs 12.4%; $p<0.001$); the results were comparable irrespective of baseline BSA. Significantly greater proportions of guselkumab-versus placebo-treated participants achieved complete skin clearance (IGA 0: 40.4% vs 3.5%; PASI 100: 32.4% vs 2.7%; both $p<0.001$). At Week 16, mean improvements from baseline for guselkumab-treated participants were significantly greater ($p<0.001$) versus those treated with placebo for both BSA (80.6% vs 6.1%) and PASI (82.6% vs 13.7%) measures. Rates of adverse events (AEs) and serious AEs (SAEs) were generally balanced between the guselkumab and placebo groups (AEs: 37.8% vs 39.8%; SAEs: 1.3% vs 0.9%, respectively); no new safety signals were identified.

Conclusion:

Guselkumab is highly effective in treating low BSA, moderate plaque psoriasis with high-impact involvement. The consistent, significant improvements observed across multiple clearance measures, irrespective of baseline BSA,

substantiate the effectiveness of guselkumab across a broad range of patients.



Abstract N°: 6552

Artificial Intelligence-Based Quantification to Evaluate Automatic Psoriasis Area and Severity Index

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Introduction & Objectives:

Psoriasis, a chronic skin disease of a proliferative and inflammatory nature, affects a significant proportion of the world's population. Although psoriasis lesions are clinically evident and relatively easy to identify, there remains an urgent need for objective and reliable measures to ensure consistency among researchers. This challenge becomes especially relevant in clinical trials, where the assessment of psoriasis severity is often affected by interobserver variability in the interpretation of visual signs associated with the condition.

Materials & Methods:

In this context, the present study introduces a CAD system for the automatic calculation of the PASI, which offers a rapid, objective and accurate evaluation. Designed for both clinical practice and research, this system seeks to standardize assessments of psoriasis severity and improve diagnostic efficiency. To validate this proposal, a retrospective study was carried out using a data set composed of 2,857 clinical images annotated by three expert dermatologists. Various deep learning architectures were evaluated and their performance was measured using segmentation and intensity classification metrics.

Results:

The best-performing model achieved accuracy levels comparable to those of human annotators, obtaining 60.6% accuracy in erythema, 54.3% in induration, and 61.8% in desquamation. Furthermore, the model trained on segmentation and classification tasks achieved an IoU of 0.75 for lesion segmentation, a performance of 9% compared to the experts' results, which shows its robustness in this task.

Encode the Annotator	Erythema	Induration	Peeling
	Accuracy	RMSE	Accuracy
Annotators (one-vs-all)	0.649	0.627	0.63
Annotators (one-vs-rest)	0.525	0.795	0.516
EfficientNet-b2-clf	0.588	0.788	0.477
EfficientNet-b3-clf	0.551	0.88	0.509
Inceptionv4-clf	0.574	0.825	0.504
MiT_b1-clf	0.591	0.76	0.515
MiT_b2-clf	0.606	0.748	0.543
MiT_b3-clf	0.6	0.761	0.507
ResNet18-clf	0.558	0.915	0.472
ResNet34-clf	0.555	0.924	0.452
SE_ResNeXt101_32x4d-clf	0.567	0.841	0.504
SE_ResNeXt50_32x4d-clf	0.586	0.837	0.479
Xception-clf	0.567	0.843	0.442

Table 1: Results of the classification of the intensity of visual signs. Results of the classification of the intensity of PASI visual signs obtained by the models and the annotators.

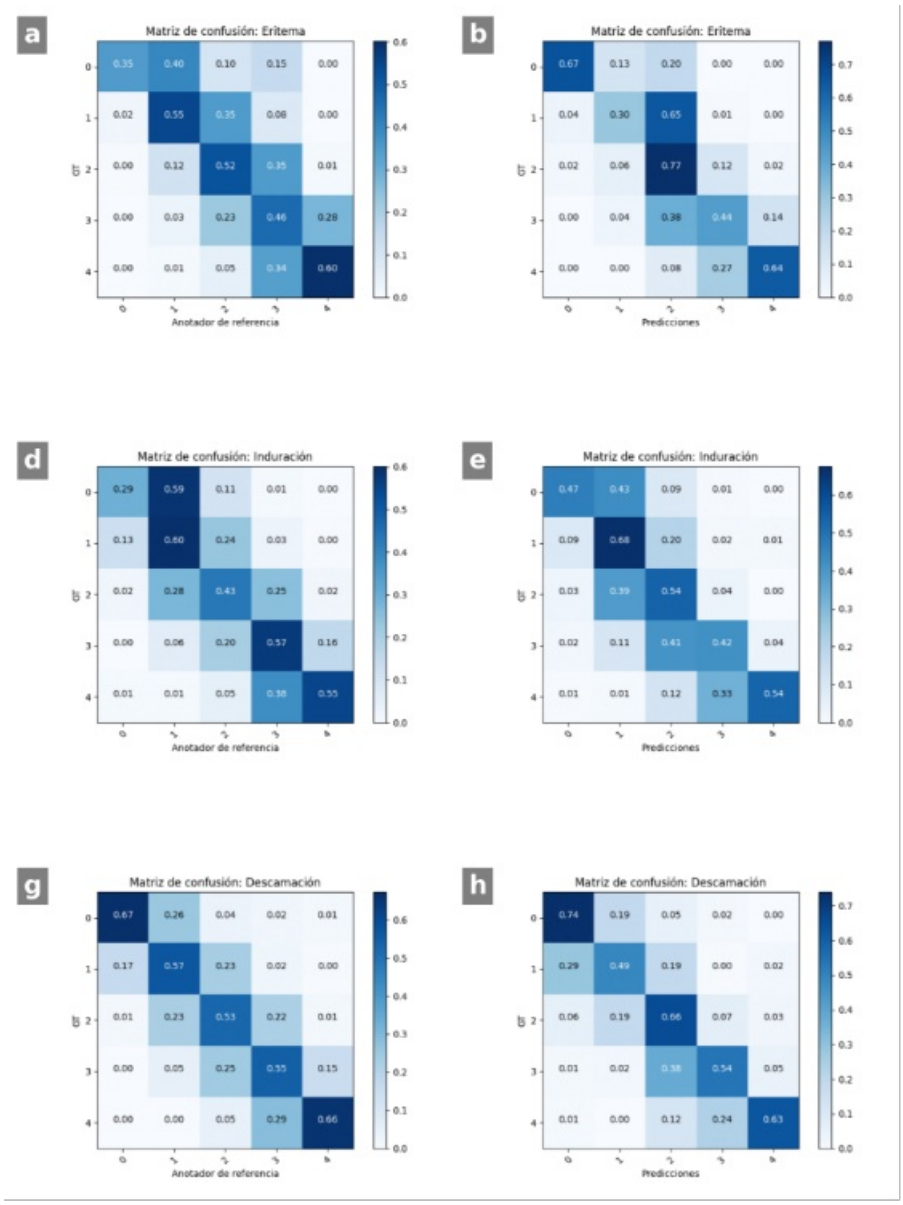


Figure 1: Confusion matrices for the classification of the intensity of visual signs. The left column shows the average confusion matrices of the annotators (one-vs-rest). The right column shows the results of the best performing model, MiT_b2.

Conclusion:

This study highlights the potential of the technology evaluated. Unlike manual PASI and other previous scoring systems, the CAD system for automatic PASI calculation allows quick, precise and objective evaluations, consolidating itself as a complementary tool to human evaluation. This system has the potential to benefit patients, physicians, and even the pharmaceutical industry, by providing a more detailed, standardized, and automated assessment of psoriasis severity.



Abstract N°: 6563

AI-driven smartphone imaging enables remote monitoring of psoriasis

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin condition that requires long-term frequent monitoring, yet conventional tools such as the Psoriasis Area and Severity Index (PASI) remain subjective, in-clinic based, and limited by inter-rater variability. Advances in digital health and artificial intelligence (AI) offer the potential for remote, objective, and standardized monitoring. This study evaluated the feasibility of smartphone-based imaging using AI with the Scarletred® Vision platform to track disease progression and treatment response.

Materials & Methods:

In a randomized, double-blinded, clinical trial, 26 patients with mild to moderate plaque psoriasis, each presenting with a clinically evident target lesion, were treated with either guselkumab or placebo. Disease severity was evaluated during clinic visits using PASI and the Target Lesion Score (TLS). Lesion images were collected both in-clinic and at home using the SaMD-certified Scarletred®Vision platform, incorporating a mobile app and calibration patch to ensure standardized, high-quality image acquisition. The images were then processed using AI for the detection and classification of psoriasis tissue, enabling the quantification of erythema, scaling, and lesion size.

Results:

Patients treated with guselkumab showed significantly lower PASI and TLS score compared to placebo. At-home imaging demonstrated strong agreement with in-clinic evaluations. No significant differences in erythema or scaling were observed at baseline ($p>0.05$). By week 16, significant improvements in erythema (clinic $p=0.020$, home $p=0.003$) and healthy skin (clinic $p=0.008$, home $p=0.043$) were observed in in the treated group compared to placebo.

Conclusion:

AI-driven smartphone imaging represents a viable approach for remote assessment of psoriasis. By allowing frequent, real-world data collection, it provides a more detailed view of lesion changes that standard clinic visits might miss. The integration of color calibration with automated analysis reduces subjectivity, supporting more standardized disease assessment while minimizing burden for both patients and clinicians.

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Abstract N°: 6568

Tiny Tracks: A Rare Pediatric Presentation of Linear Psoriasis

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Introduction & Objectives:

Linear psoriasis is an uncommon and clinically distinctive variant of psoriasis characterized by lesions distributed along the lines of Blaschko, with a predilection for pediatric populations. Its presentation often mimics other linear dermatoses, such as Inflammatory Linear Verrucous Epidermal Nevus (ILVEN), thereby posing a significant diagnostic challenge. Accurate clinical recognition supported by histopathologic confirmation is essential to ensure appropriate management. Despite its distinct features, linear psoriasis remains underreported.

This case report aims to present a rare pediatric case of linear pustular psoriasis, highlighting its clinical features, differential diagnostic considerations, histopathologic findings, and therapeutic response. Through this report, we seek to contribute to the limited body of knowledge on this variant and underscore the importance of early recognition and intervention.

Materials & Methods:

Comprehensive history-taking and physical examination were conducted, with attention to the distribution, morphology, and progression of cutaneous lesions. Dermoscopic examination was performed to aid in clinical assessment. A 4-mm punch biopsy was obtained from a representative lesion on the right upper extremity under local anesthesia, following standard aseptic techniques. The specimen was submitted for histopathological analysis using hematoxylin and eosin (H&E) staining to evaluate epidermal and dermal changes.

Results:

This is a case of a 9-year-old female with a 6-month history of progressive erythematous papules and vesiculopustules over the first digit of the right hand. These lesions evolved into well-demarcated linearly arranged papules and plaques extending unilaterally along the right upper limb, chest, and infrascapular region, associated with occasional pruritus. Histopathologic analysis of a 4-mm punch biopsy showed features such as regular psoriasiform epidermal hyperplasia, elongated mounds of parakeratosis with neutrophilic pustules in the upper half of the epidermis, subcorneal and spinous layer, suprapapillary thinning, and dilated tortuous blood vessels in dermal papillae. These histopathologic findings, when correlated clinically, yielded a diagnosis of linear pustular psoriasis. Initial management included a combination of betamethasone and calcipotriol ointment, emollients, and antihistamines, which resulted in notable clinical improvement, characterized by reduced erythema, scaling, and lesion size. A mild flare occurred later, addressed by a steroid break and medication adjustment.

Conclusion:

This case highlights the diagnostic challenge of linear psoriasis in pediatrics and the importance of considering it in unilateral, Blaschkoid eruptions. Thorough history and physical examination, as well as attaining a sample for biopsy, are key to diagnosis, and early treatment can lead to significant clinical improvement. Awareness of this rare presentation can prevent misdiagnosis and unnecessary interventions.



Abstract N°: 6574

Icotrokinra, a Novel Targeted Oral Peptide, in Patients With Psoriatic Disease: Exploratory Assessments From a Phase 2 Psoriasis Study Informing a Phase 3 Clinical Program in Psoriatic Arthritis

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Introduction & Objectives:

Psoriatic arthritis (PsA) affects ~20-30% of patients (pts) with psoriasis (PsO), causing articular inflammation/ damage and impaired health-related quality of life (HRQoL). Icotrokinra (ICO), a novel targeted oral peptide that binds to the interleukin-23 receptor (IL-23R), showed greater clinical response rates vs placebo (PBO) and a favorable safety profile in pts with moderate-to-severe plaque PsO in Ph 2 FRONTIER 1&2 studies.1,2 We aimed to leverage exploratory serum biomarker, Patient Reported Outcomes Measurement Information Systems (PROMIS-29), and Psoriasis Area and Severity Index 75% improvement (PASI75) data from a subset of FRONTIER 1 pts with PsO and PsA medical history (PsO+PsA) to support the Ph 3 ICONIC-PsA 1 and ICONIC-PsA 2 studies.

Materials & Methods:

Mean log fold-changes (logFC) in serum β-Defensin-2 (BD-2), IL-22, IL17A, and IL-17F levels were summarized for FRONTIER pts with PsO only and with PsO+PsA. Pts reported HRQoL via the PROMIS-29 questionnaire. Improvements ≥5 points in PROMIS-29 domain scores (or ≥2 for pain), and physical/mental component summary (PCS/MCS) scores, are considered clinically meaningful.3 ICO PsA Ph3 sample sizes were informed by ample safety data to support regulatory submission and estimates from model-based analyses, including a meta-analysis that bridged FRONTIER 1 PASI75 to expected American College of Rheumatology 20% improvement (ACR20) at Week (W) 16 (primary endpoint) and meta-regression modeling that bridged ACR20 to secondary endpoints, ACR50/70, PASI90/100 and Minimal Disease Activity.

Results:

23/91 (25%) FRONTIER 1 pts had PsO+PsA (20 ICO, 3 PBO). Among those with evaluable biomarker data, mean logFC in serum BD-2, IL-22, IL-17A **(Fig 1A-C),** and IL-17F (data not shown) over time indicated consistent ICO pharmacodynamic (PD) effect between pts with PsO only and with PsO+PsA. ICO-treated PsO+PsA pts reported numerically greater mean changes from baseline (BL) at W16 vs PBO-across PsA-relevant PROMIS-29 domains, including improvements in physical function (7.7 vs 1) and reductions in fatigue (-7.4 vs 2.3 [worsening]), pain interference (-10.7 vs -1.3), and pain intensity (-3.5 vs -1.5). In the 20 ICO-treated PsO+PsA pts, 45% and 70% reported ≥5-point improvement from BL in the PROMIS-29 PCS and MCS scores, respectively, vs no pts receiving PBO. ICONIC-PsA 1&2 sample sizes of 540 (5:5:5:3 to ICO Dose 1/2/PBO/active reference arm with no formal statistical comparisons; **Fig 2A**) and 750 (1:1:1 to ICO Dose 1/2/PBO;**Fig 2B**), respectively, were estimated to provide ≥90% power to detect a significant ICO vs PBO difference. Given minorities are often under-recruited in PsA trials, the ICO PsA Ph 3 program aims to assess diverse pts, with representation of different races/ethnicities.

Conclusion:

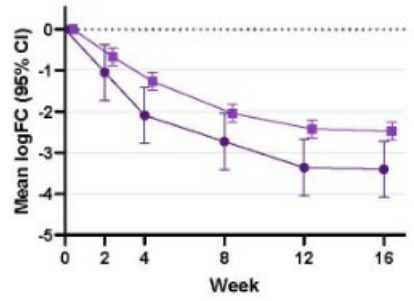
Exploratory assessments from Ph 2 FRONTIER 1 showed comparable ICO PD effects between pts with PsO only and pts with PsO who also had PsA. ICO-treated pts with PsO+PsA reported numerically greater improvements in PsA-relevant PROMIS-29 domains vs PBO. Informed by these post hoc and model-based meta-analyses that bridged data from PsO to PsA, the multicenter, double-blind, PBO-controlled ICONIC-PsA 1 and ICONIC-PsA 2 studies will comprehensively evaluate the novel targeted oral peptide ICO in a diverse pts with active PsA.**

References:

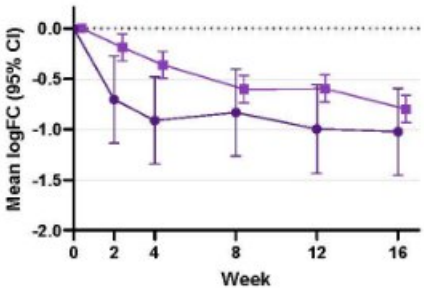
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Figure 1: Mean change in serum BD-2 (A), IL-22 (B), and IL-17A (C) levels through W16 in FRONTIER 1 participants with PsO only and PsO+PsA

A. BD-2



B. IL-22



C. IL-17A

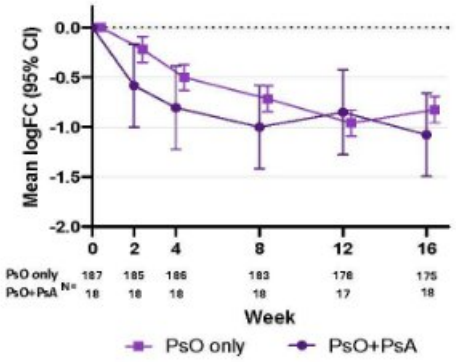
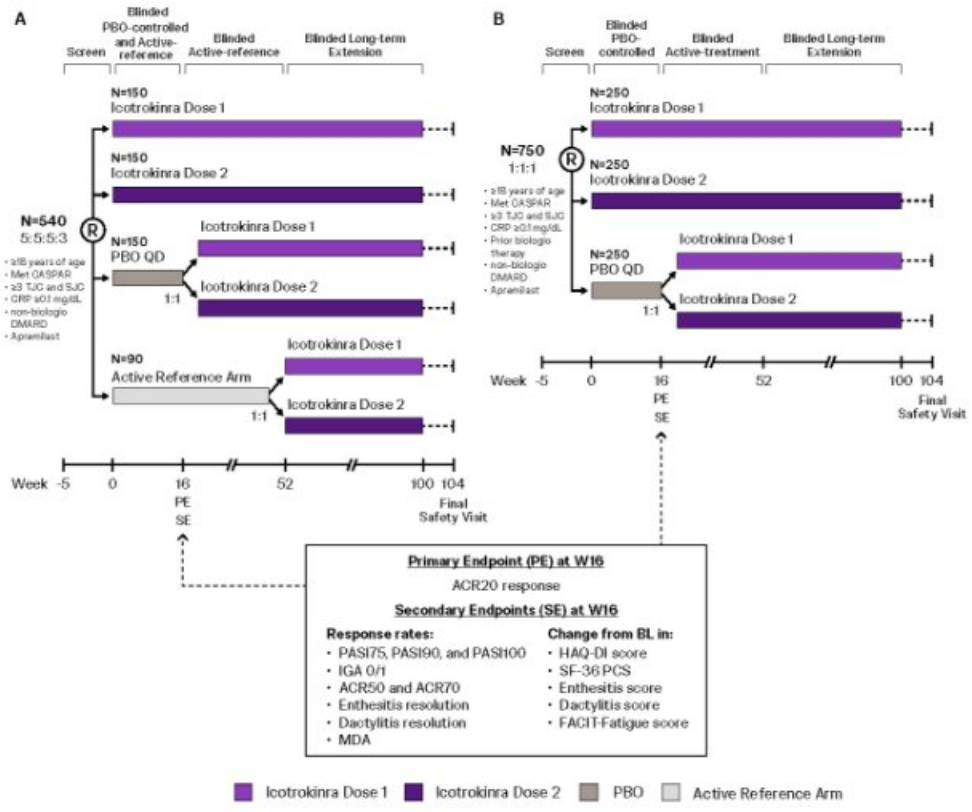


Figure 2: ICONIC PsA-1 (biologic-naïve [A]) and ICONIC PsA-2 (biologic-experienced [B]) study designs





Abstract N°: 6582

Psoriasis Through the Lens of Trisomy 21: A Review of Clinical Differences and Therapeutic Barriers

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Introduction and Objectives: Psoriasis is a chronic, immune-mediated inflammatory skin disorder that affects approximately 2–3% of the global population, exerting significant impacts on patients' quality of life and systemic health. While the clinical manifestations and therapeutic approaches for psoriasis have been extensively known, there remains a paucity of data regarding its presentation and management in individuals with coexisting Down syndrome. Trisomy 21 is associated with profound immune dysregulation and distinct dermatological phenotypes, which may influence the clinical characteristics and treatment outcomes of psoriasis in affected individuals. The limited literature precludes comprehensive understanding of whether trisomy 21 modifies disease progression, alters therapeutic responsiveness, or poses unique treatment challenges in psoriasis management. The primary aim of this review was to evaluate the impact of trisomy 21 on the clinical presentation, disease severity, and response to biological therapies in patients diagnosed with psoriasis, as compared to those without trisomy 21.

Methods: An extensive search strategy was employed, utilizing EMTREE and MeSH approaches, to identify studies addressing psoriasis in individuals with Down syndrome published up to April 2025. The PubMed database was searched using Boolean combinations of terms such as "psoriasis," "Down syndrome," "trisomy 21," "biologic therapy," and "disease severity." Additional keyword combinations were applied to ensure a thorough capture of relevant studies. A total of 11 studies meeting PRISMA guidelines and predefined inclusion and exclusion criteria were included in this review.

Results: Patients with coexisting psoriasis and Down syndrome were observed to exhibit atypical clinical presentations, including a higher prevalence of inverse and erythrodermic psoriasis subtypes ($p=0.018$). Baseline Psoriasis Area and Severity Index (PASI) scores were significantly elevated in the trisomy 21 cohort compared to controls (14.7 ± 4.3 vs. 10.2 ± 3.9, $p<0.001$), indicating greater disease severity. Although both groups demonstrated improvement with biological therapies, patients with Down syndrome exhibited reduced therapeutic efficacy, as evidenced by lower PASI75 achievement rates (63.5% vs. 78.2%, $p=0.031$). These differences may be attributable to underlying immune dysregulation and challenges with treatment adherence.

Specific therapeutic barriers included increased communication difficulties related to intellectual disability, as well as polypharmacy associated with congenital and autoimmune comorbidities. These factors compounded the complexity of psoriasis management in individuals with Down syndrome.

Conclusions: Psoriasis in individuals with Down syndrome is diagnosed by increased disease severity, atypical clinical phenotypes, and diminished responsiveness to conventional therapies, including biologics. These findings underscore the need for individualized therapeutic approaches and the development of interdisciplinary care models tailored to this unique patient population. Further prospective studies are necessary to elucidate the underlying pathophysiological mechanisms and optimize therapeutic strategies for the management of psoriasis in individuals with trisomy 21.



Abstract N°: 6599

Psoriasis and Early Treatment: The Role of Memory Cells in Long-Term Therapeutic Efficacy

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Introduction and Objectives: Psoriasis is a chronic, immune-mediated dermatological condition with dysregulation of Th17 lymphocytes (Th17) which start to produce proinflammatory cytokines under stimulation by interleukin-23 (IL-23). The activation of Th17 is probably associated with concomitant development of tissue resident memory T cells (TRMs) which may remain in the skin after resolution of skin lesions. These TRMs can get Th17 phenotype under different cytokines therefore contributing to a flare of the disease primarily at previously lesioned body sites. The number of TRMs probably increases with time of active disease which rises the question whether a latency of immunosuppressive treatment potentiates the risk of reoccurrence of next psoriatic lesions and chronicity of the disease? The aim of this review study was to investigate possibilities of pharmacological control of TRMs?

Materials and Methods: A systematic search of the PubMed database on the role of TRMs in psoriasis and the impact of different psoriatic specific therapies on TRMs was performed using EMTREE and MeSH terms. Twelve studies adhering to PRISMA guidelines were included in the analysis.

Results: The analysis corroborated the central role of TRMs specifically IL-17A–producing $CD8^+$ TRMs and IL-22–producing $CD4^+$ TRMs in perpetuating disease relapse in psoriasis. These first TRMs residue in the epidermis whereas the second ones remains mainly in the dermis. Transcriptomic investigations revealed persistent molecular signatures, termed "molecular scars," within resolved lesions, encompassing genes related to both T-cell function and keratinocyte activity. There appears primarily efficacy of IL-23 inhibitors in the reduction of $CD8^+$ TRMs number within psoriatic plaques. This may explain extended periods of disease control despite of prolonged dosing intervals in those patients who received immunosuppressive intervention at the early stage of psoriasis.

Conclusion: Early initiation of immunosuppressive therapies appears to play a critical role in recalibrating the Th17/Treg balance and limiting the persistence of TRMs in the skin. Patients with shorter disease duration are more likely to attain complete skin clearance and prolonged clinical response. Although the role of IL-23 is crucial for the control of TRMs, other immunosuppressive intervention are probably potent to prevent the development of TRMs in the skin when they are initiated at the early stage of psoriasis.

Conclusion:



Abstract N°: 6625

A Novel Approach to Nail Psoriasis: Therapeutic Outcomes with Q-Switched Nd:YAG Laser

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Introduction & Objectives:

Nail psoriasis, which affects up to 50% of patients with psoriasis vulgaris and up to 80% of patients with psoriatic arthritis, is notoriously difficult to treat due to the protective nature of the nail plate and limited penetration of topical agents. Systemic treatments often have suboptimal nail responses and potential adverse effects.

This study evaluates the efficacy and safety of the Q-switched Nd: YAG 1064 nm laser in managing nail psoriasis.

Materials & Methods:

Ten patients with biopsy-confirmed nail psoriasis involving fingernails were enrolled. Each underwent six sessions of Q-switched Nd: YAG laser treatment (1064 nm, 5–7 J/cm^2, 5 mm spot size, 10 Hz, single pass) at two-week intervals. Nail Psoriasis Severity Index (NAPSI) scores were recorded at baseline, post-treatment, and 12 weeks after the final session. Patient satisfaction and adverse effects were assessed.

Results:

A statistically significant reduction in mean NAPSI scores was observed from baseline (mean: 32.2) to post-treatment (mean: 18.4) and at 12-week follow-up (mean: 15.7) ($p < 0.05$). Improvements were most notable in pitting and onycholysis. Mild pain and transient hyperpigmentation were the only reported side effects.

Conclusion:

The Q-switched Nd: YAG 1064 nm laser appears to be a safe, well-tolerated, and moderately effective option for nail psoriasis, particularly for patients seeking non-systemic interventions. Larger controlled studies are warranted to validate these findings.



Abstract N°: 6633

Understanding Psoriasis Care Costs and the Impact of Comorbidities: A Time-Driven Activity-Based Costing Analysis in an Integrated Practice Unit

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Introduction & Objectives

In value-based healthcare (VBHC), value is defined as the outcomes that matter to patients relative to the resources needed to achieve them. Accurately understanding and measuring value at the individual patient level is particularly challenging in complex chronic conditions like psoriasis, which often involve comorbidities and require care from multiple specialties. At Ghent University Hospital, the Integrated Practice Unit (IPU), PsoPlus, was established to provide coordinated, multidisciplinary care for patients with psoriasis. This study aimed to evaluate patient-level value within this setting by combining detailed cost measurement with multidimensional patient outcome data.

Materials & Methods

We conducted a comprehensive, patient-level analysis of value by linking cost and outcome data collected as part of an ongoing VBHC trial in the IPU. Time-Driven Activity-Based Costing (TD-ABC) was used to calculate the full cycle of care costs for 52 patients over six months, based on process mapping, direct observation, and staff interviews across dermatology, and all other specialties part of the multidisciplinary team. In parallel, a standardized Value-Based Outcome Set (VOS), comprising both clinical and patient-reported measures such as symptom burden, quality of life, and mental health, was collected. To integrate these data, we applied Data Envelopment Analysis (DEA), allowing us to calculate a single composite value score (ranging from 0 to 1) per patient, benchmarking how efficiently outcomes were achieved relative to costs within the cohort.

Results

TD-ABC revealed substantial variation in total care costs, ranging from €169.78 to €1,454.94 per patient. Key cost drivers included disease severity, mental health status, and the presence of comorbidities, which often influenced not only the direct costs of managing those conditions but also the cost of direct dermatologic care. A comparison with national Fee-For-Service reimbursement tariffs revealed rather poor alignment with the actual care needs and resource use, indicating inefficiencies in current payment models. The DEA-based value scores revealed further variation in how efficiently patients achieved outcomes relative to costs, suggesting that optimizing care pathways and aligning resources more closely with value drivers could significantly improve overall value creation. Our approach not only enables benchmarking of individual patient trajectories but also identifies patterns of high and low value delivery across different patient subgroups.

Conclusion

This study demonstrates the feasibility and added value of an integrated method to measure patient-level value in

a complex, multidisciplinary care setting. By combining TD-ABC and DEA, we linked detailed cost data with multiple patient-relevant outcomes, offering a more comprehensive and actionable understanding of value than traditional approaches that consider costs and outcomes separately. Our findings highlight the substantial variation in value delivery across patients, as well as the critical impact of comorbidity management on both outcomes and costs. These insights support the shift towards more personalized care and the development of payment models that reflect true value delivered.



Abstract N°: 6634

EVERLAST-A: A Phase 2a Study Design of ORKA-001, a Novel Half-Life Extended IL-23p19 Monoclonal Antibody for Plaque Psoriasis

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Introduction & Objectives:

The clinical efficacy and safety of monoclonal antibodies targeting IL-23 have been well established in plaque psoriasis. While currently approved therapies have significantly advanced care of psoriasis patients, issues such as frequent injections, fixed-dose regimens, inadequate responses, and loss of efficacy over time remain. Additionally, achieving off-treatment remission remains a key aspiration in psoriasis treatment.

ORKA-001 is a novel half-life extended monoclonal antibody targeting IL-23p19 with similar potency and epitope binding to risankizumab. In non-human primates, ORKA-001 demonstrated a half-life approximately three times longer than that of risankizumab, potentially enabling a dose frequency of once to twice per year. In addition, increased doses of ORKA-001 (vs. risankizumab) could improve efficacy by enabling complete blockade of IL-23 activity within skin. Complete and sustained inhibition of IL-23 with ORKA-001 may deplete tissue-resident memory T cells that have been linked to prolonged skin clearance while off therapy. Here, we outline the innovative study design of EVERLAST-A, a Phase 2a study to evaluate efficacy and safety of ORKA-001 in psoriasis.

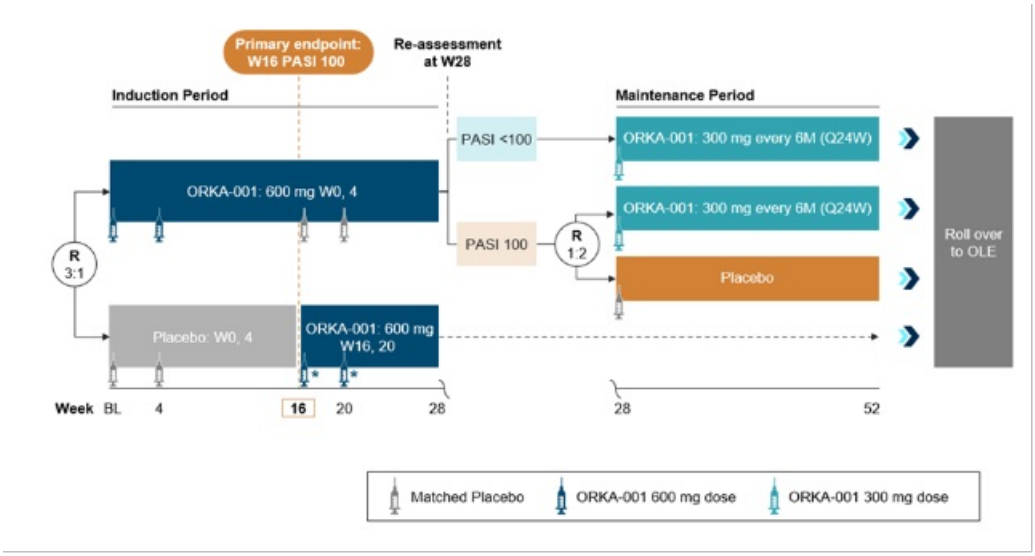
Materials & Methods:

EVERLAST-A is a multicenter, randomized, double-blinded, placebo-controlled, proof-of-concept, Phase 2a study to evaluate efficacy, safety, and** pharmacokinetics (PK) of ORKA-001 in adults with moderate-to-severe plaque psoriasis. The EVERLAST-A study consists of a screening period, a 28-week double-blinded induction period, and a 24-week maintenance period (Figure 1). At baseline, 80 participants will be randomized in a 3:1 ratio to receive either ORKA-001 600 mg or placebo, administered subcutaneously at Weeks 0 and 4. Two maintenance regimens will be evaluated: ORKA-001 300 mg administered every six months and a treatment-free arm, aiming to assess both disease remission and feasibility of once-yearly dosing. The primary endpoint is the proportion of participants achieving PASI 100 at Week 16. Additional endpoints include efficacy measures, quality of life, safety, PK, and biomarker assessments. At Week 52, participants may enter an open-label extension to assess long-term safety and efficacy, including evaluation of six-monthly and once-yearly dosing, as well as the potential for disease remission.

Conclusion:

EVERLAST-A is a Phase 2 proof-of-concept study evaluating efficacy and safety of ORKA-001 in adults with moderate-to-severe psoriasis. The study aims to investigate whether high induction doses of ORKA-001, a novel IL-23p19 inhibitor with an extended half-life, can lead to increased rates of skin clearance and prolonged durability of responses. This dosing strategy could support infrequent individualized dosing and potentially lead to disease remission in some individuals.

Figure 1



R = Randomization; M = Month; W = Week; OLE = Open-Label Extension; PASI = Psoriasis Area and Severity Index



Abstract N°: 6661

Understanding patient types prescribed oral advanced therapies or biologics for psoriasis: Results from a real-world survey in Germany

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Introduction & Objectives:

Recently the treatment landscape for psoriasis (PsO) has evolved to include additional advanced treatments, both biologic and oral, for patients with moderate-to-severe disease. Data characterizing patients receiving these advanced treatments for psoriasis in routine German clinical practice are limited. This analysis describes the clinical characteristics of patients prescribed these treatments in German real-world setting.

Materials & Methods:

Data were sourced from the Adelphi Real World PsO Disease Specific Programme™, a cross-sectional survey, (with elements of retrospective data collection) of dermatologists and their patients with PsO in Germany between July– November 2024. Dermatologists reported characteristics, and treatment history, a Physician Global Assessment (PGA) and Psoriasis Area Severity Index (PASI) scores for their next six consulting adult patients with PsO. Dermatologists also provided data for additional patients receiving either bimekizumab, risankizumab or deucravacitinib, for inclusion in treatment specific analysis. Patients themselves reported their most important treatment goal.

Patients receiving approved advanced treatments at the time of survey were grouped as: oral advanced treatments (OATs: apremilast or deucravacitinib) or biologics.

Results:

A total of 50 dermatologists provided data on 266 patients with PsO receiving advanced treatments, 94.7% of whom had plaque PsO. Demographics for both advance treatment groups, OATs and biologics, are shown in Table 1.

At advanced treatment initiation, 89.0% of patients receiving OATs and 88.1% of patients receiving biologics had an affected body surface area (BSA) ≥10%, with mean (SD) BSA of 17.6 (9.6) and 19.6 (12.8), respectively. At treatment initiation, 23.5% of OATs and 31.4% of biologics groups had a PASI score ≥12 with mean (SD) PASI score of 8.3 (6.2) and 10.0 (8.4), respectively. At treatment initiation, 73.5% of OATs and 76.8% of biologics groups had special areas affected; scalp affected in 61.4% and 60.8%, and groin/genital affected in 14.5% and 24.3%, respectively. (Table 2)

The most important patient-reported treatment goals when starting their current advanced treatments were ‘it cleared 100% of my skin’, reported by 22.7% of OATs and 36.0% biologics groups, and ‘it worked quickly’

reported by 21.2% and 16.8%, respectively. (Table 3).

Conclusion:

Most patients prescribed OATs or biologics met accepted criteria of moderate-to-severe PsO including BSA ≥10% and special areas affected, while only about a quarter met the PASI minimum of 12 from clinical trials criteria. Patient-reported goals such as complete skin clearance and rapid onset of action were key drivers of treatment choice. Further research is needed to understand physicians' rationale regarding choice of systemic treatments, suitability to OATs or biologics and to assess whether clinical trial PASI criteria should be adapted to better reflect real-world patient profiles.

Table 1: Demographics of patients receiving oral advanced therapy (OATs) or biologic therapy

	Oral Advanced Therapy (OATs) n=84	Biologics n=189
Patient characteristics at time of survey		
Age, years, mean (SD)	42.7 (12.3)	41.8 (11.5)
Sex, male, n (%)	42 (50.0)	97 (51.3)
BMI, kg/m^2, mean (SD)	25.7 (5.8)	25.0 (3.5)
Race, White, n (%)	82 (97.6)	182 (96.3)
Employment status	n=83	n=186
Working full-time	54 (65.1)	122 (65.6)
Working part-time	6 (7.2)	12 (6.5)
On long-term sick leave	-	2 (1.1)
Homemaker	11 (13.3)	19 (10.2)
Student	5 (6.0)	13 (7.0)
Not working due to retirement	4 (4.8)	11 (5.9)
Unemployed	3 (3.6)	7 (3.8)
Diagnosis of PsA, yes, n (%)	25 (29.8)	60 (31.7)
Comorbidities[a,b], n (%)		
Hypertension	12 (14.3)	29 (15.3)
Hyperlipidemia	7 (8.3)	16 (8.5)
Allergic rhinitis	9 (10.7)	13 (6.9)
Insomnia	11 (13.1)	9 (4.8)
Obesity	6 (7.1)	10 (5.3)
Type 2 Diabetes Mellitus	-	12 (6.3)
Cardiovascular disease	1 (1.2)	3 (1.6)

[a]Top categories overall for patients on advanced therapies
[b]Comorbidities other than PsA
SD: standard deviation, BMI: body mass index, PsA: psoriatic arthritis

Table 2: Disease characteristics and treatment use in patients receiving oral advanced therapy (OATs) or biologic therapy

Patient characteristics at initiation of current advanced treatment		
	Oral Advanced Therapy (OATs) n=84	Biologics n=189
Disease duration, years, median [IQR]	n=62 3.6 [0.4, 8.9]	n=127 5.4 [0.4, 12.9]
Advanced treatment received[a], n (%)		
Deucravacitinib	62 (73.8)	-
Apremilast	24 (28.6)	7 (3.7)
Risankizumab	1 (1.2)	66 (34.9)
Bimekizumab	1 (1.2)	54 (28.6)
Ixekizumab	-	12 (6.3)
Adalimumab	1 (1.2)	12 (6.3)
Guselkumab	-	10 (5.3)
Tildrakizumab	-	9 (4.8)
Etanercept	4 (4.8)	9 (4.8)
Secukinumab	-	6 (3.2)
Ustekinumab	-	6 (3.2)
Infliximab	-	3 (1.6)
Certolizumab Pegol	-	2 (1.1)
BSA, n (%)	n=82	n=176
<3%	1 (1.2)	3 (1.7)
3- <10%	8 (9.8)	18 (10.2)
≥10%	73 (89.0)	155 (88.1)
BSA, mean (SD), %	17.6 (9.6)	19.6 (12.8)
PASI, n (%)	n=81	n=175
<12	62 (76.5)	120 (68.6)
≥12	19 (23.5)	55 (31.4)
PASI, mean (SD)	8.3 (6.2)	10.0 (8.4)
PGA, n (%)	n=82	n=178
0 (Clear)	-	-
1 (Almost clear)	1 (1.2)	2 (1.1)
2 (Mild)	2 (2.4)	7 (3.9)
3 (Moderate)	39 (47.6)	65 (36.5)
4 (Severe)	40 (48.8)	104 (58.4)
Top three symptoms[b], n (%)	n=84	n=180
Scaling/flaking	71 (84.5)	159 (88.3)
Red inflamed skin	67 (79.8)	146 (81.1)
Itching	67 (79.8)	136 (75.6)
Special areas affected, n (%)	n=83	n=181
Scalp	51 (61.4)	110 (60.8)
Groin or genitals	12 (14.5)	44 (24.3)
Palms of hands	7 (8.4)	30 (16.6)
Feet	10 (12.0)	30 (16.6)
Nail involvement	6 (7.2)	37 (20.4)
Any special area affected[c]	61 (73.5)	139 (76.8)

[a]Includes a targeted sample of 152 patients receiving deucravacitinib, risankizumab, or bimekizumab. OATs: n=52 (50 from deucravacitinib targeted sample, 1 from risankizumab targeted sample, 1 from bimekizumab targeted sample) and biologics: n=100 (50 from risankizumab targeted sample, 50 from bimekizumab targeted sample).

[b]Top categories overall for patients on advanced therapies

[c]Special areas include: scalp, groin or genitals, soles of feet, toes, other areas of feet, palms of hands, nails.

IQR: interquartile range, SD: standard deviation, BSA: body surface area, PASI: Psoriasis Area Severity Index, PGA: Physician Global Assessment

Table 3: Patient-reported treatment goals for patients receiving oral advanced therapy (OATs) or biologic therapy

Patient-reported at initiation of current advanced treatment		
	Oral Advanced Therapy (OATs) n=66	Biologics n=125
Most important treatment goal reported by patients when first starting their current therapy[a], n (%)		
It cleared 100% of my skin	15 (22.7)	45 (36.0)
It worked quickly	14 (21.2)	21 (16.8)
It relieved my itching	11 (16.7)	17 (13.6)
It continued to work/doesn't stop working overtime	12 (18.2)	12 (9.6)
It was safe to take	8 (12.1)	8 (6.4)
It reduced psoriasis in visible areas	4 (6.1)	10 (8.0)
It relieved my scaling	6 (9.1)	3 (2.4)
It was easy/ convenient to take	2 (3.0)	6 (4.8)
It improved my sleep	4 (6.1)	4 (3.2)
It relieved my skin pain	4 (6.1)	4 (3.2)

[a]Top categories overall for patients on advanced therapies

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Abstract N°: 6745

Psychological Well-being of Moderate-to-Severe Plaque Psoriasis Patients Treated with Tildrakizumab in Clinical Practice in Italy: study design and main objectives of the phase IV BLUE Study

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease that negatively impacts the quality of life (QoL) and mental health of patients. However, the most used decision-making tools in psoriasis, Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI), do not fully capture the impact of psoriasis on patients' lives.

The BLUE study aims to evaluate the psychological status and well-being of patients with moderate-to-severe plaque psoriasis treated with tildrakizumab, an interleukin-23p19 inhibitor, in real-world clinical practice in Italy.

Materials & Methods:

This multicenter, prospective, observational cohort study enrolled 331 adult patients with moderate-to-severe plaque psoriasis starting tildrakizumab treatment at 28 centers across Italy. Patients are followed and assessed at baseline, week 28, and week 52. Here we present the basal characteristics of the patients included in the first interim analysis (first 115 patients reaching 28 weeks of treatment).

The primary endpoint is the Depression, Anxiety, Stress Scale (DASS-21) questionnaire. The DASS-21 is a set of three self-reported scales designed to measure the emotional states of depression, anxiety, and stress over the past week. Table 1 shows the DASS-21 cut-off scores.

Key secondary endpoints include the psychological well-being index WHO-5 (range 0-100 with 100 as the best possible well-being) and European Social Survey (ESS) happiness score [Numeric Rating Scale (NRS) from 0 to 10]. Other endpoints will evaluate symptoms [Itch NRS, Medical Outcomes Study Sleep Scale (MOS-Sleep), and Functional Assessment of Chronic Illness Therapy - Fatigue (FACIT-F)], effectiveness (PASI and PGA), QoL (DLQI), and safety and tolerability to tildrakizumab.

Results:

Basal characteristics are shown in table 2. The mean (SD) of the DASS-21 at baseline is the following: 5.0 (4.5) for depression, 4.2 (3.8) for anxiety, and 7.9 (4.8) for stress. However, 30.4%, 24.5%, and 30.3% reported moderate to severe depression, anxiety, and stress, respectively. In the same line, the psychological well-being was highly impaired [mean (SD) WHO-5: 50.9 (23.9)] as well as the QoL [DLQI scores of 10.1 (7.1)].

The mean (SD) PASI at baseline was 15.6 (10.2). Regarding symptoms, the mean fatigue and itch levels were 37.2 (11.0) and 5.9 (3.0), respectively.

Despite the physical, mental, and social impact of the disease, the overall mean (SD) happiness was 6.6 (2.1).

All 115 enrolled patients were included in the safety analysis. Adverse events were generally mild or moderate, with no unexpected safety concerns.

Conclusion:

This study will provide valuable insights into the psychological impact of tildrakizumab treatment in patients with moderate-to-severe psoriasis. By evaluating multiple dimensions of psychological well-being alongside clinical efficacy measures, the BLUE study will enhance understanding of the relationship between skin clearance and psychological improvement in patients with psoriatic disease. These findings may inform comprehensive treatment approaches that address both physical and psychological aspects of psoriasis management.

Table 1. DASS-21 cut-off scores

	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extremely severe	14+	10+	17+

Table 2. Basal characteristics

	Statistics	Total (N= 115)
Age, years	mean (SD)	52.3 (15.7)
Female	N (%)	47 (40.9%)
BMI (Kg/m2)	mean (SD)	27.3 (5.5)
Smoking habit	n (%)	
current smoker		59 (51.3%)
Ex-smoker		18 (15.7)
Non-smoker		38 (33.0%)
Alcohol consumption	N (%)	
Heavy drinker		10 (8.7%)
Occasional drinker		31 (27.0%)
Rarely		34 (29.6%)
Abstinent		40 (34.8%)
Unknown		28 (7.0%)
Marital status	N (%)	
Married		71 (61.7)
Not married		44 (38.3)
Time since 1st diagnosis (years)	mean (SD)	16.4 (12.0)
Difficult-to-treat areas	N (%)	
Nails		46 (46.9%)
Scalp		68 (69.4%)
Face		40 (40.8%)
Genitals		44 (44.9%)
Previous treatment	N (%)	
Biologic		44 (38.3%)
Tildrakizumab doses at baseline	N (%)	
100 mg		82 (71.3%)
200mg		33 (28.7%)



Abstract N°: 6747

"Real-World Efficacy and Safety of Risankizumab in Psoriasis: Insights After Failure of Ustekinumab and Other Biologics"

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Introduction & Objectives: Risankizumab, an interleukin-23 (IL-23) inhibitor, is approved for the treatment of psoriasis and psoriatic arthritis. However, real-world evidence on its effectiveness in patients with prior treatment failures remains limited. This study aimed to assess the safety and efficacy of risankizumab in routine clinical practice, focusing particularly on patients who had previously failed biologic therapies, including ustekinumab.

Materials & Methods: A retrospective observational study was conducted involving patients with psoriasis treated with risankizumab at our centre. Clinical and demographic data, treatment history, and outcomes related to efficacy and safety were collected. Statistical analysis included univariate ANOVA and stratified MANOVA to assess intra- and intergroup longitudinal changes.

Results: A total of 34 patients were included. The mean age was 53.85 years (SD 16.03), with an equal sex distribution (17 males, 17 females). Of these, 14.71% (5/34) were biologic-naïve, 35.29% (12/34) had previously received ustekinumab, and the remainder had been treated with other biologics such as adalimumab, secukinumab, and ixekizumab. Relevant comorbidities included past infections with hepatitis C virus, hepatitis B virus, latent tuberculosis, and cutaneous leishmaniasis. A statistically significant improvement in disease severity was observed during treatment ($p < 0.05$), including in those previously unresponsive to ustekinumab ($p < 0.05$). No serious adverse events were reported.

Conclusion: Risankizumab demonstrates a favourable safety and efficacy profile in real-world clinical settings. Its use appears appropriate for both biologic-naïve patients and those with prior biologic therapy failures. No adverse events necessitating treatment discontinuation were observed.



Abstract N°: 6770

Psychological Well-being of Moderate-to-Severe Plaque Psoriasis Patients Treated with Tildrakizumab in Clinical Practice in Italy: 28 week interim data from the phase IV BLUE Study

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Introduction & Objectives:

Psoriasis profoundly impairs patients' social, emotional, functional, and physical condition, impacting on their overall well-being. Tildrakizumab is an IL-23p19 inhibitor indicated for the treatment of moderate-to-severe plaque psoriasis. The objective was to assess the effectiveness of tildrakizumab on the overall psychological status and health-related quality of life (HRQoL) of patients with moderate-to-severe plaque psoriasis from the BLUE study.

Materials & Methods:

BLUE is a 52-weeks (W) multicenter, prospective, observational cohort study in adults with moderate-to-severe plaque psoriasis receiving tildrakizumab in routine care. The primary endpoint is the Depression, Anxiety, Stress Scale (DASS-21) questionnaire, which assesses the emotional states of depression, anxiety, and stress over the past week. Table 1 shows the DASS-21 cut-off scores.

Key secondary endpoints include the psychological well-being index WHO-5 (range 0-100, 100=maximal well-being) and European Social Survey (ESS) happiness score [Numeric Rating Scale (NRS) from 0 to 10]. The HRQoL instrument was the Dermatology Life Quality Index (DLQI). Here, we report the 28-week interim analysis based on observed cases.

All efficacy objectives were evaluated on the Full Analysis Set (FAS) population (all patients receiving ≥1 dose of tildrakizumab who underwent DASS-21 evaluations at baseline and Week 28; n=102), whereas all safety analyses were assessed on the (Safety Analysis SAF population (all patients receiving ≥1 dose of tildrakizumab; n=115)

Results:

115 patients were included (40.9% female, mean±SD age: 52.3±15.7 years). The mean±SD of the 3 DASS-21 domains (depression, anxiety and stress) decreased from 5.0±4.5, 4.2±3.8 and 7.9±4.8 at baseline, to 2.5±3.0, 1.8±2.2 and 4.5±3.3 at W28, respectively. Although the mean values are in the mild range, the percentage of patients reporting moderate-to-severe depression, anxiety, and stress, decreased from 30.4%, 24.5%, and 30.3% at baseline to 10.8%, 5.9% and 6.9% at W28, respectively. In the same line, the psychological well-being (WHO-5) improved from 50.9±23.9 to 66.0±18.4] as well as the HRQoL DLQI (from 10.1±7.1 to 1.2±1.9) at week 28.

The mean±SD PASI decreased from 15.6±10.2 at baseline to 1.8±2.6 at W28), with 77.5% and 52.9% achieving PASI ≤3 and ≤1, respectively.

The overall happiness increased more than 1 point: from 6.6±2.1 to 7.6±1.4.

All 115 enrolled patients were included in the safety analysis. Fifteen patients (13%) experienced at least one TEAE, with a total of 17 events. Four patients reported serious AEs, including one death due to cardiac cause in a patient with known cardiovascular comorbidities. Ten patients permanently discontinued due to AEs. Tildrakizumab was well tolerated over 28 weeks and no unexpected safety signals emerged.

Conclusion:

Tildrakizumab significantly improved patients' psychological status including well-being, as well as PASI and HRQoL, with high rates of treatment satisfaction in patients with moderate-to-severe plaque psoriasis after 28 weeks.

Table 1. DASS-21 cut-off scores

	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extremely severe	14+	10+	17+



Abstract N°: 6786

When PASI is not enough: psychological impairments despite improvements in skin

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Introduction & Objectives: Psoriatic disease profoundly impairs patients' social, emotional, and physical area of life, impacting on their overall well-being.1 However, discordance between skin improvement and psychological wellbeing remains inadequately characterized. The objective was** to analyse clinical characteristics and patient-reported outcomes of patients who exhibited persistent impaired well-being (WHO-5 score <28) after 52 weeks of psoriasis treatment with tildrakizumab.

Materials & Methods: POSITIVE is an ongoing 24-month, phase IV observational multinational study in adult patients with moderate-to-severe plaque psoriasis treated with tildrakizumab in a real-world setting.2 Outcome measurements included the 5-item WHO Well-being Index (WHO-5), Psoriasis Area and Severity Index (PASI), high impact areas (PGA scalp, palmoplantar and nail), symptoms (Dermatology Life Quality Index-Relevant (DLQI-R) and Treatment Satisfaction Questionnaire for Medication (TSQM-9). We report 52-week interim data (N=400 patients).

We examined the demographic and clinical characteristics, and the patient-reported outcomes of patients who despite improvement of the signs and symptoms of psoriasis, the wellbeing impairment remained high (WHO-5 <28).

Results: Among 400 patients receiving tildrakizumab, 68 (17.0%) had severe impaired well-being at baseline (WHO-5<28). Of these, 13 (3.25%) reported persisted impairment up to week 52 (table 2). These scores contrast with the WHO-5 evolution of the overall cohort: 53.8±21.8 at baseline and 65.2-66.0 in the following visits. These

13 patients reported similar characteristics to the overall cohort, with the exception of: currently smoking, fatty liver disease and neoplasia (**Table 1**). PASI in these 13 patients improved rapidly from 15.8±11.6 at baseline to 3.8±3.7 at week 16 and maintained over time (2.5±1.8 and 2.5±2.8 at weeks 28 and 52); with 53.8% and 75% of them reaching PASI <3 at weeks 16 and 52 and 15.4% and 41.7% PASI <1. Satisfaction levels with treatment across all three TSQM-9 domains (effectiveness, convenience and overall satisfaction with the treatment) were similar to the whole cohort. However, despite skin improvement and treatment satisfaction, these patients reported significantly worse DLQI-R scores compared to the whole cohort (**Table 2**). Notably, these patients had similar scalp affectation at baseline, however, the improvement was significantly lower than the rest of the population. Other high impact areas (palmoplantar and nails) showed similar frequency and improvement. Regarding symptoms, itch and skin pain improvements were similar to the general cohort, whilst joint pain and fatigue remained impaired throughout the 52 weeks (**Table 2**).

Conclusion: This analysis identifies a distinct subgroup of patients with psoriasis who experience ongoing psychological distress despite objective skin improvement. Thus, skin clearance alone may be insufficient for a comprehensive disease management in certain patients. Psychological wellbeing measures should be incorporated to guide individualized treatment approaches beyond skin-focused outcomes.

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Table 1. Baseline characteristics	Statistics	All cohort (N=400)	13 patients with WHO-5 ≤ 28 at week 52
Age, years	mean (SD)	46.5 (15.0)	45.5 (11.3)
Female	n (%)	147 (36.8%)	6 (46.2%)
BMI (Kg/m^2)	mean (SD)	28.39 (5.8)	30.33 (7.0)
Smoking habit	n (%)		
current smoker		**147 (36.8%)**	**8 (61.5%)**
Ex-smoker		72 (18.0%)	2 (15.4%)
Non-smoker		165 (41.3%)	2 (15.4%)
Unknown		16 (4.0%)	1 (7.7%)
Alcohol consumption	n (%)		
Heavy drinker		12 (3.0%)	0 (0.0%)
Occasional drinker		241 (60.3%)	9 (69.2%)
Abstinent		119 (29.8%)	3 (23.1%)
Unknown		28 (7.0%)	1 (7.7%)
Employment status	n (%)		
Full time		248 (62.0%)	8 (61.5%)
Part time		26 (6.5%)	2 (15.4%)
Unemployed		25 (6.3%)	1 (7.7%)
Unknown		29 (7.3%)	2 (15.4%)
Retired		57 (14.3%)	0 (0%)
Student		10 (2.5%)	0 (0%)
Marital status	n (%)		
Married		184 (46.0%)	6 (46.2%)
In Union		64 (16.0%)	2 (15.4%)
Single		98 (24.5%)	3 (23.1%)
Divorced		31 (7.8%)	0 (0%)
Widow		6 (1.5%)	1 (7.7%)
Unknown		17 (4.3%)	1 (7.7%)
Co-morbidities	n (%)	180 (45.0%)	7 (53.8%)
Diabetes Mellitus		25 (6.3%)	1 (7.7%)
High blood pressure		84 (21.0%)	5 (38.5%)
MetS		12 (3.0%)	1 (7.7%)
IBD		2 (0.5%)	0 (0%)
Neoplasm		**8 (2.0%)**	**2 (15.4%)**
Depression		36 (9.0%)	1 (7.7%)
CV disease		17 (4.3%)	1 (7.7%)
Dyslipemia		30 (7.5%)	1 (7.7%)
Fatty liver disease		**20 (5.0%)**	**3 (23.1%)**
Kidney disease		5 (1.3%)	0 (0%)
PsA		48 (12.0%	1 (7.7%)
Other		109 (27.3%)	3 (23.1%)
Time since 1st diagnosis (years)	mean (SD)	15.0 (13.0)	15.3 (8.7)
Severity of plaque psoriasis	n (%)		
Moderate		248 (62.2%)	9 (69.2%)
Severe		151 (37.8%)	4 (30.8%)
Previous treatment	n (%)		
Biologic		110 (27.5%)	4 (30.8%)
Country	n (%)		
Austria		68 (17.0%)	1 (7.7%)
Belgium		15 (3.8%)	1 (7.7%)
France		88 (22.0%)	2 (15.4%)
Germany		**100 (25.0%)**	**6 (46.2%)**
Italy		12 (3.0%)	1 (7.7%)
The Netherlands		10 (2.5%)	0 (0%)
Spain		60 (15%)	1 (7.7%)
Switzerland		34 (8.5%)	1 (7.7%)
United Kigndom		13 (3.3%)	0 (0%)

Table 2. Outcomes	Baseline	Week 16	Week 28	Week 52
WHO-5, mean (SD)				
13 patients	23.38 (16.96)	33.67 (17.01)	26.80 (17.69)	19.08 (8.66)
Whole cohort	53.79 (21.79)	65.20 (19.96)	66.03 (20.13)	65.67 (20.35)
PASI, mean (SD)				
13 patients	15.78 (11.61)	3.84 (3.67)	2.51 (1.83)	2.47 (2.81)
Whole cohort	13.06 (7.87)	2.42 (3.01)	1.65 (2.76)	1.45 (2.27)
DLQI-R, mean (SD)				
13 patients	16.26 (9.81)	6.10 (7.61)	4.66 (7.50)	5.91 (8.28)
Whole cohort	12.54 (7.55)	4.13 (5.00)	3.29 (5.00)	3.14 (4.41)
Scalp PGA 0/1[a], n (%)				
13 patients		**3 (42.9%)**	**3 (50.0%)**	**4 (57.1%)**
Whole cohort		**172 (82.3%)**	**174 (87.0%)**	**162 (88.5%)**
Palmoplantar PGA 0/1[b], n (%)				
13 patients		2 (100.0%)	2 (100.0%)	2 (100.0%)
Whole cohort		56 (84.8%)	57 (90.5%)	52 (94.5%)
Nails PGA 0/1[c], n (%)				
13 patients		2 (66.7%)	3 (100.0%)	3 (100.0%)
Whole cohort		52 (63.4%)	60 (77.9%)	54 (85.7%)
≥ 4 points itch NRS improvement[d], n (%)				
13 patients		5 (55.6%)	5 (71.4%)	5 (55.6%)
Whole cohort		140 (68.3%)	122 (69.3%)	91 (64.1%)
≥ 4 points skin pain NRS improvement[e], n (%)				
13 patients		7 (100.0%)	4 (80.0%)	7 (100.0%)
Whole cohort		103 (69.6%)	94 (74.0%)	74 (83.1%)
≥ 4 points joint pain NRS improvement[f], n (%)				
13 patients		**1 (20.0%)**	**1 (25.0%)**	**1 (20.0%)**
Whole cohort		**45 (52.9%)**	**38 (52.1%)**	**28 (56.0%)**
≥ 4 points fatigue NRS improvement[g], n (%)				
13 patients		**2 (33.3%)**	**1 (25.0%)**	**3 (50.0%)**
Whole cohort		**82 (59.0%)**	**82 (65.6%)**	**57 (60.0%)**
TSQM-9: Effectiveness Domain (%)				
13 patients		68.2%	80.2%	70.8%
Whole cohort		71.0%	75.4%	77.4%
TSQM-9: Convenience Domain (%)				
13 patients		76.8%	77.8%	71.3%
Whole cohort		81.7%	82.2%	81.5%
TSQM-9: Global Satisfaction Domain (%)				
13 patients		80.5%	76.2%	77.4%
Whole cohort		76.4%	77.3%	81.1%

[a]Only patients with scalp PGA > 1 at baseline were included: 7 (53.8%) and 233 (58.8%), respectively.
[b]Only patients with palmoplantar PGA > 1 at baseline were included: 2 (15.4%) and 70 (17.7%), respectively.
[c]Only patients with nail PGA > 1 at baseline were included: 3 (23.1%) and 90 (22.7%), respectively.
[d]Only patients with itch NRS > 4 at baseline were included: 9 (81.8%) and 247 (70.5%), respectively.
[e]Only patients with skin pain NRS > 4 at baseline were included: 7 (63.6%) and 180 (54.1%), respectively.
[f]Only patients with joint pain NRS > 4 at baseline were included: 5 (45.5%) and 103 (30.9%), respectively.
[g]Only patients with fatigue NRS > 4 at baseline were included: 6 (54.5%) and 170 (51.1%), respectively.



Abstract N°: 6791

Psycholag in moderate-to-severe psoriasis: insights from the POSITIVE study on psychological well-being and treatment with tildrakizumab

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Introduction & Objectives: Moderate-to-severe psoriasis can profoundly impact mental health. In a recent editorial, Bewley described the delay between physical and psychological improvement in patients with skin disease as a “psycholag”;1 however, this term has been barely explored using biologic therapies. In addition, mental health encompasses both absence of psychopathology and presence of well-being, often overlooked in clinical practice. The objective was** to evaluate whether moderate-to-severe psoriasis patients treated with tildrakizumab experience psycholag by comparing improvements in skin versus psychological well-being during 52 weeks treatment.

Materials & Methods: POSITIVE is an ongoing 24-month phase IV observational study in adult patients with moderate-to-severe plaque psoriasis treated with tildrakizumab in a real-world setting.2 A Well-being Index (WHO-5) score of 64 (European population average)3 indicated well-being control, whilst a Psoriasis Area and Severity Index (PASI) score of <3 indicated skin control. We analysed the subgroup of patients with baseline WHO-5 <64 and PASI >3 from the 52-week interim data.

Results: Of in total 400 patients at baseline, 80 patients reported WHO-5 <64 and PASI >3. Of those, four distinct subgroups emerged at week 16. Of these, 39 patients (48.8%) achieved both well-being and skin control (WHO-5: 42.5±9.8 at baseline to 72.4±7.6 at week 16; PASI: 15.2±5.3 to 1.2±0.8), and 9 patients (11.3%) achieved good well-being despite not reaching skin control (WHO-5: 46.2±8.4 to 67.8±6.5; PASI: 14.2±4.3 to 5.9±2.1). Interestingly, 24 patients (30%) achieved skin control but failed to achieve well-being response (WHO-5: 36.4±9.6

to 48.7±6.3; PASI: 16.8±5.9 to 1.8±0.9); whilst the remaining 8 patients (10%) achieved neither well-being nor skin control (WHO-5: 31.8±11.2 to 43.6±9.8; PASI: 20.4±7.1 to 6.5±2.7) [**Figure 1**]. Amongst the 24 patients with only skin control at week 16, 9 (37.5%) exhibited psycholag: 6 improved well-being by week 28 (WHO-5: 69.8±6.8) and 3 by week 52 (WHO-5: 72.6±3.5). Surprisingly, the remaining 15 maintained skin control but showed no well-being improvement over 52 weeks (WHO-5: 53.5±2.1).

Conclusion: The POSITIVE study demonstrates that tildrakizumab improves, in only 16 weeks, both physical symptoms and psychological well-being in most of the patients. However, psycholag was exhibited by some patients. Also, a few patients showed no psychological improvement during the 52-week period and are reported elsewhere. When evaluating treatment success in skin disease, psychological parameters should be measured alongside physical outcomes. Future research should identify predictors of psycholag and interventions to accelerate psychological recovery.

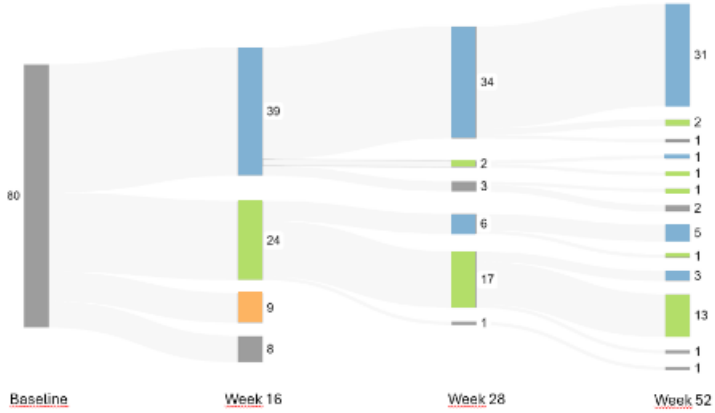


Figure 1. Sankey plot representing the change between categories in the different time-points. Grey: patients with no skin (PASI >3) nor well-being control (WHO-5 <64), blue: patients with both skin and well-being control, orange: patients with only well-being control and green: patients with only skin control.

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Abstract N°: 6793

Is it time to change the concept of difficult-to-treat areas?: Reflections on the POSITIVE study

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Introduction & Objectives: Psoriasis is a chronic immune-mediated disease that commonly affects special areas, such as the scalp, palms or soles, or nails, which are recognized as difficult to treat with topical or conventional systemic treatments. The burden of disease, particularly when sensitive areas are affected, is very high (1). Newer biological agents may lead to more benefits in achieving skin clearance in patients with psoriatic disease localized in special areas. The objective of this analysis was to assess the effectiveness of tildrakizumab in difficult-to-treat areas in patients with moderate-to-severe psoriasis in routine care.

Materials & Methods: POSITIVE is an ongoing 24-month, phase IV observational multinational study in adult patients with moderate-to-severe plaque psoriasis treated with the interleukin-23p19 inhibitor tildrakizumab in a real-world setting (2). Effectiveness assessments in this analysis included scalp-Physician Global Assessment (PGA), palmoplantar-PGA, and nail-PGA (3). Here, we report 52-week interim data based on observed cases.

Results: A total of 400 patients were included (63.3% male, mean age of 46.5 years). At baseline, 71.2% of patients (n=282) had scalp psoriasis (defined as a scalp-PGA >0), 25.5% of patients (n=101) had palmoplantar psoriasis (palmoplantar-PGA >0), and 39.9% of patients (n=158) had nail psoriasis (nail-PGA >0). At week 28 and week 52, respectively, 87.0%/90.5%/77.9% and 88.5%/94.5%/85.7% of patients with a scalp-PGA/palmoplantar-PGA/nail-PGA score >1 at baseline achieved a scalp-PGA/palmoplantar-PGA/nail-PGA score of 0 or 1.

Conclusion: In this non-interventional study, tildrakizumab demonstrated high efficacy in achieving skin clearance in “difficult-to-treat” areas such as the scalp, palms or soles, and nails in patients with moderate-to-severe plaque

psoriasis after 28 weeks, with this improvement being sustained through week 52. Given these results, it may be time to reconsider the term “difficult-to-treat areas” and refer to them as “sensitive areas” instead.

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Abstract N°: 6803

Biologic therapy induces favorable remodeling and stabilization of coronary subclinical atherosclerosis in patients with psoriasis: results from the EDSAP cohort

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Introduction & Objectives: Psoriasis is a chronic, immune-mediated inflammatory disease associated with an increased risk of coronary atherosclerosis. This atherosclerosis presents predominantly with an inflammatory phenotype, characterized by a greater burden of non-calcified coronary plaques and a higher propensity for plaque rupture. These features may contribute to the elevated incidence of acute myocardial infarction observed in young adults with psoriasis. Our objective was to evaluate the effect of biologic therapies on the progression and composition of coronary subclinical atherosclerosis in patients with moderate-to-severe psoriasis, and to explore differences according to biologic family.

Materials & Methods: The Early Detection of Subclinical Atherosclerosis in Psoriasis (EDSAP) cohort is a longitudinal, prospective, observational study including adult patients with moderate-to-severe psoriasis starting biologic therapy. Patients with a history of prior cardiovascular events were excluded. All participants underwent contrast-enhanced coronary computer tomography angiography (CCTA) at baseline and after one year of continuous treatment. Coronary plaque burden was assessed in the three major coronary arteries (left anterior descending, left circumflex, and right coronary artery). A blinded reader performed a quantitative analysis of total plaque burden, defined as the percentage of vessel occupied by plaque, and its subcomponents, namely non-calcified and calcified plaque burden.

Results: A total of 58 patients with complete imaging data at baseline and after one year were included (mean [SD] age 48.9 [7.4] years, 70.7% male, median PASI score 8.3 [IQR 6.2–13]). Overall, 170 coronary arteries were analyzed. In patients with evidence of coronary atherosclerosis, the mean luminal obstruction at baseline was 26.2%, and remained stable after one year of treatment (27.5%, p=0.43). Despite the absence of significant changes in total plaque burden, plaque composition was favorably modified: there was a significant reduction in the non-calcified burden (mean difference -7.1%, 95% CI -13.0 to -0.1, p=0.033) and a trend toward an increase in calcified plaque burden (mean difference 1.8%, 95% CI -0.1 to 3.8, p=0.064). In an adjusted mixed-effects model adjusting for Framingham 10-year cardiovascular risk score, BMI and statin use, non-calcified plaque burden decreased by 6.5% (95% CI -0.5 to 13.5) after one year of biologic therapy, with a trend toward statistical significance (p=0.068). An exploratory analysis by biologic class suggested a differential impact: treatment with IL-

23 inhibitors was associated with a significantly higher reduction in non-calcified plaque burden compared to other biologics, adjusting for the same co-variates plus PASI change.

Conclusion: Modulation of inflammation through biologic therapies used in the treatment of moderate-to-severe psoriasis may promote favorable coronary plaque remodeling. Although total plaque burden did not change, a significant reduction in non-calcified plaque burden was observed, a component associated with more vulnerable atheroma plaques.

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Abstract N°: 6819

Killing Two Birds With One Stone

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Introduction & Objectives:

Bimekizumab is a monoclonal antibody that selectively inhibits interleukin (IL)-17A and IL-17F, cytokines that play a role in the pathogenesis of various inflammatory dermatologic conditions.

Materials & Methods: A 24-year-old male patient presented to our clinic with erythematous, scaly plaques located on his back, chest, and bilateral elbows. Additionally, he had draining, abscess-like lesions consistent with hidradenitis suppurativa (Hurley stage 2) involving the seborrheic area of the chest, bilateral axillary regions, and suprapubic area. The patient reported a diagnosis of psoriasis since the age of 17, which had been confirmed via biopsy at another center. On physical examination, there was no evidence of genital or intertriginous involvement; however, nail involvement in the form of irregular superficial pitting was observed. Upon reviewing the patient's medical history, it was noted that he also had a diagnosis of chronic obstructive pulmonary disease (COPD), with a smoking history of 7 pack-years and no alcohol use. Family history was negative for similar dermatological diseases. Previous investigations had shown a positive QuantiFERON-TB Gold test, for which the patient was treated with isoniazid (INH) for 9 months under the guidance of the pulmonology department. Prior treatments included topical corticosteroids and topical calcipotriol, which failed to achieve an adequate PASI response. Due to the lack of clinical improvement, systemic therapies were considered. The patient was initiated on adalimumab; however, treatment was discontinued due to poor adherence, which led to secondary treatment failure. Upon presenting to our clinic with worsening symptoms, and in light of the coexistence of psoriasis vulgaris and HS, we initiated treatment, which may offer therapeutic benefit in the shared inflammatory pathways of both diseases.

Results: At the time of presentation, the patient's Psoriasis Area and Severity Index (PASI) score was calculated as 11.7. Bimekizumab treatment was initiated at a dose of 320 mg administered via subcutaneous injection at weeks 0, 4, and 12. Short-term treatment outcomes were monitored and documented photographically for both psoriasis and HS. At the 1-month follow-up, psoriatic lesions had resolved, leaving only post-lesional hyperpigmentation and mild residual erythema. HS lesions showed a slight decrease in activity. By the 3-month follow-up, complete resolution of psoriatic lesions was observed, with only post-inflammatory hyperpigmentation remaining. However, the activity of HS lesions appeared to be similar to that observed at the 1-month follow-up. The patient reported no adverse effects during the course of bimekizumab treatment.

Conclusion: Bimekizumab provides rapid and robust clinical responses in the treatment of psoriasis by simultaneously targeting IL-17A and IL-17F. It has also shown promising results in the treatment of hidradenitis suppurativa. However, further clinical data are needed to fully establish its efficacy in this indication. In our case, we present the short-term outcomes of bimekizumab treatment for hidradenitis suppurativa, and the patient's response to ongoing therapy will continue to be monitored.

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Tildrakizumab: a single-center retrospective study of effectiveness and safety in real clinical practice in patients with psoriasis and psoriatic arthritis

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Introduction & Objectives:

Psoriasis is a chronic and recurrent inflammatory disease. Up to 30% of patients with psoriasis could develop psoriatic arthritis. Proinflammatory cytokines and IL23/Th17 axis play critical roles in psoriasis pathogeny. Tildrakizumab is a humanized monoclonal IgG1/κ antibody that selectively binds to the p19 subunit, inhibiting the interaction of IL-23 and thus inhibits the release of IL-23 mediated proinflammatory cytokines. Although not officially approved for the treatment of psoriatic arthritis (PsA), several studies have reported substantial improvement in joint symptoms, accompanied by a favorable safety profile.

Materials & Methods:

This single-center retrospective study included 49 patients affected by moderate-to-severe plaque psoriasis treated with Tildrakizumab from February 2020 to March 2025. Tildrakizumab was administrated according to the summary of product characteristics. Assessment criteria encompassed Psoriasis Area and Severity Index (PASI), Body Surface Area (BSA) and Physician Global Assessment (PGA) at 0, 12, 24, 52, 72, 104, 156, 208 and 260 weeks. Minimum Disease Activity (MDA) was measured too. Paired t-test was performed to analyze possible differences between periods of time in PASI, BSA and PGA scores.

Results:

Our population is composed of 49 patients with moderate-to-severe psoriasis treated with Tildrakizumab, with a median age of 50.88 years. They were composed of 32 males (65%) and 17 women (35%). 11 patients (22%) showed clinical data compatible with PsA, encompassing axial involvement or peripheral arthritis. At baseline, median disease parameters were: PASI = 10.71, BSA = 13.53, PGA = 3.57. At 12 weeks, all parameters decreased showing statistically significant differences versus baseline: PASI = 2.71 ($p<0.0001$), BSA = 2.79 ($p<0.0001$), PGA = 0.94 ($p<0.0001$). At 52 weeks, all parameters continued to be lower than baseline and PASI decreased with a statistically significant difference versus 12 weeks: PASI = 1.66 ($p<0.01$ versus 12 weeks), BSA = 2.03, PGA = 0.72. Tildrakizumab sustained its efficacy until 208 (n=6) and 260 weeks (n=3) versus baseline: PASI 208w = 1.92 ($p<0.0001$), BSA 208w = 3.17 ($p<0.0001$), PGA 208w = 0.5 ($p<0.0001$); PASI 260w = 2.5 ($p<0.0001$), BSA 260w = 3.57 ($p<0.0001$), PGA 260w = 0.33 ($p<0.0001$). During follow-up, 7 patients (63%) showed MDA. No major adverse event was reported and no patients discontinued Tildrakizumab due to adverse events. In Figure 1 we observe evolution of absolute PASI -blue- and BSA -orange- over 260 weeks. In Figure 2 we observe evolution of absolute PGA score over 260 weeks.

Conclusion:

This real-world evidence (RWE) study aligns with pivotal clinical trials, confirming Tildrakizumab's efficacy and safety, also in PsA.

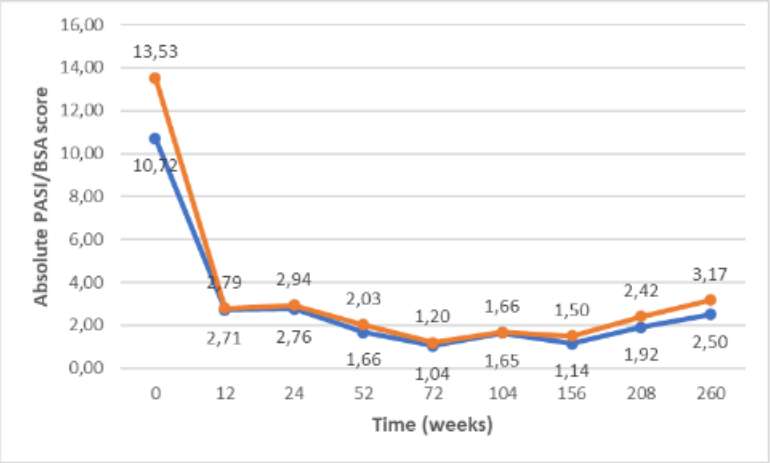

16,00
14,00
12,00
10,00
8,00
6,00
4,00
2,00
0,00
Absolute PASI/BSA score
13,53
10,72
2,79
2,71
2,94
2,76
2,03
1,66
1,20
1,04
1,66
1,65
1,50
1,14
2,42
1,92
3,17
2,50
0
12
24
52
72
104
156
208
260
Time (weeks)

Fig. 1

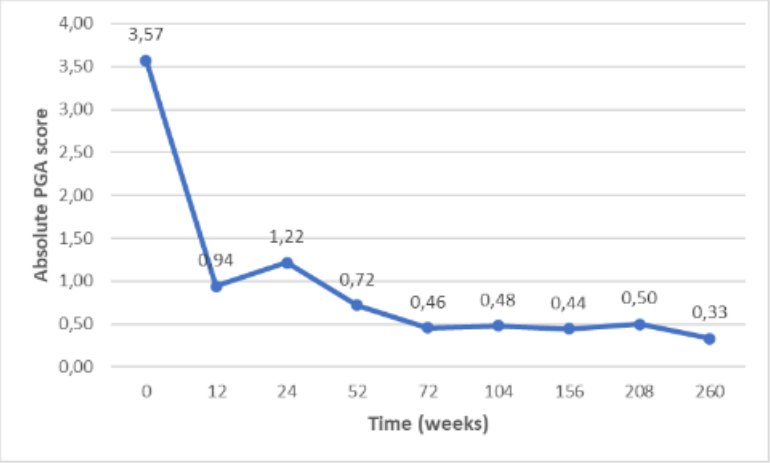

4,00
3,50
3,00
2,50
2,00
1,50
1,00
0,50
0,00
Absolute PGA score
3,57
0,94
1,22
0,72
0,46
0,48
0,44
0,50
0,33
0
12
24
52
72
104
156
208
260
Time (weeks)

Fig. 2



Abstract N°: 6865

Tildrakizumab significantly improves clinical outcomes in patients with psoriasis in high impact areas: 52-week interim data of the phase IV ZODIPSO study

Ines Zaraa*[1, 2], ANNE BENEDICTE DUVAL MODESTE[3], Francois Skowron[4], Abdallah Khemis[5], Thierry Boye[6], Nathalie Beneton-Benhard[7], Alexandre Gueret[8], Arnau Domenech[9], Gregory Caillet[8]

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Introduction & Objectives:

Psoriasis in high-impact areas, including the scalp, nail, palmoplantar, and genital regions, has both physical and emotional impacts, affecting patients' wellbeing. These locations are typically difficult-to-treat and require specific management, leading to a recent consensus to reclassify the disease as severe when they are involved. This interim data evaluates the effectiveness and safety of tildrakizumab, an interleukin-23p19 inhibitor in routine care among patients with psoriasis affecting one or more high-impact areas.

Materials & Methods:

The ZODIPSO study is an ongoing 52-week, phase IV observational multicentric study in France, involving adult patients with moderate-to-severe plaque psoriasis affecting at least one of the following areas: scalp, nails, palms, and/or genital regions, treated with tildrakizumab. The decision to initiate treatment with tildrakizumab was made during routine clinical care, according to the summary of product characteristics. The study protocol was reviewed and approved by the concerned committees for all participating sites. Effectiveness outcomes included improvement in patients' Psoriasis Area and Severity Index (PASI) score and specific scores for each localization, such as the Psoriasis Scalp Severity Index (PSSI), the scalp Physician's Global Assessment (s-PGA), the modified Nail Psoriasis Severity Index (mNAPSI), the static PGA of Genitalia (sPGA-G), the Palmoplantar Psoriasis Area and Severity Index (PP-PASI) and the palmoplantar PGA (PP-PGA). Dermatology Life Quality Index (DLQI) measured patient quality of life. In these interim results, 122 patients were included, with 89 followed until 52 weeks.

Results:

A total of 122 patients were included (58.2% male, mean [SD] age of 51.3 [16.4] years). 54.1%, 72.1%, 40.2%, and 23.8% of patients had nail, scalp, genital, and palmoplantar psoriasis at baseline, respectively. The mean [SD] PASI decreased from 12.4 [9.4] at baseline to 1.4 [3.3] at week 52 ($p<0.001$). Among patients with nail psoriasis (n=66), the mean [SD] mNAPSI decreased from 48.9 [32.9] at baseline to 20.1 [23.2] at week 52 ($p<0.001$). In patients with scalp psoriasis (n=88), the mean [SD] PSSI significantly reduced from 24.5 [16.4] at baseline to 3.1 [6.9] at week 52. The proportion of patients with s-PGA of 0 or 1 increased from 13.6% at baseline to 69,4% and 83.8% at week 28 and 52, respectively. Regarding patients with genital psoriasis (n=49), the percentage of patients with sPGA-

G=0/1 increased significantly from 12,2% at baseline to 75% and 83.7% at weeks 28 and 52, respectively. Finally, in patients with palmoplantar psoriasis (n=29), the mean [SD] PP-PASI decreased from 10.8 [10.1] at baseline to 3.1 [5.0] at week 52. Similarly to scores in the different topographies, there was also an improvement in DLQI, which decreased from a mean score of 10.8 [7.0] at baseline to 3.4 [4.8] at week 52. No unexpected safety findings were reported during the study and no patient had to discontinue the drug because of treatment-emergent AEs or serious AEs.

Conclusion:

Anti-IL-23p19 antibodies offer an effective and safe treatment option for plaque psoriasis, but there are limited data regarding their efficacy in patients with difficult-to-treat sites. Based on the data reported here, we conclude that tildrakizumab is highly effective in patients with psoriasis in high impact areas in routine clinical care.



Abstract N°: 6866

Biological therapy enhances microvascular reactivity in psoriasis via improved endothelial function: a pilot study

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[7]Faculty of Medicine, University of Osijek, Department of Internal Medicine and History of Medicine, Osijek, Croatia
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Introduction & Objectives: Psoriasis is considered an independent risk factor for cardiovascular morbidity and mortality. Various mechanisms triggered by psoriasis contribute to the development of endothelial dysfunction, which in combination with chronic inflammation can initiate or exacerbate existing atherosclerosis. Clinical studies using common circulating and vascular biomarkers of endothelial dysfunction have shown a link between endothelial dysfunction and the severity of psoriasis. In addition, it is hypothesized that effective treatment of psoriasis may improve endothelial function and potentially reduce cardiovascular risk. The aim of the present study was to investigate the effect of biological compared to topical therapies on skin microvascular endothelial function in psoriasis patients.

Materials & Methods: This cross-sectional pilot study involved 41 psoriasis patients who received topical therapy (PV-local; betamethasone or betamethasone-calcipotriol combination), 12 psoriasis patients who received anti-IL17 and anti-IL23 biological therapy (PV-biological), and 30 age- and sex-matched healthy controls. Laser Doppler flowmetry was used to measure microvascular reactivity in response to vascular occlusion (PORH) and iontophoresis of acetylcholine (AChID), as indicators of endothelium-dependent vasodilation, and in response to iontophoresis of sodium nitroprusside (SNPID), as an indicator of endothelium-independent vasodilation. Psoriasis area and severity index (PASI), body mass index (BMI), serum lipid profile as well as serum high sensitivity C-reactive protein (hsCRP), homocysteine and fibrinogen level were measured in all subjects.

Results: PASI was significantly higher in the PV-local than in the PV-biologic group. PORH tended to be increased in the PV-biologic group compared to the PV-topical and the control group (Kruskal-Wallis test with Conover post-hoc; $P < 0.05$). AChID and SNPID were similar in all three groups. There were no significant differences in BMI, serum lipid profile and hsCRP levels between the groups. While serum homocysteine levels did not differ between groups, serum fibrinogen levels were significantly higher in PV-local compared to controls and PV-biological (Kruskal-Wallis test, $P = 0.01$).

Conclusion: Psoriasis patients on topical therapy alone tended to have attenuated endothelium-dependent vasodilation and increased serum fibrinogen levels compared with those treated with biological therapy. Larger, well-designed studies are needed to confirm the long-term vascular benefits of biological therapies in psoriasis.



Abstract N°: 6876

Tildrakizumab significantly improves nail psoriasis in an interim data of the phase IV ZODIPSO study until 52 weeks

Ines Zaraa*[1, 2], ANNE BENEDICTE DUVAL MODESTE[3], Francois Skowron[4], Abdallah Khemis[5], Thierry Boye[6], Nathalie Beneton-Benhard[7], Alexandre Gueret[8], Arnau Domenech[9], Gregory Caillet[8]

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[2]Groupe Ongle de la Société Française de Dermatologie, Paris, France
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Introduction & Objectives:

Nail psoriasis is considered a high-impact topography with both physical and emotional impacts and is known to be a predictor for the development of psoriatic arthritis. Data from clinical trials regarding the role of anti-IL-23 drugs in treating nail psoriasis are currently limited. Here we present data on the effectiveness of tildrakizumab in psoriasis patients with nail involvement in routine clinical care, from the interim analysis of the ZODIPSO study.

Materials & Methods:

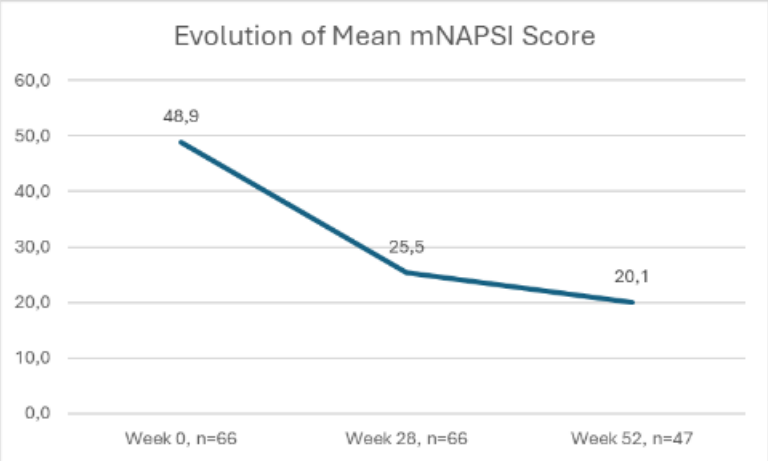
The ZODIPSO study is an ongoing 52-week, phase IV observational multicentric study in France, involving adult patients with moderate-to-severe plaque psoriasis affecting at least one of the following areas: scalp, nails, palms, and genital regions, treated with tildrakizumab. The decision to initiate treatment with tildrakizumab was made during routine clinical care, according to the summary of product characteristics. Effectiveness outcomes included improvement in patients' Psoriasis Area and Severity Index (PASI) score, the modified Nail Psoriasis Severity Index (mNAPSI) and the Fingernail Physician's Global Assessment (f-PGA). Patient reported outcomes were treatment satisfaction measured with a Numerical Rate Scale (NRS) and the Dermatology Life Quality Index (DLQI). In these interim results, 122 patients were included and 89 were followed until 52 weeks.

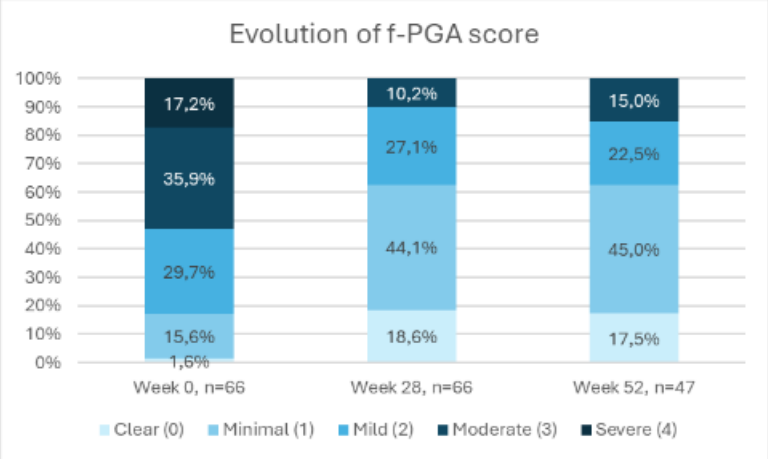
Results:

A total of 122 patients were included (58.2% male, mean [SD] age of 51.3 [16.4] years). Nail psoriasis was reported for 66 patients and psoriatic arthritis for 14 patients. Among patients with nail psoriasis the mean [SD] PASI decreased from 12.2 [10.3] at baseline to 0.8 [1.4] at week 52 ($p<0.001$). Mean [SD] mNAPSI decreased from 48.9 [32.9] at baseline to 25.5 [25.5] at week 28 and to 20.1 [23.2] at week 52 ($p<0.001$). At baseline 11/66 patients (16.7%) had an f-PGA of 0 or 1 while they were 56.1% at week 28 and 53.2 at week 52. Mean patient DLQI decreased from 10.9 [7.0] to 3.2 [4.5] at week 28 and 2.6 [3.7] at week 52 ($p<0.001$). Overall clinical improvement was associated with a relevant patient satisfaction assessed with a Numeric Rating Scale (NRS): a mean of 8.2 [2.4] at week 28 confirmed at week 52 with a mean score of 8.1 [2.6]. Tildrakizumab was well-tolerated over 52 weeks, with no serious adverse events reported.

Conclusion:

In this real-life study over a period of 52 weeks, dedicated to studying high impact areas in patients with psoriasis, tildrakizumab was shown to be safe and effective for the treatment of nail psoriasis with a significant improvement of mNAPSI, F-PGA and DLQI scores.







Abstract N°: 6881

Tildrakizumab significantly improves genital psoriasis in an interim data of the phase IV ZODIPSO study until 52 weeks

Ines Zaraa*[1], ANNE BENEDICTE DUVAL MODESTE[2], Francois Skowron[3], Abdallah Khemis[4], Thierry Boye[5], Nathalie Beneton-Benhard[6], Alexandre Gueret[7], Arnau Domenech[8], Gregory Caillet[7]

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[4]Polyclinique Saint George, dermatology department, Nice, France
[5]HIA Sainte Anne, dermatology department, Toulon, France
[6]Le Mans General Hospital, dermatology department, Le Mans, France
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Introduction & Objectives:

Genital psoriasis is considered a high-burden topography with both physical and emotional impact. Not routinely subjected to clinical examination, this topography is often underdiagnosed, despite being a significant contributor to patients having lower quality of life. The generation of data assessing the effectiveness of current treatments is therefore crucial to optimize the management of genital psoriasis. The 52-weeks interim data presenting here evaluates the effectiveness of tildrakizumab, an inhibitor of the interleukin-23p19, in routine care among patients with psoriasis in high impact areas including genital area.

Materials & Methods:

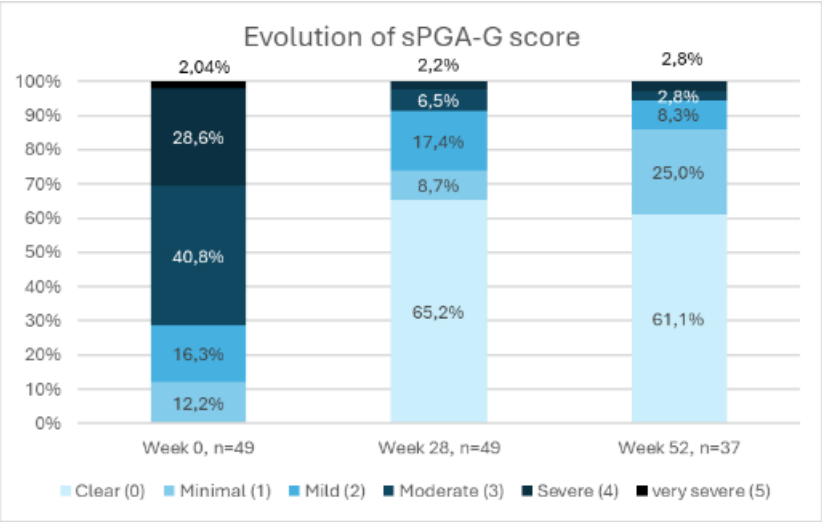
The ZODIPSO study is an ongoing 52-week, phase IV observational multicentric study in France, involving adult patients with moderate-to-severe plaque psoriasis affecting at least one of the following areas: scalp, nails, palms, and/or genital regions. The decision to initiate treatment with tildrakizumab was made during routine clinical care, according to the summary of product characteristics. Effectiveness outcomes included improvement in patients' Psoriasis Area and Severity Index (PASI) score and static Physician's Global Assessment of Genitalia (sPGA-G). Patient reported outcomes were the Pruritus Numeric Rating Scale (PNRS), the Dermatology Life Quality Index (DLQI) and the treatment satisfaction measured with a Satisfaction Numerical Rate Scale (S-NRS). In these interim results, 122 patients were included and 89 were followed until 52 weeks.

Results:

A total of 122 patients were included (58.2% male, mean [SD] age of 51.3 [16.4] years). 49 patients had genital psoriasis sometimes in conjunction with other high impact areas like scalp (n=39), nail (n=27) or palmoplantar (n=17) psoriasis. Among patients with genital psoriasis the mean [SD] PASI decreased from 12.5 [7.3] at baseline to 1.7 [4.3] at week 52 ($p<0.001$). The percentage of patients with sPGA-G of 0-1 increased from 12.2% at baseline to 69,4% and 83,8% at weeks 28 and 52, respectively. Mean [SD] patient DLQI decreased from 12.6 [7.1] to 4.7 [5.7] at week 28 and 4.7 [6.0] at week 52 ($p<0.001$). Patient pruritus improved with a mean PNRS [SD] scored at 6.9 [3.2] at baseline, 2.2 [2.6] at week 28 and 2.77 [2.96] at week 52. Overall, the mean [SD] S-NRS of patients was 7.8 [2.7] at week 28 and 8.4 [2.3] at week 52. Tildrakizumab was well tolerated and patients were highly satisfied with the treatment.

Conclusion:

Tildrakizumab significantly improved genital psoriasis in a real-world study evaluating treatment effectiveness in patients with psoriasis in high-impact areas. All scores improved from baseline to 28 and 52 weeks. These results can contribute to enhancing the physician's confidence in their therapeutic options when discussing this sensitive challenge with the patient.





Abstract N°: 6884

Tildrakizumab significantly improves scalp psoriasis in an interim data of the phase IV ZODIPSO study until 52 weeks

Ines Zaraa*[1], ANNE BENEDICTE DUVAL MODESTE[2], Francois Skowron[3], Abdallah Khemis[4], Thierry Boye[5], Nathalie Beneton-Benhard[6], Alexandre Gueret[7], Arnau Domenech[8], Gregory Caillet[7]

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[2]Rouen University Hospital, dermatology department, Rouen, France
[3]Drôme Nord Hospital, dermatology department, Romans-sur-Isère, France
[4]Polyclinique Saint George, dermatology department, Nice, France
[5]HIA Sainte Anne, dermatology department, Toulon, France
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Introduction & Objectives:

Scalp psoriasis is considered a high-impact topography with both physical and emotional impacts. Highly pruritic and considered as a difficult to treat area, this topography contributes to the deterioration of patients' quality of life. Here, we present interim results from the ZODIPSO study which evaluated the effectiveness of tildrakizumab, an inhibitor of the interleukin-23p19, in routine care among patients with psoriasis in high impact areas including scalp.

Materials & Methods:

The ZODIPSO study is an ongoing 52-week, phase IV observational multicentric study in France, involving adult patients with moderate-to-severe plaque psoriasis affecting at least one of the following areas: scalp, nails, palms, and/or genital regions, treated with tildrakizumab. The decision to initiate treatment with tildrakizumab was made during routine clinical care, according to the summary of product characteristics. Effectiveness outcomes included improvement in patients' Psoriasis Area and Severity Index (PASI) score, the Psoriasis Scalp Severity Index (PSSI) and scalp Physician's Global Assessment (sPGA). Patient reported outcomes were the Pruritus Numeric Rating Scale (PNRS), the Dermatology Life Quality Index (DLQI) and the treatment satisfaction measured with a Satisfaction Numerical Rate Scale (S-NRS). In these interim results, 122 patients were included and 89 were followed until 52 weeks.

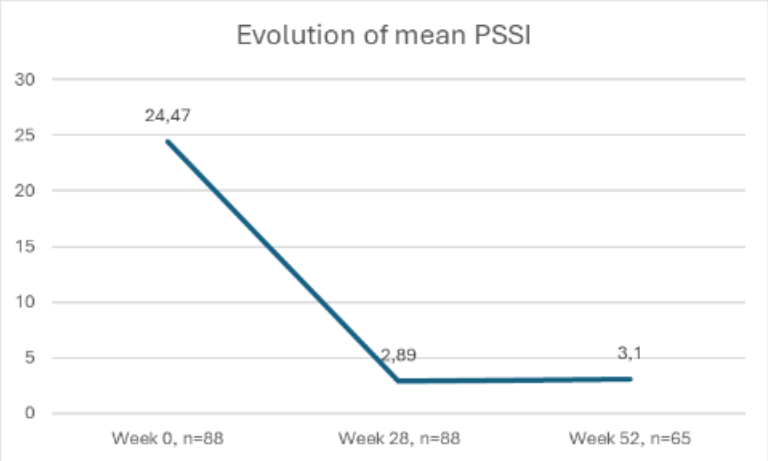
Results:

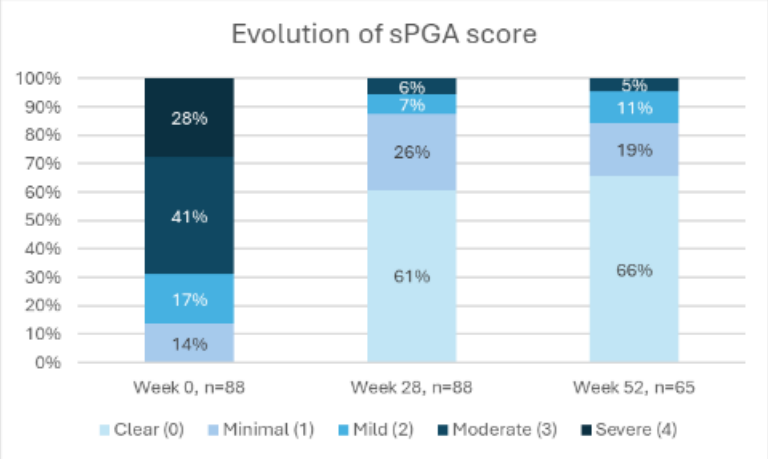
A total of 122 patients were included (58.2% male, mean [SD] age of 51.3 [16.4] years). 88 patients had scalp psoriasis sometimes associated with other high impact areas like genital (n=41), nail (n=43) or palmoplantar (n=23) psoriasis. Among patients with scalp psoriasis the mean [SD] PASI decreased from 12.9 [9.1] at baseline to 1.7 [2.8] at week 28 and 1.5 [3.8] at week 52 ($p<0.001$). Mean [SD] PSSI also reduced from 24.5 [16.4] at baseline to 2.9 [5.8] at week 28 and 3.10 [6.9] at week 52 ($p<0.001$). Among the 88 patients with scalp psoriasis, 13.6% had a sPGA of 0 or 1 at baseline, with a significant improvement at week 28 (86.4%) and 52 (83.1%). Mean patient DLQI decreased from 10.7 [6.9] at baseline to 4.0 [5.4] at week 28 and 3.6 [5.0] at week 52 ($p<0.001$). Patient pruritus improved with a mean P-NRS scored at 6.9 [2.7] at baseline, 2.3 [2.5] at week 28 and 2.5 [2.8] at week 52. Overall mean patient satisfaction was 8.0 [2.5] at week 28 and 8.0 [2.5] at week 52. Tildrakizumab was well

tolerated.

Conclusion:

Tildrakizumab is safe and effective in scalp psoriasis in a real-world study evaluating treatment effectiveness in patients with psoriasis in high-impact areas with significant improvement of sPGA, PSSI. This was associated with a strong reduction in the rating of pruritus and high patient satisfaction.







Abstract N°: 6913

Psoriasis at the Edge: Insights from Two Uncommon Cases

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Introduction & Objectives:

Psoriasis is a chronic, immune-mediated systemic disorder characterized by well-demarcated, erythematous, thick, and scaly plaques. Although it is most commonly observed on the skin, particularly in areas of friction, psoriasis can also affect mucosal surfaces, including the oral, genital, and ocular regions, though these manifestations are relatively rare. These case reports aim to illustrate the diagnostic value of dermoscopy in identifying atypical presentations of psoriasis affecting the mouth corners and the periocular region.

Materials & Methods:

We present two clinical cases of psoriasis with uncommon localizations—the ocular canthus and mouth corners—in which dermoscopy was used to support the diagnosis. Both patients underwent comprehensive dermatological and systemic evaluations, with detailed documentation of dermoscopic findings.

Results:

Case 1:** An 8-year-old child presented with an erythematous, mildly pruritic plaque featuring a meliceric crust at the outer canthus of the left eye, which had been evolving over the past week. Dermoscopic examination revealed white scales, homogeneous dotted vessels, and yellowish crust, suggestive of impetiginized psoriasis. Further clinical evaluation identified small, slightly scaly erythematous plaques on the buttocks, where the presence of homogeneous dotted vessels further corroborated the diagnosis of psoriasis. The child was referred for an ophthalmological assessment, which confirmed xerophthalmia, providing an explanation for the repetitive rubbing of the periocular region and the potential Koebner phenomenon associated with the psoriasis in this case.

Case 2:** A 29-year-old woman presented with persistent bilateral angular cheilitis. The patient did not report any new lip products or topical applications to the facial region. Clinical examination revealed two erythematous, finely scaly plaques at the mouth corners bilaterally. Dermoscopy showed the presence of homogeneous dotted vessels indicative of psoriasis. Further examination confirmed the diagnosis, revealing a fissured tongue and a distal onycholysis with a regular erythematous border, typical of both oral and nail psoriasis.

Conclusion:

Ocular involvement in psoriasis typically presents as keratoconjunctivitis sicca or blepharitis, though more severe complications such as uveitis and corneal lesions may occur. As illustrated in Case 1, psoriatic plaques can also affect the eyelids and lid margins, a rare but important presentation. Oral psoriasis, often underdiagnosed, may manifest as fissured or geographic tongue, while lip involvement—such as angular cheilitis—is uncommon and easily mistaken for other dermatoses. In both cases, dermoscopy proved instrumental in identifying characteristic vascular patterns, notably homogeneous dotted vessels, underscoring its diagnostic value in atypical and diagnostically challenging presentations of psoriasis.



Abstract N°: 7014

Immune checkpoint inhibitor–induced psoriasis successfully treated with tildrakizumab in an oncologic patient

Jose Ángel Amat Sánchez[1], Ander Mayor Ibarguren[1], Francisco Antonio Vergara Barria[1], Pedro Herranz Pinto[1]

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Introduction & Objectives:

Immune checkpoint inhibitors (ICIs) have revolutionized cancer therapy, particularly in advanced-stage malignancies. However, they can induce immune-mediated cutaneous adverse events, including de novo psoriasis. Managing psoriasis in oncologic patients is challenging, especially when conventional therapies are insufficient or contraindicated.

Materials & Methods:

Clinical data were retrospectively collected from a patient with lung cancer who developed de novo psoriasis during immunotherapy. Psoriasis severity (PASI, BSA, PGA), treatment response to tildrakizumab (100 mg at weeks 0 and 4), and oncologic status were assessed during follow-up.

Results:

We present the case of a 53-year-old male with stage IVB squamous cell carcinoma of the lung (PD-L1 50%) enrolled in a clinical trial receiving combination immunotherapy with dostarlimab (anti–PD-1), belrestotug (anti–TIGIT), and nelistotug (anti–CD96). Three months after initiating treatment, the patient developed immune-related, de novo psoriasis involving the trunk, limbs and palmoplantar areas, with painful plantar plaques severely impairing ambulation. Initial treatment with topical corticosteroids and vitamin D analogues plus oral acitretin at 25 mg/day for three months failed to produce significant improvement, the Psoriasis Area and Severity Index (PASI) was 12, body surface area (BSA) 10%, and Physician Global Assessment (PGA) 3. There was no evidence of psoriatic arthritis. Given the disease severity and impact on quality of life, treatment with the selective IL-23p19 inhibitor tildrakizumab was started at a dose of 100 mg subcutaneously at weeks 0 and 4, followed by maintenance dosing every 12 weeks. Rapid improvement was observed by week 4, PASI was 6, BSA 2%, and PGA 1, with near-complete resolution of lesions and restored ambulation by week 8, PASI was 1, BSA 1%, and PGA 0. No adverse events were reported, and cancer monitoring showed no disease progression.

Conclusion:

IL-23 inhibitors, such as tildrakizumab, have demonstrated a favorable safety profile in both clinical trials and real-world settings, including in patients with malignancies. In this case, tildrakizumab provided a fast and sustained therapeutic response in immune checkpoint inhibitor–induced psoriasis refractory to standard treatments, with no compromise in oncologic control. This case highlights its potential role in managing severe cutaneous toxicities when standard therapies are inadequate.



Abstract N°: 7041

Prevalence of Psoriatic Arthritis in Patients with Cutaneous Psoriasis: Experience of our Dermatology Department.

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Introduction & Objectives:

Psoriasis is a chronic, multisystem inflammatory disease that affects approximately 0.1% to 1.5% of the global population. Joint involvement, known as psoriatic arthritis, can occur in up to 40% of patients and is associated with cutaneous manifestations. The scalp, nails, and intergluteal region are the most frequently affected skin sites. The aim of this study is to determine the prevalence and clinical characteristics of psoriatic arthritis among patients with cutaneous psoriasis, based on the experience of our dermatology department.

Materials & Methods:

This is a descriptive, retro-prospective study of patients with psoriasis associated with joint involvement, conducted in our department from January 2011 to May 2024.

Results:

Among 930 patients followed for psoriasis, the prevalence of joint involvement was 10% (94 patients). The mean age was 49.7 years, with a range from 6 to 89 years. There was a female predominance, with 67% of cases (63 women), giving a sex ratio of 63F/31M. Seven patients had a family history of psoriasis.

Eighty patients (85%) had plaque psoriasis, 4 had guttate psoriasis, 5 presented with erythroderma, 3 had pustular psoriasis, and 1 patient had inverse psoriasis. Fifty-four patients (57%) had lesions on the trunk and limbs, followed by exclusive elbow and knee involvement in 19 cases (20%). Six patients had diffuse body involvement, and one patient had isolated sacral involvement. Scalp involvement was found in 59 patients (62%), with 5 of those cases being exclusive. Nail involvement was seen in 55 cases (58%), and 22 patients (23%) had palmoplantar lesions. Mild cutaneous forms were observed in 54 patients, severe forms in 21, and moderate forms in 19 cases.

Articular involvement was diagnosed after skin symptoms in 65 patients (71%), preceded skin involvement in 18 cases, and appeared simultaneously in 8 patients. A mixed pattern of joint involvement was noted in 41 cases (45%), peripheral involvement in 37 cases, and axial involvement in 16. Metabolic syndrome was investigated in all patients and found in 11 cases.

Treatment was coordinated with rheumatologists. Fifty-six patients received systemic therapy (methotrexate, anti-TNF agents, or other biologics), while 38 patients were managed with topical treatments or phototherapy combined with symptomatic management for joint symptoms.

Conclusion:

The prevalence of psoriatic arthritis in our region is lower than the global estimate. Joint involvement may occur even in patients with mild cutaneous disease, highlighting the importance of routine screening for arthritis in all psoriatic patients. Treatment decisions should be made in collaboration with rheumatologists.



Abstract N°: 7075

Acrodermatitis Continua of Hallopeau Triggered by the Koebner Phenomenon in a 60-Year-Old Patient: A Clinical Case

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Acrodermatitis Continua of Hallopeau Triggered by the Koebner Phenomenon in a 60-Year-Old Patient: A Clinical Case

Introduction & Objectives:

Acrodermatitis continua of Hallopeau (ACH) is a rare, chronic variant of pustular psoriasis affecting the distal phalanges and nail apparatus. It is characterized by persistent sterile pustules, erythema, and nail dystrophy. The Koebner phenomenon — the appearance of new psoriatic lesions at sites of trauma — is a recognized trigger for ACH onset or flare-ups. Management of ACH poses a significant clinical challenge, especially when systemic therapy is declined. This case describes an exacerbation of ACH following a finger injury, with subsequent spread to the lower extremities.

Materials & Methods:

A 60-year-old female presented with **yellowing of the nail and tenderness around the nail bed of the right thumb**. She reported pricking her thumb with a knitting needle a few days before symptom onset. Initially, the complaint was suspected to be a fungal or bacterial infection. However, within **a few weeks**, she developed similar symptoms on **both great toes**, including erythema, painful pustules, scaling, and progressive nail dystrophy.

Physical examination revealed erythematous plaques with multiple sterile pustules and pronounced nail dystrophy on the right thumb and both great toes. Routine laboratory tests (CBC, biochemistry, inflammatory markers, infection screening) were within normal limits. The diagnosis of **acrodermatitis continua of Hallopeau** was confirmed histologically based on a skin biopsy from a lesion on the foot.

Treatment:

- Initial therapy included **clobetasol propionate 0.05% ointment** applied under occlusion twice daily (hands and feet) for 14 days.
- This was followed by **tacrolimus 0.1% ointment** applied twice daily as maintenance therapy.
- Additionally, **narrowband UVB phototherapy** was administered three times per week over eight weeks.
- The patient declined systemic therapy (acitretin or biologics), citing concerns about potential side effects.

Results:

After four weeks, **partial improvement** was observed—reduction in inflammation, pain, and pustule count. Phototherapy further reduced lesion activity, though complete remission was not achieved. The disease developed a **relapsing-remitting course**, with new lesions triggered by minor trauma (e.g., pressure from shoes). At the three-month follow-up, moderate inflammatory changes persisted, primarily on the great toes. The patient chose to continue with topical therapy and regular follow-up.

Conclusion:

This case highlights the significance of the Koebner phenomenon in the pathogenesis of ACH: a minor injury to the thumb led to disease spread to the toes. A combination of topical corticosteroids, tacrolimus, and phototherapy can provide **partial symptom control**, but **lasting remission often requires systemic intervention**. Management of ACH patients should include continuous monitoring, patient education, and timely escalation of therapy when needed.



Abstract N°: 7091

Mucosal psoriasis: a descriptive clinical and dermoscopic study

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Introduction & Objectives:

Psoriasis is a chronic inflammatory disease with an immunological basis, potentially influenced by genetic factors and environmental triggers. The most commonly affected areas include the extremities, trunk, scalp, and nails. Mucosal involvement is rare, usually affecting the oral, genital, anal, and ocular mucosa. While skin lesions are typically distinct enough to establish a diagnosis, challenges may arise when the involvement is unusual.

The aim of this study was to provide a descriptive clinico-dermoscopic analysis of mucosal involvement in psoriasis.

Materials & Methods:

This is a retrospective, descriptive study conducted in our Dermatology Department, including psoriatic patients with mucosal involvement from 2020 to 2025.

All patients with mucosal involvement in the context of psoriasis were examined both clinically and dermoscopically by 2 clinicians.

Results:

A total of 30 patients with mucosal involvement due to psoriasis were included, with a male predominance (70%) and a male-to-female ratio of 21/9 (2.3). The ages ranged from 4 to 72 years. 4 patients had articular involvement (13%). Isolated mucosal involvement was observed in 5(16%) patients, however the most common clinical form associated was plaque psoriasis, found in 16 patients (53%).6 patients had inverse psoriasis 2 patients had pustular psoriasis. The most frequent cutaneous form was mild, with less than 10% body surface area involvement, seen in 24 patients. For oral involvement, the tongue was affected in 16 patients, with an equal distribution between geographic tongue and fissured tongue (7 patients each). One patient had geographic stomatitis. Cheilitis was observed in 20 patients, with 13 having dry cheilitis,4 angular cheilitis and 3 with fissured cheilitis. Dermoscopy of the vermilion border revealed an erythematous background with point-like vessels found in all patients, linear vessels in 8 patients, and white scales in 15 patients. Vascular distribution was homogeneous in 15 patients, while 5 had linear distribution.

Genital mucosal involvement was observed in 11 males, the most frequent location was the glans (9 patients), followed by the penis, observed in 5 cases and 5 patients had scrotal involvement associated with penis or glans involvement. Erythematous plaques were found in 10 patients, with overlying silver scales in 7. Dermoscopy revealed an erythematous background in 2 patients, with point-like vessels in homogeneous distribution in all 11 patients, and one patient had linear vessels. However,4 women had vulvar involvement and all of them had erythematous background with point-like vessels Anal mucosal involvement was present in 3 patients, with macerated erythematous plaques found peri-anally and anally. Dermoscopy revealed point-like vessels with homogeneous distribution.

Twenty-three patients were treated with topical corticosteroids, 5 with methotrexate, 1 with acitretin, and 1 with

biologic therapy (Secukinumab).

Conclusion:

Mucosal involvement in psoriasis is rare but can affect multiple mucosal areas such as the oral cavity, genital regions, and anus. Dermoscopy is a valuable tool for diagnosing these lesions, helping to identify distinctive features and aiding in the exclusion of other conditions. The findings of our study emphasize the importance of recognizing and evaluating mucosal involvement in psoriasis to ensure an accurate diagnosis and appropriate treatment.



Abstract N°: 7150

Serious infection risk with systemic treatments for psoriasis: A cohort study using British Association of Dermatologists Biologic and Immunomodulators Register

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Introduction & Objectives:

Systemic treatments for psoriasis interfere with immune pathways and therefore may result in serious infection. We examined the serious infection risk of systemic treatments in patients with psoriasis.

Materials & Methods:

Adults with plaque psoriasis having at least six months of follow-up data in the British Association of Dermatologists Biologic and Immunomodulators Register (BADBIR) were included. Patients were followed up from the time of treatment initiation to treatment discontinuation/switch, primary outcome, death or last available follow-up date. Serious infection was the primary outcome defined as any infection during treatment leading to hospitalization, administration of intravenous antimicrobials or death. Infliximab and certolizumab were not included in the primary analysis due to differences in treatment cohorts. Due to violation of proportionality assumption, piecewise Cox regression was performed at yearly intervals. Propensity scores were calculated accounting for potential baseline confounders including age, sex, body mass index (BMI), ethnicity, comorbidities, psoriatic arthritis, concomitant immunosuppressants, smoking, and alcohol. Inverse probability of treatment weighting (IPTW) was used to achieve baseline covariate balance across treatment groups. Using adalimumab as the reference treatment, hazard ratios and corresponding 95% confidence intervals were generated adjusting for time-varying effects of concomitant conventional treatments and current year of treatment. Missing baseline data were handled using multiple imputation. All analyses were performed using R version 4.3.2.

Results:

A total of 38,422 treatment episodes from 18,231 patients were analysed. Patients were predominantly male (n = 21,864; 56.9%) with a mean age of 46 ±13.60 years and mean BMI of 31.20 ± 9.60 kg/m2. Overall, 2502 serious infection episodes were identified with an incidence rate of 22.25 (95% CI 21.38, 23.14) per 1000 person years. Covariate balance was achieved across treatment groups with standardised mean differences (SMD) $\leq$ 0.2 for all baseline covariates. Compared to adalimumab, no significant differences in the serious infection risk were observed for most drug comparisons up to 5 years. There were few signals at specific timepoints suggesting time-varying risk. Etanercept (HR 0.51; 95% CI 0.27, 0.97) and ustekinumab (HR 0.59; 95% CI 0.39, 0.88) had low risk in the third year of treatment. Secukinumab (HR 1.68; 95% CI 1.17, 2.43) and ixekizumab (HR 2.93; 95% CI 1.32, 6.49) showed high risk at year 2 and year 4, respectively. In the groupwise comparisons against TNF-α inhibitors, the interleukin (IL) 23 inhibitors and conventional treatments showed no significant differences up to 5 years. IL-12/23 inhibitor ustekinumab showed lower risk (HR 0.69; 95% CI 0.50, 0.95) in the third year. IL-17 inhibitors showed increased risk in year 1 (HR 1.54; 95% CI 1.15, 2.07) and year 2 (HR 1.69; 95% CI 1.23, 2.34). Death was rare with an incidence rate of 1.01 (95% CI 0.83, 1.22) per 1000 patient years.

Conclusion:

Systemic treatments for psoriasis have varying risks of serious infection over time. Our findings suggest that treatments targeting the IL-12/23 pathway are associated with a lower risk of serious infection when compared to adalimumab. IL-17 inhibitors which showed increased risk warrants careful interpretation as this could be due to unmeasured confounders. Deaths due to serious infection were rare.



Abstract N°: 7169

Erythrodermic Psoriasis in a 91-Year-Old Patient: A Diagnostic Reflex Worth Retaining

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Introduction & Objectives:

Psoriasis is a chronic inflammatory dermatosis that poses unique diagnostic and therapeutic challenges in the elderly population. Drug-induced forms, particularly those related to beta-blockers, are a known but often underrecognized entity.Herein we aim to report a case of de novo psoriasis at the age of 91, which is exceptionally rare, making this case noteworthy both diagnostically and therapeutically.

Case report:

A 91-year-old female with a medical history of type 2 diabetes (on gliclazide), arterial hypertension, and cardiopathy (managed with losartan, carvedilol, and aspirin) presented with a 4-month history of a generalized scaly rash accompanied by intense pruritus.

Clinical examination revealed confluent erythematous-squamous plaques involving approximately 90% of the total body surface area, forming a picture of dry erythroderma. There were diffuse excoriations due to scratching, facial erythema with scaling and infiltration, thick scaling over the scalp, and fissured palmoplantar keratoderma with ulcerations. Nail examination revealed subungual hyperkeratosis, trachyonychia, splinter hemorrhages and a ruin-like dermoscopic appearance. The Auspitz sign and pinpoint bleeding were absent. No lymphadenopathy was noted on physical examination.

In view of the patient’s age and severe pruritus, Sézary syndrome and erythrodermic mycosis fungoides were considered. However, the absence of lymphadenopathy, presence of nail changes, preserved general condition, and the use of carvedilol oriented the diagnosis toward carvedilol-induced erythrodermic psoriasis.

Laboratory investigations revealed eosinophilia (2,000/µL) and lymphopenia (900/µL), confirmed on immunophenotyping with decreased CD3, CD4, CD8, and NK cells. The peripheral blood smear showed no Sézary cells. Viral serologies and the Scotch tape test were negative. Serum protein electrophoresis was normal. Lymph node ultrasound confirmed the absence of lymphadenopathy. Histopathological examination of a skin biopsy supported the diagnosis of erythrodermic psoriasis.

A pharmacovigilance review identified carvedilol as the likely trigger, leading to its discontinuation after a cardiology reassessment.

The patient was treated with antihistamines, topical corticosteroid preparations, emollients, and narrow-band UVB phototherapy (UBL-01), resulting in a favorable clinical response. Systemic methotrexate therapy was considered but deferred due to diffuse ground-glass opacities observed on thoracic CT, requiring further pulmonary investigation.

Conclusion:

This case highlights the exceptional occurrence of de novo erythrodermic psoriasis in a 91-year-old, emphasizing the importance of medication review—particularly long-term beta-blockers like carvedilol, which showed a significant epidemiological association with psoriasis. The diagnosis was supported by classic nail, dermoscopic

findings and histology, while exclusion of Sézary syndrome guided management. Discontinuation of carvedilol, cautious topical and phototherapy approaches led to improvement, underscoring the need for trigger identification in elderly-onset psoriasis to avoid unnecessary systemic therapy.



Abstract N°: 7183

napkin psoriasis: misdiagnosed as diaper dermatitis, leading to delayed treatment

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Introduction & Objectives:

Psoriasis is a chronic immune-mediated inflammatory skin disorder that can occur at any age, including infancy. Although rare in children under one year of age. Childhood psoriasis types include chronic plaque, scalp, guttate, inverse, napkin and nail. Napkin psoriasis is particularly common in children under 2 years of age and presents as a light to dark red, smooth or slightly scaly erythema in the diaper area. Delayed diagnosis is common, especially for lesions misdiagnosed as diaper rash. Early recognition and appropriate therapy are essential for the prevention of disease progression and avoidance of unnecessary interventions. A 7-month-old infant whose diagnosis and treatment of psoriasis was delayed due to misdiagnosis as diaper dermatitis is presented to highlight the different clinical types of infantile psoriasis.

Materials & Methods:

7-month-old female patient presented with crusted lesions that had started as erythema in the diaper area approximately five months earlier and had spread to the entire body over the past two weeks. The patient had been treated multiple times with diaper rash creams since infancy. Dermatological examination revealed widespread yellow crusts and hyperkeratotic plaques on the scalp, diffuse erythema around the eyes, scaly and erythematous plaque lesions on the trunk and back, and extensive erythematous, partially scaly plaque lesions in the diaper area. Systemic examination was unremarkable. Laboratory tests was normal. Punch biopsy revealed psoriasiform dermatitis. Based on clinical and histopathological findings, the patient was diagnosed with napkin psoriasis, and was treated with a mixture of petroleum jelly and mometasone furoate cream 0.1% for two weeks, and pure hydrocortisone 0.1% cream was applied to the face, axillary, and genital areas. At the two-week follow-up visit, the patient’s Psoriasis Area and Severity Index (PASI) score had decreased from 24 to 2.5, indicating a PASI 90 response.

Results:

Napkin psoriasis is characterised by confluent, well-defined, erythematous, sometimes silvery plaques in the diaper area, with possible genital involvement. The differential diagnosis of napkin psoriasis includes irritant napkin dermatitis, candidal napkin dermatitis, allergic contact dermatitis, seborrhoeic dermatitis and atopic dermatitis. Since our patient had predominantly diaper area involvement, it was considered as diaper candidal dermatitis for a long time and antifungal treatments were applied. Due to the rarity of infantile psoriasis and the fact that psoriasis is not considered in infants with diaper area lesions, there may be delays in diagnosis, as in our case. Once the correct diagnosis of the disease had been made, a response was achieved in a short period of time with the appropriate treatment.

Conclusion:

This case highlights the importance of considering psoriasis in the differential diagnosis of persistent or treatment-resistant diaper rash, especially when lesions extend beyond the diaper area. Early dermatological assessment and appropriate treatment can lead to rapid and effective disease control, even in infancy. This case also highlights the need for high awareness and timely intervention in pediatric dermatology to ensure optimal patient outcomes.



Abstract N°: 7290

Nail Psoriasis:Clinical Study and Therapeutic Efficacy

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Introduction & Objectives:

Nail involvement is common in psoriasis, and results from nail matrix or bed involvement. It remains a therapeutic challenge due to poor topical penetration and variable systemic response. This study aims to describe the clinical features of nail psoriasis and evaluate the effectiveness of different treatments.

Materials & Methods:

This is a retrospective descriptive and analytical study conducted from 2011 to 2025 in our dermatology department to assess treatment efficacy in nail psoriasis.

Clinical and dermoscopic assessments were done at 3, 6, 9 months, and the latest follow-up.

A good evolution was defined as improvement in all affected nails under treatment. Partial evolution was considered when 2/3 of the nails improved, and no evolution was recorded when there was no clinical response.

Results:

67 with nail involvement were included, including 8 with isolated nail psoriasis. The mean age was 40.3 years, with no gender predominance (34M/33W). Plaque psoriasis was the most common associated form (57 patients), followed by pustular and guttate psoriasis (4 each). Scalp involvement was observed in 40 patients, palmoplantar in 16, and psoriatic arthritis in 24. All patients had polydactylous nail involvement.

Clinical and dermoscopical nail examination showed matrix involvement observed in 64 patients, with a predominance of pitting (56.7%), longitudinal striations (52.2%), pachyonychia (44.8%), Beau's lines (16.4%), leukonychia (9%), onychomadesis (7.5%), and fuzzy lunula (4.5%). Nail bed abnormalities included: onycholysis (40%), subungual hyperkeratosis (21%), oil drop appearance (19.4%), and splinter hemorrhages (15%).

Among the 67 patients 28 received topical corticosteroids as first-line treatment, 19 showed partial improvement at 3 months. This response remained unchanged at 6 and 9 months, and up to the most recent follow-up. No statistically significant associations were found (Pearson $p = 0.582$ at 3 months; $p = 0.951$ at 6 months; $p = 0.482$ at 9 months). Additionally, 15 out of 16 patients treated with calcipotriol and betamethasone showed partial improvement at 3 months, with a borderline statistical association ($p = 0.043$). This response persisted at 6 and 9 months ($p = 0.090$ and $p = 0.154$, respectively).Among 17 patients treated with methotrexate as first-line therapy, 11 showed slight improvement at 3 months, increasing to 13 by 6 and 9 months, and remained stable. Notably, 5 patients progressed to complete improvement after 6 months of treatment. However, no statistically significant associations were found at any follow-up point ($p = 0.707$ at 3 months; $p = 0.370$ at 6 months; $p = 0.787$ at 9 months). An additional 8 patients received methotrexate after previous treatment failure; all showed partial improvement at 3 months, with 6 achieving excellent improvement by 6 and 9 months. 4 patients were treated with Acitretin,2 showed partial improvement at 3 months, which remained stable over time. 7 patients received

biologic therapy after previous treatment failure, with slight improvement at 3 months and excellent response by 6 and 9 months, which persisted long-term. Most treatment outcomes were evaluated after several years of follow-up.

Conclusion:

Nail psoriasis is a frequent manifestation of psoriasis that significantly affects quality of life. Wide range of treatment options exists, but management should be tailored to each patient due to the variability in clinical presentation and treatment response.



Abstract N°: 7312

Increased Risk of Cutaneous Infections Among Patients with Psoriasis: A Propensity-Matched Analysis of a Diverse National Cohort

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Title

Increased Risk of Cutaneous Infections Among Patients with Psoriasis: A Propensity-Matched Analysis of a Diverse National Cohort

Introduction & Objectives:

Psoriasis is associated with systemic immune dysregulation, yet the risk of cutaneous infectious comorbidities in broad, diverse populations remains underexplored. Previous studies have largely focused on severe infections in hospitalized patients or specific treatments. This study aimed to evaluate the odds of cutaneous infections in psoriasis across a national cohort, while accounting for sociodemographic variables.

Materials & Methods:

Patients with psoriasis (SNOMED: 9014002 and/or ICD-10-CM L40.0) were identified via the All of Us program. Each case was matched to four controls using nearest-neighbor propensity-score matching based on sex, age, race/ethnicity, income, and education. Fisher's exact test and unpaired t-tests assessed categorical and continuous variables, respectively. Univariate and multivariate logistic regression analyses were conducted to estimate odds ratios (ORs) for cutaneous infections comorbidities with Wald-based 95% confidence intervals (CI). Statistical significance was set at $p < 0.05$.

Results:

A total of 7,104 psoriasis cases (59.0% female; mean age 63.8 years) were identified. Compared to controls, patients with psoriasis demonstrated significantly increased odds of cutaneous infectious comorbidities including bacterial folliculitis (OR: 2.52, 95% CI [2.00, 3.19]), cellulitis (2.38 [2.24, 2.54]), impetigo (3.65 [3.04, 4.37]), herpes zoster (2.51 [2.25, 2.79]), varicella (1.76 [1.39, 2.25]), molluscum contagiosum (2.24 [1.51, 3.31]), candida (2.17 [2.02, 2.34]), tinea corporis (2.81 [2.42, 3.28]), tinea pedis (2.89 [2.61, 3.19]), tinea unguium (2.58 [2.39, 2.79]), and tinea versicolor (2.41 [1.96, 2.95]) on univariate analysis ($p < .001$). After multivariable adjustment, psoriasis remained significantly associated with bacterial folliculitis (OR: 2.49, 95% CI [1.97, 3.14]), cellulitis (2.31 [2.17, 2.46]), impetigo (3.24 [2.71, 3.86]), herpes zoster (1.95 [1.75, 2.16]), varicella (1.94 [1.51, 2.47]), molluscum contagiosum (2.96 [1.95, 4.47]), candida (2.42 [2.24, 2.60]), tinea corporis (2.68 [2.31, 3.12]), tinea pedis (2.75 [2.49, 3.04]), tinea unguium (2.23 [2.06, 2.40]), and tinea versicolor (2.85 [2.31, 3.52]) ($p < .001$).

Conclusion:

Psoriasis was associated with significantly increased odds of multiple cutaneous infections, including bacterial, viral, and fungal etiologies. Our findings support and expand upon previous smaller or treatment-based studies by demonstrating inherent susceptibility in psoriasis irrespective of treatment status and evaluating

sociodemographic factors using a large diverse dataset. Sociodemographic factors such as older age and smoking may act synergistically with immune dysfunction to heighten infection risk in psoriasis patients. Study limitations include the cross-sectional study design and reliance on electronic health records, which can result in selection bias and misclassification. Future research should investigate underlying mechanisms and guide infection prevention strategies in psoriasis populations.



Abstract N°: 7313

Mapping the risk: Anatomical patterns of psoriatic lesions linked to psoriatic arthritis in a dermatological center in Bogotá, Colombia

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin condition affecting 1 - 3% of the global population. A significant proportion of these patients develop psoriatic arthritis (PsA), an inflammatory musculoskeletal disease that affects peripheral joints, the axial skeleton, and entheses. Subclinical PsA is a stage where joint inflammation or structural changes can be detected by imaging, even in the absence of symptoms. Early identification of clinical markers for PsA remains a major challenge, as delayed diagnosis can lead to irreversible joint damage and reduced quality of life. Studies suggest that psoriatic lesions in areas such as the nails, scalp, and intergluteal region may increase the risk of developing PsA. This study aims to evaluate whether the anatomical location of psoriatic lesions is linked to the presence of PsA.

Materials & Methods:

A cross-sectional study was conducted between 2018 - 2024 using clinical records of patients diagnosed with psoriasis at a specialized dermatology and rheumatology center in Bogotá, Colombia. The dataset included demographic variables (age and sex), clinical characteristics (anatomical location of skin lesions, nail involvement), and joint involvement (presence of PsA, classified as axial or peripheral based on rheumatologic evaluation).

Patients were stratified according to the presence or absence of PsA. Lesion locations were classified into predefined anatomical regions, including the scalp, nails, limbs, trunk, palmoplantar area, axillae, inguinal folds, and intergluteal/perianal region. Univariate and bivariate analyses were performed to explore associations between clinical variables and the presence of PsA.

Results:

Of 213 patients, 62% were men. Median age was 49 years. The most prevalent age group for psoriatic disease was 31–40 years (22%), among whom 10 developed PsA. In total, 52 patients were diagnosed with PsA and 24% were men. Peripheral joints were affected in 75% of cases, mixed pattern in 19% and the axial skeleton in 6%. Nail involvement was observed in 29% of these patients.

Regarding the anatomical distribution of psoriasis in those with PsA, lesions appeared in the upper limbs in 75% of cases, lower limbs in 71%, scalp in 58%, trunk in 54%, axillae and groin in 12%, face and neck in 10%, intergluteal, perianal, and perineal areas in 4%, and palmoplantar regions in 2%.

Conclusion:

Our results are consistent with current evidence identifying PsA as a common comorbidity in patients with psoriasis. Certain anatomical sites such as the scalp, nails, and limbs were frequently affected in patients with PsA, suggesting a possible association between these areas and an increased risk of joint involvement. While nail involvement was observed less frequently in our sample compared to what is typically reported in the literature,

this may reflect the possibility that nail changes emerge in more advanced stages of the disease or, in its early course, present with subtle alterations only detectable through ultrasound or specialized dermatoscopy.

This consideration reinforces the need for sensitive diagnostic tools in the early identification of PsA, particularly in patients with minimal or absent clinical signs. These findings highlight the importance of comprehensive clinical evaluation and early recognition of signs that may predict the onset of PsA, as delayed diagnosis can lead to irreversible joint damage and reduced quality of life.



Abstract N°: 7328

Linear Psoriasis Following Trauma in a Young Adult: A Case Report

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Introduction & Objectives: Linear psoriasis (LP) is a rare and underdiagnosed variant of psoriasis characterized by a unilateral distribution along Blaschko's lines. Its diagnosis can be challenging due to clinical and histological overlap with inflammatory linear verrucous epidermal naevus (ILVEN).

Materials & Methods: We describe a 21-year-old Caucasian female who developed an erythematous, scaly lesion on her left leg following minor trauma. Over eight months, the eruption progressed in a linear pattern across her extremities. Despite treatment with high-potency topical corticosteroids, topical calcipotriol/betamethasone, and oral methotrexate (20 mg/week for six months), she showed minimal improvement. Examination revealed sharply demarcated, erythematous plaques distributed along Blaschko's lines, involving the left limbs and anterior thorax, with positive psoriatic signs (wax spot, surface membrane, Auspitz). There was no pruritus or systemic involvement. Clinical indices were: DLQI 20, BSA 18%, PASI 15. Histopathology of two lesions confirmed LP, showing psoriasiform hyperplasia, parakeratosis, Munro's abscesses, hypogranulosis, and absence of hypergranulosis. ILVEN was ruled out based on late-onset, lack of pruritus, and histopathological criteria. Due to logistical barriers, narrowband UVB was not initiated; subcutaneous ustekinumab was chosen after laboratory screening.

Results: LP likely arises from genetic mosaicism and may be triggered by trauma. It is classified as Type I (isolated LP) or Type II (coexisting with classical psoriasis). Our patient represents a rare case of adult-onset Type I LP. Only one previous case of Type I LP treated with ustekinumab has been reported. The patient's clinical picture, lack of pruritus, and histopathological findings support the diagnosis. Although immunohistochemistry was unavailable, differential diagnosis was established based on clinical and histological grounds.

Conclusion: This case reinforces the importance of recognizing LP in adult patients presenting with Blaschkoid lesions and highlights ustekinumab as a viable therapeutic option in refractory cases. Increased awareness may prevent misdiagnosis and unnecessary treatments.



Abstract N°: 7344

Efficacy and Safety of Vunakizumab in Scalp Psoriasis :A Case Report of Three Patients

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Introduction & Objectives:

Scalp involvement occurs in 45%–80% of psoriasis patients, often serving as the initial disease manifestation. This area is notoriously challenging to treat and significantly impacts quality of life. Vunakizumab, a novel interleukin-17A inhibitor, demonstrated favorable efficacy and safety in phase III trials (NCT04839016). This report evaluates its real-world performance in two patients with severe scalp psoriasis.

Materials & Methods:

Three adult male patients with extensive scalp psoriasis received Vunakizumab subcutaneously (240 mg biweekly for 3 doses, followed by monthly maintenance). Assessments included Psoriasis Area and Severity Index (PASI), Psoriasis Scalp Severity Index (PSSI), Investigator Global Assessment (IGA), Body Surface Area (BSA) and Dermatology Life Quality Index (DLQI) at baseline and Week 8.

Results:

Table: Clinical Outcomes Before and After Treatment

Parameter	***Patient1 (Baseline → Week 8)***	***Patient 2 (Baseline → Week 8)***	***Patient 3 (Baseline → Week 8)***
PASI Score	44.2 → 0	28.5 → 0	3 → 0.2
PSSI Score	21 → 0	15 → 0	16 → 6
IGA Score	4 → 0	4 → 0	3 → 1
BSA (%)	80 → 0	50 → 0	2 → 1
DLQI Score	10 → 0	9 → 0	3 → 0

All patients nearly achieved complete clearance of scalp and body lesions by Week 8. PASI, PSSI, and DLQI scores of two patients (patient 1 and patient 2) normalized to 0, reflecting total resolution of symptoms and restored quality of life. PSSI score of patient 3 who once treated with Secukinumab also achieved significant improvement .No adverse events were reported during the observation period.

Conclusion:

Vunakizumab, an IL-17A inhibitor, demonstrated rapid and profound efficacy in three patients with severe scalp psoriasis, nearly achieving complete lesion clearance by 8 weeks. These findings align with phase III trial data, supporting its role as a potent therapeutic option for recalcitrant scalp involvement. Larger studies are warranted to confirm long-term safety and durability.

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Abstract N°: 7417

Evaluation of AX-158, a first-in-class Nck modulator, in patients with mild-to-moderate plaque psoriasis

D. Scott Batty Jr MD*[1], Christopher Vandeusen[1], Sandra Garcet[2], James Krueger[2]

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Introduction & Objectives:

The T cell receptor (TCR) is central to a well-functioning immune system which responds appropriately to the wide variation in the avidity of antigens. Nck binds directly to the TCR and amplifies T cell responses to low-affinity antigens, contributing to autoimmune diseases. AX-158 is a first-in-class oral candidate that inhibits the interaction between Nck and the TCR by binding specifically to the SH3.1 domain to selectively disrupt Nck-TCR interaction, thereby helping to prevent self-reactive T cell responses that drive autoimmune pathobiology. The goal of this study was to validate biological responses to AX-158 in subjects with autoimmune disease.

Materials & Methods:

Patients were randomized to receive 10mg QD AX-158 (N=21) or placebo (N=10) for 28 days.** The primary endpoint was the safety and tolerability of AX-158 vs. placebo, and secondary endpoints evaluated both standard psoriasis efficacy endpoints. Additionally, biomarkers relevant to psoriasis and immune activity were evaluated (NCT05725057).

Results:

AX-158 met the primary endpoint of safety and tolerability. Across all participants, few treatment emergent adverse events (TEAEs) were reported, and only one was found to be related to AX-158, namely a single incidence (4.8%) of Grade 2 neutropenia. No serious AEs were reported, and there were no serious or opportunistic infections.** At the end of the treatment period only patients treated with AX-158 achieved a PASI50 response or higher; however, the study was not powered for statistical significance on this endpoint.

Using RT-PCR to quantify expression of IL-17A and IL-17F, a group of 12/21 (57%) progressive responders (wk 4<wk2<baseline values) were identified on AX-158 treatment; this was statistically significant vs. placebo treatment. Using gene set variance analysis (GSVA), multiple psoriasis-related gene sets were significantly modulated in patients who received AX-158. Ingenuity® Pathway Analysis of RNAseq data identified that IL-17 pathways in psoriasis and neutrophil trap pathways were significantly modulated in patients who received AX-158.

Conclusion:

In line with the previous Phase 1 experience[1], AX-158 administration was found to be safe and well-tolerated with no serious AEs, and no serious or opportunistic infections. The results on the psoriasis biomarker endpoints, confirm that Nck modulation has a biological effect in this disease population, as well as showing early favorable trends in clinical efficacy measures. Therefore, these data support further investigation of the role of AX-158 as a therapeutic with potential universal applicability to autoimmune diseases.

1. VanDeusen C, Gagete A, Koch A, Batty Jr D. First-in-Human Evaluation of the Safety, Tolerability and Pharmacokinetics of the T Cell Receptor Signal Modulator AX-158 [abstract]. *Arthritis Rheumatol.* 2024; 76

(suppl 9).↩



Abstract N°: 7513

Targeting neurogenic skin inflammation mitigates stress-exacerbated psoriasis: Insights from a stress-responsive "humanized" psoriasis mouse model

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Introduction & Objectives:

Psychoemotional stress is widely recognized as a potential trigger or exacerbating factor in psoriasis. However, the lack of robust, translational in vivo models has limited our ability to investigate its underlying mechanisms. Using a humanized mouse model (SCID/beige mice with human skin grafts), we examined whether perceived sonic stress can induce or reactivate psoriatic lesions. Specifically, we asked whether perceived stress promotes neurogenic skin inflammation and assessed the therapeutic potential of targeting key stress-responsive pathways.

Materials & Methods:

In SCID/beige mice xenotransplanted with human skin and injected with autologous IL-2-activated PBMCs to induce psoriasis in previously healthy human skin, we asked if exposing the mice to sonic stress for 24 h a) accelerated the onset of psoriatic skin lesions, b) retriggered psoriasis lesions after successful therapy with topical betamethasone, c) induced neurogenic skin inflammation (FACS, quantitatuive immunohisgtomorphometry), and d) if stress-aggravated/triggered psoriasis lesions responded to therapy with selected neuroimmune therapeutics (CRHR1 blockers, ketotifen, NGF-neutralizing antibodies, and the NK-1R antagonist, aprepitant.

Results:

Exposing mice to sound stress accelerated the development of psoriasis lesion in the (fully reinnervated) human xenotransplants, with all psoriasis hallmark features (e.g. Munro microabscesses, absence of the granular layer, epidermal hyperplasia, parakeratosis, elongation of rete ridges and increased angiogenesis (VEGF-A, and MMP1) and significant upregulation of psoriasis-specific markers (e.g., ADAMTSL5, K16, IL-17A/F, IL-22, IL-36γ, S100A7), accompanied by immune infiltration of human CD3+, CD8+ T cells, plasmacytoid DCs, ILC3, and γδT cells, and the presence of epidermal TRM cells (CD8+, CD69+, CD103+, and CD49a-).Unlike other inflammatory skin diseases, such as atopic dermatitis**,** CCL27 expression was notably downregulated, whereas NOS2 was significantly upregulated**.** Neurogenic skin inflammation was evidenced by mast cell degranulation (tryptase, toluidine blue,** Giemsa, Leder esterase, and c-KIT), and overexpression of NGF, NK-1R, Substance P, CGRP, TRPV-1, and IL-31**.** NGF neutralization, CRHR1 blockade, and ketotifen mitigated stress-induced psoriasis, effectively reducing both inflammatory and neurogenic markers. Moreover, stress exposure resulted in increased expression of** HLA-DR, IFN-γ, TNFα, CXCL10, IL-15, and IL-8 in epidermal and dermal cells, reinforcing the inflammatory response. After successful therapy of psoriasis lesions with betamethasone treatment, sonic stress retriggered the appearance of lesions. This could be prevented by aprepitant.

Conclusion:

This study demonstrates that perceived stress can act as a powerful driver of psoriasis through the induction of neurogenic skin inflammation. Our findings highlight the importance of addressing stress as a modifiable factor in psoriasis management.



Abstract N°: 7526

Efficacy of a new IL-23p19 inhibitor picankibart in the treatment of nail psoriasis: a post-hoc analysis of phase 3 CLEAR-1 study

Yuling Shi[1], Lanying Qin[2], Yumei Li[3], Yong (Jonathan) Cui[4], Shifa Zhang[5], Ziwen Wang[6], ran pan[6], Mingxia Chen[6], Chenghang Cai[6], Lei Qian[6]

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Introduction & Objectives:

Nail psoriasis is a generally reported involvement in patients with plaque psoriasis and known to be an independent predictor of the progression of the disease and development of psoriatic arthritis. The objective of this analysis is to report the efficacy of picankibart, a highly potent IL-23p19 inhibitor, in the treatment of nail psoriasis in patients with moderate-to-severe plaque psoriasis in a randomized, double-blinded, placebo-controlled phase 3 study (CLEAR-1, NCT05645627).

Materials & Methods:

The analysis was conducted on participants who had nail involvement at baseline. In the CLEAR-1 study, 500 participants were randomized with a ratio of 2:2:1 to picankibart 200 mg group (200 mg Q4W at Week 0, 4 , and 8; then Q12W at Week 20, 32, and 44), picankibart 100 mg group (200 mg Q4W at Week 0, 4, and 8; then 100 mg Q12W at Week 20, 32, and 44), and control group (placebo Q4W at Week 0, 4, and 8; then switched to picankibart 200 mg at Week 16, 20, 24, 32, and 44). The efficacy of nail psoriasis was assessed using Nail Psoriasis Severity Index (NAPSI) score.

Results:

A total of 216 (216/500, 43.2%) participants had nail involvement at baseline. Of those participants, 85 were randomized to picankibart 100 mg group, 90 in 200 mg group, and 41 in control group. Mean (SD) NAPSI decreased from 22.9 (18.69) and 26.5 (20.37) at baseline to 15.3 (15.27) and 18.6 (17.15) at Week 16, with a mean percentage change from baseline of -25.63% (85.992) / -18.85 (83.759) in picankibart 100 mg and 200 mg group, respectively. While no improvement was observed in placebo group, with a worsened mean measurement of NAPSI of 26.9 (21.54) at Week 16 compared with baseline 25.6 (20.13). Both picankibart 100 mg or 200 mg group maintained an improving trend on NAPSI throughout the trial, and the mean NAPSIs were 5.8 (10.48) and 7.1 (13.58) at Week 52, with a percentage change from baseline of -69.33% (60.871) and -65.67% (70.764), respectively. NAPSI improvement was also observed in participants who switched to receiving 200 mg picankibart from Week 16. The mean NAPSI decreased from 26.9 (21.54) at Week 16 to 8.5 (16.25) at Week 52, showing a comparable decline to that of the picankibart 100 mg group and 200 mg group.

Conclusion:

The analysis revealed that picankibart can bring notable and sustainable improvement in moderate-to-severe

plaque psoriasis patients with nail involvement regardless of the dose regimen defined in CLEAR-1.



Abstract N°: 7541

Efficacy of Picankibart in Moderate-to-Severe Plaque Psoriasis Between Biologic-Experienced and Biologic-Naive Patients: A 52-Week results from the Phase 3 CLEAR-1 Study

Yuling Shi[1], Lanying Qin[2], Yumei Li[3], Yong (Jonathan) Cui[4], Shifa Zhang[5], Lu Zhang[6], Ziwen Wang[6], ran pan[6], Mingxia Chen[6], Chenghang Cai[6], Lei Qian[6]

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Introduction & Objectives:

Picankibart (IBI112), a selective anti-IL23p19 monoclonal antibody with modified Fc domain for half-life extension, has displayed efficacy, safety and tolerability in moderate-to-severe plaque psoriasis clinical trials. The long-term efficacy of reinitiating biologic therapy in patients with prior biologic exposure has been inadequately and systematically underassessed. Therefore, this study evaluated whether prior biologic therapy exposure influence the efficacy of picankibart in moderate-to-severe plaque psoriasis patients.

Materials & Methods:

The phase 3 CLEAR-1 study is a 52-week randomized, double-blind, placebo-controlled study enrolled from 47 sites in China (NCT05645627). Adult patients with moderate-to-severe plaque psoriasis were randomized 2:2:1 to receive picankibart 200mg at weeks 0, 4, and 8, then 100mg every 12 weeks from weeks 16 to 52 (picankibart 100mg group); picankibart 200mg at weeks 0, 4, 8, 20, 32, and 44 (picankibart 200mg group); or placebo at weeks 0, 4, and 8, then picankibart 200mg at weeks 16, 20, 24, 32, and 44 (placebo group) via subcutaneous administration. Efficacy was evaluated by the response rates of Psoriasis Area and Severity Index (PASI) 75%, 90%, and 100%, and static Physician's Global Assessment (sPGA) score of 0 or 1 at week 16 and week 52.

Results:

Of 500 patients enrolled, 86 (17.2%) had prior exposure to biologic therapy (TNF-α antagonist therapy or IL-17 antagonist therapy) and 414 (82.8%) were bio-naive. Baseline characteristics of biologic-pretreated vs. biologic-naïve patients were: mean age (years) 42.7 (SD 12.3) vs. 41.7 (SD 12.0), male proportion 79.1% vs. 76.3%, BMI (kg/m2) 25.9 (SD 3.3) vs. 26.1 (SD 4.0), mean psoriasis disease duration (years) 12.6 (SD 10.4) vs. 12.6 (SD 9.5), and baseline PASI score 22.0 (SD 8.4) vs. 21.6 (SD 8.1). At week 16, the response rates for PASI 75/90/100 in patients with prior biologic therapy were 92.9%/78.6%/32.9% in the picankibart group (picankibart 200mg group + picankibart 100mg group, n=65), which were significantly higher than the 6.3%/0.0%/0.0% observed in the placebo group (all P<0.05). The response rate for PASI 75/90/100 in biologic naive patients were 94.6%/80.7%/42.6% (picankibart group) vs. 12.0%/2.4%/1.2% (placebo group), with all rates higher in the picankibart group (all P<0.05). At week 16, for those who had or hadn't prior biologic therapy, response rates were both significantly higher with picankibart versus placebo for sPGA 0/1 (prior biologic therapy: 91.4% vs 0.0%; biologic naïve therapy: 94.0% vs. 15.7%, all P < 0.05). At week 52, among the patients who were biologic-experienced or biologic-naive, the PASI 75/90/100 were 86.1%/69.4%/30.6% vs. 88.0%/77.1%/46.4% in the picankibart 100mg group (n=202); 85.3%/73.5%/29.4% vs. 91.5%/87.3%/55.2% in the picankibart 200mg group

(n=199); 68.8%/68.8%/43.8% vs. 90.4%/86.7%/54.2% in the placebo group (n=92). At Week 52, sPGA 0/1 rates were 72.2% vs 81.3% in the picankibart 100mg group, 82.4% vs 86.7% picankibart 200mg group, and 75.0% vs 91.6% in the placebo group, differing between prior biologic and naïve therapy patients.

Conclusion:

Picankibart has demonstrated high efficacy in patients with moderate-to-severe plaque psoriasis regardless of prior use of biologic therapy. Both 100mg picankibart and 200mg picankibart maintained stable efficacy over the 52-week period for above patients.

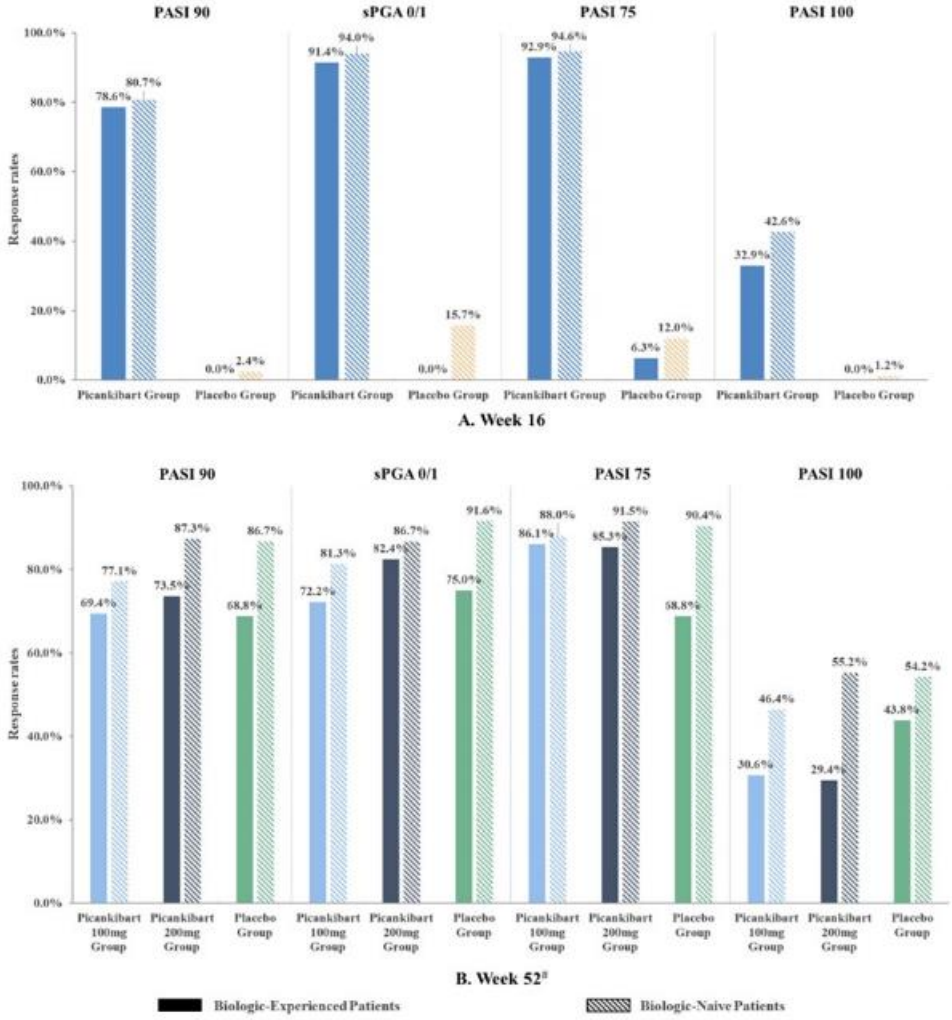


Figure 1. Efficacy responses with picankibart for biologic-experienced patients vs. biologic-naïve patients at week 16 (A) and week 52 (B).

#: Picankibart 100mg Group: 200->100mg picankibart (n=202); Picankibart 200mg Group: 200->200mg picankibart (n=199); Placebo Group: placebo->200mg picankibart (n=92).



Abstract N°: 7559

Super-Response to Guselkumab Treatment in Chinese Patients with Moderate-to-Severe Psoriasis: a Post-Hoc Analysis from a Phase 4 RCT

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Introduction & Objectives:

The development of highly effective biologics has shifted the treatment goal of psoriasis towards near or complete clearance of the skin. Guselkumab, a fully human monoclonal antibody targeting the interleukin-23 p19 subunit, has shown efficacy in achieving super response (defined as patients who achieve a PASI 100 response at both Weeks 20 and 28) in 40.8% of patients based on pooled analyses of the VOYAGE 1 and VOYAGE 2 studies. A post approval commitment (PAC) study (NCT04914429) was conducted to evaluate the efficacy and safety profile of guselkumab in Chinese patients. This post-hoc analysis aims to determine the baseline demographic and disease profiles of Chinese patients in the PAC study who were treated with guselkumab and achieved super response.

Materials & Methods:

This randomized, double-blind, placebo (PBO)-controlled, multicenter phase 4 study enrolled patients with moderate-to-severe plaque psoriasis. A total of 327 patients were randomized in a 2:1 ratio to receive guselkumab from Week 0 to Week 48 (n=217), or placebo with crossover to guselkumab at Week 16 (n=110). Guselkumab was administered by subcutaneous injection at Weeks 0, 4, and every 8 weeks thereafter. The post-hoc analysis included only patients initially randomized to receive guselkumab. Baseline demographics and disease characteristics were compared between super responders (SRe) and non-super responders (non-SRe). Multivariable logistic regression was performed to identify factors predictive of super response.

Results:

Among the 217 Chinese patients who were randomized to receive guselkumab treatment at week 0, 47.1% achieved super-response. Descriptive evaluation of baseline characteristics showed that the mean age of SRes and non-SRes are quite close (41.32 vs 41.76); however, SRes were more commonly under 45 years of age (64.3% vs. 59.7%) and less commonly 65 years of age or older (1.0% vs. 7.6%) compared with non-SRes. Patients achieving super-response had lower body weight (mean body weight, 71.2 kg vs 74.5 kg) and were less obese (BMI ≥28 kg/m2, 17.5% vs 27.7%) compared with non-SRes. However, a higher proportion of overweight (24≤

BMI <28 kg/m2) individuals were SRes than non-SRes (43.3% vs 29.4%). In addition, SRes had relatively lower baseline severity compared with non-SRes (mean BSA, 32.7% vs 36.9%; IGA score of 3, 80.6% vs 73.1%). Further, patients who achieved super-response were less likely to have had previous treatment with a non-biologic systemic treatment (SRe vs Non-SRe, 32.7% vs. 48.7%, respectively), and hyperlipidemia (SRe vs Non-SRe, 19.4% vs 25.2%, respectively) or hyperuricemia (SRe vs Non-SRe, 7.1% vs 15.1%, respectively) as a comorbidity. Logistic regression analysis found lack of prior treatment with a non-biologic systemic therapy to be associated with achieving super-response status.

Conclusion:

A substantial proportion of Chinese patients with moderate-to-severe psoriasis in the PAC study achieved super-response with guselkumab treatment. Younger and less obese patients, as well as patients with less severe psoriasis and naïve to non-biologic systemic therapy, were more likely to achieve super response with guselkumab treatment.

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Abstract N°: 7588

Comparative Durability of Biologics for Patients with Moderate-to-Severe Psoriasis Adjusted for Drug Switching Over Time: 24-Month Outcomes from the International Observational Psoriasis Study of Health Outcomes (PSoHO)

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Introduction & Objectives: Numerous biological therapies have become available in recent years for treating moderate-to-severe psoriasis (PsO). Studies providing real-world data directly comparing the effectiveness of these biologics are relatively scarce or limited by short observation periods. The Psoriasis Study of Health Outcomes (PSoHO) is a 36-month, non-interventional, international cohort study of patients (pts) with moderate-to-severe PsO, which enrolled 1981 pts ≥ 18 years of age from 23 countries, providing long-term data from a real-world setting needed for evidence-based care.

Materials & Methods: The outcomes presented are the most contemporaneous prespecified endpoints: PASI100/90 durability, defined as individual pts achieving PASI100/90 at Week 12, and maintaining PASI100/90 at months 6, 12, 18, and 24. Adjusted odds ratios with 95% confidence intervals were generated using marginal structural models (MSM), which accounted for key confounders as well as treatment switching and discontinuation. Odds ratios are presented with non-responder imputation (NRI) and as observed (non-imputed) for ixekizumab (IXE) versus secukinumab (SEC), tildrakizumab (TILD), guselkumab (GUS), risankizumab (RIS), adalimumab (ADA), and ustekinumab (UST) for the overall population and a European Medicines Agency (EMA) on-label sub-population.

Results: The adjusted analysis showed greater odds of durability response for IXE versus SEC, TILD, GUS, ADA, and UST, and similar odds to RIS for both the PASI90 and PASI100 durability outcomes in the overall population (Fig.1). The results of the EMA on-label sub-population analysis were similar, with the exception of the PASI100 durability outcome, where pts treated with IXE had significantly greater odds than those treated with RIS and were similar to those treated with SEC (Fig.2a).

Conclusion: Durability in the PSoHO study is based on rapid skin clearance and sustained therapeutic response, the primary treatment goals of many patients with PsO (1, 2). It has previously been demonstrated that patients who achieve PASI100 earlier experience more days under a DLQI score of 0 or 1, emphasizing the correlation

between the time taken to achieve total skin clearance and patients' quality of life (3). A limitation of long-term observational studies is potential bias caused by treatment switching, which can be impacted by study length, higher skin involvement, treatment costs, and access, but also by comorbid PsA, which approximately one-third of pts with PsO also suffer from. The MSM analysis was used to control for this bias. PSoHO provides real-world evidence that ixekizumab-treated pts show better PASI100/90 durability outcomes than those treated with adalimumab, ustekinumab, secukinumab, guselkumab, and tildrakizumab, while being similar to risankizumab in the overall population.

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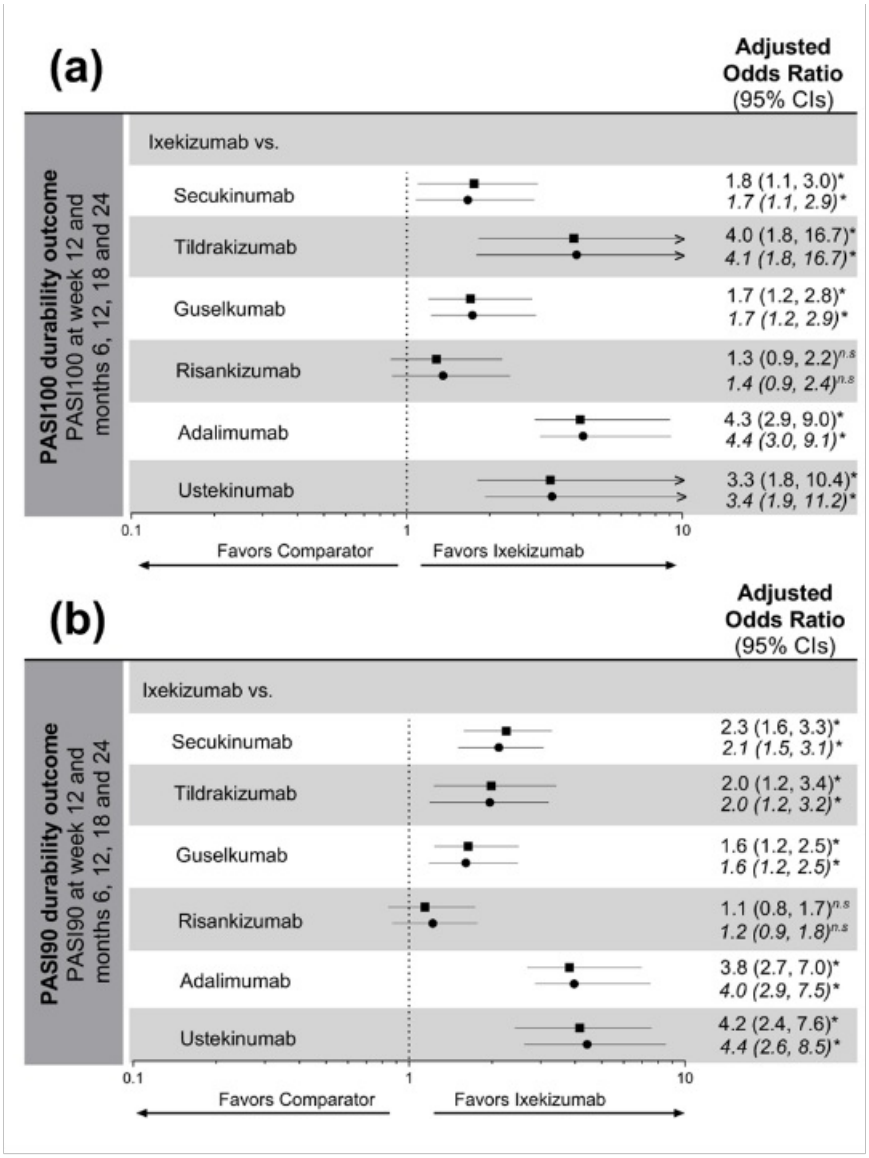


Fig. 1 Adjusted odds ratios for durability of effectiveness outcomes for ixekizumab versus other individual biologics. The top lines (squares) show the adjusted odds ratios calculated for patients with missing outcomes and were imputed as non-responder imputation (NRI), "as observed" results are depicted by the bottom lines (circles). Adjusted analyses were performed using marginal structural modeling (MSM) accounting for treatment switching and treatment discontinuations. Results are statistically significant if 95% confidence intervals (CIs) of the odds ratios do not cross 1. Significance is indicated by a *. In cases where the odds ratio is not significant, this is indicated by $^{n.s}$.

Abbreviations: *CIs* confidence intervals.

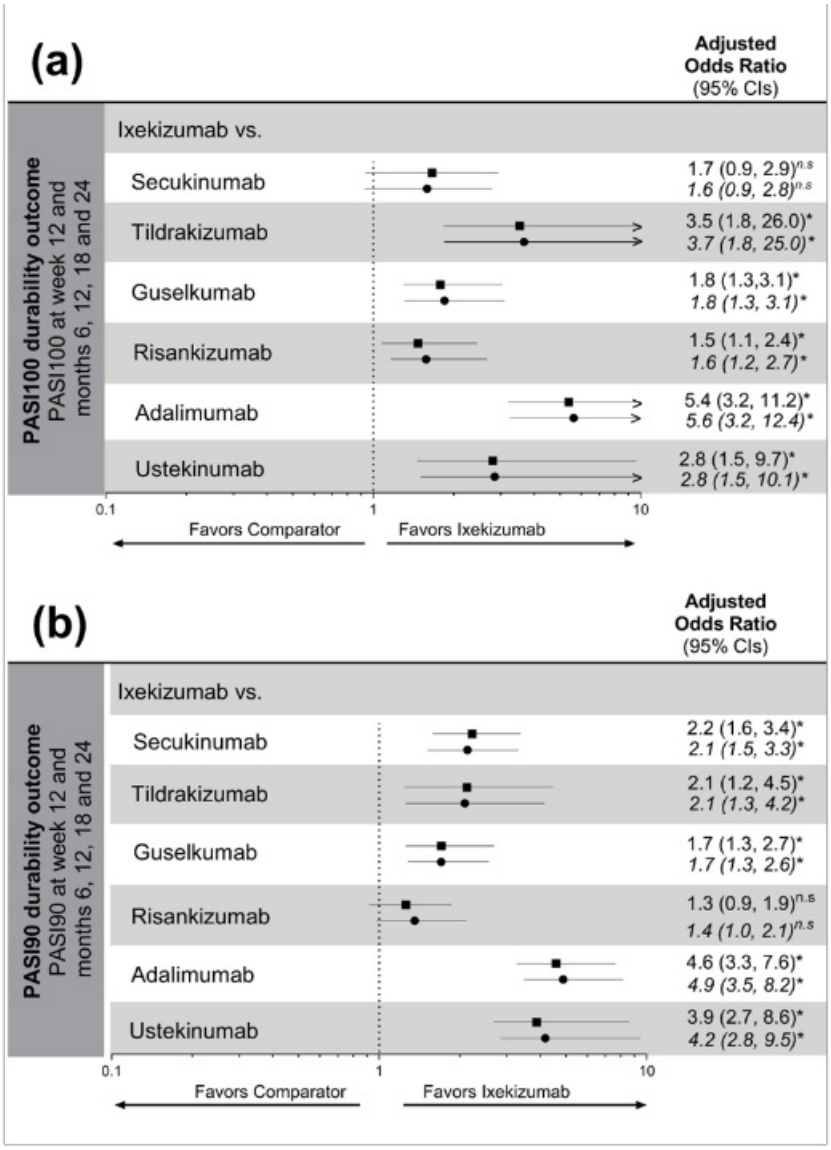


Fig. 2 Adjusted odds ratios for durability of effectiveness outcomes for ixekizumab versus other individual biologics for the EMA on-label population. The top lines (squares) show the adjusted odds ratios calculated for patients with missing outcomes and were imputed as non-responder imputation (NRI), as observed results are depicted by the bottom lines (circles). Adjusted analyses were performed using marginal structural modeling (MSM). Results are statistically significant if 95% confidence intervals (CIs) of the odds ratios do not cross 1. Significance is indicated by a *. In cases where the odds ratio is not significant, this is indicated by $^{n.s}$. In (b) the lower CI for IXE vs. RIS (observed) is 0.981.

Abbreviations: *CIs* confidence intervals.



Abstract N°: 7589

Tuberculosis-related type of psoriasis

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Introduction & Objectives:

Idea: In 2013, two severe chronic plaque-type psoriasis patients, candidates for biologic therapy, and screened positive for latent tuberculosis infection (LTBI), were reported to be cleared from their skin disease after having tuberculostatic therapy. The idea of a possible link between psoriasis and tuberculosis emerged.

Materials & Methods:

The first reports of the use of rifampicin (Rp) in psoriasis date from the beginning of the 90ties following the publication of its antipruritic effect. Later, the therapeutic efficacy of Rp and its safety in severe chronic psoriasis patients have been investigated in several studies, suggesting that its efficacy is rather due to its immune modulatory properties than to its antimicrobial activity.

Isoniazid, an antibiotic used for the treatment of TB, has been also shown to improve and clear psoriasis with long remissions in patients with LTBI.

Results:

The data of the LTB and psoriasis along with that of the Rp in psoriasis raise the question if there is any link between these two common diseases.

Conclusion:

These studies suggest the possible role of TB infection in the pathogenesis of psoriasis and the possible existence of a link between untreated infection and skin lesions. In addition, does *Mycobacterium tuberculosis* trigger any immunologic reaction that would play a role in the pathophysiology of psoriasis? At the minimum, when considering psoriasis as a clinically variable disease, is there a type of psoriasis related to TB, successfully managed with Rp



Abstract N°: 7593

DITRA Negative Pustular Psoriasis in 2 Filipinos

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Introduction & Objectives:

Pustular psoriasis is a rare, severe form of psoriasis characterized by sterile pustules on erythematous skin. While some cases are linked to IL36RN mutations (DITRA), not all patients carry this mutation. We present two Filipino patients with widespread pustular psoriasis who tested negative for DITRA, highlighting that clinical recognition and appropriate management remain essential, even in the absence of identifiable genetic markers.

Materials & Methods:

Case 1:

A 3-year-old boy presented with annular plaques studded with pustules for three months involving the neck, trunk, and groin. He was initially clinically diagnosed as tinea corporis and treated with oral and topical antifungals without improvement. He was later managed with acitretin for two years, resulting in significant improvement, with occasional episodes of exfoliative psoriasis treated with oral corticosteroids. Flares were marked by the formation of lakes of pus, and pustules developed at sites of trauma (Koebner phenomenon). No immediate relatives are affected.

Case 2:

The 50-year-old female presented with recurrent pustular eruptions for 10 yrs, accompanied by joint pains and body malaise. She initially presented with dandruff and pustules over erythematous plaques on both legs. Her initial diagnosis was pustular psoriasis. Seven years prior to consultation (PTC), while on prednisone for a mild flare, she developed widespread pustules that coalesced into lakes of pus, requiring hospitalization. She was started on acitretin 10 mg daily, which controlled symptoms with only occasional mild flares. Previous and recent laboratory results were within normal limits, and lesions resolved without scarring. Discontinuation of acitretin would usually lead to the recurrence of pustules.

Results:

Histopathology in both cases showed subcorneal pustules and dense perivascular infiltrates of lymphocytes and neutrophils, consistent with generalized pustular psoriasis (Von Zumbusch type). Genetic testing for IL36RN (DITRA) mutations was negative in both cases. Both patients have been maintained on acitretin with very good therapeutic response.

Conclusion:

These two cases demonstrate that widespread pustular psoriasis can occur in the absence of IL36RN (DITRA) mutations. Despite the lack of identifiable genetic markers, accurate clinical diagnosis confirmed by histopathology and appropriate systemic therapy, such as acitretin, remain critical to effective disease management.



Abstract N°: 7648

Inhibition of Structural Damage Progression With Guselkumab, a Selective IL-23i, in Participants With Active PsA: Results Through Week 24 of the Phase 3b, Randomized, Double-Blind, Placebo-Controlled APEX Study

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Introduction & Objectives:

Patients (pts) with active psoriatic arthritis (PsA) are at risk of irreversible joint damage that may significantly impact quality of life. Guselkumab (GUS), a fully human monoclonal antibody that selectively targets the IL-23p19 subunit and shows enhanced potency for inhibiting IL-23 signaling,1 has demonstrated efficacy and a favorable safety profile in pts with active PsA.2,3

We reported findings through Week 24 (W24) of the ongoing Phase-3b, randomized, double-blind, placebo-controlled APEX study (NCT04882098), aimed at further evaluating GUS effects on clinical and radiographic outcomes in pts with active PsA.

Materials & Methods:

APEX enrolled biologic-naïve adults with active PsA (≥3 tender and ≥3 swollen joints; C-reactive protein ≥0.3mg/dL) and ≥2 joints with erosions on hands and foot radiographs, despite previous non-biologic DMARDs, apremilast, or NSAIDs. Pts were randomized 5:7:7 to subcutaneous GUS 100mg Q4W; GUS 100mg at W0, W4, then Q8W or PBO Q4W. The primary and major secondary endpoints were: 1) proportion of pts achieving ≥20% improvement in American College of Rheumatology response criteria (ACR20); 2) mean change from baseline in PsA-modified van der Heijde-Sharp (vdH-S) score (average of 2 readers blinded to chronological order), respectively, at W24 (both multiplicity-controlled for each GUS regimen vs PBO). Efficacy analyses include all

randomized pts except those from Ukrainian sites unable to support key study operations (modified full analysis set [mFAS], N=1020); safety analyses include all pts who received ≥1 dose of study treatment through W24 (N=1054).

Results:

In the mFAS (Q4W: 273, Q8W: 371, PBO: 376pts), baseline characteristics were generally balanced across treatment groups. Mean age was 53 yrs; 55% of pts were male. At baseline, mean duration of PsA (7.3yrs), PsA-modified vdH-S total (27.0) and erosion (13.5) scores, and tender (20.7) and swollen (11.9) joint counts indicated established and highly active joint disease. The primary and major secondary endpoints were met. Significantly greater proportions of GUS Q4W (67%) and Q8W (68%) vs PBO (47%) pts achieved ACR20 response at W24 (*P*<0.001; **Fig 1A**). Pts receiving GUS Q4W and Q8W exhibited significantly less radiographic progression vs PBO at W24 (LSM change in PsA-modified vdH-S score of 0.55 and 0.54 vs. 1.35; *P*=0.002 and <0.001, respectively; **Fig 1B**). Similar response patterns were seen for changes in joint space narrowing and erosion scores, proportions of pts with no radiographic progression, and additional clinical efficacy outcomes at W24 (**Table 1**). Through W24, adverse events (AEs) occurred in 38%, 42%, and 37% of pts (most commonly respiratory infections, headache, diarrhea, and psoriatic arthropathy), and serious AEs occurred in 2%, 3%, and 3% of pts, in the GUS Q4W, GUS Q8W, and PBO groups, respectively. No new safety signals were identified.

Conclusion:

APEX is the first study to show significant inhibition of structural damage progression with both dosing regimens (Q4W and Q8W) of GUS, a dual-acting selective IL-23i. The GUS safety profile in these biologic-naïve pts with active PsA is consistent with that previously established for GUS across a broad range of pts with PsA, psoriasis, and/or inflammatory bowel disease.2

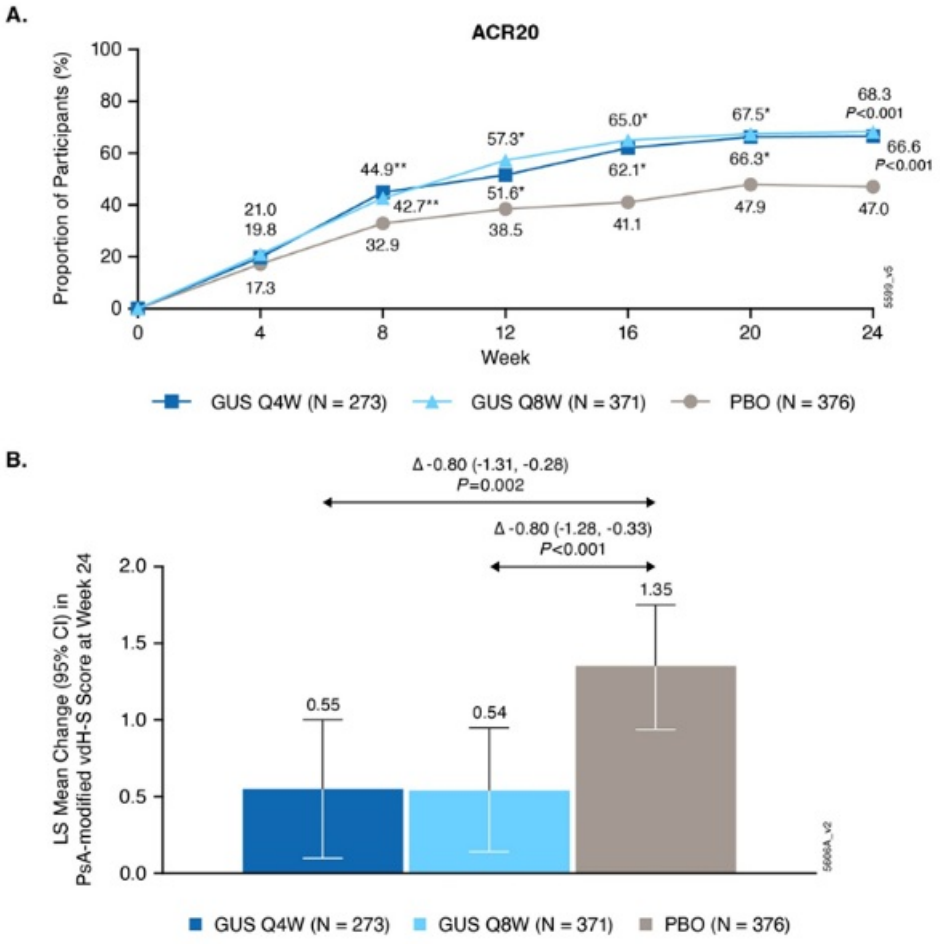
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Fig 1. Proportions of pts (mFAS) achieving ACR20 over time through W24 (A) and LS mean change from baseline to W24 in PsA-modified vdH-S score (Reading Session 1; B)



* nominal $P \leq 0.001$; ** nominal $P < 0.01$. P-values at W24 are multiplicity controlled using a fixed sequence testing procedure. For ACR20, p-values for W4-W20 are not multiplicity controlled, are considered nominal, and may not be used to claim statistical significance. For ACR20, p-values are based on CMH test. Participants were considered nonresponders if they discontinued study treatment for any reason other than ND/MD, initiation or increase in dose of csDMARD or oral corticosteroid, or initiation of protocol-prohibited PsA therapies. Missing data due to ND/MD, as well as data impacted by ND/MD, were imputed using multiple imputation. Other missing data were imputed using NRI. PsA-modified vdH-S score was an average of scores from two readers who were blinded to treatment and radiographic sequence. For PsA-modified vdH-S score at W24, statistics are based on ANCOVA. For PsA-modified vdH-S score at W24, missing data and data impacted by ND/MD were imputed using multiple imputation.

ACR20, ≥20% improvement in American College of Rheumatology response criteria; ANCOVA, Analysis of Covariance; CMH, Cochran Mantel Haenszel; csDMARD, conventional synthetic disease-modifying antirheumatic drugs; GUS, guselkumab; LS, least squares; ND/MD, natural disaster/major disruption; NRI, nonresponder imputation; PBO, placebo; PsA, psoriatic arthritis; Q8W, every 8 weeks; Q4W, every 4 weeks; vdH-S, van der Heijde-Sharp; W, week.

Table 1. Summary of other structural damage and clinical efficacy endpoints at W24 (mFAS)

	GUS Q4W (N=273)	GUS Q8W (N=371)	PBO (N=376)
Structural damage (Reading Session 1)			
Erosion score[a]	0.35 (0.07, 0.63)	0.32 (0.07, 0.57)	0.87 (0.61, 1.12)
P-value[a]	*0.002*	*<0.001*	
JSN score[a]	0.22 (0, 0.43)	0.24 (0.05, 0.43)	0.50 (0.31, 0.69)
P-value[a]	*0.025*	*0.027*	
No radiographic progression[b]	67%	63%	53%
P-value[c]	*<0.001*	*0.007*	
Clinical efficacy			
ACR50 response	41%	42%	20%
P-value[c]	*<0.001*	*<0.001*	
ACR70 response	22%	22%	11%
P-value[c]	*<0.001*	*<0.001*	
HAQ-DI[d,e]	-0.41 (-0.47, -0.35)	-0.42 (-0.47, -0.36)	-0.26 (-0.32, -0.21)
P-value[e]	*<0.001*	*<0.001*	
IGA 0/1 response[f,g]	73%	68%	31%
P-value[f]	*<0.001*	*<0.001*	
PASI 90 response[f,g]	69%	60%	22%
P-value[f]	*<0.001*	*<0.001*	

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Data shown are LS Mean change from baseline or estimated response rates at Week 24. P-values comparing GUS Q4W and Q8W vs PBO are not multiplicity controlled. [a] Based on ANCOVA on MI data. [b] Defined as change in PsA-modified vdH-S score ≤0. [c] Based on CMH on MI data. [d]Among 271, 365, and 372 pts in the GUS Q4W, GUS Q8W, and PBO groups, respectively. [e] Based on MMRM. [f] Based on GLMM. [g]Among 159, 231, and 223 pts with ≥3% BSA and an IGA ≥2 at BL in the GUS Q4W, GUS Q8W, and PBO groups, respectively.

ACR50, ≥50% improvement in American College of Rheumatology response criteria; ACR70, ≥70% improvement in American College of Rheumatology response criteria; ANCOVA, Analysis of Covariance; BL, baseline; CI, confidence interval; CMH, Cochran Mantel Haenszel; GLMM, Generalized Linear Mixed Models; GUS, guselkumab; HAQ-DI, Health Assessment Questionnaire – Disability Index; IGA, Investigator's Global Assessment; JSN, joint space narrowing; LS, least squares; MI, multiple imputation; PASI 90, ≥90% improvement in Psoriasis Area and Severity Index; PBO, placebo; MMRM, mixed model repeated measures; PsA, psoriatic arthritis; Q8W, every 8 weeks; Q4W, every 4 weeks; vdH-S, van der Heijde-Sharp; W, week.

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Abstract N°: 7668

Study of IL-17 Receptor Inhibition with Brodalumab on Peripheral Vascular Resistance and Cytokine Expression in Patients with Moderate and Severe Psoriasis

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Introduction & Objectives:

Brodalumab is a selective monoclonal inhibitor of the IL-17 receptor that has demonstrated safety and efficacy in the management of patients with severe plaque psoriasis.

However, to date, there is limited evidence on its safety profile in certain comorbidities such as peripheral vascular resistance.

Furthermore, knowledge of the therapeutic effects of different treatments on cytokine expression remains limited.

The aim of the present study was to analyze peripheral vascular resistance and cytokine expression in patients with psoriasis before and after treatment with Brodalumab.

Materials & Methods:

A prospective observational study was conducted in patients with moderate and severe plaque psoriasis who were candidates for treatment with Brodalumab. The data obtained were compared with another cohort of patients with psoriasis treated with methotrexate.

Twenty patients were analyzed before and after treatment with Brodalumab (n = 10) and MTX (n = 10).

Results:

CCL20, CXCL10, IL20, IL33, IL22RA1, PDL1, IL10, TNF, FLT3L, FGF23, IL10RA, FGF5, LIFR, and IL15RA were correlated with disease severity.

MCP3 was positively correlated with the HOMA score and ESR.

TNF was positively correlated with the cardiac index.

MCP3 and TNF were found to be decreased after treatment with Brodalumab, so the reduction in disease severity in patients treated with Brodalumab could lead to a reduction in cardiovascular risk in patients with psoriasis.

Conclusion:

The availability of effective treatments such as Brodalumab, which also have a good safety profile on cardiovascular comorbidities in patients with moderate and severe psoriasis, is necessary for comprehensive treatment of the disease.



Abstract N°: 7681

Recalcitrant palmoplantar pustulosis successfully controlled with Lebrikizumab

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Introduction & Objectives:

Palmoplantar pustulosis (PPP) is a chronic, relapsing inflammatory disorder characterized by sterile pustules on erythematous, scaly backgrounds of the palms and soles, causing profound pain, functional impairment, and reduced quality of life. Therapeutic options—ranging from topical steroids and vitamin D analogues to systemic agents and biologics—have largely failed to achieve sustained clearance: a recent network meta-analysis found no treatment superior to placebo for PPP resolution, and a Cochrane review similarly reported low-certainty or negative evidence for all evaluated interventions. Although PPP was historically viewed as Th17-driven, bulk and single-cell transcriptomic analyses have uncovered a pronounced Th2 signature in lesional skin, implicating interleukin-13 (IL-13) as a pivotal mediator of disease activity. Furthermore, case reports of IL-4Rα/IL-13 blockade in recalcitrant PPP support a Th2-driven subset of patients. Lebrikizumab is a humanized IgG4κ monoclonal antibody that binds soluble IL-13 with high affinity, selectively preventing IL-4Rα/IL-13Rα1 heterodimerization while preserving IL-13Rα2 decoy receptor engagement, thus precisely attenuating type 2 inflammation; in vitro, it exhibits stronger IL-13 binding and inhibitory potency than other selective IL-13 antagonists. Here, we describe the first reported case of recalcitrant PPP successfully controlled with lebrikizumab, underscoring the therapeutic promise of selective IL-13 inhibition.

Results:

This is the case of a 34-year-old male smoker followed for a chronic recalcitrant PPP. The patient had no family history of PPP or plaque psoriasis. In 2010, a histopathologic evaluation of the lesional skin on the trunk had confirmed the diagnosis of psoriasis. Based on the pathology and overall clinical presentation, a diagnosis of PPP was established. The rash initially appeared on the trunk (in 2004) and subsequently spread to the palms and soles. Previous treatments included fumaric acid, PUVA, methotrexate, Tildrakizumab, Risankizumab, Upadacitinib, Guselkumab, Bimekizumab, Ixekizumab, Baricitinib and Apremilast. While all these treatments could partially control the disease on the trunk and extremities, the palmoplantar regions remained resistant. When we first saw the patient in October 2024, he was receiving Guselkumab and Deucravacitinib, alongside systemic steroids (methylprednisolone, 40 mg/day) and various analgesics, including tramadol, to manage the painful palmoplantar lesions. As Deucravacitinib was newly introduced, we initially continued the Guselkumab/Deucravacitinib combination and advised to reduce the steroid dose. However, because the PPP was inadequately controlled, the patient was switched to Lebrikizumab in February 2025, while continuing Guselkumab treatment. Two days after the first dose of Lebrikizumab (500mg), the patient reported a reduction in pain sensations. Lebrikizumab was continued, and by the end of April 2025, the palms, soles and the rest of the body were free of disease. The patient no longer required analgesics nor systemic steroids.

Conclusion:

To the best of our knowledge, this report is the first case of successful treatment of PPP with Lebrikizumab in the literature. It offers clinicians another treatment option for this challenging disease and adds to the literature linking PPP to Th2 inflammation.



Abstract N°: 7713

Efficacy and safety of oral JAK, TYK2 and PDE4 inhibitors in the treatment of chronic plaque psoriasis - a network meta-analysis

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Introduction & Objectives:

This systematic review and network meta-analysis (SR-NMA) aimed to evaluate and compare the efficacy of novel oral treatments for psoriasis, specifically Janus kinase (JAK) inhibitors, phosphodiesterase-4 (PDE-4) inhibitors, and tyrosine kinase 2 (TYK2) inhibitors, to determine the most effective therapeutic option.

Materials & Methods:

A comprehensive search of randomised control trials was performed in Embase, MEDLINE, and Cochrane databases from inception to November 2024, employing search terms such as “TYK2,” “PDE-4,” “JAK,” and “psoriasis,” along with their relevant synonyms. The included studies were evaluated for risk of bias and assessed for their efficacy in achieving a 50%, 75%, 90% and 100% reduction in Psoriasis Area and Severity Index (PASI 50, PASI 75, PASI 90 and PASI 100 respectively). Data were analyzed using a random-effects network meta-analysis approach.

Results:

Initial search yielded 8795 results. 35 studies assessing 13 novel oral agents were included for analysis after title/abstract and full-text screening performed independently by four investigators. Outcomes were measured over a range of 4-52 weeks. After 12-16 weeks of treatment, solcitinib (PASI75 odds ratio [OR] 37.92) had the highest efficacy compared to placebo , followed by zasocitinib (34.59), tofacitinib (22.01), ropsacitinib (16.79), brepocitinib (14.88) and deucravacitinib (14.17). Solcitinib, a selective JAK1 inhibitor, achieved 57% PASI 75 (75% clearance of psoriasis lesions) after 12 weeks of treatment. Zasocitinib, a new highly selective allosteric TYK2 inhibitor, has recently demonstrated promising efficacy in the treatment of psoriasis, with 33% of patients achieving PASI 100 (complete clearance of psoriasis lesions) after just 12 weeks of treatment.

Conclusion:

Oral TYK2 inhibitors have shown efficacy in the treatment of chronic plaque psoriasis comparable to adalimumab, with newer agents demonstrating enhanced effectiveness and far surpassing PDE4 inhibitors in therapeutic outcomes. JAK inhibitors, particularly solcitinib and tofacitinib, exhibit comparable efficacy to TYK2 inhibitors.



Abstract N°: 7727

Analysis of TNF-alpha and IL-6 serum concentrations in psoriatic patients: association with clinical type and severity of disease

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Introduction & Objectives:

Psoriasis is a chronic, recurrent, inflammatory skin disease with genetic predisposition. The psoriasis characterized by immune dysregulation and elevated levels of proinflammatory cytokines, including tumor necrosis factor-alpha (TNF-alpha) and interleukin 6 (IL-6). These cytokines play a crucial role in the pathogenesis and maintenance of psoriasis inflammation. The aim of the study was to evaluate concentrations of TNF-alpha and IL-6 in serum of psoriatic patients and the healthy subjects, and also to assess their correlation with clinical type and severity of disease.

Materials & Methods:

The study included a total of 60 patients with psoriasis and 20 healthy subjects in the control group, both genders and all of ages. According to the clinical type of disease, patients with psoriasis were divided into four groups: chronic plaque psoriasis (CPP), erythrodermic psoriasis (EP), pustular psoriasis (PP) and psoriatic arthritis (PA). Blood samples were collected from all psoriasis patients and from healthy control subjects. Serum TNF-alpha and IL-6 levels were measured by an enzyme-linked immunosorbent assay (ELISA) technique. The severity of CPP was assessed by Psoriasis Area and Severity Index (PASI).

Results:

Out of the total number of patients suffering from psoriasis 42 (70%) had CPP, the second most frequent was PE 9 (15%), while 6 (10%) patients had PP and 3 (5%) PA. The serum concentration levels of TNF-alpha in psoriatic patients were significantly higher compared to the levels of control group (3.25+1.74 pg/mL vs 0.20+0.01pg/mL, respectively). Similarly, serum concentration levels of IL-6 were also higher than the levels of control group (6.23±5.29 pg/ml vs 0.16±0.07 pg/ml, respectively).

Analysis of cytokine values indicated statistically significant difference between the mean level of TNF-α and IL-6, compared to the clinical type of psoriasis** ($p < 0,05$)**.** Significantly elevated serum TNF-alpha concentrations were noticed in patients with PP type (7.39+6.92 pg/mL). The highest serum IL-6 level was in the PE group (9,37 pg/ml). No statistically significant correlation was found between the concentrations of TNF-alpha and the PASI score in the CPP group. Contrary to that, there was a positive correlation between serum IL-6 levels and PASI score in the CPP group ($r=0.355$; $p=0.017$).

Conclusion:

The results of this study have been shown that psoriasis is associated with significant changes in serum concentrations of TNF-alpha and IL-6. There was a statistically significant correlation between serum TNF-alpha and IL-6 concentrations and clinical type of psoriasis. While a positive correlation between serum IL-6 levels and PASI score in CPP group was found, for TNF-alpha no statistically significant correlation to PASI score was found.

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Abstract N°: 7729

Spatial transcriptomic profiling reveals body site-specific inflammatory differences in psoriasis lesions

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Introduction & Objectives:

Psoriasis is a common chronic inflammatory skin disease. A variety of treatment options lead to substantial improvement of most psoriasis plaques, however recurrence of psoriasis at previously affected areas is common. Additionally, it can be challenging to reach disease resolution in certain hard-to-treat areas such as scalp and lower extremity (LE).

Here we map histologic and spatial transcriptomic differences between psoriasis lesions across different anatomical locations, to understand if differences in the inflammatory profile can be linked to plaque-site specific treatment resistance.

Materials & Methods:

Quantitative immunohistochemical analysis and transcriptomic digital spatial profiling were performed on skin punch biopsies obtained from unaffected areas on the trunk, lesional areas of the scalp, upper extremity and LE of 12 patients with psoriasis.

Results:

Histological analysis showed no significant differences in epidermal thickness among lesional (LS) skin from different body locations. Immunohistochemical markers (CD3, CD4, CD8, CD103, CD207, RORγt, FOXP3, MPO) were higher in LS skin compared to non-lesional (NL) skin but did not differ significantly between LS sites. Whole transcriptome spatial RNA profiling identified several differentially expressed genes that distinguished LS from NL skin and revealed site-specific transcriptomic differences. Notably, IL-23 signalling was significantly enriched in the LE epidermis, and IL-17 signalling was more pronounced in the epidermis of LS samples.

Conclusion:

These findings highlight minimal histological and immunohistochemical variation, yet significant transcriptomic and pathway differences between psoriasis body locations, suggesting potential future targets for site-specific therapeutic strategies.

*This abstract was also presented as a poster at the Psoriasis: From Gene to Clinic 10th International Congress which took place in London from Thursday, December 5, to Saturday, December 7, 2024.



Abstract N°: 7746

Quantitative Evaluation of Hepatic Steatosis in Patients with Psoriasis

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Introduction & Objectives:

Psoriasis is a chronic inflammatory disease associated with systemic comorbidities such as psoriatic arthritis, cardiovascular disease, and metabolic syndrome. Its link to non-alcoholic fatty liver disease (NAFLD) is increasingly supported by the hepatodermal axis hypothesis. Although liver biopsy is the gold standard for diagnosing hepatic steatosis, it is invasive and limited by complications and sampling variability. Non-invasive methods such as tissue attenuation imaging (TAI), tissue scatter distribution imaging (TSI), and metabolic indices like the triglyceride to HDL ratio (TG/HDL) offer promising alternatives. This study aims to evaluate the relationship between hepatic steatosis and these novel parameters, and their association with psoriasis severity.

Materials & Methods:

We retrospectively analyzed psoriasis patients aged 18–75 years who were followed up in our clinic and underwent abdominal ultrasonography. TAI and TSI values were recorded along with demographic data (age, sex, height, weight), disease duration, joint complaints, PASI scores, and TG/HDL ratio. Hepatic steatosis grades were based on clinician reports. Statistical analyses included Spearman correlation, Kruskal-Wallis test, and ROC curve analysis.

Results:

A total of 72 patients were included. Mean age was 45,2 years and PASI scores averaged 5,91. Mean TAI was 0.76 (near the clinical cut-off of 0.745 and higher than previous studies' healthy group), TSI ~90, and TG/HDL ratio 3.63 (>2.4 risk threshold), indicating a tendency towards hepatic steatosis in this population. TAI and TSI showed a strong correlation ($\rho = 0.537$, $p < 0.001$). TAI also correlated weakly but significantly with TG/HDL ($\rho = 0.249$, $p = 0.0388$). No significant correlations were observed between disease duration, PASI and TAI, TSI, or TG/HDL, suggesting hepatic steatosis may occur independently of skin disease severity. TG/HDL values increased with higher steatosis grades ($p = 0.0344$). ROC analysis showed TG/HDL had moderate accuracy for detecting steatosis (AUC = 0.692) and better performance for moderate-to-severe cases (AUC = 0.743).

Conclusion:

TAI, TSI, and TG/HDL are available useful non invasive tools for detecting hepatic steatosis in psoriasis patients. These findings support integrating metabolic screening in dermatology practice, regardless of cutaneous disease activity.



Abstract N°: 7759

Current status, patient profiles and impact on health care through the German Psoriasis Registry PsoBest

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Introduction & Objectives:

The Psoriasis Registry PsoBest is a prospective, standardized, pre-specified and protocol driven collection of patient data. It aims to gain long-term insights into the effectiveness, safety, benefit and quality of care for patients with psoriasis in Germany.

Materials & Methods:

Since 2008, PsoBest collects data from adults with psoriasis starting a new systemic therapy in dermatological practices and clinics. This includes clinical parameters such as the Psoriasis Area and Severity Index (PASI), patient-reported outcomes such as the Dermatology Life Quality Index (DLQI) and treatment characteristics, including safety data. During the 10-year observation period per patient, treatment changes and breaks are possible.

Results:

In an interim evaluation in March 2025, 25,018 patients participated in 1,188 registered sites across Germany, including dermatological practices (92.7%) and outpatient hospitals (7.3%). The latter accounted for 15.3 % of the patients. As of 30 June 2024, quality-assured data was available for 19,785 patients (mean age= 47.5 years, 58.5% male patients). The mean duration of psoriasis at baseline was 17.1 years. 21.4% of patients had joint and 46.5% showed nail involvement. The burden of disease was high: the mean PASI was 15.2, the mean DLQI 11.9. 74.8% of the patients had a relevantly increased loss of quality of life (DLQI>5). In total 21,887 treatment years were documented for biologic originators, 1,671 for biosimilar and 26,000 for non-biologic treatment. The registry received reports of adverse events, resulting in 24,795 codings for non-serious adverse events (AEs) and 12,845 for serious adverse events (SAEs), including procedures, investigations and pregnancies. Among the SAEs, the majority were not causally related to the antipsoriatics (96.7 %). For all AEs and SAEs observed, the treatment profiles are as expected from clinical trials. Since 2008, PsoBest contributed as a non-interventional observation to generating evidence for the safety, effectiveness and patient benefit of the systemic treatment of psoriasis and thus strengthening confidence in the modern treatment of psoriasis. This is also reflected in published data from

the PsoHealth study series: Between 2007 and 2017, the mean PASI improved from 10.1 to 7.1 and the DLQI from 7.5 to 6.1.

Conclusion:

The PsoBest registry is growing continuously and has established itself as the largest registry in German dermatology. It generates detailed and robust evidence on safety, effectiveness and benefit of treatment for patients in routine care and enables healthcare research, also in co-operation with other registries. PsoBest contributes to the quality assurance and optimization of drug treatment for psoriasis. Its success can be attributed to the project group’s many years of commitment, the support of pharmaceutical companies, and the high level of willingness of practices and clinics to participate and highly motivated patients.



Abstract N°: 7793

Are systemic drug choices for psoriasis by dermatologists compatible with psoriatic arthritis? Data from the German Psoriasis Registry PsoBest

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Introduction & Objectives:

Psoriasis (Pso) is a chronic immune-mediated systemic inflammatory disease. Patients with joint involvement (psoriatic arthritis (PsA)) need inflammatory control through systemic therapies. An early and effective treatment of PsA is essential to prevent damage to the joints.

This descriptive analysis of data from the German National Psoriasis Registry PsoBest aimed to investigate the choice of treatment for patients with psoriasis without joint involvement (Pso-PsA) versus with joint involvement (Pso+PsA) in routine care and to determine the extent of compliance to current treatment guideline.

Materials & Methods:

A descriptive analysis of antipsoriatic systemic treatments applied at the time of registry inclusion to patients of the German psoriasis registry PsoBest from 2007-2022 was performed.

Results:

17,310 patients with psoriasis were analysed. The patients were predominantly male (58.8 %) with a mean age of 47.6 years (SD 14.8 years). 59.3 % had a Psoriasis Area and Severity Index (PASI) greater than ten at baseline and 51.7 % a Dermatology Life Quality Index (DLQI) greater than ten, which indicates a high burden of disease. 18.6 % (n = 3,217) of the patients were classified as Pso+PsA using a pilot tested algorithm which is also used in the GRAPPA (Group for Research and Assessment of Psoriasis and Psoriatic Arthritis) guideline.

Fumaric acid esters (31.5 %) were the most commonly prescribed drugs at inclusion for Pso-PsA patients followed by methotrexate (18.9 %) and adalimumab (7.1 %). For Pso+PsA patients, methotrexate (21.6 %) was prescribed most frequently followed by adalimumab (16.0 %) and secukinumab (13.7 %).

Biologics were prescribed significantly more often for Pso+PsA patients (65.9 % Pso+PsA vs. 38.8 % Pso-PsA, $p < 0.01$). 5.7 % received fumaric acid esters and 1.2 % ciclosporin although those medications are not explicitly approved for PsA treatment and no benefit for this indication was shown. In total, 9.4 % (n = 303) of the Pso+PsA patients received treatments at baseline, without an explicit approval for PsA treatment.

Conclusion:

A small amount of the Pso+PsA patients did not receive treatment with recommendation for PsA. One potential rationale for this discrepancy may be the presence of mild manifestations of PsA; however, such conditions should

still warrant the prescription of medications primarily approved for the treatment of PsA. Nevertheless, the proportion of over 90 % guideline compliant care shows that the national care targets for early detection and treatment of PsA are well implemented by dermatologists.



Abstract N°: 7802

Systematic Review of Comparative Studies on Emerging Psoriasis Treatments: Comparing Biologics with Biologics, Small Molecule Inhibitors with Small Molecule Inhibitors, and Biologics with Small Molecule Inhibitors

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin condition driven by immune dysregulation, significantly diminishing patients' quality of life. The advent of targeted biological therapies and small molecule inhibitors has transformed the treatment landscape for moderate-to-severe psoriasis. Nevertheless, there remains a scarcity of comparative efficacy and safety data between these therapeutic classes, highlighting the need for a systematic review to evaluate their relative performance. This systematic review seeks to consolidate evidence from comparative studies that assess the effectiveness and safety of biologic agents and small molecule inhibitors in managing moderate-to-severe psoriasis. The aim is to provide a well-founded, evidence-based perspective on the most effective therapeutic approaches by analysing their efficacy, safety profiles, and long-term treatment durability.

Materials & Methods:

An extensive literature search was conducted across Web of Science, PubMed, and Scopus to identify randomised clinical trials (RCTs) comparing biologics and small molecule inhibitors. Inclusion criteria required that the RCTs be published in English, with full-text availability and a primary focus on treatment efficacy and safety outcomes. Studies were excluded if they were retrospective, observational, case reports, or non-English publications. Study selection and data extraction were carried out independently by two reviewers, with disagreements resolved by a third reviewer.

Results:

A total of twenty-two head-to-head RCTs, encompassing over 50,000 patients, met the inclusion criteria. Biologic therapies targeting IL-17 (secukinumab, ixekizumab, brodalumab), IL-23 (guselkumab, risankizumab, tildrakizumab), and TNF-α (adalimumab, etanercept) exhibited superior efficacy compared to conventional systemic treatments. Secukinumab consistently surpassed ustekinumab in achieving PASI 90 and PASI 100 responses. Guselkumab demonstrated sustained superiority over adalimumab, yielding higher rates of skin clearance at Week 48. Similarly, risankizumab delivered superior long-term PASI 90 responses when compared to secukinumab. Among small molecule inhibitors, deucravacitinib proved more effective than apremilast in achieving PASI 75 and static Physician Global Assessment (sPGA) responses. Safety profiles were generally comparable across the treatment groups, although IL-17 inhibitors were associated with a higher incidence of *Candida* infections.

Conclusion:

This systematic review highlights the enhanced efficacy of IL-17 and IL-23 inhibitors compared to TNF-α inhibitors, with IL-23-targeting agents demonstrating superior long-term disease control. Small molecule inhibitors, particularly deucravacitinib, present a promising alternative as effective oral therapies. Although newer biologics offer improved treatment outcomes, further head-to-head trials comparing TYK2, JAK, and PDE4

inhibitors with IL-17 and IL-23 agents are warranted. These findings provide valuable insights to inform clinical decision-making and optimise psoriasis management strategies.



Abstract N°: 7807

Reduction of genital psoriasis symptoms in male and female patients treated with risankizumab – interim results from a real-world study

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Introduction & Objectives:

Psoriasis involving the genital region (GenPsO) is associated with impaired quality of life (QoL), including sexual burden and avoidance of sexual intercourse. Data on the effectiveness of biologics in GenPsO are scarce, especially with regard to often neglected gender-specific differences. This study aims to determine the effectiveness of the interleukin-23 inhibitor risankizumab by sex.

Materials & Methods:

GPS-Best is a non-interventional nested cohort study within the national German Psoriasis registry PsoBest. Patients with plaque-type psoriasis and a static physician's global assessment of genitalia ≥3 are treated with risankizumab for 52 weeks at their physician's discretion. The endpoints of GPS-Best are clinical and patient-reported outcomes at 16 weeks. This interim analysis focused on the Genital Psoriasis Symptoms Scale (GPSS, 0= no to 80 maximum severity) and its subscores (Itch, Pain, Discomfort, Stinging, Burning, Redness, Scaling, Cracking) at week 16 differentiating between male (m) and female (f) patients. Statistical significance of subgroup differences was determined by Kruskal-Wallis-test at a significance level 0.05.

Results:

In this interim analysis, data of 52 patients who completed week 16 was available, including 57.7% (n= 30) males, 42.3% (n= 22) females, mean age 44 years, 48.8% nail psoriasis, 32.7% joint involvement. a Mean Psoriasis Area and Severity Index (PASI) of 15.6 and Dermatology Life Quality Index (DLQI) of 14.5 indicate marked disease severity. Mean GPSS total score at treatment start was 44.7 without significant differences between women and men (50.3 and 40.9, p= 0.060). However, women showed higher impairment regarding pain (6.1 vs. 3.9, p=0.007), stinging (4.8 vs. 3.2, p=0.040) and burning (6.3 vs. 4.7, p=0.024). After 16 weeks of risankizumab treatment, mean GPSS total score decreased by 80.5% to 8.7. The three subscales with the highest mean reduction were redness (delta of means 6.0 f, 5.1 m), scaling (5.7 f, 4.6 m) and discomfort (5.6 f, 4.6 m). All 8 GPSS subscores decreased with no significant differences between male and female patients at week 16.

Conclusion:

This interim analysis showed a substantial improvement of genital psoriasis symptoms in routine care with risankizumab, particularly in the areas of redness, pain and stinging. There was no evidence of a sex-specific response since both men and women experienced equivalent improvements in GenPsO.



Abstract N°: 7815

Communication and Treatment Planning in Reproductive-Age Psoriasis Patients Undergoing Immunomodulatory Therapy – A Survey in the German Psoriasis Registry PsoBest

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Introduction & Objectives:

Psoriasis is a systemic inflammatory disease that requires systemic therapy for moderate to severe manifestations. Many of these patients are of reproductive age, which should be considered when choosing medication and providing information. The aim of this analysis is to gain insights into information and communication of treatment options to patients with psoriasis who desire to have children.

Materials & Methods:

PsoBest registry patients aged 18-55 years were surveyed by postal questionnaire between December 2023 and March 2024. Participants were questioned about their knowledge, information channels and medical communication regarding their family planning and antipsoriatic therapy. The descriptive evaluation was exploratory.

Results:

Of the 1,309 patients contacted (62% male, 38% female), 404 responded (63% male, 37% female, response rate of 31%). A total of 10% of patients stated a wish to conceive or were, at least, considering family planning. The treating physicians only addressed this topic for 42% of the responding patients. Only 60% of men and 63% of women felt well informed about the options of family planning under systemic antipsoriatic therapy. 95% sought to obtain further information, mainly from the internet (70%). The most common drug classes in both male and female patients of reproductive age (with and without wish to conceive) were IL-23 and IL-12/23 inhibitors (40% in men, 45% in women) and IL-17 inhibitors (33% in men, 29% in women). In 84% of cases with expressed family planning, no changes or adjustments were made to the therapeutic agent.

Conclusion:

For patients with psoriasis of reproductive age, family planning is relevant and should be taken into account in treatment decisions. As primary care providers, dermatologists are important contacts for providing relevant information. They should not miss the opportunity to provide proactively evidence-based information, especially as patients who wish to have children do not always actively address this topic in routine consultations.



Abstract N°: 7827

Patient needs in the care of genital psoriasis

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Introduction & Objectives:

Psoriasis is a lifelong inflammatory skin condition that can affect all areas of the body, including the genitals. Men are more commonly affected by genital psoriasis than women. A genital examination is often uncomfortable for both patients and physicians, leading to a prevalence range of 33% to 63% in various studies. Genital psoriasis may often remain undetected in routine practice. Few tools exist for assessing its severity, such as the static Physician's Global Assessment of Genitalia (sPGA-G) and the Genital Psoriasis Symptoms Scale (GPSS). We aim to develop a self-report questionnaire to better understand patients' perceptions and needs during examinations, helping physicians adjust their approach to better meet patients' expectations.

Materials & Methods:

After obtaining approval from the Ethics Committee of the Christian-Albrechts-University Kiel, we conducted standardized individual interviews with patients (n=6) and physicians (n=3). The survey focused on their experiences, behaviors, and thoughts during the genital examination. Two independent individuals analyzed the interview transcripts. Based on the responses, which were grouped into main and subcategories, a semi-standardized interview guide was developed for the next phase of the study, involving a larger group of participants.

In this second phase, a total of 10 male and 10 female patients, along with 5 male and 5 female physicians, were interviewed. The findings from this phase informed the development of a self-administered questionnaire, which was subsequently used to survey a larger group of patients (n=355) in routine care.

Results:

Of the 355 patients surveyed, 284 completed the questionnaire in full. Among these, 98 patients (79 male, 19 female) were or are affected by genital psoriasis, and their answers were evaluated for this study. Another patient identified as diverse, and their answers are evaluated separately. At the time of the survey, 95% of patients were receiving treatment for their psoriasis. Of these, 31% reported being "clear," 23% had "almost clear", another 23% had "mild" psoriasis, 17% had a "moderate" condition, and 6% had a "severe" condition. A notable gender difference was observed regarding the discomfort associated with the initial genital examination. Fifty-five percent of female patients found the examination extremely uncomfortable or unpleasant, compared to 45% of male patients. The majority of female patients preferred only to be examined in the genital area upon their own request (42%) or to be questioned solely about genital symptoms (26%). In contrast, 39% of male patients expressed a preference for regular genital examinations. Most patients reported experiencing feelings of shame or stress during the examination. Table 1 provides a comparison of patient needs regarding well-being during the examination by gender, as well as the key characteristics that patients consider important for examiners to fulfill.

Conclusion:

This study highlights the complex challenges of diagnosing and examining genital psoriasis. Despite its

psychosocial and sexual impact, genital involvement is often overlooked in clinical practice. Our findings stress the importance of a gender-sensitive, patient-centered approach to improve care. Women, in particular, are more sensitive to genital examinations and often prefer an examiner of the same sex.

Patient needs regarding well-being during the examination in comparison of gender		
	Female patients (n=19)	Male patients (n=79)
Privacy	35%	18%
Warmth	35%	25%
Communication	70%	57%
Changing room for undressing	10%	9%
Pleasant ambient atmosphere	15%	4%
Music during examination	5%	4%
Privacy screen in the room	25%	5%
Characteristics of the examiners that are important for patients		
Gender of examiner unimportant	30%	73%
Kindliness of the examiner	60%	51%
Trust in the examiner	50%	51%
Continuously exmined by the same physician	35%	20%
Consulted by a same-sex examiner	50%	9%

Table 1: Patient wishes regarding the examination situation and the examiner



Abstract N°: 7829

Choice of a systemic treatment for psoriasis: data from the German Psoriasis Registry PsoBest

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Introduction & Objectives:

Several systemic therapeutic agents are today available for the treatment of psoriasis vulgaris. The aim of this analysis of data from PsoBest was to determine factors that predict the choice of systemic treatment in routine care.

Materials & Methods:

This prospective, multicenter, observational registry study included data from 12,669 patients enrolled in the German Psoriasis Registry (PsoBest) between 2008 and 2022. A multinomial multivariable logistic regression model was used to identify predictors of treatment selection among biologics (IL-23 inhibitors, IL-17 inhibitors, IL-12/IL-23 inhibitors, and TNF inhibitors) and conventional systemic agents (PDE4 inhibitors, methotrexate, and fumaric acid esters). Independent variables included demographics, disease characteristics, comorbidities, prior treatments, and year of prescription. The dataset was split into a training set (80%) for model develop-ment and a validation set (20%) for evaluating predictive accuracy.

Results:

Fumaric acid esters were the most frequently prescribed systemic treatment (n=3,647/12,669; 28.8%) and served as comparator. Biologic prescriptions increased significantly over time, and between 2020 and 2022, IL-23 inhibitors (guselkumab, risankizumab, and tildrakizumab) were the most frequently prescribed drug class (n=1,074/3,034; 64.9%). IL-23 inhibitors were significantly more frequently prescribed for patients with in-flammatory bowel disease, nail psoriasis, psoriatic arthritis, or extensive disease. IL-17 inhibitors (brodalumab, secukinumab, ixekizumab, and bimekizumab) were significantly more commonly used in patients with psoriatic arthritis, nail psoriasis, or long disease duration. Older age, inflammatory bowel disease, and renal insufficiency significantly increased the likelihood of the prescription of the IL-12/IL-23 inhibitor ustekinumab. TNF inhibitors were significantly more commonly prescribed for patients with psoriatic arthritis, inflammatory bowel disease, or hyperlipidemia. HIV, tuberculosis, and prior malignancies significantly increased the likelihood of the pre-scription of the PDE4 inhibitor apremilast. Methotrexate was significantly more frequently used in patients with psoriatic arthritis or Crohn’s disease. Prior treatments showed significant associations with all medication choices. The concordance between the model-predicted treatment class and the actual prescribed treatment was 51.7% (95% confidence interval: 49.8–53.6).

Conclusion:

Prescription of systemic therapies for psoriasis has shifted to biologics in recent years, especially IL-23 inhibi-tors. Well quantifiable factors, such as demographics, disease severity, comorbidities, and previous treatments, can predict about half of treatment decisions. Other factors, such as physician and patient preferences and healthcare system limitations, may also play an important role.



Abstract N°: 7843

Real-world outcomes and drug survival of brodalumab: Results from the German Psoriasis Registry PsoBest

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Introduction & Objectives:

Brodalumab, a human monoclonal antibody that targets interleukin-17 receptor A (IL-17RA), is approved in the US and EU for treatment of adults with moderate-to-severe plaque psoriasis (msPSO). Although brodalumab has demonstrated efficacy and safety in randomized clinical trials for psoriasis, real-world evidence is needed to evaluate its long-term effectiveness and safety in routine care.

Materials & Methods:

This as-observed analysis of the German Psoriasis Registry PsoBest investigated patient profiles, treatment outcomes and drug survival of first-time use of brodalumab over 12 months in adult patients with msPSO with and without PsA (data cut-off: June 30, 2021).

Results:

Out of 12,975 patients registered until June 2021, n= 277 received brodalumab (1.7%). These patients were on average 49.9 years old (sd 14.6) and 69.2% male, starting their treatment with a mean baseline Psoriasis Area and Severity Index (PASI) of 18.0 (sd 11.0) and Dermatological Life Quality Index (DLQI) 12.5 (sd 7.5). N= 29 patients had additionally Psoriatic Arthritis (PsA, 10.8%). Compared to patients who were included in the registry with any biologic during the same period (n= 4,772), brodalumab patients were slightly older (mean age 49.9 vs. 48.0 years), were more often male (69.2 vs 60.7%) with less concomitant presence of PsA (10.8 vs. 30.1%). The PASI was slightly higher at the start of treatment (18.0 vs. 16.3) with comparable impairment of health-related quality of life (mean DLQI 12.5 and 12.7).

Clinician assessment and patient-reported outcomes of the brodalumab cohort indicated a rapid response to brodalumab within the first 3 months, which was maintained until 12 months. In this period, mean absolute PASI decreased from 18.0 (n= 224, month 0, sd 11.0) to 3.0 (n= 120, month 3, sd 5.5) and 2.3 (n= 68, month 12, sd 6.3), and proportion of patients achieving PASI-90 was 58.8% (70 out of 119 patients) after 3 months, increasing to 69.0% (60/87) and 76.5% (52/68) after 6 and 12 months, respectively. Mean DLQI decreased from 12.5 (n= 220, sd 7.5) to 2.2 (n= 114, sd 3.2) and 1.4 (n= 69, sd 3.0). The overall one-year drug survival rate was 76.2%, the mean time to discontinuation was 8.3 months. Out of 277 patients, 41 stopped treatment within the observation period (18.1%). Reasons for discontinuation were mainly loss/lack of effectiveness (47.7%), followed by adverse events (26.8%,) and skin clearance (4.9%). Adverse events reported as reason for discontinuation were reported for 11 patients (n= 19 events), mostly non severe (11/19) and involving the skin and subcutaneous tissue, e.g. erythema, pruritus or rash.

Conclusion:

Brodalumab demonstrated rapid and sustained effectiveness and was well-tolerated over 12 months in patients with moderate-to-severe psoriasis with or without d PsA in the German psoriasis registry PsoBest.



Abstract N°: 7925

Some features of the microflora in patients with psoriasis

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Introduction & Objectives: Increasing incidence of dermatosis at the background of reduced immunological response to the impact of exo- and endogenous pathogenic agents dictate the necessity of a more profound research of the problem. In addition, antibiotic and immunosuppressive therapy led to activation of saprobic and conventionally pathogenic microflora which is believed to play a prevalent role in the development of dermatosis and, in particular, psoriasis.

Objectives: Purpose of the research was to study profile of epidermal microflora on the skin of psoriatic patients and especially on the affected areas in order to determine its impact on the development and course of psoriasis.

Materials & Methods: The research recruited 42 patients aged 19 to 64 years (24 males and 18 females). Duration of psoriatic process ranged between 5 months and 27 years. Progressive stage of dermatosis was diagnosed in 27 patinets, stationary – in 15, and specific onychopathy – in all the cases. All of the assessed previously received conventional therapy. Mean PASI was 24.1 (±2.2). Psoriatic scales and segments for the bacteriological and microbiological investigations were taken from the nail-plates and inoculated on the plain agar and *Sabourand's* medium (with the addition of chloramphenicol). Prior to inoculation local therapy was discontinued. Material for inoculation was obtained from the foci of psoriasis outside prevalent topographic zones for the location of fungal infection, from the areas of intact skin not adjacent to the plagues, and from the areas of prevalent localization of the mycotic process (feet, large folds of skin, nails).

Results: According to the findings of conducted investigations, prevalent components of the profile of epidermal microflora in psoriatic patients were *Staphylococcus aureus* and *Staphylococus epidermidis*.

Conclusion: Data of the reported research have shown that surface of psoriatic efflorescence serves a favourable medium for epidermal microflora. The course of psoriasis in the assessed patients was mostly progradient by character, so bacterial microflora is likely to be a factor of triggering effect on the structure-functional status of the affected and visually intact skin in psoriasis.



Abstract N°: 7931

Changes in microbial landscape of psoriatic patients skin under NBUVB

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Introduction & Objectives: Psoriasis is related to the systemic diseases characterised by a complex of mutually conditioned pathogenetic links (immune, neuro-endocrine, infectious, etc.). Microbiocenosis of both healthy and pathologically altered skin can serve thepoint to assess the health of macroorganism. In chronic dermatoses a qualitative and quantitative change in skin microbial associations is observed. Changes in macroorganismare reflected in disorders of microbial landscape of all skin topographic zones. It should be noted, that the study of microbial skin flora in psoriatic patients is episodic and unstructured. Despite loads of suggested methods and therapeutic means used to treat psoriatic patients, their efficacy remains not high due to the uncertainty of aetiology, disease pathogenesis multi-factority and polymorphism of clinical manifestations. The purpose of our study was to study changes in microbial flora of psoriatic patients skin under NBUVB application.

Materials & Methods: Phototherapy was performed using Daavlin 3 Series PC 311-24 device. Procedures were conducted 3 times a week. The initial dose was 0.1-0.25 J/cm^2 depending on the skin phototype. At each subsequent procedure the dose of irradiation was increased by 0.05-0.1 J/cm^2.Skin microflora was examined by taking smears from affected areas in 47 patients staying under observation. Our control group consisted of 24 healthy individuals.The material was sampled using replica method followed by a microbiological identification of microorganisms.

Results: Microbiological study of skin microflora taken from affected areas in psoriatic patients made it possible to ascertain the prevalence of *S. aureus*, *S. epidermidis, S. saprophyticus*, and *Bacillus* and *Micrococcus genera*.The quantitative composition of microbial skin landscape showed the domination of S. aureus, which concentration increased up to 512.67 ± 34.92 CFU/cm^2 (in healthy individuals – 46.12 ± 3.55 CFU/cm^2, $p < 0.05$).The narrow-spectrum UVB therapy applied to psoriatic patients resulted in a significant inhibition of microbial contamination of the affected skin areas.Specifically, the amount of S. aureus and S. epidermidis in patients was 235.83 ± 24.39 CFU/cm^2 (before treatment– 415.81 ± 14.25 CFU/cm^2 $p < 0.05$) and 42.38 ± 1.95 CFU/cm^2 (before treatment– 93.40 ± 5.38 CFU/cm^2, $p < 0.05$).

Conclusion: Considering the results of our study, it has been established that narrow-band phototherapy produced an accentuated corrective effect on the skin microbial landscape of affected areas in psoriatic patients. A quantitative analysis of skin microorganisms can be used as a prognostic test used to determine nonspecific defence factors at different stages and at different forms of dermatosis prevalence.



Abstract N°: 7970

Assessing clinical features, disease severity and work productivity in pustular psoriasis: An analysis from the PPBest registry.

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Introduction & Objectives:

Palmoplantar pustulosis (PPP), acrodermatitis continua of Hallopeau (ACH), and generalized pustular psoriasis (GPP) are chronic pustular skin diseases. While PPP and ACH are localized forms, with PPP affecting the palms and soles and ACH the fingers and toes, including the nail apparatus, GPP is a very severe disease affecting the entire integument. Compared to plaque psoriasis, we have limited knowledge of the disease characteristics, comorbidities, quality of life and impact on productivity of PPP, ACH and GPP.

Materials & Methods:

The PPBest registry is a non-interventional database monitoring adult patients with the pustular diseases PPP, ACH and GPP. Disease characteristics, comorbidities, disease severity, treatment, and quality of life were recorded at baseline and at follow-up visits across five German university centers.

The impact of pustular psoriasis on work productivity and daily activities was assessed using the Work Productivity and Activity Impairment (WPAI) index, and associations with disease activity scores, including the Palmoplantar and Generalized Pustular Psoriasis Area and Severity Index (PPPASI, GPPASI), and the Dermatology Life Quality Index (DLQI), were explored.

Results:

A total of 115 patients (84% female, 16% male) were included with an average age of 57 years. The mean baseline scores for PPPASI, GPPPASI and DLQI were 8.7, 6.5 and 9.2, respectively.

Baseline WPAI scores of the first 78 PPP patients reflected significant productivity impairment, with absenteeism averaging 14.4%, presenteeism 19.7%, overall work impairment 16.3%, and activity impairment 34.3%. PPPASI showed significant associations with absenteeism ($r = 0.634$, $p < 0.001$), presenteeism ($r = 0.592$, $p < 0.001$), and activity impairment ($r = 0.429$, $p = 0.01$). DLQI similarly correlated with WPAI scores, particularly absenteeism ($r = 0.503$, $p = 0.003$), presenteeism ($r = 0.496$, $p = 0.003$), and activity impairment ($r = 0.817$, $p < 0.001$).

Conclusion: Correlations between WPAI, PPPASI, and DLQI of the first 78 PPP patients indicate that a higher disease burden is associated with greater productivity and activity impairment. These findings underscore the importance of effective disease management to reduce productivity losses and enhance quality of life.



Abstract N°: 8061

Environmental and Socioeconomic Determinants of Psoriasis Risk: A Machine Learning Study Using the Canadian CanPath Cohort

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Introduction & Objectives: Psoriasis (PsO) is a chronic inflammatory skin disease affecting 2–4% of the population globally and associated with substantial physical, psychosocial, and economic burden. Given that only ~30% of PsO cases report a family history, modifiable environmental exposures, lifestyle, occupation and socioeconomic context—collectively termed the exposome—may play a critical role in disease onset. This study evaluated whether exposomic features can predict PsO diagnosis using high-resolution geospatial and individual-level data.

Materials & Methods: We conducted a cross-sectional study following STROBE guidelines using baseline data from the Canadian Partnership for Tomorrow's Health (CanPath), linked by 6-digit postal code to environmental exposures from the Canadian Urban Environmental Health Research Consortium (CANUE). Adult participants with self-reported physician-diagnosed PsO (n=13,359) were matched 1:1 to controls by age and sex. Over 400 CANUE features (e.g., air quality, weather, greenness, urban form, deprivation) were considered. Additional individual-level data included demographics, socioeconomic status, occupation, family history of PsO, lifestyle (e.g., smoking, alcohol), and comorbidities. Extreme Gradient Boosting (XGBoost) was applied to predict PsO diagnosis. The main model included only exposomic variables. Sensitivity analyses incorporated PsO family history and skin-related comorbidities.

Results: Among 26,718 participants (13,359 with psoriasis and 13,359 age- and sex-matched controls; mean age 55.4 years; 59% female), the exposome-based model identified key environmental and socioeconomic predictors of psoriasis. The final XGBoost model, based on 11 top features, achieved an AUC of 0.63 [Confidence Interval (CI): 0,622-0.638]. Higher psoriasis risk was associated with colder climate—fewer heat events, more snowfall, longer rain duration—and reduced residential greenness.

Smoking history (≥100 cigarettes) emerged as a strong predictor and clustered with deprivation-related variables, suggesting combined behavioral and socioeconomic risk. In the sensitivity analysis, the AUC increased to 0.78 [CI:0.778-0.791], with PsO family history ranking among the top 3 predictors alongside key environmental variables.

Conclusion: Exposomic variables—comprising environmental and socioeconomic conditions—play a central role in psoriasis risk. Key predictors reflected not only climate and land use, but also structural inequities, with smoking acting as a proxy for broader deprivation. While clinical factors such as family history modestly improved model performance, most of the predictive power stemmed from upstream exposures.

These findings reframe psoriasis as a disease shaped by social and environmental context, underscoring the need for prevention strategies that extend beyond genetics and clinical care. Public health efforts targeting modifiable exposures could help mitigate risk and reduce disparities in psoriasis burden.



Abstract N°: 8109

Personalising psoriasis treatment using artificial intelligence predictive models – a pilot study.

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Introduction & Objectives:

While multiple studies have attempted to identify predictors of treatment response for inflammatory skin diseases, easily applied, cost-effective methods are not available. Machine learning is a subspecialty of artificial intelligence with potential applications in dermatology. The DINUP study is a randomized controlled trial investigating the effectiveness of sitagliptin combined with narrow-band ultraviolet-B (NB-UVB) for psoriasis.

Materials & Methods:

We used data from 118 participants to train a predictive machine-learning model. The model was designed to predict PASI50 and PASI75 response at 24 and 36 weeks, using baseline values including demographics, clinical measurements and laboratory results. Initial results had low predictive accuracy using random forest, gradient boosted machine and logistic regression models.

Results:

Correcting for highly correlated variables and unbalanced data points, a final random forest model correctly predicted PASI75 achievement in 84% of cases. The Area Under Curve, a measure of overall predictive ability (where 1.0 is perfect and 0.5 is no better than chance), was 0.84. Positive predictive value was 0.89, sensitivity 94%, and specificity 62.5%. Variable importance analysis identified cumulative NB-UVB exposure and proportion of life with psoriasis as factors influencing response. Alanine aminotransferase, lipids, and inflammatory markers were also highlighted as variables of importance.

Conclusion:

In summary, this machine-learning model predicts response to NB-UVB based on pre-treatment values in 84% of cases and identifies factors important in predicting treatment response that may not have been considered in treatment decisions previously.

Validation on larger datasets is required prior to use of the model in clinical practice. Nonetheless, this represents an exciting step in the personalisation of treatment plans in psoriasis.



Abstract N°: 8129

TB screen for biologics of IL-17 and IL-23 inhibitors: do or NOT do?

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Introduction & Objectives:

Psoriasis presents as a chronic systemic inflammatory condition, with its pathogenesis being underpinned by inflammatory pathways such as TNF-α and interleukins like IL-17, IL-12, and IL-23. Over the past two decades, the emergence of biologic therapies has brought about substantial enhancements in treatment outcomes. However, immune suppression continues to represent a significant challenge. By targeting distinct pathways, inhibitors directed against IL-12/IL-23 (ustekinumab), IL-17 (secukinumab, ixekizumab), and IL-23 (guselkumab) have demonstrated divergent effects on the risk of tuberculosis infection(TBI).

This investigation seeks to assess the risk of tuberculosis infection (TBI) in individuals with psoriasis undergoing treatment with IL-17 and IL-23 inhibitors. To achieve this objective, an observational retrospective study was undertaken on patients referred to our center at the Dermatologic Clinic of the University of Zhejiang, China.

Materials & Methods:

This single-center retrospective cohort study incorporated adult patients with plaque psoriasis who underwent treatment with ustekinumab, secukinumab, ixekizumab, or guselkumab. Tuberculosis infection (TBI) was classified as positive T-SPOT.TB results (≥6 spots). The analysis incorporated both T-SPOT.TB variations and TBI risk factors.

Results:

In the evaluation of TBI risk factors, a cohort comprising 198 psoriatic patients with a negative baseline T-SPOT.TB was analyzed, disclosing a TBI prevalence of 15.4%. Logistic regression analysis revealed that age ≥ 46 years and BMI below < 24.0 kg/m^2 were independent risk factors for TBI.

Conclusion:

The data suggests that IL-17 and IL-23 inhibitors may not trigger tuberculosis activation in psoriatic patients. This finding could potentially diminish the requirement for routine TBI screening and preventive treatment for tuberculosis.

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Abstract N°: 8193

Chemotherapy-induced Psoriasiform eruption in Hodgkin's lymphoma: Diagnostic dilemma and therapeutic challenges

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Introduction & Objectives:

Subungual hematoma, typically resulting from trauma, may present as longitudinal pigmented bands, clinically mimicking subungual melanonychia. Despites dermoscopic advancements, diagnostic challenges may persist, risking unnecessary biopsies or delayed malignancy detection. This case highlights essential differentiating criteria and proposes a stepwise diagnostic algorithm to minimize invasive procedures for benign lesions.

Case report:

A 23-year-old male soccer player presented with a 15-day history of pigmented banding on the left great toenail. No melanoma risk factors were identified. Clinical examination revealed a 6 mm homogeneous brown-black pigmented band, with well-defined borders in some areas and blurred margins in others. The band extended longitudinally from the proximal nail fold to the free edge, accompanied by peripheral discoloration on both sides of the band, distal and lateral onycholysis indicating partial nail plate detachment. No Hutchinson sign was observed. There was associated periungual inflammation characterized by erythema, edema, warmth, and tenderness.

Dermoscopy demonstrated a homogeneous, violaceous-black longitudinal pattern approximately 5 mm in width, with blackish streaks and peripheral whitish discoloration. Additional findings included a lighter proximal margin, granular leukonychia, distal onycholysis, and nail plate detachment revealing whitish longitudinal striae. Notably, no features suggestive of malignancy were identified: no micro-Hutchinson sign, no irregular longitudinal band, no ulceration, no vascular structures, and no proximal triangular widening.

Based on clinical and dermoscopic features, the diagnosis of a subungual hematoma associated with retronychia —likely related to sports activity—was made. Management consisted of therapeutic abstention for the hematoma and topical corticosteroids or the retronychia as well as with regular monitoring.

Conclusion:

In certain cases, diagnosing subungual hematoma can be challenging. Typically, it involves the distal portion of toenails and displays, under dermoscopy, a homogeneous globular pattern, with variable but predominantly violaceous-black coloration. Characteristic features also include peripheral discoloration, periungual hemorrhage, whitish longitudinal striae, and an irregular yellowish distal margin.

Conversely, melanonychia more commonly affects fingernails, involves the entire nail length, and appears predominantly brown in color. Malignant dermoscopic features may include micro-Hutchinson sign, irregular spacing and thickness of longitudinal lines, proximal triangular widening of the band, vascular structures, ulceration, and nail dystrophy.

Evaluation of pigmented nail lesions should systematically follow a two-step approach: first, identification of features suggestive of subungual hematoma; second, exclusion of malignant criteria. Dermoscopy plays a crucial role by enabling accurate diagnosis, preventing unnecessary biopsies, and ensuring appropriate longitudinal

monitoring.



Abstract N°: 8207

The efficacy and predictors of response to the 150 mg dosing regimen of secukinumab in Vietnamese patients with moderate-to-severe plaque psoriasis: a single-arm clinical trial

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Introduction & Objectives:

While the standard dose of secukinumab for moderate-to-severe plaque psoriasis is 300 mg, the FDA allows a reduced dose of 150 mg in selected patients. In Vietnam, limited access and high treatment costs necessitate dose optimization without compromising efficacy. This study aimed to evaluate the effectiveness of the 150 mg secukinumab regimen and identify predictive factors associated with treatment outcomes.

Materials & Methods:

This single-arm clinical trial enrolled adult patients with moderate-to-severe plaque psoriasis. All patients received subcutaneous secukinumab 150 mg at weeks 0, 1, 2, 3, 4, and every 4 weeks thereafter. Baseline data included age, sex, and body weight. Disease severity and quality of life were assessed using PASI, DLQI, and IGA2011 scores at baseline and monthly for 16 weeks. Safety data were also collected. Predictors of response were analyzed using univariate and multivariate models, with ROC analysis for threshold identification.

Results:

Thirty-two patients were enrolled. Clinical improvement was observed as early as week 3. At week 12, 90.6% achieved PASI 75. By week 16, PASI 90 and PASI 100 were achieved by 25.0% and 90.7% of patients, respectively. Significant reductions in DLQI and IGA2011 scores were also noted. Body weight ≥59 kg was identified as an independent predictor of not achieving PASI 90 at week 16 (sensitivity: 75%, specificity: 79.2%; AUC: 0.729). Adverse events occurred in 9.4% of patients, none of which led to treatment discontinuation.

Conclusion:

The 150 mg secukinumab regimen demonstrated favorable efficacy and safety in selected Vietnamese patients with moderate-to-severe plaque psoriasis. Body weight under 59 kg was associated with better clinical response. This regimen may serve as a cost-effective option in low-resource settings.



Abstract N°: 8208

Pustular Psoriasis in Children: A Case Series of Four Patients

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Introduction & Objectives:

Pustular psoriasis is a rare and severe form of psoriasis, more frequently reported in adults but occasionally seen in children, where it poses substantial diagnostic and therapeutic challenges. It is characterized by erythematous, inflamed skin covered with sterile pustules and may be accompanied by systemic symptoms such as fever and malaise. Pediatric cases are particularly uncommon, and their management often requires systemic therapy and close monitoring. This case series aims to describe the clinical presentation, diagnostic approach, therapeutic management, and outcomes of four pediatric patients with pustular psoriasis hospitalized in our dermatology department.

Materials & Methods:

We conducted a retrospective review of four pediatric patients diagnosed with pustular psoriasis and admitted to our dermatology unit. Data collected included age, sex, medical history, clinical features, diagnostic workup, treatment regimens, and patient outcomes. Diagnosis was made based on clinical presentation, supported by laboratory findings and response to treatment. All patients were managed with systemic therapy and monitored for both clinical and biological improvement.

Results:

The study included four children (three boys and one girl), aged 9, 10, 15, and 17 years. Two patients had a known history of plaque psoriasis. All presented with generalized dry erythroderma and scaling, with sterile pustules diffusely distributed on the body. Mucosal involvement was absent in all cases. One female patient exhibited flaccid bullae on the thighs with a positive Nikolsky sign, suggestive of staphylococcal scalded skin syndrome; she responded favorably to antibiotic therapy. Scalp involvement with thick crusted plaques was observed in three patients. All presented with high-grade fever (up to 39°C) and general systemic deterioration. Laboratory findings supported an inflammatory state in all cases. Treatment with oral acitretin led to significant improvement in three patients. One patient, previously unresponsive to methotrexate and acitretin, was switched to isotretinoin and showed a partial clinical response. No major adverse effects were observed during hospitalization. The mean duration of hospitalization was 10 days.

Conclusion:

Pustular psoriasis in children, although rare, is a potentially life-threatening condition requiring early diagnosis and systemic therapy. Prompt intervention with oral retinoids such as acitretin remains a cornerstone of treatment and has shown favorable outcomes in most pediatric patients. In refractory cases, alternatives like isotretinoin or biologics may be considered. Differential diagnoses must be carefully ruled out, especially infectious or drug-induced dermatoses. This case series emphasizes the importance of individualized treatment planning and long-term follow-up to manage potential complications and recurrences. Increased awareness and further research are essential to refine treatment protocols and improve pediatric patient care in pustular psoriasis.



Abstract N°: 8308

De novo versus secondary pustular psoriasis: What differences ?

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Introduction & Objectives:

Pustular psoriasis is a rare but severe form of psoriasis, characterized by sterile pustules on an inflammatory background. It can occur de novo in patients with no prior history of psoriasis, or secondarily in those with a pre-existing form of the disease. Distinguishing between these two entities is crucial to ensure personalized care for patients.

Materials & Methods:

We conducted a retrospective descriptive study over a five-year period in our dermatology department, including all hospitalized cases of pustular psoriasis. The primary objective was to perform a comparative analysis between de novo and secondary cases.

Results:

A total of 45 cases of pustular psoriasis were recorded, including 17 de novo and 28 secondary cases. The mean age of patients was 30 years in both groups, with a female predominance. Recent infections preceded the pustular flare in 3 de novo and 10 secondary cases ($p = 0.49$). Medication intake was noted in 47% of de novo and 50% of secondary cases ($p > 0.99$), with systemic corticosteroids being the leading trigger (40%), followed by penicillin (35.5%), across both groups. Abrupt discontinuation of treatment was observed in 21.43% of secondary cases. Two pregnancies were reported in the secondary group. Toxic habits were found in 13% of both groups. The average time before the pustular shift in secondary forms was 12 years. The onset was predominantly acute, and general symptoms were more frequent in de novo than in secondary cases (47% vs 32.1% ; $p \approx 0.34$). The average affected BSA was 66%, with over 70% of cases presenting with generalized pustular psoriasis, likely reflecting a selection bias toward more severe presentations. Joint involvement was more common in de novo cases (35.3% vs 21.4% ; $p \approx 0.31$). Respiratory and gastrointestinal complications occured in only 1 de novo case. Topical treatment was used in all cases, combined with systemic treatment in 60%. Outcomes were favorable in 41.2% of de novo versus 53.6% of secondary cases ($p \approx 0.57$), with adherence issues being the main cause of failure. While no statistically significant differences were observed across the compared variables, the limited sample size likely reduced the ability to detect meaningful clinical patterns.

Conclusion:

Triggers for pustular psoriasis, whether de novo or secondary, are multifactorial and often interrelated. They include infections, predominantly viral (HIV, VZV, EBV, etc.) or bacterial (Staphylococcus, Streptococcus, etc.), as well as medication, whether routine drugs (corticosteroids, penicillins, beta-blockers, ACE inhibitors, NSAIDs, etc.) or biologics and targeted therapies. Other triggers include stress, toxic habits, hypocalcemia, and pregnancy. In secondary forms, additional factors may contribute, such as skin trauma due to the Koebner phenomenon, excessive sun exposure or inadequate phototherapy, and abrupt discontinuation of topical or systemic treatment. Both forms present clinical similarities, however, due to its sudden onset, de novo pustular psoriasis can be associated with more pronounced general symptoms, and lead to relatively severe systemic complications (pulmonary, renal, gastrointestinal, etc.). Management depends on the clinical presentation, primarily determined

by lesion extent. Conventional systemic treatments, such as retinoids, methotrexate, or cyclosporine, are recommended for generalized forms ; biologic agents are also promising therapeutic options.



Abstract N°: 8345

Recurrent Aortic Ruptures in Severe Psoriasis: A Rare but Life-Threatening Complication

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Introduction & Objectives:

Psoriasis is a chronic inflammatory disease primarily affecting the skin, but it can also involve other organs, including the vascular system. **Though rare, vascular complications, particularly involving the aorta, can be severe and life-threatening.** We present a rare case of recurrent aortic ruptures in a patient with severe plaque psoriasis, highlighting the potential mechanisms and clinical challenges.

Materials & Methods:

A 50-year-old man with a 6-year history of plaque psoriasis presented with four episodes of abdominal aortic aneurysm rupture. **Each episode coincided with severe psoriatic flares and diffuse joint pain, without any clear triggering factors.** He underwent an aortobifemoral bypass graft, which later failed during a subsequent severe psoriatic flare. **Histopathology of the resected aortic wall showed non-specific chronic inflammation, without signs of infection or defined vasculitis.** Initial methotrexate therapy provided temporary stabilization, but the patient discontinued it, leading to further vascular events.** Given the high risk of infection, the graft was ultimately ligated to prevent further

Results:

Despite multiple surgeries, the patient continued to experience recurrent vascular complications.**Histology revealed dense inflammatory infiltrates, destruction of the elastic lamina, and granulomatous changes in the aortic wall, consistent with chronic inflammation linked to psoriasis.** Despite corticosteroid therapy, progressive vascular damage continued, ultimately necessitating graft ligation to prevent catastrophic rupture.

Conclusion:

This case underscores the risk of severe vascular involvement in psoriasis, emphasizing the need for a multidisciplinary approach to manage both skin and vascular manifestations.** Early recognition and aggressive management of vascular complications in severe psoriasis are critical to preventing life-threatening outcomes.



Abstract N°: 8352

Transcriptomic identification of immune-related hubs as predictor biomarkers oftherapeutic response in Psoriatic Disease

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Introduction & Objectives:

Psoriasis is a chronic inflammatory skin disease driven by overactive

immune system, leading to rapid excessive skin cell growth. Genetic, environmental,

and immune factors, particularly cytokines, contribute to its development. While

biologics like adalimumab (anti-TNFα) and risankizumab (anti-IL-23) have improved

outcomes, patient response variability remains unclear. This study analyzed

transcriptomic differences between lesional (L) and non-lesional (NL) psoriatic skin,

focusing on immune-related hub genes and their plasma levels, and their correlation

with clinical parameters and treatment response.

This study analyzed transcriptomic differences between lesional (L) and non-lesional (NL) psoriatic skin, focusing on immune-related hub genes and their plasma levels, and their correlation with clinical parameters and treatment response.

Materials & Methods:

Thirty-four patients with moderate-to-severe plaque psoriasis were enrolled

before treatment with anti-IL-23 (n=18) or anti-TNFα (n=16). Plasma and paired L and

NL skin biopsies were collected for RNA sequencing to identify immune-related DEGs.

Protein-protein interaction networks identified hubs genes and their plasma levels

were correlated with disease severity and treatment response.

Results:

Gene Ontology enrichment analysis of immune-related processes was conducted using ClueGO and found 4 immune-related GO terms enriched in L skin compared to NL (T-helper 17 type immune, granulocyte chemotaxis, antimicrobial humoral response, and lymphocyte chemotaxis). A protein-protein interaction network identified ten immune-related hub genes (IL-6, CXCL8, CXCL10 and CCL20) upregulated in L skin and correlated with clinical severity. Patients with prior treatments expressed distinctive gene profiles, (IL-6 and CXCL8). Plasma levels of hub proteins (CCL20, CXCL13 and IL-6) were elevated in psoriatic patients compared to healthy donors, with CCL20 levels showing a strong correlation with disease severity. Decision tree models identified the expression of CCL20 in skin and the plasma levels of IL-6 and CXCL8 as key predictors for response to anti-TNFα therapy. Similarly, skin expression of CXCL8, IL-6, and CXCL10, alongside plasma levels of CCL20, IL-6, and CXCL8, were highlighted as key predictors for response to anti-IL-23 therapy.

Conclusion:

We found four immune-related biological processes enriched in L skin from psoriatic skin and ten immune-related hubs may serve as biomarkers for disease severity as well as for anti-TNFα or anti-IL-23 treatment response.



Abstract N°: 8361

Genital psoriasis - cliniclal picture and dermoscopy

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Introduction & Objectives:

Psoriasis is one of the most common dermatoses, affecting up to 3% of the population [Griffiths CEM, et al., 2021]. The genital area can be involved during the lifetime in 60% of patients with psoriasis [Meeuwis KAP, et al., 2018], and in 75% of patients with the inverse form of the disease [Wang G, et al. , 2005]. Isolated anogenital lesions are rarely observed - no more than 2-5% of patients [Gisondi P, et al., 2020]. Diagnosis of genital psoriasis is difficult, and recognition of dermatosis in isolated genital lesions can take up to four and a half years [Kapila S, et al., 2012]. The purpose of the study was to evaluate the clinical and dermoscopic manifestations of genital psoriasis and combined lesions of the genitals, perianal area, and other localizations.

Materials & Methods:

We observed 377 patients with anogenital dermatoses. The frequency, gender, severity of psoriasis (SPGAG, The Static Physician's Global Assessment of Genitalia [Merola JF, et al., 2017]), the involvement of other skin sites, and dermoscopy were assessed. Since the SPGAG scale does not take into account the involvement of the pubic skin, inguinal folds, perianal area, and intergluteal fold, these localizations were additionally introduced to assess the extent of the process

Results:

Genital psoriasis was diagnosed in 32 (8.5%) of 377 patients, ranking fourth (after lichen sclerosus, lichen planus, and plasma cell balanitis) in the structure of diseases in men and fifth (after lichen sclerosus, lichen planus, plasma cell vulvitis, and simple dermatitis) in women, its proportion was 13.6% and 3.5%, respectively.

The disease involved the labia majora and the glans penis in 83.3% and 80% of cases, respectively. The perineum and perianal area were affected in 27.8% and 61.1% of females compared to 6.7% and 20%, respectively, in males. Concomitant involvement of the labia majora and minora and perianal area resembled the figure of eight in 44.4% of females. In three patients, the process was complicated by irritant dermatitis, associated in 2 cases with urinary incontinence. One patient had a combination of psoriasis localized on the labia majora and lichen sclerosus in the area of the labia minora and clitoris.

Genital lesions were combined with those on the scalp equally often in men and women (26.7% and 33.3%, respectively). Affection to the skin of the extensor surfaces of the elbow joints were diagnosed in 22% and 20%, nail plates and axillary folds in 13% and 5-6%, torso 22% and 13%/ respectively.

The histological picture was informative in 60% of cases but taking into account clinical and morphological comparison. The most common symptom on dermoscopy was a monomorphic vascular pattern with dotted vessels ("red globules") and uniform distribution (the symmetrical and homogenous arrangement) of vessels jo the light red background.

Conclusion:

Genital psoriasis is a relatively common disease of the anogenital region and affects both men and women. Its diagnosis is difficult due to its clinical and morphological complexity. Key features include involvement of the vulva and perianal area in a figure 8, association of genital and scalp lesions, and a monomorphic vascular pattern on dermoscopy.



Abstract N°: 8364

The impact of climate change on chronic Inflammatory skin diseases: A focus on eczema and psoriasis

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Introduction & Objectives:

Climate change is an emerging global health crisis influencing a wide spectrum of diseases, including chronic inflammatory skin conditions. Atopic dermatitis and psoriasis are increasingly affected by rising environmental stressors like air pollution, extreme temperatures, humidity shifts, and psychological stress linked to climate instability. To investigate the effects of climate change-related environmental exposures on the prevalence, severity, and clinical management of eczema and psoriasis.

Materials & Methods:

A focused literature review of peer-reviewed studies from 2018 to 2024 was conducted using databases such as PubMed, WHO reports, and dermatology-specific journals. Keywords included “climate change,” “psoriasis,” “eczema,” “air pollution,” and “skin inflammation.” Both mechanistic and epidemiological data were analyzed.

Results:

Climate change significantly alters the burden of inflammatory skin diseases. High temperatures and increased UV exposure disrupt skin barrier function, while rising levels of pollutants such as PM2.5 and ground-level ozone promote oxidative stress and inflammatory pathways. Heat and air pollution are associated with increased flare frequency and disease severity in both eczema and psoriasis. Additionally, climate-induced psychological stress has been shown to worsen symptoms through neuroimmune mechanisms. Vulnerable populations—including children, the elderly, and individuals in urban environments—exhibit heightened sensitivity.

Conclusion:

Dermatologists must acknowledge climate change as a contributing factor to the burden of inflammatory dermatoses. Proactive strategies include integrating environmental risk assessment into patient care, advocating for air quality improvements, and educating patients on protective behaviors. Climate-resilient health systems and further research on climate-skin interactions are urgently needed.



Abstract N°: 8390

High Body Mass Index (BMI) psoriasis is associated with higher prevalence of cardiometabolic disease, psoriatic arthritis, and systemic inflammation.

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Introduction & Objectives: Psoriasis and obesity share inflammatory pathways and are thought to have a bidirectional relationship with overlapping comorbid complications that can impact overall patient health. In this analysis, we evaluated baseline data from 17 clinical trials of patients with moderate-to-severe psoriasis to assess baseline comorbidities across the BMI spectrum.

Materials & Methods: This integrated data set included 17 randomized clinical trials on psoriasis described by *Lebwohl et al., 2025*. Participants were adults with moderate-to-severe psoriasis. Baseline comorbidities and disease severity were analyzed by the following BMI groups ≥18.5 to <25 (Normal), ≥25 to <30 (Overweight), and ≥30 (Obesity). The non-parametric Mann-Whitney U test was used to statistically compare differences between the Obesity or Overweight groups *vs* the Normal BMI group, with p-value ≤0.05 signaling statistical differences.

Results: Among a total of 7029 trial participants, BMI groups included 1710, 2291, and 3028 participants in the Normal BMI, Overweight and Obesity categories, respectively. Mean BMIs (Kg/m2) were 36.7, 27.5 and 22.5 for Obesity, Overweight and Normal BMI groups respectively.

Participants with Obesity and Overweight had statistically significantly higher baseline prevalence of comorbidities: hypertension in Obesity (41.7% [40.0%; 43.5%]) and Overweight (24.5% [22.7%; 26.2%]) groups *vs* Normal BMI (10.8% [9.3%; 12.3%]) group: hyperlipidemia in Obesity (25.2% [23.6%, 26.7%]) and Overweight (16.8% [15.2%; 18.3%]) groups *vs* Normal (8.3% [7.0%, 9.6%]) BMI group; diabetes in Obesity (16.9%, [15.6%; 18.2%]) and Overweight (8.1%, [7.0%; 9.2%]) groups *vs* Normal BMI (3.5%, [2.6%; 4.4%]) group; cardiovascular disease in Obesity (3.1% [2.5%; 3.8%]) and Overweight (2.0% [1.4%; 2.5%]) groups *vs* Normal BMI (0.9% [0.5%; 1.4%]) group; asthma in Obesity (7.3% [6.4%; 8.2%]) and Overweight (4.1% [3.3%; 4.9%]) groups *vs* Normal BMI (3.6% [2.7%; 4.5%]) group; metabolic dysfunction-associated liver disease in Obesity (3.4%[2.7%; 4.0%]) group *vs* Normal BMI (0.9% [0.4%; 1.3%]) group. No significant difference was observed between the Overweight and Normal BMI groups for metabolic dysfunction-associated liver disease.

Psoriatic Arthritis (PsA) baseline diagnosis was higher in Obesity (23.6% [22.1%; 25.2%]) and Overweight (18.2% [16.6%; 19.8%]) groups *vs* Normal BMI (14.5% [12.8%; 16.2%]) group. CRP levels (C-Reactive Protein (Mean mg/L(SD)) levels were also significantly higher in Obesity (7.6(10.6), p <0.001) and Overweight (4.2(7.0), p <0.001) groups *vs* Normal BMI (4.1(11.3)) group.

Measures of psoriasis severity including Static Physician's Global Assessment (sPGA) score and Psoriasis Area and Severity Index (PASI) were significantly higher in Obesity *vs* Normal BMI groups.

Conclusion: In patients with moderate-to-severe psoriasis, Overweight or Obesity was associated with higher baseline psoriasis severity, cardiometabolic burden, asthma, metabolic dysfunction-associated liver disease, PsA, and systemic inflammation. These burdens underscore the broader unmet healthcare needs in high BMI psoriasis. With new options to manage both moderate-to-severe psoriasis and Overweight or Obesity BMI, there may be an opportunity for dermatologists to intervene to modify the overall health and disease of patients with both moderate-to-severe psoriasis and Overweight or Obesity BMI.

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Abstract N°: 8463

Aiming for the Bullseye in Real-World Psoriasis Management: Introduction of a Digital Psoriasis Dartboard, and Focus on Linking Subjective with Objective Disease Severity Scores

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Introduction & Objectives:

Psoriasis management is complex and requires both objective and subjective assessment. To enhance the latter, we send digital questionnaires, including the Dermatology Life Quality Index (DLQI), to patients before their visit. The results are visualized in the Digital Psoriasis Dartboard (Figure 1), which we introduced in previous work.

In earlier steps of this research, we analyzed the DLQI scores in a cross-sectional group of psoriasis patients at UZ Leuven, exploring variations by gender and age. We identified older age and male sex as significant factors predisposing to lower DLQI scores. In this poster, we will be linking these subjective disease scores to objective disease severity scores such as PASI scores (Psoriasis Area Severity Index), treatment and treatment duration. This will identify whether low objective disease scores are a predisposing factor for low DLQI scores or not. Findings may improve patient management by identifying key factors affecting quality of life (QoL) across different demographic groups.

Materials & Methods:

A total of 665 psoriasis patients were invited to fill out the online DLQI between October 16, 2023, and January 16, 2025. Scores were categorized as follows: 0-1 is considered no impact, 2-5 small impact, 6-10 moderate impact, 11-20 very high impact, and 21-30 extremely high impact on QoL. Responses indicated as 'not relevant', which is possible for 8/10 questions, were scored 0. If one response was missing, it was replaced by the patient's average score on the remaining items (n=1). Questionnaires with ≥2 missing responses were excluded (n=8), resulting in a final dataset of 663 patients.

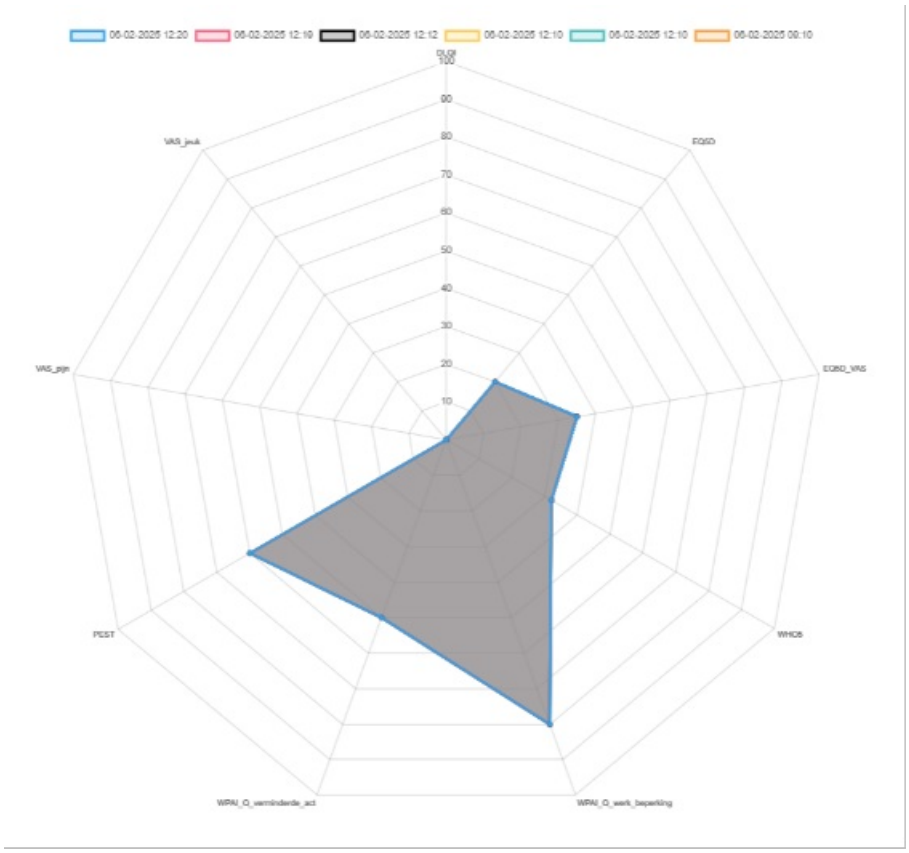
Results:

404 patients (61%) completed the DLQI at least once, of whom 229 at multiple timepoints, yielding 757 completed questionnaires. In previous work we introduced the digital psoriasis dartboard and identified older age and male sex as significant predisposing factors for low DLQI scores. In this poster we will be linking these subjective disease scores with objective disease scores, such as PASI scores, treatment and treatment duration. Full results will be published in this poster.

Conclusion:

This study offers real-world longitudinal insights into QoL of psoriasis patients. By examining whether objective disease scores - such as PASI scores, treatment and treatment duration – are associated with DLQI outcomes, we aim to better understand their impact on patient well-being. These findings will help identify key factors of QoL across diverse demographic groups, supporting more personalized and effective patient management strategies.

Figure 1:


06-02-2025 12:20
06-02-2025 12:10
06-02-2025 12:12
06-02-2025 12:10
06-02-2025 12:10
06-02-2025 09:10
DLQI
EQ5D
EQ5D_VAS
WHO5
WPAI_O_werk_beperking
WPAI_O_verminderde_act
PDST
VAS_pijn
VAS_jeuk
100
90
80
70
60
50
40
30
20
10



Abstract N°: 8524

Real-world 52-week effectiveness and safety of risankizumab in moderate-to-severe plaque psoriasis: a prospective single-centre cohort

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Introduction & Objectives: Real-world prospective evidence on the long-term performance of risankizumab, an IL-23 p19 monoclonal antibody, is scarce.

To assess 52-week effectiveness, safety and patient-reported outcomes in adults with moderate-to-severe plaque psoriasis treated with risankizumab under routine care.

Materials & Methods: Consecutive adults initiating risankizumab between 01 Feb 2021 and 31 Jan 2024 were followed prospectively. Baseline demographics, prior biologic exposure and disease characteristics were recorded. Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI) were collected at baseline, Week 16 and Week 52. Primary endpoint: proportion achieving PASI ≤ 1 at Week 52. Safety events were captured throughout. **Results:** One hundred twenty patients (mean age 54.8 y; 63.4 % male; psoriasis duration 19.4 y) were analysed; 46.8 % had failed ≥1 prior biologic. Baseline mean (SD) PASI and DLQI were 8.8 (5.5) and 8.0 (6.4), respectively. By Week 52, 116/120 (96.4 %) achieved PASI ≤ 1; mean PASI fell to 1.5 at Week 16 and 1.2 at Week 52. PASI 75/90/100 response rates at Week 52 were 98 %, 96 % and 50 %, respectively. Mean DLQI improved to 0.6 at Week 52. Clinical responses were independent of sex, age, obesity, disease duration, presence of psoriatic arthritis or nail disease. No moderate or severe adverse events occurred. **Conclusion:** In routine practice, risankizumab delivers rapid and durable disease control and quality-of-life gains through 52 weeks, with an excellent safety profile, in a representative plaque-psoriasis population.



Abstract N°: 8610

Secukinumab as an Effective Therapeutic Option in Refractory Acrodermatitis Continua of Hallopeau: A Case Report

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Introduction & Objectives: Acrodermatitis continua of Hallopeau (ACH) is a rare, chronic, and often treatment-resistant variant of localized pustular psoriasis, primarily affecting the distal digits and frequently involving the nail. Conventional therapies often fail to achieve sustained remission, and therefore, the management remains challenging. Recent advances in biologic therapy have demonstrated promising efficacy in refractory cases.

Materials & Methods: We report the case of a 61-year-old man with a three-month history of erythema, edema, painful erosions, and pustules affecting the distal phalanges of the fingers, accompanied by partial or complete absence of all fingernail plates. On admission, he also presented with several small, erythematous, scaly plaques on the shins and signs of *lingua scrotalis*. Significant nail and hand involvement led to occupational disability. Histopathological examination confirmed the diagnosis of pustular psoriasis, and the clinical presentation was consistent with *acrodermatitis continua of Hallopeau*. Initial treatment with acitretin at a dose of approximately 0.7 mg/kg/day led to the resolution of pustular lesions and significant improvement in other skin lesions. However, fingernail plates remained absent in the distal regions, while the proximal parts showed dystrophic changes and discoloration. Fifteen months later, following a diagnosis of psoriatic arthritis (PsA) involving peripheral joints, methotrexate was initiated at a dose of 12.5 mg weekly. Four months later, due to only partial improvement with methotrexate and acitretin, secukinumab was introduced into the treatment.

Results: Ten months following the introduction of secukinumab, the patient had complete regrowth of healthy fingernail plates, his joints were pain-free, and the quality of his life significantly improved.

Conclusion: This case highlights the significant challenges associated with managing a patient with both *acrodermatitis continua of Hallopeau* and psoriatic arthritis. The achievement of complete remission following the introduction of secukinumab underscores its effectiveness as a therapeutic strategy. Furthermore, this case illustrates the significant impact of ACH and PsA have on occupational disability and overall quality of life, highlighting the importance of effective management strategies to mitigate the long-term consequences of the disease.



Abstract N°: 8619

Using AI to Predict Progression from Psoriasis to Psoriatic Arthritis in a Real-World Dataset

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Introduction & Objectives: Up to 30% of patients with psoriasis (PsO) progress to psoriatic arthritis (PsA), yet understanding which specific patients will develop PsA remains challenging. This lack of predictability hinders early diagnosis and intervention, especially in dermatology settings in which PsO patients are receiving care. Earlier identification can lead to better clinical outcomes and disease trajectories for these patients, including by aiding physicians in focusing attention and resources. Artificial intelligence (AI) methods are well-suited to identify patterns in complex datasets, including isolating digital phenotypes from patient journeys that may signal future diagnoses. In this study, a real-world dataset was analyzed using a digital phenotyping tool to predict PsO patients' future risk of developing PsA.

Materials & Methods: This study used a subset of a large, multi-source US dataset drawn from linked electronic health record (EHR) data and medical and pharmacy claims (the OM1 Real-World Data Cloud). Within this dataset, two cohorts of patients were identified. The first (the Positive Cohort) comprised patients with diagnosed PsO and subsequent diagnosed PsA; the second (the Non-Positive Cohort), patients with diagnosed PsO and no diagnoses of PsA in their history. Using these groups' structured health history data, including diagnoses, procedures, labs, medications, and demographic information, an AI-based digital phenotyping tool (OM1 PhenOM) was calibrated to isolate a phenotype corresponding to PsO-to-PsA progression. The tool's performance in predicting future PsA using data available at patients' first diagnosis of PsO was assessed.

Results: The Positive Cohort comprised 103,589 patients, and the Non-Positive Cohort comprised 1,035,845 patients. The median time interval between PsO and PsA diagnosis in the Positive Cohort was 1.5 years, with more than one quarter of patients receiving their PsA diagnosis more than 4 years after their PsO diagnosis. The digital phenotyping tool performed well in predicting future diagnosis of PsA as of initial PsO diagnosis, with an area under the receiver-operating characteristics curve (AUC) of 0.78 in testing. Patients assessed at elevated risk were significantly more likely than others to develop PsA in the future. For example, patients in the 99th risk percentile – those at greater PsA risk than 99% of PsO patients – were approximately 6.5x more likely to be diagnosed with PsA in the future.

Conclusion: This study highlights the significant potential of utilizing real-world data and AI-powered digital phenotyping for the prospective identification of PsO patients at elevated risk of developing PsA, potentially years before clinical diagnosis. Strong performance was achieved using data known at patients' first PsO diagnosis. The technology's ability to assign high-risk scores across a range of PsO patients suggests that predictions are based on complex, multifactorial risk profiles. These findings can inform strategies for identifying and engaging higher-risk patients, particularly in dermatology practice settings. The application of this technology holds promise for achieving improved clinical outcomes and better disease trajectories for PsO patients at risk of progression to PsA.



Abstract N°: 8750

Seasonal Variation in Online Searches for Psoriasis: A Five-Year Infodemiological Study Across Hemispheres

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Introduction & Objectives:

Introduction:

Psoriasis is a chronic dermatological condition that may often worsen during colder months. Despite this seasonal variation being well known, there is limited real-time population-level data on when symptoms tend to flare. Google Trends, an open-access platform that can track search volume of specific terms over a given time period, provides an interesting approach to assess when public interest is greatest, and, indirectly, disease burden.

Objective:

To explore seasonal variation in Google search interest for “psoriasis” across five anglophone countries across both northern and southern hemispheres over a five-year period.

Materials & Methods:

This study extracted monthly Google Trends data (from May 2020 – May 2025) for the search term “psoriasis” in the United Kingdom, United States, Canada, Australia, and New Zealand. Relative search volume (RSV) was averaged across countries and analysed for seasonal variation using smoothing, seasonal decomposition, and automated peak detection. Country-level data were also visualised to assess for differences between hemispheres.

Results:

Clear seasonal patterns were identified across all five countries. In the northern hemisphere (USA, UK, Canada), peak RSV occurred from February to April. In the southern hemisphere (Australia, New Zealand), peaks occurred from August to October, showing an inverted seasonal pattern aligned with the winters in that region of the world. Global peak months included April 2021, April 2022, May 2023, and April 2024. Mean RSV remained stable (80–85), with no significant long-term increase or decline.

Conclusion:

Google search interest for the term “psoriasis” consistently exhibits seasonal variation, peaking in colder months across both hemispheres. This pattern reflects known clinical behaviour and suggests the Google Trends may have a role to play as a real-time, population-scale tool for monitoring disease interest in common skin conditions. These insights may consequently help inform the timing of health education campaigns and public health strategies, especially in climates where psoriasis flares tend to be more likely.



Abstract N°: 8782

Dermatology Life Quality Index Among Patients with Psoriasis

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[2]University of Southeastern Philippines, Davao City, Philippines
[3]Southern Philippines Medical Center, Davao City, Philippines
[4]Davao Regional Medical Center, Dermatology, Tagum, Philippines
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[6]MMG-PPC Cooperative Hospital, Puerrto Princesa City, Philippines

Introduction & Objectives:

Psoriasis vulgaris is one of the most common dermatologic diseases in the Philippines. It greatly impacts quality of life among those with the disease. This study aims to determine the factors associated with quality of life of Filipino adult in a tertiary government hospitalin a region outside the country's capital.

Materials & Methods:

A retrospective study analyzed data gathered using the Psoriasis Foundation Philippines Inc. (PFPI) Psoriasis Registry (PsorReg) forms among Filipino adult patients with psoriasis seen in the Dermatology department of a tertiary government hospital from June 2011-October 2018 was done.

Results:

A total of 200 patients who had completed the assessment of disease severity using the PsorReg forms and the dermatology life quality index (DLQI) questionnaire were analyzed. There was equal incidence among men and women. The mean score on the DLQI was 11.62 ± 6.62 while 77% of psoriasis patients reported a moderate to extremely large impact on their quality of life (DLQI > 6). A higher BSA significantly negatively impacted patients' quality of life.

Conclusion:

The quality of life among psoriasis patients in a tertiary government hospital is negatively affected with body surface area. It is vital to not only treat the clinical aspects of the disease but to also address the physical, psychological, and social aspects of the disease as they are all cumulative factors that significantly influence quality of life among psoriasis patients.



Abstract N°: 8913

Association of demographic factors with rate of medication prescriptions and office visits: a cross-sectional analysis of 2014-2022 Medical Expenditure Panel Surveys

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Introduction & Objectives: Psoriasis is a chronic, systemic condition that has a significant physical, mental health, and economic burden. Despite psoriasis affecting patients of all backgrounds, prior research has shown that non-white individuals are associated with more severe presentations of psoriasis. Whether differences in psoriasis severity are underscored by pathophysiological differences, or by differences in access to treatment or care for psoriasis, is unclear. This study investigates the sociodemographic differences associated with prescribing practices and healthcare utilization in psoriasis.

Materials & Methods: We performed a retrospective cohort study using pooled data from years 2014-2022 of patients with an ICD 9/10 diagnoses of psoriasis in the Medical Expenditure Panel Surveys (MEPS), a national survey in the U.S. Data from participant surveys including age, sex at birth, race and ethnicity (non-Hispanic white, Hispanic, and non-Hispanic minorities), education, and geographic location were extracted. Multivariable analyses were used to quantify associations between sociodemographic characteristics and medication prescription rate differences.

Results: A total of 811 participants reported having psoriasis, corresponding to 8,248,818 weighted individuals in the U.S. After adjusting for age, sex, income, census region, education, and health insurance type, there were no differences in the mean number of prescriptions per year for Hispanics compared to non-Hispanic whites (IRR = 1.13, 95% CI: 0.823, 1.56). However, Hispanic whites reported a lower likelihood of receiving biologics (OR = 0.132, 95% CI: 0.0342, 0.512). Overall, Hispanics were more likely to visit a dermatologist for their psoriasis (OR = 2.11, 95% CI: 1.06, 4.21).

Conclusion: Our findings show that Hispanic patients are more likely to visit a specialist (dermatologist) for their psoriasis and have no differences in the mean number of prescriptions received. Despite these findings, Hispanic respondents reported a lower likelihood of receiving a prescription for a biologic. Our study results are especially concerning given prior studies suggesting that Hispanics have higher psoriasis disease severity compared to white individuals. Limitations of our study include a small sample size and variability in self-reported outcomes. Future investigation that identifies systemic barriers, including access or cultural differences, are needed, with the goal of improving psoriasis care.



Abstract N°: 8920

Characteristics, Management, and Outcomes of Latent Tuberculosis Reactivation Following the Use of Biologics for Psoriasis: A Systematic Review

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Introduction & Objectives:

Biologics have shown favorable efficacy and safety in treating psoriasis. However, increasing reports of latent *Mycobacterium tuberculosis* (TB) reactivation have emerged in association with these therapies. This systematic review examines the characteristics, management, and outcomes of TB reactivation in patients receiving biologics for psoriasis.

Materials & Methods:

Following PRISMA guidelines, Embase and MEDLINE databases were searched using specific keywords. Study quality was appraised using the Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence. After independent screening by two reviewers, 22 articles were included, encompassing 34 patients. Evidence included randomized controlled trials (45.5%, 10/22), cohort studies (4.5%, 1/22), and case reports (50%, 11/22).

Results:

Among studies reporting demographic data, the mean patient age was 48.9 years (range: 27-79), with 66.7% (16/24) identifying as female and 33.3% (8/24) as male. Most patients (83.9%; 26/31) had confirmed positive TB screening results, and 66.7% (22/33) received TB prophylaxis, primarily with isoniazid monotherapy (77.8%, 14/18). Only two patients (5.9%) received Bacillus Calmette–Guérin vaccinations. Extrapulmonary TB cases were more commonly reported (61.5%; 16/26) than pulmonary TB (38.5%; 10/26).

The mean duration from biologic initiation to TB reactivation was 445.2 days. Among patients, 14.7% (5/34) used prior biologic therapies, and 32.4% (11/34) received previous systemic treatments. Following reactivation, 47.1% (16/34) discontinued biologics, while one patient (2.9%) continued ustekinumab. Adalimumab was the biologic most commonly associated with TB reactivation, occurring in 26.5% of cases (9/34). Other biologics included etanercept (20.6%, 7/34), infliximab (17.6%, 6/34), secukinumab (14.7%, 5/34), ustekinumab (8.8%, 3/34), ixekizumab (2.9%, 1/34), and guselkumab (2.9%, 1/34). Two cases used combination therapies, involving etanercept with efalizumab (2.9%, 1/34) and etanercept with adalimumab (2.9%, 1/34).

TB resolution was achieved in 56.3% of cases (18/32), with the rifampin, isoniazid, pyrazinamide, and ethambutol (RIPE) regimen leading to resolution in 83.3% of those treated with it (10/12). The average treatment duration was 31.9 weeks. Psoriasis relapse was noted in 4 (12.5%) cases, primarily with RIPE therapy (16.7%, 2/12). No cases of TB reactivation were reported post-resolution. Adverse effects were uncommon, with one (3.1%) case reporting pyrazinamide-related intolerance and another (3.1%) reporting right anterior uveitis and bilateral retinal vasculitis during RIPE therapy. The mean follow-up period was 18.7 months.

Conclusion:

This systematic review underscores that while biologics are effective and generally safe for psoriasis treatment, latent TB reactivation remains a significant clinical concern. Reactivation was most frequently associated with TNF-

α inhibitors but also occurred with IL-17, IL-23, and IL-12/23 inhibitors, likely due to their disruption of immune pathways critical for TB control. Although the RIPE regimen was effective in resolving most cases, psoriasis relapse during treatment highlights the need for integrated, individualized management approaches. These findings reinforce the importance of thorough TB screening, ongoing monitoring, and heightened clinical vigilance in patients receiving biologics

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Abstract N°: 8933

Investigation of Psoriatic Nail Findings by Clinical, Dermoscopic and Capillaroscopic Methods and Their Association with Psoriatic Arthritis

Halime Nur Holoğlu Bulut*[1], Sibel Doğan Günaydın[1]

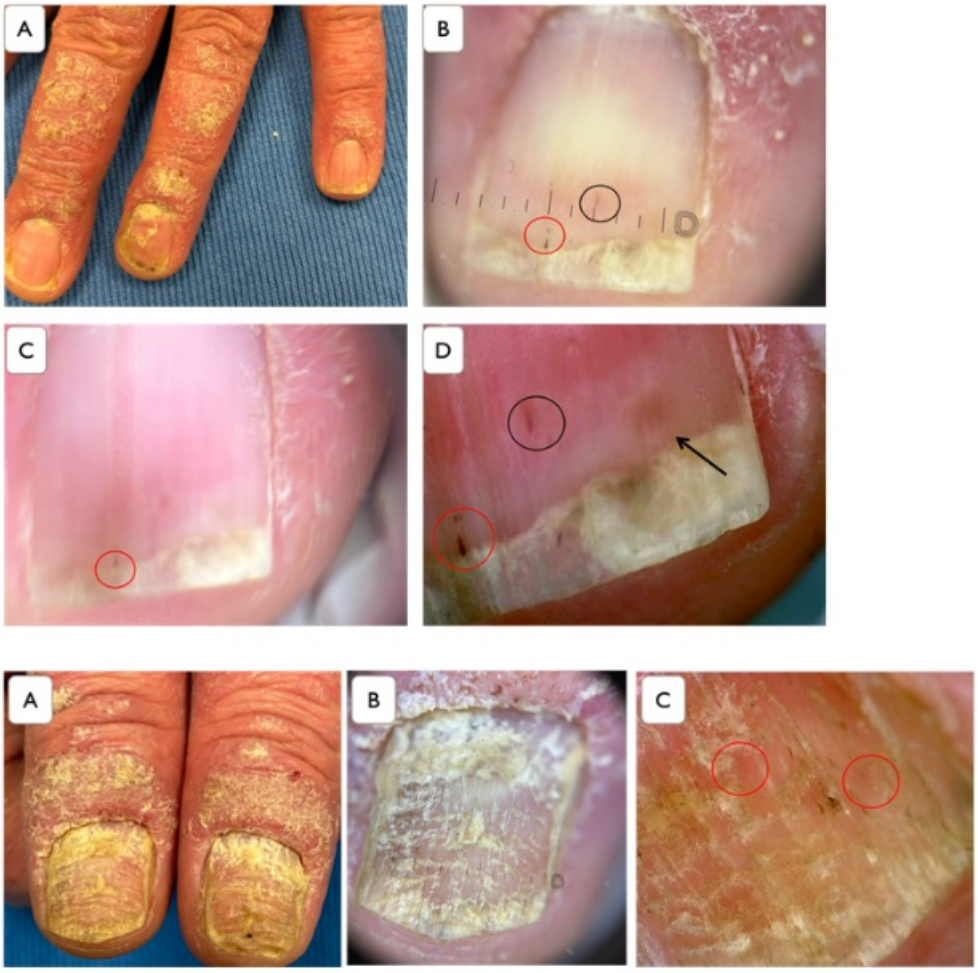
[1]Hacettepe Univercity, Dermatology, ankara, Türkiye

Introduction & Objectives: Psoriasis (Ps) is a chronic, immune-mediated inflammatory skin disease with various involvement sites, including nails and joints (PsA). Nail involvement in Ps ranges between 10% and 90%, and the frequency is even higher in patients with concomitant PsA. This study aimed to assess the prevalence and morphological characteristics of nail findings in Ps patients with and without PsA using clinical examination and imaging techniques such as dermoscopy, digital dermoscopy, and capillaroscopy; to investigate the potential associations of these findings with PsA; and to evaluate the contribution of these methods in determining the severity of psoriatic nail involvement.

Materials & Methods: For this purpose, 70 Ps patients with nail findings and 60 Ps patients with concomitant PsA were included in the study. Psoriatic nail findings of a total of 1300 nails from both hands of 130 patients included in the study were evaluated using clinical examination and non-invasive imaging methods including dermoscopy, digital dermoscopy and capillaroscopy. The** frequency of psoriatic nail findins in patients, their association with psoriatic arthritis, and the diagnostic performance of imaging methods in detecting these findings were analyzed using statistical methods.

Results: Among the 130 patients included in the study, the most frequently observed findings detected in at least one nail and by at least one method were pitting (99.2%), onycholysis (86.9%), and splinter hemorrhage (83.1%). When a total of 1300 nails were examined individually, the most common finding was again pitting (87.4%), followed by onycholysis (37.8%), splinter hemorrhage (30.5%), and subungual hyperkeratosis (27.6%). In Ps patients, nail crumbling (OR: 4.33, p=0.005), onycholysis (OR: 4.75, p=0.011), splinter hemorrhages (OR: 2.67, p=0.051), and oil drop signs (OR: 2.45, p=0.016) were significantly associated with increased PsA risk. The capillaroscopy-supported version of the classic NAPSI scoring system, termed kNAPSI (39.62 ± 15.61), yielded higher scores than the dermoscopic version (dNAPSI: 38.65 ± 15.52), which in turn was higher than the clinical NAPSI score (34.83 ± 15.43). All NAPSI scores were significantly higher in the Ps + PsA group ($p<0.001$). Apart from pitting, all nail findings were observed more frequently with adjunctive imaging techniques than with clinical examination alone. Capillaroscopy was the most effective method for detecting splinter hemorrhages ($p<0.001$), oil drop signs ($p=0.030$), and microvascular damage-related findings ($p<0.001$).

Conclusion: In conclusion, with the use of adjunctive imaging methods, all findings except for pitting were detected at higher rates compared to clinical examination, and the NAPSI, dNAPSI, and kNAPSI scores were observed to increase in sensitivity in that order. The integration of adjunctive imaging techniques into clinical examination is recommended, particularly for the detection of subclinical findings, more objective assessment of nail psoriasis severity, and earlier identification of individuals at high risk for PsA.


A
B
C
D

A
B
C