Abstract N°: ID-6

Topic: Psoriasis

Clinical course of psoriasis in Uzbek patients

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Introduction
Psoriasis is a chronic autoimmune skin disease characterized by excessive proliferation of keratinocytes and the formation of scaly plaques, which may be accompanied by itching, burning, and discomfort. The disease has a multifactorial nature influenced by genetic, immunological, and external triggers.

Objective is to study the clinical and anamnestic indicators in patients with psoriasis and evaluate the clinical course of the disease.

Materials and Methods
We observed 95 patients with psoriasis aged 10 to 64 years, who live in Uzbekistan region. Examined group included 46 males (48%) and 49 females (52%). All patients were measured PASI index (Psoriasis Area and Severity Index) by using FotoFinder ATBM bodystudio.

Results
The patients were distributed across age groups: under 18 years old - 16 patients, 21 to 30 years old - 14 patients, 31 to 40 years old - 15 patients, 41 to 50 years old - 28 patients, over 50 years old- 22 patients

The disease duration was: up to 1 year in 15 patients (16%), 1 to 5 years in 25 patients (26%), more than 5 years in 55 patients (58%). A family history of psoriasis was noted in 37 patients (39%), while 58 patients (61%) had no such familial link.

The types of psoriasis observed among the patients were: plaque psoriasis (vulgaris) in 27 patients (28%), exudative psoriasis in 17 patients (18%), inverse psoriasis in 19 patients (20%), seborrheic psoriasis in 18 patients (19%), pustular psoriasis in 14 patients (15%).

The most frequented comorbid conditions included anemia, gastritis, colitis, and cardiovascular diseases.

According to the PASI: 63% of patients had a moderate psoriasis, 26% had a severe psoriasis, 11% had mild psoriasis.

Conclusions
Psoriasis is more frequently observed in older age groups and is commonly characterized by moderate severity.

Abstract N°: ID-19

Topic: Psoriasis

Association of Thyroid Autoimmunity with Psoriasis

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Introduction
Psoriasis is a chronic, relapsing, multifactorial inflammatory disorder of the skin. Psoriasis has been found to be associated with different autoimmune disorders, Autoimmune Thyroid Disorder is one of them. Several studies have suggested an Association of Psoriasis and it's severity with Thyroid Autoimmunity. This study was conducted to evaluate the Association of Psoriasis with Thyroid Autoimmunity.

Materials and Methods
This case control study was conducted at the Department of Dermatology and Venereology, Bangladesh Medical University, Dhaka from November 2023 to October 2024. A total of 63 patients with Psoriasis and equal number of age and sex matched healthy controls were included. Psoriasis was diagnosed clinically and/or histopatologically under the supervision of expert Dermatologist. Severity of Psoriasis was evaluated by PASI . Data was collected in separated case-record form and analyzed by SPSS version 23. Chi-squared test and Unpaired t-test were used for correlating the variables. A p-value of <0.05 was considered significant.

Results
The mean age of psoriasis patients was 35.4±16.9 years compared to 35.4±16.9 years in the control group and was found to be non-significant (p=1.00), reflecting a similar age distribution. Psoriasis group consisted of 63.5% males and 36.5% females, while the control group had 66.7% males and 33.3% females (p=0.709), indicating no significant gender difference between two groups. Majority of psoriasis patients and control subjects were euthyroid (). Anti TPO Antibodies were elevated in 34.9% psoriasis patients compared to 4.8% in control group which was statistically significant (p<0.001). Anti TG Antibodies were elevated in 46% psoriasis patients compared to 7.9% in control group and was statistically significant (p<0.001). TSH Receptor Antibodies were found normal in all the cases and controls. Among the psoriasis patients with elevated Anti TPO Antibodies, majority of them had high PASI score (>12) and Body Surface Area (>10) (77.3% and 81.8% respectively) . Similarly psoriasis patients having elevated Anti TG Antibodies also showed PASI score >12 and Body surface area >10% in majority of patients (79.3% and 75.9% respectively).

Conclusions
This study showed significantly higher frequency of elevated Anti TPO Antibodies and Anti Thyroglobulin (TG) Antibodies in psoriasis patients compared to control group, suggesting an association of thyroid autoimmunity with psoriasis. However, further large scale studies are required to expand our knowledge about thyroid autoimmunity and it's association with psoriasis.

Abstract N°: ID-71

Topic: Psoriasis

Distinct Mortality Risks in Generalized Pustular Psoriasis and Palmoplantar Pustulosis: A Nationwide, Population-based, Cohort Study

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Introduction
The differences in all-cause and cause-specific mortality among patients with generalized pustular psoriasis (GPP), palmoplantar pustulosis (PPP), and psoriasis vulgaris (PV) are not well understood. The aim of our study was to compare all-cause and cause-specific mortality in patients with GPP, PPP, and PV.

Materials and Methods
We conducted a nationwide, retrospective cohort study using data from the Korean National Health Insurance Service and National Death Registry between 2002 and 2022. Patients with GPP, PPP, and PV aged ≥18 years were identified based on ≥3 visits with principal diagnosis codes. Baseline characteristics, including demographics, general health data, socioeconomic status, and comorbidity profiles, were balanced using inverse probability weighting. Participants were followed-up from the index date until the occurrence of death, emigration, or the end of the observation period to investigate all-cause and cause-specific mortality.

Results
Multivariate regression analysis showed that patients with GPP had significantly higher all-cause mortality than those with PV (adjusted hazard ratio [aHR], 1.23; 95% confidence interval [CI], 1.20–1.25), while patients with PPP had lower all-cause mortality (aHR, 0.89; 95% CI, 0.87–0.91). GPP was associated with higher cause-specific mortality, particularly from hematologic (aHR, 1.76; 95% CI, 1.27–2.44) and respiratory diseases (aHR, 1.37; 95% CI, 1.30–1.46), whereas PPP patients had lower mortality from gastrointestinal (aHR, 0.57; 95% CI, 0.52–0.63) and infectious diseases (aHR, 0.71; 95% CI, 0.63–0.80). Subgroup and sensitivity analyses confirmed these findings.

Conclusions
GPP is associated with higher all-cause and cause-specific mortality than PV, while PPP is linked to lower mortality, indicating potential epidemiological and biological differences among these subtypes.

Abstract N°: ID-97

Topic: Psoriasis

A Case of Bullous pemphigoid triggered by Deucravacitinib in a Psoriasis Patient

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Introduction
Bullous pemphigoid is an acquired autoimmune subepidermal blistering disease. Although rare drug-induced bullous pemphigoid can occur and should be considered in patients with new rash after commencement of medication.

Materials and Methods
A retrospective review of patient history and histology was performed.

Results
We describe a case of a 55-year-old male who presented with new onset of erythematous pruritic rash after receiving two years of Deucravacitinib for psoriasis. The patient was treated with topical corticosteroids and the Deucravacitinib was withdrawn resulting in complete clearance of rash within two weeks. Currently the patient remains asymptomatic. Histopathological and immunofluorescence findings confirmed bullous pemphigoid diagnosis.

Conclusions
Although the first documented instance when prescribing Deucravacitinib the potential for bullous eruption with should be considered.

Abstract N°: ID-141

Topic: Psoriasis

Challenges in recognizing and treating plaque psoriasis in a darker skin phototype

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Introduction

Psoriasis is a chronic immune-mediated skin disease that clinically presents with erythematous scaly plaques of variable extent and severity. In individuals with darker skin phototypes, erythema may be less apparent, while post-inflammatory hyper- or hypopigmentation is more prominent. This often complicates both the diagnosis and the disease monitoring. Systemic retinoids such as acitretin remain guideline-supported options for plaque psoriasis, particularly when non-immunosuppressive systemic treatments are desired. We present a case of chronic plaque psoriasis in a patient with skin phototype V, illustrating the value of a traditional systemic retinoid in a skin-of-color setting.

Materials and Methods

A 37-year-old man from Bangladesh with skin phototype V presented to our dermatology department in September 2024 with a two-year history of plaque psoriasis. The disease was initially confined to the skin of lower legs, and it later generalized to the trunk and upper extremities. Previous topical therapy with a betamethasone–salicylic acid preparation had been ineffective. During his first visit, the disease severity was quantified as PASI 10, BSA 10% and DLQI 8, and laboratory tests were performed according to standard psoriasis protocols. Dermoscopic examination of representative plaques revealed a light red background with regularly distributed red dotted vessels and diffuse white scales. This pattern is highly suggestive of psoriasis and particularly helpful in skin of color, where subtle erythema and scaling can be difficult to see with the naked eye. The clinical course, systemic and topical therapies and outcomes were prospectively documented during regular follow-up visits.

Results

Initial systemic treatment with oral methotrexate 15 mg weekly plus folic acid, combined with topical corticosteroids, led to only partial improvement. Because of this incomplete response, after two months, therapy was switched to subcutaneous methotrexate 15 mg weekly together with calcipotriol/betamethasone as local therapy. On the follow-up visit in January 2025, our patient's disease activity had decreased to PASI 4, BSA 10% and DLQI 5. In March 2025, a positive interferon-gamma release assay prompted additional work-up, which excluded active tuberculosis and allowed continuation of methotrexate. Nevertheless, in July 2025 the patient experienced a flare with PASI 15, BSA 20% and DLQI 10 due to secondary inefficiency of subcutaneous methotrexate, which was discontinued. Oral acitretin 25 mg daily was introduced. After three months of acitretin therapy, complete skin clearance had been achieved (PASI 100), with no reported adverse effects and stable liver function tests.

Conclusions

This case demonstrates that acitretin can induce complete and well-tolerated remission in plaque psoriasis, even in a

patient with an initially suboptimal response to methotrexate. In individuals with darker skin phototypes, precise use of PASI, BSA and DLQI, complemented by dermoscopy, is crucial to avoid underestimation of disease severity. Acitretin, through its effects on keratinocyte proliferation and differentiation, and regulation of inflammation, remains an effective systemic option and should be considered within an individualized treatment strategy, particularly when long-term safety and non-immunosuppressive therapy are priorities. Moreover, in darker skin phototypes, the effect of acitretin on the suppressing of keratinocyte hyperproliferation and inflammation, not only leads to disease remission, but also enables fading of post-inflammatory hyperpigmentation, which results in a more uniform skin tone over time.

Abstract N°: ID-184

Topic: Psoriasis

Successful Treatment of Moderate-to-Severe Psoriasis with Guselkumab in a Patient with Child–Pugh C Alcoholic Liver Cirrhosis

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Introduction

Management of psoriasis in patients with advanced liver disease remains challenging due to contraindications and safety concerns associated with conventional systemic therapies. Data on the use of biologic agents, particularly IL-23 inhibitors, in patients with decompensated cirrhosis are extremely limited.

Materials and Methods

This poster presents a single-patient case report. Clinical data were collected retrospectively from medical records, including demographic characteristics, psoriasis severity assessed using the Psoriasis Area and Severity Index (PASI), prior and current systemic treatments, and laboratory parameters. Liver disease severity was classified according to the Child–Pugh scoring system. Liver function tests were monitored regularly throughout treatment. Guselkumab was administered according to standard dosing recommendations. Clinical response and safety outcomes were evaluated during follow-up in collaboration with the hepatology department.

Results

We describe a 51-year-old male patient with long-standing plaque psoriasis and decompensated alcoholic liver cirrhosis classified as Child–Pugh C. Conventional systemic antipsoriatic therapies were contraindicated due to advanced liver disease. Treatment with bimekizumab was considered; however, initiation was not approved following hepatology consultation because of safety concerns. The patient was subsequently treated with secukinumab but showed an inadequate clinical response.

Following multidisciplinary evaluation involving dermatology and hepatology specialists, treatment with guselkumab was initiated. At baseline, the Psoriasis Area and Severity Index (PASI) score was 14. After two doses of guselkumab, a marked clinical improvement was observed, with the PASI score decreasing to 5, and continued improvement during follow-up.

Importantly, liver function tests did not worsen during treatment. On the contrary, a gradual improvement in hepatic enzyme levels was observed over the follow-up period. No episodes of hepatic decompensation, serious infections, or treatment-related adverse events were reported.

Conclusions

This case suggests that guselkumab may be an effective and well-tolerated therapeutic option for psoriasis in selected patients with Child–Pugh C liver cirrhosis, even after failure or contraindication of other biologic therapies. The observed stabilization and improvement of liver enzyme levels further support the potential hepatic safety of IL-23 inhibition in this high-risk population. Given the limited available data, larger studies and long-term follow-up are needed to better

define the role of IL-23 inhibitors in patients with advanced liver disease.

Abstract N°: ID-208

Topic: Psoriasis

Comparative Analysis of Clinical Characteristics and Therapeutic Outcomes in Patients with Psoriasis versus Psoriatic Arthritis : A Single Center Retrospective Study

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Introduction
Psoriasis (PsO) and psoriatic arthritis (PsA) share common pathogenic pathways, yet they manifest with distinct clinical burdens. While biologic agents targeting specific cytokines (TNF-α, IL-12/23, IL-17, IL-23) have revolutionized the treatment landscape for both conditions, comparative real-world data regarding their clinical characteristics and dermatologic treatment responses between PsO and PsA populations remain limited. This study aims to retrospectively compare the baseline characteristics, comorbidity profiles, and cutaneous therapeutic outcomes of biologics in patients with PsO versus those with PsA.

Materials and Methods
This study was conducted with retrospective chart review of patients diagnosed with moderate-to-severe plaque psoriasis or psoriatic arthritis who were treated with biologic agents at a single tertiary center. Patients were categorized into two groups: the PsO group (skin involvement only) and the PsA group (joint involvement with or without skin involvement). Clinical data including demographics, body mass index (BMI), comorbidities (hypertension, diabetes, dyslipidemia, fatty liver), smoking status, and disease duration were collected. Psoriasis Area and Severity Index (PASI) scores were assessed at baseline, week 12, week 24, and week 52 to evaluate skin clearance. The presence of nail and scalp involvement was also recorded. In cases which administering with biological agents, the drugs are organized by mechanism of action. Statistical analyses were performed using the Mann-Whitney U test for continuous variables and Chi-square or Fisher's exact test for categorical variables. A P-value < 0.05 was considered statistically significant.

Results
A total of 157 patients were included in the analysis, comprising 75 patients in the PsO group and 82 patients in the PsA group. Baseline demographic characteristics including age (median 45.0 vs. 50.0 years), sex distribution, BMI, and smoking status showed no significant differences between the two groups. Metabolic comorbidities, including hypertension, diabetes mellitus, dyslipidemia, and fatty liver, were also comparable between groups (P > 0.05). However, clinical phenotypes differed significantly; nail involvement was observed in 56.1% of the PsA group compared to only 1.3% in the PsO group (P < 0.001), whereas scalp involvement was similar (52.0% vs. 47.6%, P=0.692). Regarding treatment patterns, the concomitant use of conventional synthetic DMARDs (e.g., methotrexate) was significantly higher in the PsA group (42.7%) compared to the PsO group (0.0%) (P < 0.001). Despite these differences, dermatologic outcomes were equivalent. Baseline median PASI scores were similar (14.7 vs. 14.6, P=0.455). Following biologic therapy, both groups achieved significant skin clearance with no statistical difference in PASI scores at week 12 (1.20 vs. 1.65, P=0.810) and week 52 (0.90 vs. 0.60, P=0.733).

Conclusions
This study demonstrates that while patients with PsA exhibit a significantly higher prevalence of nail involvement and

require more frequent concomitant use of conventional DMARDs compared to patients with PsO, the baseline metabolic burden and dermatologic response to biologic therapies remain similar. These findings suggest that the presence of psoriatic arthritis does not negatively impact the skin clearance efficacy of biologic agents. The strong association between nail dystrophy and PsA highlights the importance of nail assessment as a clinical marker for arthritis in psoriasis patients.

Abstract N°: ID-213

Topic: Psoriasis

Psoriasis-like disease prevents squamous skin tumor development by neutrophil-driven inflammation

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Introduction
Psoriasis is a chronic inflammatory skin disease affecting millions of people worldwide. Although growing evidence links chronic inflammation with increased cancer risk, the association between psoriasis and cutaneous squamous cell carcinoma (cSCC) is still elusive.

Materials and Methods
Using cell transplantation and chemical-induced models of cSCC combined with inducible genetically engineered mouse models (GEMMs) of psoriasis, we investigated how chronic skin and systemic inflammation affects squamous skin tumor initiation and progression.

Results
Here we show that in the context of severe psoriasis-like disease, neutrophil-dependent inflammation prevents squamous skin tumor development. Cellular and molecular analyses of psoriasis-like skin at the tumor initiation stage revealed a marked infiltration of CD54–expressing neutrophils, associated with the release of cytotoxic granules and neutrophil extracellular traps (NETs), as well as enhanced senescence and the expression of senescence-associated secretory phenotype (SASP) in keratinocytes. Furthermore, single-cell RNA sequencing demonstrated that inflammatory N1-like neutrophils mediate re-programming of the cell-cell communication networks, while keratinocytes displayed diminished responsiveness to mitogenic signals, such as EGF and WNT. Importantly, neutrophil depletion ameliorated psoriasis-like inflammation, abolished the senescence-like phenotype in keratinocytes and restored tumor growth.

Conclusions
We conclude that the release of neutrophil granules and NETs in psoriasis-like skin eliminate tumor cells and/or mediate oxidative and inflammatory stress-induced senescence in keratinocytes, thereby preventing tumor growth. Taken together, we have defined an innate control of skin tumorigenesis in psoriasis-like disease, which will be relevant for developing cancer prevention strategies.

Abstract N°: ID-219

Topic: Psoriasis

Sleep disturbances in patients with psoriasis during martial law

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Introduction

Psoriasis is an inflammatory long term chronic disease involving interaction of genetic predisposition, environment, altered immunological functions, and psychological influences. Psoriasis has recently been classified into a group of psychosomatic diseases, with stress as a major well-known trigger. Psoriasis is accompanied by substantial physical, psychological, social and financial distress, which does not necessarily correlate to the extent of the disease. Over the past three years, the incidence of plaque psoriasis has increased significantly in our country. Sleep disorders as a result of prolonged stress are common among adults and are even more common among people working in the defense and military services. Military service is prone to sleep disorders due to the harsh conditions of combat. Sleep deprivation can increase emotional distress and mood disorders, reduce quality of life. Military personnel and civilians often take sleeping pills without a prescription.

The aim was to evaluated the psychological implications of psoriasis, sleep characteristics and determine serum melatonin levels in patients with plaque psoriasis.

Materials and Methods

We observed 46 patients with plaque psoriasis aged 28-45 years (15 women and 31 men), civilians – 17, military – 29. The study of the mental status of patients was carried out on the basis of determining the level of depression by Beck Depression Scale, the sleep quality by Subjective Sleep Characteristics score. Serum melatonin levels in the morning were determined by enzyme-linked immunosorbent assay using commercial test systems. The control consisted of 20 healthy volunteers of the appropriate age and sex.

Results

The Beck Depression Scale increased 4.5 times in patients with psoriasis compared to the control group. Changes in mental state were found in patients in the form of moderate and severe depressive syndromes, mainly in the military. Chronic insomnia disorders was found in all patients as increased frequency of night awakenings, early morning awakenings and nocturnal apnea, daytime sleepiness. Borderline sleep disorders were found in 23.5% of patients, significant deviations in sleep quality in 76.5% of patients. The level of melatonin decreased 2.5 times in patients compared to the control group. A relationship was found between the degree of sleep disturbance, the severity of depressive state, and the severity of psoriasis (PASI).

Conclusions

Sleep disorders and depression are common in psoriasis, especially in conditions of prolonged stress. There is a close relationship between psoriasis and mental disorders, the pathophysiological mechanisms of which are not fully understood. It is important to assess sleep quality and the presence of depressive symptoms in patients with psoriasis. Long-term psychological support for patients with psoriasis is desirable, especially if we take into consideration that emotional distress is a likely to become the trigger for mental health hazards such as depression. Psoriatic patients

should be assessed from a holistic point of view, in order to identify associated disorders that could benefit from targeted treatments. Melatonin may be beneficial for certain disorders in psoriasis patients.

Abstract N°: ID-260

Topic: Psoriasis

Immunobiological therapy in moderate to severe psoriasis: a retrospective cohort study investigating the effects of drug distribution problems on disease relapse risk.

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Introduction
Brazil's highly centralized procurement of biologics for psoriasis treatment serves as an instructive economic model for other countries. This system highlights substantial challenges in logistics, cost management, and real-world effectiveness.[1–5] This study aims to determine whether distribution problems increase the risk of immunobiological therapy discontinuation due to disease relapse in patients with moderate to severe psoriasis.

Materials and Methods
This retrospective cohort study included adults with severe plaque psoriasis [Psoriasis Area Severity Index (PASI) > 10 or Dermatology Life Quality Index (DLQI) > 10], who were receiving immunobiological therapies at the time of study inclusion and were enrolled in an ongoing real-world registry for institutional follow-up. The registry uses a questionnaire to evaluate adherence to recommended immunobiologicals storage and administration. Distribution problems were defined as any issues occurring from drug availability through delivery, transportation, and administration of medication. The site of drug administration, either self-administration at home or infusion in a clinic under healthcare professional supervision, was also included as a stratification factor. Distribution problems were assessed as the primary risk factors. The primary endpoint was drug survival from biologic initiation to discontinuation due to disease relapse—defined as recurrence of PASI > 10 or DLQI > 10—or serious adverse events. Associations were analyzed with relative risk (RR) and Kaplan-Meier methods.

Results
The study enrolled 166 patients with severe plaque psoriasis receiving immunobiological therapy, with a mean follow-up duration of 30.66 months (standard deviation = 33.41; range: 1 to 186 months). Most patients (n = 145, 87.35%) self-administered their immunobiological agents at home, while 21 patients (12.65%) received supervised administration at infusion clinics. Adalimumab was the most frequently prescribed biologic (n = 77), followed by secukinumab (n = 40). During the observation period, 82 patients (49.40%) experienced therapy discontinuation, with disease relapse occurring in 73 patients (89.02%), while 15 patients (18.29%) reported adverse events, and 6 patients (7.32%) experienced both relapse and adverse events simultaneously. Distribution problems were reported by 64 patients (38.55%), predominantly among those self-administering at home through the public health system (40.69%) compared to private insurance patients (23.81%; p = 0.213). Specific distribution challenges included delays in delivery or administration relative to the prescribed schedule (n = 63, 37.95%), medication unavailability during treatment (n = 57, 34.34%), and unannounced switches from reference biologics to biosimilars (n = 8, 4.82%). Risk factor analysis revealed that the presence of distribution problems significantly increased the risk of psoriasis relapse (RR = 1.73; 95% CI: 1.24–2.42; p = 0.003), as did the use of adalimumab compared with other biologics (RR = 1.48; 95% CI: 1.05–2.09; p = 0.037). Kaplan–Meier survival analysis demonstrated a statistically significant adverse impact of distribution problems on drug survival

and relapse-free rates ($p < 0.001$), with patients experiencing distribution problems showing substantially reduced treatment persistence compared to those without such challenges (Figure 1).

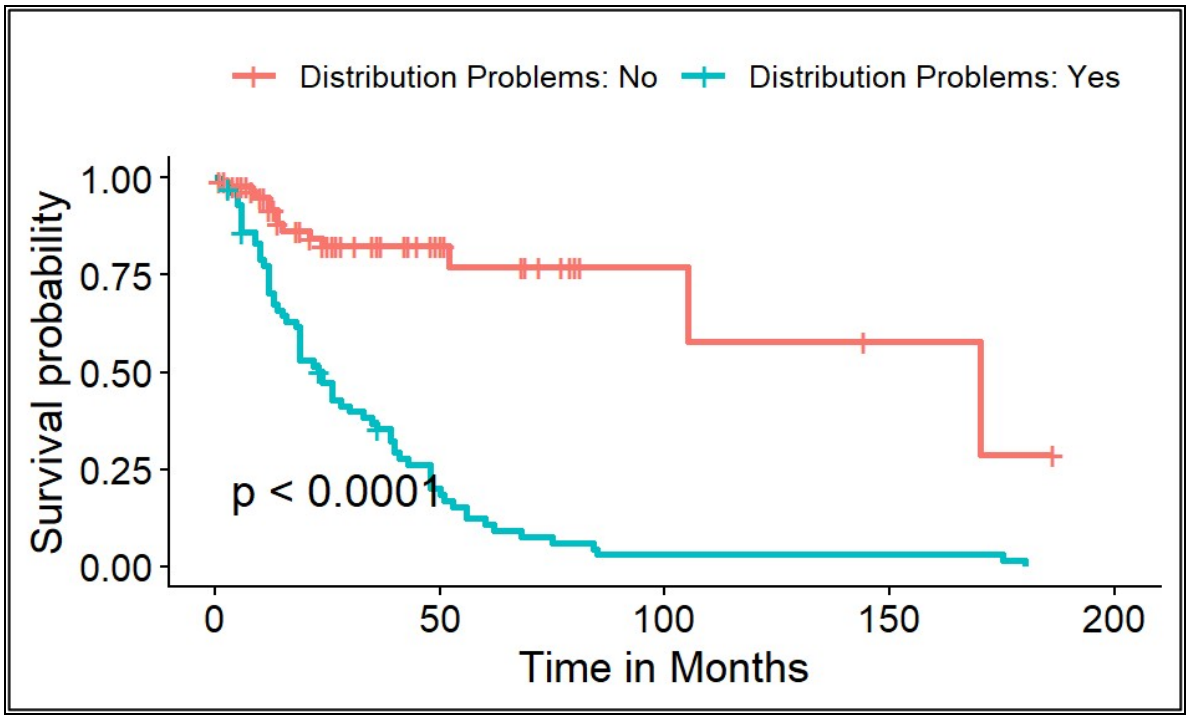

Figure 1. Kaplan–Meier estimates for patients with and without reported distribution problems of biologics. The x-axis represents time in months, and the y-axis represents the probability of remaining relapse-free. Patients reporting distribution problems ("Yes") are compared against those not reporting distribution problems ("No"). The p-value shown corresponds to the log-rank test for differences between groups.

Conclusions

Distribution problems with biologics were common and associated with a higher risk of psoriasis relapse, potentially contributing to discontinuation due to loss of disease control. Strengthening distribution systems is essential but challenging due to rising demand for immunobiologicals. Agents with optimized dosing schedules, permitting longer intervals between administrations, and the availability of oral alternatives may help mitigate difficulties commonly observed with adalimumab and negative distribution effects in Brazil.

Abstract N°: ID-272

Topic: Psoriasis

Efficacy and safety of cream containing sericin and turmeric in psoriasis patients

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Introduction

Psoriasis is a systemic, immune-mediated inflammatory disease, the severity of which can vary widely, from isolated plaques to extensive skin involvement, and often has a considerable impact on patients' quality of life. Topical corticosteroid and non-steroid preparations are commonly used with variable results and safety profiles. In this study, we aim to develop and evaluate a bioactive topical preparation containing sericin and turmeric extracts, which are known for their anti-inflammatory and antimicrobial effects, as an alternative treatment option for psoriasis. Treatment response was assessed by comparing changes in Lesional Psoriasis Severity Index (LPSI) scores between psoriasis plaques treated with the study product and comparable plaques treated with 0.1% triamcinolone acetonide in the same participants.

Materials and Methods

Eighteen participants with mild psoriasis (body surface area < 10% and Psoriasis Area and Severity Index PASI < 10) were enrolled in this double-blind study, with treatment allocation concealed from both participants and investigators. The study product and topical corticosteroid were applied to randomized psoriatic lesions twice daily. Assessments were performed at baseline and at weeks 4 and 8. Apart from LPSI scores, these also included Physician Global Assessment, Dermatology Life Quality Index (DLQI), itching graded by a visual analog scale, adverse events, and overall patient satisfaction.

Results

The study demonstrated that, after 4 and 8 weeks of treatment, lesions treated with the sericin and turmeric extract cream showed statistically significant declines in LPSI scores compared with baseline (week 4, $p = 0.009$; week 8, $p = 0.004$), with further reduction at week 8 compared with week 4 ($p < 0.005$). Similar improvements were observed in topical corticosteroid–treated lesions, with significant reductions at weeks 4 and 8 compared with baseline (week 4, $p = 0.001$; week 8, $p = 0.004$). Although topical corticosteroid showed a significantly greater reduction in LPSI scores at week 4 compared with the study product ($p < 0.05$), no significant difference between treatments was observed at week 8 ($p > 0.05$). Physician Global Assessment scores significantly improved by week 8 in both groups ($p < 0.01$). Similarly, topical corticosteroid showed greater physician-assessed response at week 4, however, no significant difference was observed between treatments at week 8. DLQI and itch scores were also improved significantly in both groups from week 4 ($p < 0.01$) and continued to reach their maximum at week 8 ($p < 0.001$) compared to baseline. No cutaneous adverse events were reported, and overall patient satisfaction was high for both treatments (9.00 ± 2.00 vs 8.00 ± 3.50), with no significant difference between them.

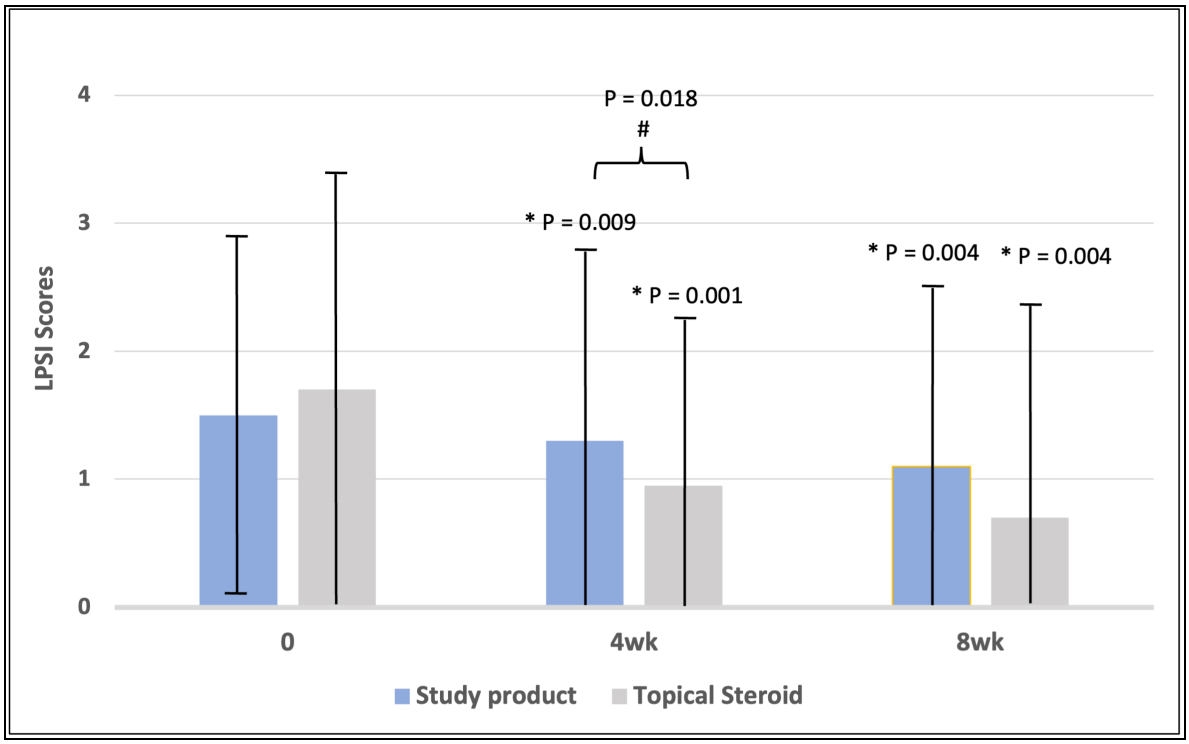

Figure 1. Lesional Psoriasis Severity Index (LPSI) scores of lesions treated with the sericin and turmeric extract cream and topical corticosteroid (control) at baseline and after 4 and 8 weeks. * indicates $p < 0.05$ compared with baseline within the same treatment group; # indicates $p < 0.05$ between treatment groups at the same time point (Wilcoxon signed-rank test).

Conclusions

Sericin and turmeric extract cream may be considered a viable, alternative treatment for psoriasis owing to its proven ability to significantly reduce LPSI scores, relieve itch and further improve quality of life of patients in comparison to the conventional treatment, with an impressively high overall satisfaction and no serious adverse reaction reported.

Abstract N°: ID-349

Topic: Psoriasis

Seasonal variability of patient-reported psoriasis severity in relation to body mass index, lifestyle characteristics and lesion distribution

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Introduction
Psoriasis is a chronic inflammatory skin disease characterized by fluctuating disease activity. Many patients report seasonal variation in symptom severity; however, the relative contribution of seasonality compared with body mass index (BMI), lifestyle factors, and lesion localization remains insufficiently understood. To evaluate patient-reported seasonal changes in psoriasis symptoms and to identify clinical and lifestyle factors associated with perceived symptom improvement or worsening.

Materials and Methods
A cross-sectional, questionnaire-based study was conducted among adult patients with psoriasis (n=124). Participants rated seasonal changes in symptoms across four seasons using a 7-point Likert scale, which was categorized as worsening (1–3), no change (4), or improvement (5–7). Data on BMI category, lesion localization, vitamin D supplementation, dietary habits, alcohol consumption, sex, and age were collected. Data were reshaped into a long format to account for repeated seasonal observations. Ordered logistic regression models with cluster-robust standard errors were used to assess associations between season and symptom category, adjusting for covariates. Interaction terms were tested to evaluate potential effect modification.

Results
Season was the strongest independent predictor of patient-reported symptom change ($p < 0.001$). Compared with spring, symptom improvement was significantly more likely in summer and significantly less likely in autumn and winter. Overweight status was associated with higher odds of reported improvement, whereas obesity showed no significant association. Scalp involvement was associated with increased likelihood of improvement across seasons. Vitamin D supplementation, dietary factors, alcohol consumption, sex, and age were not significantly associated with seasonal symptom variation. No significant interactions were observed between season and lifestyle factors or lesion localization.

Conclusions
Patient-reported psoriasis symptoms exhibit a pronounced seasonal pattern, largely independent of lifestyle factors and supplementation. These findings support a dominant role of environmental season-related exposures, with BMI and lesion localization influencing symptom perception without modifying the overall seasonal trend.

Abstract N°: ID-446

Topic: Psoriasis

Long-term safety of risankizumab in patients with psoriasis or psoriatic arthritis by age

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Introduction
Risankizumab (RZB), an interleukin-23 inhibitor, approved for psoriasis (PsO) and psoriatic arthritis (PsA) shows a favorable risk-benefit profile and long-term safety in clinical trials. This analysis includes the incidence of safety events across age groups in RZB clinical trials and compared them to real-world (RW) incidence rates (IRs) in patients with PsO or PsA which served as a reference benchmark.

Materials and Methods
Interim safety data (data cutoff 25/03/2025) from 23 Phase 1–4 clinical trials in PsO and 5 Phase 2–3 clinical trials in PsA were used to calculate exposure-adjusted IRs per 100 patient years (PY) for infections, serious infections, opportunistic infections, adjudicated major adverse cardiovascular events (MACE), non-melanoma skin cancer (NMSC), and malignancy excluding NMSC stratified by age groups. Age groups 6–11 and 12–17 years were excluded from PsA analysis due to insufficient numbers. RW IRs (per 100 PY), stratified by age, were calculated in patients with PsO or PsA using the US Optum Clinformatics Data Mart claims (01/01/2019–30/06/2025).

Results
Overall, 4281 patients with PsO (14,181.1 PY) and 1548 patients with PsA (5735.2 PY) from RZB clinical trials were included. The mean (range) treatment duration was 3.2 years (9 days–9.1 years) in patients with PsO and 3.6 years (56 days–6.0 years) in those with PsA. Claims-based analyses included 214,876 and 52,521 patients with PsO and PsA, respectively, for infection outcomes (all, serious, and opportunistic); 244,788 and 60,055 for MACE; and 175,238 and 46,659 for malignancy outcomes.
Across all evaluated age groups in patients with PsO or PsA, IRs of safety events reported in RZB clinical trials were lower or comparable with IRs reported in the RW population (**Table 1**). In patients with PsO or PsA aged 18–29, IRs (95% confidence interval [CI]) per 100 PY of infections were 46.8 (41.2–52.9) or 40.4 (28.3–56.0) in RZB trials vs 68.4 (66.8–70.1) or 67.3 (62.2–72.3) in the RW population. IRs (95% CI) per 100 PY of serious infections were lower in RZB trials compared with the RW population in patients aged 75–84 with PsO (1.3 [0.2–4.8] vs 17.1 [16.8–17.4]) or PsA (5.9 [1.9–13.7] vs 19.4 [18.6–20.2]). IRs (95% CI) per 100 PY of opportunistic infections were also comparable between RZB trials and the RW population in patients with PsO aged 65–74 (0.2 [0.0–0.6] vs 0.1 [0.1–0.1]) or patients with PsA aged 75–84 (1.1 [0.0–6.2] vs 0.3 [0.2–0.4]).

IRs (95% CI) per 100 PY of MACE were lower in RZB trials compared with the RW population in patients aged 75–84 with PsO (2.0 [0.4–5.9] vs 7.6 [7.4–7.8]) or PsA (1.1 [0.0–5.9] vs 7.3 [6.9–7.7]). In addition, in patients with PsO or PsA ≥45 years of age, the IRs (95% CI) per 100 PY of MACE in RZB trials were lower and did not overlap with the respective values in the RW population.

In patients with PsO or PsA aged 75–84, the IRs (95% CI) per 100 PY of NMSC in RZB trials (1.4 [0.2–4.9] or 3.6 [0.7–10.5)] were comparable with the RW population (2.5 [2.3–2.6] or 2.7 [2.4–3.0]). IRs (95% CI) per 100 PY of malignancies excluding NMSC were lower in RZB trials compared with the RW population in patients with PsO aged 65–74 (1.4 [0.8–2.1] vs 2.3 [2.2–2.4]) or PsA aged 75–84 (2.1 [0.3–7.7] vs 2.8 [2.5–3.2]).

As expected, the IR of age-related safety events (serious infections, MACE, and NMSC) increased with age in both populations, but rates in RZB trials were lower or comparable with those reported in the RW population (**Table 1**).

Conclusions

Among patients with PsO or PsA, IRs of safety events in RZB trials were lower or similar with IRs observed in the RW populations across all evaluated age groups. These findings further suggest that RZB has a robust safety profile overall and across all reported age groups in PsO and PsA. Since RCT and RWE differ in methods and design, direct comparisons were not feasible. Still, combining their findings can improve safety insights if interpreted cautiously and with awareness of these limitations.

Table 1: Incidence rates of safety events in patients with psoriasis or psoriatic arthritis from risankizumab clinical trials and the claims-based real-world population across age groups

Adverse events, n/100 PY (95% CI[a])			Age Groups							
			Overall	6–11	12–17	18–29	30–44	45–64	65–74	75–84
Infections	PsO	RZB clinical trials	N=4281 36.3 (34.8–37.8)	n=43 64.7 (43.6–92.3)	n=96 45.0 (34.8–57.2)	n=449 46.8 (41.2–52.9)	n=1271 37.7 (35.0–40.6)	n=1910 34.1 (32.1–36.2)	n=448 30.8 (26.9–35.1)	n=61 29.0 (19.3–42.0)
		Claims-based	N=214,876 74.3 (73.9–74.7)	n=1159 88.5 (82.3–94.7)	n=2639 74.8 (71.2–78.4)	n=12,629 68.4 (66.8–70.1)	n=34,367 66.2 (65.3–67.1)	n=63,484 68.9 (68.2–69.6)	n=63,248 74.3 (73.6–75.0)	n=33,266 91.5 (90.4–92.6)
	PsA	RZB clinical trials	N=1548 28.1 (26.3–30.0)	–	–	n=55 40.4 (28.3–56.0)	n=414 23.8 (20.7–27.1)	n=826 30.3 (27.7–33.1)	n=212 25.5 (21.1–30.6)	n=34 30.9 (18.6–48.3)
		Claims-based	N=52,521 79.8 (79.0–80.6)	–	–	n=1337 67.3 (62.2–72.3)	n=7391 67.8 (65.8–69.8)	n=20,915 78.4 (77.1–79.7)	n=16,573 81.9 (80.5–83.4)	n=5756 94.7 (91.9–97.5)
Serious infections	PsO	RZB clinical trials	N=4281 0.9 (0.8–1.1)	n=43 0	n=96 0.4 (0.0–2.0)	n=449 0.7 (0.4–1.4)	n=1271 0.7 (0.5–1.0)	n=1910 1.0 (0.8–1.3)	n=448 1.0 (0.6–1.7)	n=61 1.3 (0.2–4.8)
		Claims-based	N=214,876 8.6 (8.5–8.7)	n=1159 0.9 (0.5–1.3)	n=2639 2.3 (1.9–2.7)	n=12,629 3.9 (3.7–4.2)	n=34,367 4.2 (4.0–4.4)	n=63,484 5.7 (5.6–5.8)	n=63,248 9.5 (9.3–9.6)	n=33,266 17.1 (16.8–17.4)
	PsA	RZB clinical trials	N=1548 1.4 (1.1–1.7)	–	–	n=55 1.0 (0.1–3.7)	n=414 0.8 (0.4–1.4)	n=826 1.4 (1.0–1.9)	n=212 1.7 (0.9–3.0)	n=34 5.9 (1.9–13.7)
		Claims-based	N=52,521 9.8 (9.6–10.0)	–	–	n=1337 5.5 (4.5–6.5)	n=7391 4.4 (4.1–4.8)	n=20,915 7.5 (7.2–7.8)	n=16,573 11.7 (11.3–12.1)	n=5756 19.4 (18.6–20.2)
Opportunistic infections	PsO	RZB clinical trials	N=4281 <0.1 (0.0–0.1)	n=43 0	n=96 0	n=449 0	n=1271 <0.1 (0.0–0.1)	n=1910 0.1 (0.0–0.2)	n=448 0.2 (0.0–0.6)	n=61 0
		Claims-based	N=214,876 0.1 (0.1–0.1)	n=1159 0	n=2639 <0.1 (0.0–0.1)	n=12,629 <0.1 (0.0–0.1)	n=34,367 <0.1 (0.0–0.1)	n=63,484 0.1 (0.1–0.1)	n=63,248 0.1 (0.1–0.1)	n=33,266 0.2 (0.2–0.2)
	PsA	RZB clinical trials	N=1548 <0.1 (0.0–0.2)	–	–	n=55 0	n=414 0	n=826 <0.1 (0.0–0.2)	n=212 0	n=34 1.1 (0.0–6.2)
		Claims-based	N=52,521 0.2 (0.1–0.2)	–	–	n=1337 0	n=7391 0.1 (0.0–0.1)	n=20,915 0.1 (0.1–0.2)	n=16,573 0.2 (0.2–0.2)	n=5756 0.3 (0.2–0.4)
MACE	PsO	RZB clinical trials	N=4281 0.5 (0.4–0.7)	n=43 0	n=96 0	n=449 <0.1 (0.0–0.4)	n=1271 0.2 (0.1–0.4)	n=1910 0.7 (0.5–0.9)	n=448 1.2 (0.7–1.9)	n=61 2.0 (0.4–5.9)
		Claims-based	N=244,788 3.0 (2.9–3.0)	n=1393 <0.1 (0.0–0.2)	n=2994 <0.1 (0.0–0.1)	n=14,174 0.1 (0.0–0.1)	n=38,385 0.2 (0.2–0.3)	n=72,191 1.3 (1.2–1.4)	n=71,933 3.0 (2.9–3.1)	n=38,658 7.6 (7.4–7.8)
	PsA	RZB clinical trials	N=1548 0.4 (0.3–0.6)	–	–	n=55 0	n=414 0.2 (0.0–0.6)	n=826 0.5 (0.3–0.8)	n=212 0.5 (0.1–1.3)	n=34 1.1 (0.0–5.9)
		Claims-based	N=60,055 2.5 (2.5–2.6)	–	–	N=1566 0.1 (0.0–0.3)	N=8444 0.3 (0.2–0.3)	N=24,232 1.4 (1.3–1.5)	N=18,563 3.1 (2.9–3.2)	N=6589 7.3 (6.9–7.7)
NMSC	PsO	RZB clinical trials	N=4281 0.3 (0.3–0.5)	n=43 0	n=96 0	n=449 0	n=1271 0.1 (0.0–0.3)	n=1910 0.4 (0.3–0.6)	n=448 1.1 (0.6–1.8)	n=61 1.4 (0.2–4.9)
		Claims-based	N=175,238 1.2 (1.1–1.2)	n=1340 0	n=2790 0	n=12,628 <0.1 (0.0–0.1)	n=32,220 0.1 (0.1–0.2)	n=53,889 0.8 (0.7–0.8)	n=47,681 1.8 (1.7–1.9)	n=21,807 2.5 (2.3–2.6)
	PsA	RZB clinical trials	N=1548 0.3 (0.2–0.4)	–	–	n=55 0	n=414 0	n=826 0.1 (0.0–0.3)	n=212 1.1 (0.5–2.1)	n=34 3.6 (0.7–10.5)
		Claims-based	N=46,659 1.2 (1.2–1.3)	–	–	n=1437 0	n=7365 0.2 (0.1–0.3)	n=19,467 0.8 (0.7–0.9)	n=13,662 1.8 (1.7–1.9)	n=4253 2.7 (2.4–3.0)
Malignancy excluding NMSC	PsO	RZB clinical trials	N=4281 0.6 (0.5–0.7)	n=43 0	n=96 0	n=449 0	n=1271 0.2 (0.1–0.4)	n=1910 0.7 (0.6–1.0)	n=448 1.4 (0.8–2.1)	n=61 1.3 (0.2–4.7)
		Claims-based	N=175,238 1.6 (1.5–1.6)	n=1340 <0.1 (0.0–0.2)	n=2790 0.1 (0.1–0.3)	n=12,628 0.2 (0.1–0.3)	n=32,220 0.3 (0.3–0.4)	n=53,889 1.2 (1.1–1.3)	n=47,681 2.3 (2.2–2.4)	n=21,807 3.1 (2.9–3.2)
	PsA	RZB clinical trials	N=1548 0.5 (0.4–0.8)	–	–	n=55 0	n=414 0.2 (0.0–0.6)	n=826 0.4 (0.2–0.7)	n=212 1.5 (0.8–2.7)	n=34 2.1 (0.3–7.7)
		Claims-based	N=46,659 1.7 (1.6–1.8)	–	–	n=1437 0.2 (0.1–0.5)	n=7365 0.5 (0.4–0.6)	n=19,467 1.3 (1.2–1.4)	n=13,662 2.5 (2.3–2.6)	n=4253 2.8 (2.5–3.2)

[a]Refers to the 95% of exact poisson CI of the rate.
CI, confidence interval; MACE, major adverse cardiac event; NMSC, non-melanoma skin cancer; PsA, psoriatic arthritis; PsO, psoriasis; PY; patient years; RZB, risankizumab.

Abstract N°: ID-466

Topic: Psoriasis

Efficacy and Safety of SSGJ-608 in Moderate-to-Severe Plaque Psoriasis: a Pivotal Multicenter, Randomized, Double-blind, Placebo-Controlled, Phase 3 Clinical Trial

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Introduction
SSGJ-608 is a recombinant humanized IgG1 monoclonal antibody that targets human IL-17A with high specificity and high affinity, and it has shown promising efficacy with a longer dosing interval of every 4 or 8 weeks in treatment of moderate-to-severe psoriasis in preliminary trials. This pivotal multicenter, randomized, double-blind, placebo-controlled, phase 3 clinical trial aims to evaluate the efficacy and safety of SSGJ-608 in patients with moderate-to-severe psoriasis.

Materials and Methods
The study consisted of four time periods: screening (week -4 to week 0), double-blind induction period (week 0 to 12), double-blind maintenance period (weeks 12 to 52), and follow-up (weeks 52 to 60). Adults (≥18 years) with moderate-to-severe plaque psoriasis were randomized (2:2:1) to receive placebo, SSGJ-608 80 mg Q2W (with a 160 mg loading dose at Week 0; 608A group), or SSGJ-608 160 mg Q4W (608B group). At Week 12, the 608A group switched to 80 mg Q4W, the 608B group to 160 mg Q8W, and patients received placebo were re-randomized (1:1) to receive either the 608A or 608B maintenance regimen (with a 160 mg loading dose for those entering the 608A regimen). Treatment continued for all patients until Week 48. The co-primary endpoints were the achievement of Psoriasis Area and Severity Index score 75 (PASI75) and sPGA 0/1 at Week 12. Key secondary endpoints included PASI90, PASI100, and sPGA 0 at Week 12, as well as the maintenance of PASI75, PASI90, PASI100, sPGA 0/1, and sPGA 0 responses through Week 52. Safety was assessed throughout the study.

Results
A total of 458 Chinese patients were randomly assigned to either the 608 A group (n=184), the 608B group (n=183), or the placebo group (n=91). PASI75 response was observed as early as week 2, and 48.4% and 44.3% of patients in the 608A and 608B groups, respectively, achieved PASI75 versus no patient in the placebo group ($P < 0.0001$) by week 4. Similarly, sPGA 0/1 response emerged at Week 2, with 26.6% (608A) and 21.3% (608B) of patients achieving this endpoint at Week 4, compared to none in the placebo group ($P < 0.0001$). At week 12, a greater proportion of patients in the 608A group and in the 608B group achieved the primary endpoints of PASI75 (95.1% vs. 93.4% vs. 8.8%) and sPGA of 0 or 1(76.1% vs. 67.2% vs. 1.1%) compared with placebo; PASI90 was achieved by 80.4% of patients in the 608A group and 72.7% in the 608B group compared with 1.1% in the placebo group; PASI100 was achieved by 42.9% of patients in the 608A group and 33.9% in the 608B group compared with none in the placebo group; sPGA of 0 was achieved by the same proportion as PASI100. During the maintenance period, PASI75 and sPGA 0/1 response rates were sustained in 91.8% to 95.7% and 73.8% to 87.5% of patients in the 608A and 608B groups, respectively. At Week 52, maintenance rates were 93.7% for PASI75, 89.3% for sPGA 0/1, and 92.6% for PASI90 in the 608A group, compared with 93.6%, 89.4%, and 92.5% in the 608B group, respectively. Immunogenicity analysis revealed pre-existing anti-drug antibodies (ADA) in 1.6% (608A) and 0.5% (608B) of patients prior to the first dose. Treatment-induced ADA occurred in 2.7% (608A) and 1.6% (608B) of patients, all of which were treatment-related. Persistent ADA was observed in 0.5% (608A) and 1.6% (608B) of patients; all tested negative for neutralizing antibodies. During all treatment period, the most common TEAEs were upper respiratory tract infection, hypertriglyceridemia and hyperuricemia. Both treatment groups demonstrated a favorable safety profile, with no increase in risk observed with longer drug exposure.

Conclusions
SSGJ-608 demonstrated rapid, substantial, and durable skin clearance in Chinese patients with moderate-to-severe plaque psoriasis, even with an extended dosing interval of every 8 weeks. The safety profile was consistent with other drugs sharing the same target, with no new safety signals identified. These findings support SSGJ-608 as a promising new treatment option for this patient population.

Abstract N°: ID-483

Topic: Psoriasis

The efficacy and safety of non- biologic and biologic treatments in palmoplantar pustular psoriasis and palmoplantar pustulosis: A systematic review and network meta- analysis

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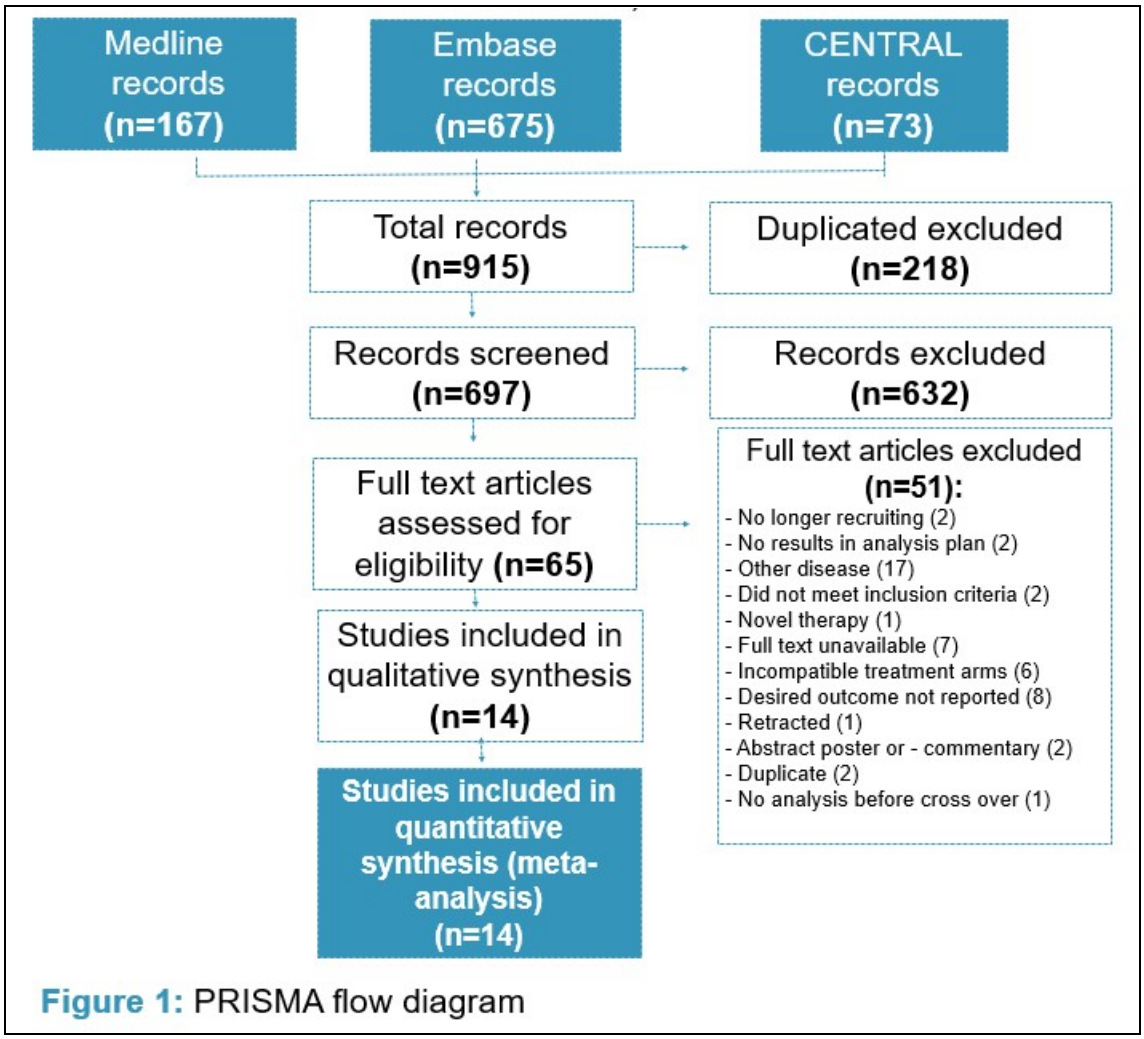
Introduction
Palmoplantar pustular psoriasis (PPPP), or palmoplantar pustulosis (PPP), is a type of psoriasis that affects the skin on the palms and soles. It is characterised by dermatosis and small sterile pustules and is considered a significant burden on patients' quality of life, as there is currently no gold standard treatment or cure. This network meta-analysis (NMA) compares the efficacy and safety of biologic and non- biologic medications for PPPP and PPP.

Materials and Methods
Medline, Embase and the Cochrane Central Register of Controlled Trials (CENTRAL) were searched. The efficacy and safety of all medications were assessed through a frequentist NMA using a random- effects model. Treatments were ranked using the net rank function, yielding P scores. Adult individuals ≥ 18 years with PPPP or PPP who were given a biologic or non biologic medication and were compared with placebo where included in this study. Desired outcomes were Palmoplantar Pustular Psoriasis Area and Severity Index 50% Reduction **(PPPASI50),** Palmoplantar Pustular Psoriasis Area and Severity Index 75% Reduction **(PPPASI75),** Palmoplantar Pustulosis Physician Global Assessment **(PPPGA),** Adverse Events, and Serious Adverse Events. Study screening and data extraction was performed by two independent reviewers. Statistical analysis of binary data of each outcome was performed with the 'R' package 'Netmeta'. Risk ratio (**RR**) along with 95% confidence interval (CI) was used with p-value of <0.05 considered statistically significant. Treatment were ranked using P-Score which is a frequentist metric used to rank treatments based on the mean probability that a specific intervention is better than all competing treatments, ranging from 0 to 1.



Prisma Flow Diagram

Results

Fourteen RCTs with 1056 participants were included. Guselkumab 100 mg was the most effective for improving PPPGA scores (p = 0.72, RR = 1.31, CI: 0.31–5.57). Guselkumab 100 mg was ranked the highest for achieving PPPASI-75 (RR = 5.4, CI: 1.26–23.2, p = 0.023). Oral cyclosporine 1 mg/ kg/day was ranked the highest for PPPASI-50 (RR = 2.10, CI: 0.65–6.82). Etretinate 1 mg/kg/day had the highest rate of adverse events (RR = 1.78, CI: 0.92–3.44). Secukinumab 300 mg was associated with the highest rate of serious adverse events (RR = 1.58, CI: 0.21–12.02).

	P-Score (Ranking)			
	PPPGA	PPPASI50	PPPASI50-SA	SAE
Guselkumab 100mg	0.76	0.66	**0.68**	0.47
Guselkumab 200mg	0.22	NR	0.31	0.48
Anakinra 100mg	0.39	0.45	0.46	NR
Ustekinumab 45mg/90mg	NR	0.17	NR	NR
Alitretinoin 30mg	NR	0.22	0.08	0.62
Spesolimab 300mg	NR	0.47	0.49	0.39
Spesolimab 900mg	NR	0.47	0.49	0.62
Secukinumab 150mg	NR	NR	NR	0.77
Secukinumab 300mg	NR	0.53	**0.6**	0.28
Apremilast 30mg BID	NR	0.61	**0.77**	NR
Oral Cyclosporine 1.5mg/kg/day	NR	0.86	NR	NR
Oral Cyclosporine 2.5mg/kg/day	NR	0.7	**0.86**	NR

P-Score (Ranking of Treatments)

Conclusions

Based on the P- scores from our network meta-analysis, guselkumab 100 mg was the most effective for PPPGA improvement, guselkumab 100 mg for PPPASI-75, oral cyclosporine 1 mg/kg/day for PPPASI- 50, etretinate 1 mg/kg/day

had the most adverse events, and secukinumab 300 mg was associated with the highest rate of serious adverse events.

1 Bissonnette R, Nigen S, Langley RG, et al. Increased expression of IL-17A and limited involvement of IL-23 in patients with palmo-plantar (PP) pustular psoriasis or PP pustulosis; results from a randomised controlled trial. *J Eur Acad Dermatol Venereol*. 2014;28(10):1298-1305. doi:10.1111/jdv.12272

2 Mrowietz U, Bachelez H, Burden AD, et al. Secukinumab for moderate-to-severe palmoplantar pustular psoriasis: Results of the 2PRECISE study. *J Am Acad Dermatol*. 2019;80(5):1344-1352. doi:10.1016/j.jaad.2019.01.066

3 Mrowietz U, Burden AD, Pinter A, et al. Spesolimab, an Anti-Interleukin-36 Receptor Antibody, in Patients with Palmoplantar Pustulosis: Results of a Phase IIa, Multicenter, Double-Blind, Randomized, Placebo-Controlled Pilot Study. *Dermatol Ther (Heidelb)*. 2021;11(2):571-585. doi:10.1007/s13555-021-00504-0

4 Cro S, Cornelius VR, Pink AE, et al. Anakinra for palmoplantar pustulosis: results from a randomized, double-blind, multicentre, two-staged, adaptive placebo-controlled trial (APRICOT). *Br J Dermatol*. Published online August 19, 2021. doi:10.1111/bjd.20653

5 Terui T, Kobayashi S, Okubo Y, et al. Efficacy and Safety of Guselkumab in Japanese Patients With Palmoplantar Pustulosis: A Phase 3 Randomized Clinical Trial. *JAMA Dermatol*. 2019;155(10):1153-1161. doi:10.1001/jamadermatol.2019.1394

6 Terui T, Kobayashi S, Okubo Y, Murakami M, Hirose K, Kubo H. Efficacy and Safety of Guselkumab, an Anti-interleukin 23 Monoclonal Antibody, for Palmoplantar Pustulosis: A Randomized Clinical Trial. *JAMA Dermatol*. 2018;154(3):309-316. doi:10.1001/jamadermatol.2017.5937

7 Bissonnette R, Poulin Y, Bolduc C, et al. Etanercept in the treatment of palmoplantar pustulosis. *J Drugs Dermatol*. 2008;7(10):940-946.

8 Reich K, Graff O, Mehta N. Oral alitretinoin treatment in patients with palmoplantar pustulosis inadequately responding to standard topical treatment: a randomized phase II study. *Br J Dermatol*. 2016;174(6):1277-1281. doi:10.1111/bjd.14401

9 Bhushan M, Burden AD, McElhone K, James R, Vanhoutte FP, Griffiths CE. Oral liarozole in the treatment of palmoplantar pustular psoriasis: a randomized, double-blind, placebo-controlled study. *Br J Dermatol*. 2001;145(4):546-553. doi:10.1046/j.1365-2133.2001.04411.x

10 White SI, Puttick L, Marks JM. Low-dose etretinate in the maintenance of remission of palmoplantar pustular psoriasis. *Br J Dermatol*. 1986;115(5):577-582. doi:10.1111/j.1365-2133.1986.tb05768.x

11 Reitamo S, Erkko P, Remitz A, Lauerma AI, Montonen O, Harjula K. Cyclosporine in the treatment of palmoplantar pustulosis. A randomized, double-blind, placebo-controlled study. *Arch Dermatol*. 1993;129(10):1273-1279.

12 Erkko P, Granlund H, Remitz A, et al. Double-blind placebo-controlled study of long-term low-dose cyclosporin in the treatment of palmoplantar pustulosis. *Br J Dermatol*. 1998;139(6):997-1004. doi:10.1046/j.1365-2133.1998.02555.x

13 Umezawa Y, Nakagawa H, Tamaki K. Phase III clinical study of maxacalcitol ointment in patients with palmoplantar pustulosis: A randomized, double-blind, placebo-controlled trial. *J Dermatol*. 2016;43(3):288-293. doi:10.1111/1346-8138.13064

14 Terui T, Okubo Y, Kobayashi S, et al. Efficacy and Safety of Apremilast for the Treatment of Japanese Patients with Palmoplantar Pustulosis: Results from a Phase 2, Randomized, Placebo-Controlled Study [published correction appears in Am J Clin Dermatol. 2024 Jan;25(1):165-167. doi: 10.1007/s40257-023-00825-0]. *Am J Clin Dermatol*. 2023;24(5):837-847. doi:10.1007/s40257-023-00788-2

References

Abstract N°: ID-497

Topic: Psoriasis

Acute methotrexate-induced cutaneousulceration in generalized pustular psoriasis: A case report and review of the literature

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Introduction
GENERALIZED PUSTULAR PSORIASIS (GPP) IS A RARE, SEVERE, AND POTENTIALLY LIFE-THREATENING VARIANT OF PSORIASIS CHARACTERIZED BY WIDESPREAD STERILE PUSTULES, ERYTHEMA, AND SYSTEMIC SYMPTOMS. DIAGNOSIS IS CHALLENGING DUE TO OVERLAP WITH OTHER ACUTE PUSTULAR DERMATOSES. METHOTREXATE (MTX) IS FREQUENTLY USED AS A SYSTEMIC TREATMENT FOR GPP BECAUSE OF ITS IMMUNOSUPPRESSIVE AND ANTI-INFLAMMATORY EFFECTS. ALTHOUGH MTX IS GENERALLY WELL TOLERATED AT LOW WEEKLY DOSES, TOXICITY CAN OCCUR AND MAY INVOLVE THE LIVER, BONE MARROW, AND MUCOCUTANEOUS TISSUES. MTX-INDUCED CUTANEOUS ULCERATION HAS BEEN REPORTED MAINLY IN PLAQUE PSORIASIS BUT HAS NOT PREVIOUSLY BEEN DESCRIBED IN THE CONTEXT OF GPP. WE REPORT A RARE CASE OF MTX-ASSOCIATED CUTANEOUS ULCERATION IN A PATIENT WITH GPP AND HIGHLIGHT THE ROLE OF INTERLEUKIN-36 RECEPTOR BLOCKADE AS AN EFFECTIVE ALTERNATIVE THERAPY.

Materials and Methods
A 34-YEAR-OLD WOMAN WITH A HISTORY OF GPP, INITIALLY DIAGNOSED DURING PREGNANCY IN 2018, PRESENTED IN JUNE 2024 WITH A SEVERE FEBRILE FLARE CHARACTERIZED BY WIDESPREAD ERYTHEMATOUS PLAQUES AND PUSTULES. SHE HAD PREVIOUSLY ACHIEVED REMISSION WITH SYSTEMIC CORTICOSTEROIDS, CYCLOSPORINE, AND LOW-DOSE MTX. DURING THE CURRENT FLARE, MTX WAS REINITIATED AT 15 MG WEEKLY WITH FOLIC ACID SUPPLEMENTATION FOLLOWING BASELINE LABORATORY EVALUATION. AFTER THREE DOSES, SHE DEVELOPED PAINFUL ULCERATIONS OF THE LIPS AND EROSIONS OVERLYING PRE-EXISTING PLAQUES. LABORATORY INVESTIGATIONS REVEALED MARKED HEPATOTOXICITY, PANCYTOPENIA, HYPOALBUMINEMIA, AND MILD RENAL IMPAIRMENT, CONSISTENT WITH MTX TOXICITY. MTX WAS DISCONTINUED, AND SHE WAS TREATED WITH INTRAVENOUS LEUCOVORIN RESCUE, SUPPORTIVE CARE, AND ANTIMICROBIAL THERAPY FOR SECONDARY METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS AND HERPES SIMPLEX VIRUS INFECTIONS. THE MUCOCUTANEOUS LESIONS AND SYSTEMIC ABNORMALITIES RESOLVED. SIXTEEN WEEKS LATER, SHE EXPERIENCED A NONFEBRILE GPP FLARE THAT RESPONDED RAPIDLY TO A SINGLE INTRAVENOUS DOSE OF SPESOLIMAB, WITH NEAR-COMPLETE PUSTULAR CLEARANCE WITHIN 24 HOURS.

Results
N/A it is a case report

Conclusions
THIS CASE DEMONSTRATES THAT MTX TOXICITY, INCLUDING CUTANEOUS ULCERATION, CAN OCCUR ABRUPTLY IN PATIENTS WITH GPP DESPITE STANDARD DOSING, FOLIC ACID SUPPLEMENTATION, AND PRIOR TOLERANCE. VIGILANT CLINICAL AND LABORATORY MONITORING IS ESSENTIAL. TARGETED THERAPIES SUCH AS SPESOLIMAB REPRESENT EFFECTIVE AND POTENTIALLY SAFER ALTERNATIVES FOR REFRACTORY OR HIGH-RISK GPP.

EA SYMPOSIUM DV 2026 ATHENS 7 - 9 MAY

Abstract N°: ID-572

Topic: Psoriasis

Botulinum toxin type A Suppresses Psoriasis: From Co-culture to Mice

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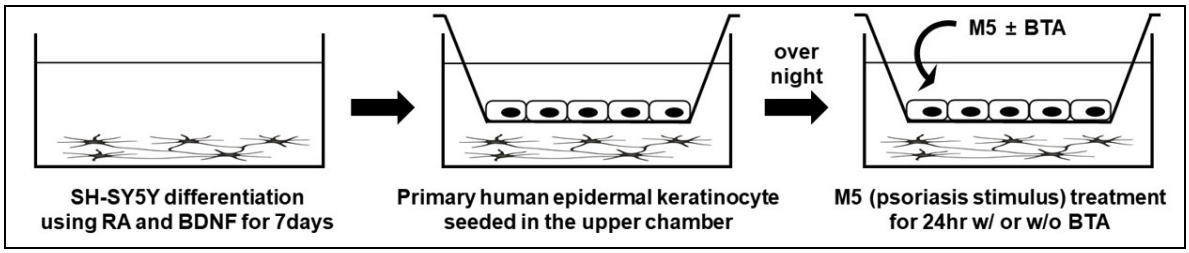
Introduction

Psoriasis is a chronic inflammatory skin disease characterized by epidermal hyperplasia and immune-cell infiltration driven largely by the IL-23/IL-17 axis. Beyond classic immune–keratinocyte crosstalk, accumulating evidence supports a key role for neuroimmune interactions: sensory nerves release neuropeptides (e.g., CGRP, substance P) that amplify cutaneous inflammation, and experimental denervation can attenuate psoriasiform dermatitis. Botulinum toxin type A (BTA) inhibits neuropeptide release and may therefore modulate psoriatic inflammation. This study aimed to evaluate the therapeutic potential of BTA—rather than a purely preventive approach—by assessing inflammatory cytokines, neuropeptides, and disease severity using an in vitro neuron–keratinocyte co-culture system and an in vivo imiquimod-induced mouse model.

Materials and Methods

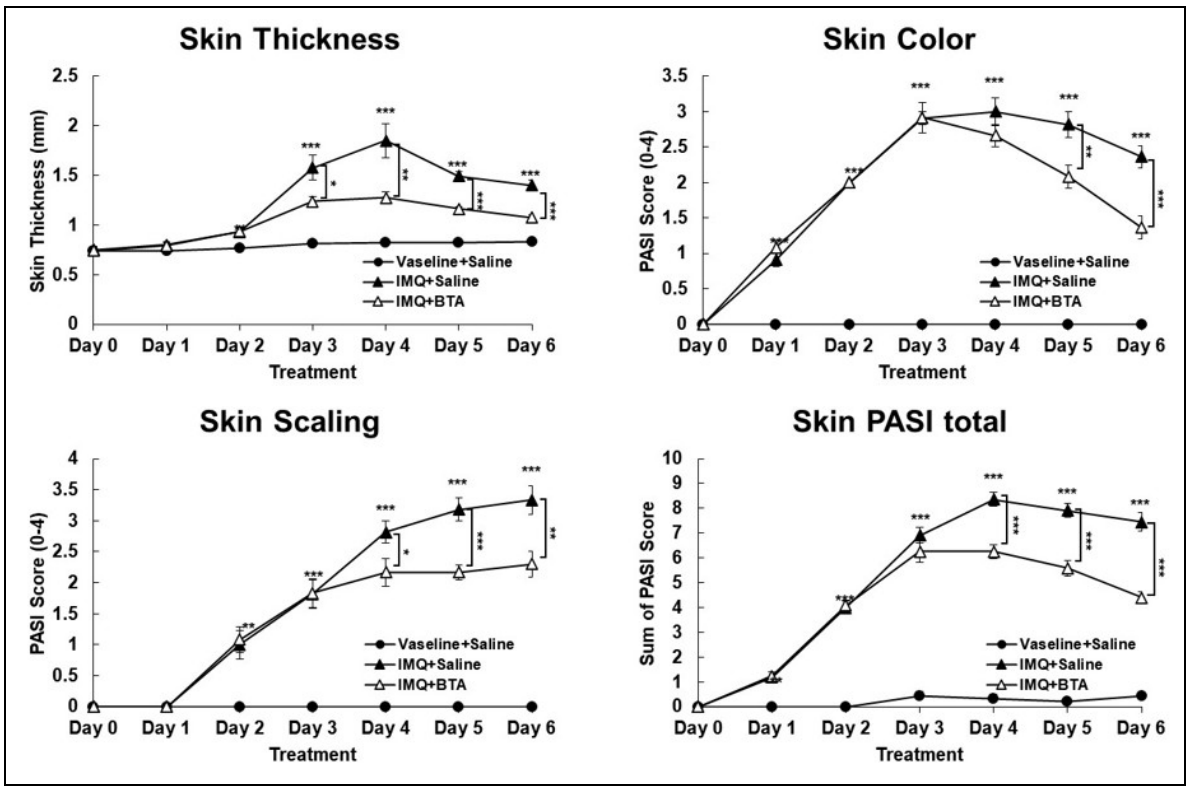
An in vitro neuron–keratinocyte co-culture model and an in vivo imiquimod (IMQ)-induced psoriasis-like mouse model were used to evaluate the therapeutic effects of BTA. For the in vitro experiments, SH-SY5Y cells were differentiated into neuron-like cells using retinoic acid-based differentiation followed by BDNF stimulation, and then co-cultured with primary human epidermal keratinocytes (HEKs) isolated from foreskin. Psoriasiform conditions were induced in HEKs using the M5 cytokine cocktail (IL-17A, IL-22, TNF-α, IL-1α, and oncostatin M; 10 ng/mL each), after which co-cultures were treated with or without BTA for 24 hours. Total mRNA was extracted and quantified by real-time qPCR, with expression levels normalized to GAPDH. For the in vivo therapeutic model, female C57BL/6J mice (7–8 weeks old) received topical IMQ (62.5 mg/day) on dorsal skin for 6 consecutive days to induce psoriasis-like dermatitis, and BTA (1 U/mouse) was administered intradermally on day 2 as treatment after disease initiation. Disease severity was evaluated daily using PASI components (erythema, scaling, and thickness). At sacrifice, spleen parameters were recorded, and dorsal skin was harvested for assessment of epidermal thickness and mediator expression by qPCR, normalized to GAPDH.



Results

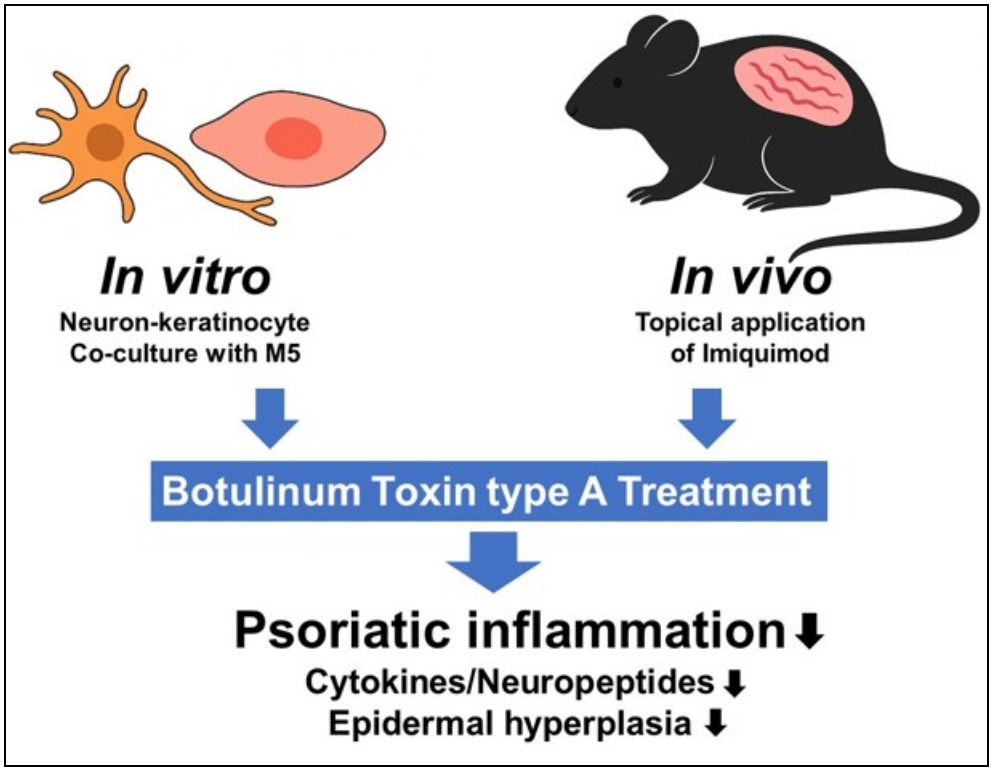
In the neuron–keratinocyte co-culture system, M5 stimulation induced a psoriasiform transcriptional response in keratinocytes, including altered keratin gene expression. Under co-culture conditions, M5 markedly increased the expression of psoriasis-related inflammatory cytokines and neuropeptides; importantly, these inductions were selectively and significantly attenuated by BTA treatment, indicating that BTA suppresses neuroimmune-amplified inflammatory signaling in this in vitro setting. In the imiquimod-induced murine model, intradermal BTA administered after disease initiation reduced clinical severity, with lower PASI scores and visible improvement of dorsal skin lesions

compared with saline control. BTA-treated mice also demonstrated attenuation of psoriasis-related inflammatory cytokine and neuropeptide mRNA expression in lesional skin. Collectively, these data show concordant anti-inflammatory effects of BTA at molecular and tissue/clinical levels in a therapeutic framework.



Conclusions

BTA mitigates psoriasiform inflammation by modulating neuroimmune pathways that amplify keratinocyte–immune signaling. In vitro, BTA suppressed M5-induced cytokine and neuropeptide upregulation in a neuron–keratinocyte co-culture model. In vivo, therapeutic intradermal BTA reduced PASI severity, epidermal inflammatory responses, and mediator expression in an imiquimod-induced mouse model. These findings support neuroimmune modulation as a mechanistic basis for BTA's anti-psoriatic effects and suggest BTA as a potential therapeutic strategy for psoriasis, with added translational relevance due to the use of a treatment (not prevention) paradigm.



Abstract N°: ID-575

Topic: Psoriasis

Identifying Psoriasis Patients at Risk for Psoriatic Arthritis: Results of an Italian Multidisciplinary Delphi Consensus

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Introduction

The transition from cutaneous psoriasis (PSO) to psoriatic arthritis (PsA) has gained increasing attention among clinicians and researchers in recent years, while remaining a subject of debate regarding its definition and, most importantly, its implications for diagnostic and therapeutic strategies aimed at improving patient outcomes and optimizing care pathways in real-world practice. In this context, an Italian multidisciplinary consensus initiative involving dermatologists and rheumatologists was conducted to identify patients with PSO at high risk of progression to early PsA, define the

most appropriate diagnostic approaches, establish criteria for timely referral to rheumatology, and explore the potential impact of specific therapeutic strategies. Given the increased risk of inflammatory bowel disease (IBD) in patients with PSO, a secondary objective focused on identifying patients at risk of IBD and defining optimal clinical and organizational management strategies for this subgroup.

Materials and Methods

A multidisciplinary steering committee (8 experts) convened a panel of 12 Italian dermatologists and rheumatologists with expertise in psoriasis and PsA. Using a standardized methodology, a structured three-phase Delphi process was conducted in 2025. Seven background and seven clinical questions were developed through targeted literature review and iterative expert discussion. Following a plenary meeting, 14 consensus statements were formulated and evaluated through two Delphi rounds using a 9-point Likert scale, with an approval threshold of 80%. Statements were graded according to the GRADE methodology. To address the secondary objective, an additional panel of three gastroenterologists was convened and presented with two background and six clinical questions related to IBD risk profiling and management in PSO. This process generated eight additional statements, which were validated through a three-round Delphi procedure.

Results

Consensus was achieved for all 14 statements related to the rheumatologic domain. Strong agreement was observed on the definition and clinical characterization of musculoskeletal symptoms associated with the transitional phase and early PsA, as well as on recommendations for clinical and instrumental identification of at-risk patients and their diagnostic and therapeutic management. Lower levels of agreement were observed regarding estimates of musculoskeletal symptom prevalence in PSO and the identification and relative weighting of demographic, lifestyle, anamnestic, and comorbidity-related predictors of progression to PsA. For the secondary objective, seven of eight gastroenterology-related statements achieved consensus, with weaker agreement concerning the benefit of early IBD diagnosis and treatment in paucisymptomatic PSO patients. No consensus was reached on the predictive role of specific comorbidities (e.g., uveitis) for the development of intestinal symptoms.

Conclusions

This Italian Delphi consensus represents a comprehensive and systematic effort to address a highly relevant and still controversial aspect of psoriatic disease management, for which robust evidence remains limited. The resulting statements provide a pragmatic framework for clinical practice and a foundation for future clinical research, which is urgently needed. Strengths of this work include its rigorous methodology, transparent integration of evidence and expert opinion, and structured assessment of agreement. The main limitation is the absence of a formal systematic review; however, given the exploratory and consensus-driven nature of the initiative, this is unlikely to have substantially influenced the conclusions.

*As members of the Steering Committee, these authors contributed equally to leading the consensus

Abstract N°: ID-585

Topic: Psoriasis

Underuse of statins among patients with psoriasis: an analysis in the All of Us Research Program

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Introduction
Psoriasis is a systemic inflammatory disease associated with increased risk of dyslipidemia and cardiovascular disease (CVD). Statins are a cornerstone of CVD prevention and may additionally improve psoriasis severity through immunomodulatory effects. Despite evidence that more than 60% of patients with psoriasis meet indications for statin therapy, real-world data on statin use in this population remain limited. Furthermore, sex-based disparities in cardiovascular risk management have been reported in the general population but are poorly characterized among individuals with psoriasis. We aimed to estimate the prevalence of statin use among adults with psoriasis in the National Institutes of Health's All of Us Research Program and to identify demographic and clinical factors associated with statin use.

Materials and Methods
We conducted a cross-sectional analysis of adults with psoriasis enrolled in the All of Us Research Program. Psoriasis was identified using validated electronic health record (EHR) diagnostic codes (ICD-9, ICD-10, and SNOMED). Statin use was ascertained from EHR medication data and baseline participant surveys. Demographic characteristics, body mass index (BMI), smoking history, and cardiovascular comorbidities including hyperlipidemia, hypertension, diabetes mellitus, and ischemic heart disease were extracted from structured EHR data. Multivariable logistic regression was used to identify factors independently associated with statin use. Analyses were restricted to participants with available EHR data.

Results
Among 5,331 participants with psoriasis (1.44% of 370,861 All of Us participants; mean age 58.8±14.5 years; 59.7% female), 22.4% (n=1,192) were using statins. Statin use was more common among men than women (28.4% vs. 18.3%). In multivariable analyses, older age, higher BMI, hyperlipidemia, type 2 diabetes, and ischemic heart disease were independently associated with increased odds of statin use. Female sex was associated with significantly lower odds of statin use after adjustment for cardiovascular risk factors (adjusted odds ratio [OR] 0.74, 95% confidence interval [CI] 0.64–0.86, $p<0.001$).

Notably, among participants with psoriasis and documented hyperlipidemia (62.0% of the cohort), only 33.4% were receiving statin therapy, indicating that nearly two-thirds of psoriasis patients with hyperlipidemia were not treated despite guideline-supported indications. These disparities persist despite contemporary guidelines recognizing psoriasis as a cardiovascular risk-enhancing condition that may warrant earlier statin initiation.

Conclusions

In this large, diverse U.S. cohort, fewer than one-quarter of individuals with psoriasis were using statins, despite a high prevalence of cardiovascular risk factors. Women with psoriasis were significantly less likely to receive statins than men, even after adjustment for age and comorbidities. These findings suggest substantial underuse of statins and highlight sex-based disparities in cardiovascular risk management among patients with psoriasis. Improved recognition of psoriasis as a systemic inflammatory condition with elevated cardiovascular risk may help close gaps in preventive care. Future studies incorporating disease severity, longitudinal prescribing patterns, and clinician decision-making are needed to inform targeted interventions to optimize cardiovascular prevention in this population.

Abstract N°: ID-588

Topic: Psoriasis

Does the Use of Biologics in Patients with Psoriasis and Hidradenitis Suppurativa Increase the Risk of Malignancy Development?

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Introduction

Psoriasis is a chronic inflammatory disease with polygenic inheritance, triggered by environmental factors such as infection, trauma, and medications. Hidradenitis suppurativa (HS) is a chronic, suppurative inflammatory disease that occurs around hair follicles. Biological agents are used in patients with psoriasis and HS who are resistant to conventional treatments. Considering the effects of these biological agents, which have become more widely used in recent years, particularly on immune regulation, the potential development of malignancy in patients is a cause for concern. The aim of this study is to evaluate the risk of malignancy development associated with the use of biological agents in patients with psoriasis and HS resistant to conventional treatments.

Materials and Methods

Patients who presented to the follow-up clinic with psoriasis and HS between 2010 and 2025, who were resistant to conventional treatments, and started on biological agents were included in the study.

The age, gender, comorbidities, conventional treatments, biological agents used, and treatment duration were recorded for all patients. Those who developed malignancy were recorded. Categorical variables were compared using the chi-square test where appropriate. A p-value <= 0.05 was considered statistically significant. Statistical analyses were performed using SPSS version 27 software (SPSS Inc., Chicago, IL, USA).

Results

A total of 152 patients with psoriasis and 31 patients with HS were included in the study. Among the patients with psoriasis, 63.2% were male, and 36.8% were female. Regarding clinical subtypes, 73.7% had plaque psoriasis, 17.1% had guttate psoriasis, 5.3% had erythrodermic psoriasis, 5.3% had palmoplantar psoriasis, and 2.6% had pustular psoriasis.

Biologic therapies used by the psoriasis patients included adalimumab (35.5%), infliximab (8.6%), secukinumab (19.7%), ustekinumab (36.2%), guselkumab (14.5%), etanercept (20.4%), risankizumab (12.5%), ixekizumab (15.12%), bimekizumab (3.3%), and certolizumab (4.6%).

Malignancy was detected in 8 of the 152 psoriasis patients: leukemia in 1 patient, papillary thyroid carcinoma in 2 patients, breast cancer in 2 patients, prostate cancer in 2 patients, and squamous cell carcinoma in 1 patient. Among the patients who developed malignancy, 5 (62.5%) had used etanercept, 4 (50%) ustekinumab, 2 (25%) guselkumab, 2 (25%) adalimumab, 1 (12.5%) infliximab, and 1 (12.5%) risankizumab. No statistically significant association was found between disease duration and the development of malignancy in psoriasis patients (p = 0.498).

Among the 31 patients with HS, 80.6% were male and 19.4% were female. According to Hurley staging, 12.9% were classified as stage I, 64.5% as stage II, and 64.5% as stage III. One patient with HS who was treated with adalimumab developed squamous cell carcinoma during follow-up. No solid organ malignancies were observed.

Conclusions

In this study, the incidence of malignancy associated with biologic agents in patients with psoriasis and HS did not differ from rates expected in the general population. In our study, when the risk of malignancy development was evaluated among biologic agents, a slightly increased risk was observed with etanercept compared with other biologic therapies. However, considering the small number of patients who developed malignancy relative to the total study population, these findings need to be supported by data obtained from larger patient cohorts.

Abstract N°: ID-592

Topic: Psoriasis

Efficacy and Safety of IL-12, IL-17, IL-12/23, and IL-23 Inhibitors for Moderate-to-Severe Psoriasis: A Systematic Review and Bayesian Network Meta-Analysis

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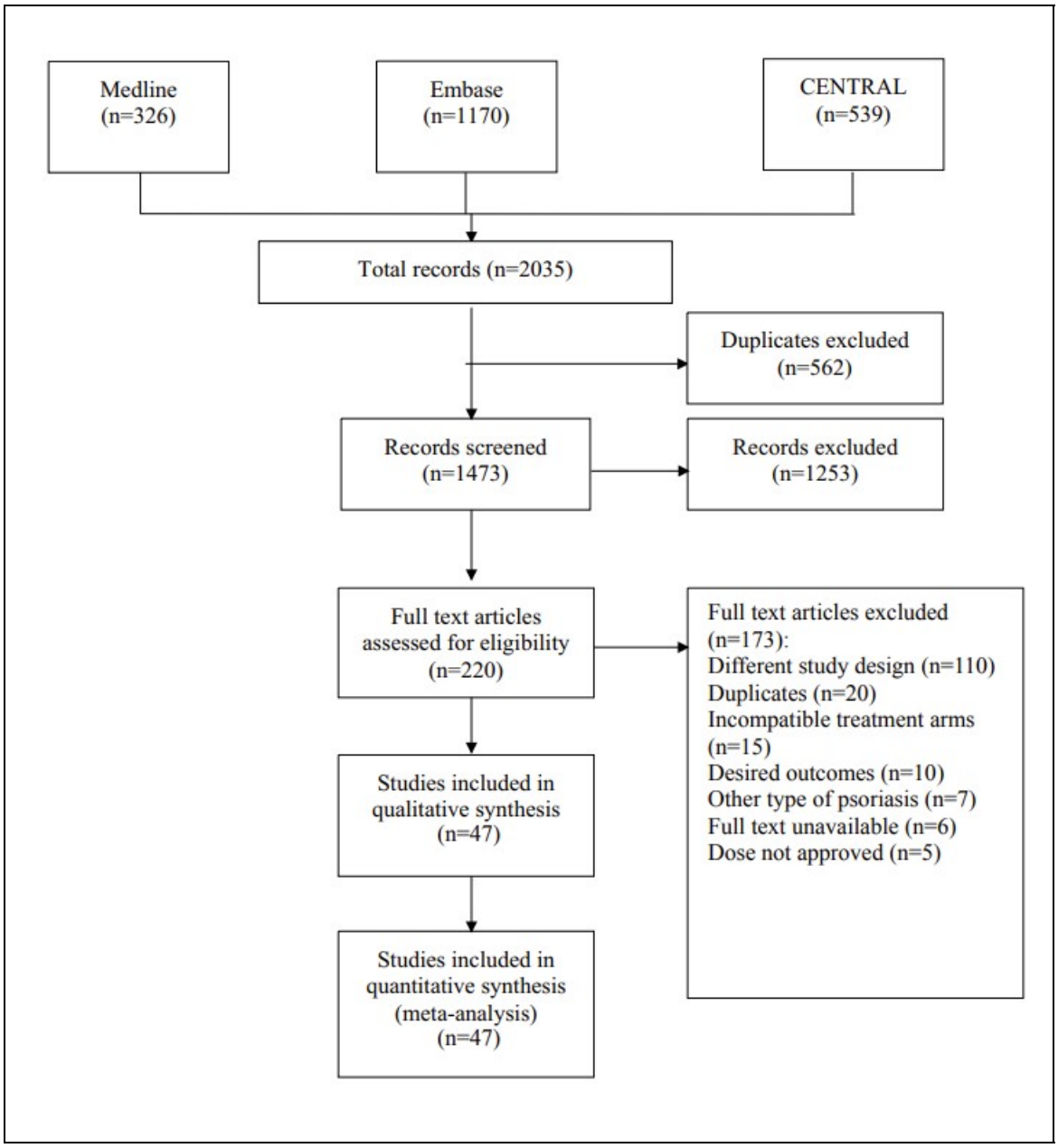
Introduction

Plaque psoriasis is an inflammatory skin disease that classically present as erythematous plaques with thick scales affecting the extensor surfaces, trunk, and scalp (1).The estimated prevalence of psoriasis in adults ranges from 0.51% to 11.43% worldwide, while the prevalence in children is approximately 1.37% (2). Several biologic agents targeting these cytokine pathways are available, however, differences in their efficacy, safety profiles, and long-term outcomes can make treatment selection challenging. In addition, there are limited direct head-to-head clinical trials comparing these agents. Thus, network meta-analysis is important to provide indirect comparisons for a better understanding of their relative effectiveness and safety in patients with moderate to severe plaque psoriasis.

Materials and Methods

A systematic literature search was conducted using MEDLINE, Embase and Cochrane Central Register of Controlled Trials (CENTRAL). The references and citations of the included trials were also reviewed for relevant studies. This systematic review and network meta-analysis protocol was registered at PROSPERO (CRD420251045626). Eligible studies were randomized controlled trials (RCTs) published in English only that compared biologic interventions targeting interleukin (IL) pathways, specifically IL-12, IL-17, IL-12/23, or IL-23 inhibitors, with placebo or with another biologic within the same classes. The population of interest consisted of adults (≥18 years of age) with moderate-to-severe plaque psoriasis. Studies must report at least one desired efficacy and/or safety outcome. In addition, only approved doses by either the Food and Drug Administration (FDA) or the European Medicines Agency (EMA) were included.



Results

Out of the 47 included RCTs, 18 had an overall low risk of bias, 17 had some concern, and 12 had an overall high risk. A total of 19,683 participants were included). The majority were male (n = 13,656; 69.38%), while 6,027 participants (30.62%) were female. The mean age of participants receiving interventions was 45.45 (±12.99) and for placebo group 45.34 (±13.09). For PASI75, ixekizumab 80 mg demonstrated the highest response in the main analysis, followed by ustekinumab 90mg. However, a sensitivity analysis was done due to substantial heterogeneity by removing high risk and some concern included studies, which shifted the results toward brodalumab 210 mg achieving the highest response in PASI75 followed by bimekizumab 320 mg. Brodalumab 210 mg was the most effective treatment for achieving PASI90, followed by ixekizumab 80 mg. Similarly to PASI75, sensitivity analysis was done and demonstrated brodalumab 210 mg as the most effective for PASI90 followed by bimekizumab 320 mg. Regarding safety, Tildrakizumab 200 mg was associated with the lowest risk of adverse events, whereas bimekizumab 320 mg had the highest based on SUCRA

Conclusions

This network meta-analysis comprehensively evaluated the efficacy and safety of IL-12, IL-17, IL-12/23, and IL-23 inhibitors in adults with moderate-to-severe plaque psoriasis. The results demonstrated that IL- 17 inhibitors, particularly ixekizumab and brodalumab, were associated with the highest efficacy in achieving skin clearance, while IL-23 inhibitors, especially tildrakizumab, exhibited the most favorable safety profile. These results reinforce the role of Interleukin targeting biologics as cornerstone therapies for plaque psoriasis and provide valuable evidence to guide individualized treatment selection based on efficacy expectations and safety considerations. Further head-to-head and

real-world comparative studies are needed to validate our findings and to better inform long term therapeutic decision making in clinical practice.

References:

1. Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gøtzsche PC, Ioannidis JPA, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. BMJ. 2009;339.
2. Higgins JPT, Altman DG, Gøtzsche PC, Jüni P, Moher D, Oxman AD, et al. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. BMJ (Online). 2011 Oct 29;343(7829).

Abstract N°: ID-601

Topic: Psoriasis

A Multicenter, Randomized, Open-label, Phase 3 Study to Evaluate the Efficacy and Safety of SSGJ-608 in patients with moderate-to-severe plaque psoriasis

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Introduction
SSGJ-608 is an anti-interleukin-17A monoclonal antibody with high specificity and high affinity. This is a multicenter, randomized, open-label, phase 3 study with the primary objective of demonstrating efficacy and safety of SSGJ-608 in patients with moderate-to-severe plaque psoriasis.

Materials and Methods
This study composed of a 12-week open label treatment period and a 8-week safety follow-up period. Patients with moderate-to-severe plaque psoriasis were randomly assigned (1:1) to receive subcutaneous injections of 80mg of SSGJ-608 every two weeks (Q2W) after a starting dose of 160mg at week 0 (608A group), or 160mg of SSGJ-608 every four weeks (Q4W) (608 B group) for 12 weeks. Efficacy was assessed by ≥75% improvement from baseline in the Psoriasis Area and Severity Index score (PASI75) and a static Physicians Global Assessment score of 0/1 (sPGA 0/1) response rates at week 12 as co-primary endpoints, and proportion of patients who achieved PASI90, PASI100 or sPGA score of 0 at week 12 as key secondary endpoints. The safety profile was also evaluated.

Results
A total of 770 Chinese patients were enrolled and randomized to 608A group (n=385) or 608B group (n=385). At week12, the proportions of patients achieving PASI75 (92.7% vs. 95.1%) and sPGA 0/1 (80.3% vs. 79.0%) were comparable between the two SSGJ-608 dose regimens; 81.0% of patients in the 608A group and 82.3% in the 608B group achieved PASI90, respectively; 49.4% and 47.5% in each group achieved PASI100, respectively; sPGA score of 0 was achieved by 49.4% of patients and 47.3% in each group, respectively. PASI 90 response rate was 26.2% in the 608A group and 22.9% in the 608B group at week 4; this rate increased to 66.2% and 66.0% at week 8, and further improved to 77.4% and 79.7% by week 20, respectively. PASI100 response rate was 10.4% in the 608A group and 4.2% in the 608B group at week 4; this rate increased to 32.7% and 28.8% at week 8, and further improved to 48.3% and 48.6% by week 20, respectively. The proportions of patients achieving sPGA 0 in the two groups (49.4% and 47.3%) were comparable to the PASI100 response rates, with both endpoints signifying complete skin clearance. Besides, of the patients who had a NRS

score ≥4 at baseline, 82.3% of patients in the 608A group and 78.9% in the 608B group achieved a reduction in NRS score of ≥4 at week 12. In the subgroup of patients who had received IL-17 targeted therapy before, 77.8% (42/54) of patients in the 608A group and 74.0% (37/50) in the 608B group achieved PASI90, respectively; 55.6% (30/54) and 44.0% (22/50) in each group achieved PASI100, respectively; sPGA 0 was achieved by 55.6% (30/54) and 44.0% (22/54) in each group, respectively. The most common TEAEs were hypertriglyceridemia (5.2%), upper respiratory tract infection (4.9%), hyperuricemia (4.4%), alanine aminotransferase increased (4.3%) and hypercholesterolemia (3.6%). Both treatment groups demonstrated a favorable safety profile, with no increase in risk observed with longer drug exposure.

Conclusions

SSGJ-608 showed rapid, substantial, and durable levels of skin clearance in patients with moderate to severe psoriasis at both 80mg Q2W (with a 160mg starting dose at Week 0) and 160mg Q4W in a larger population, which was reflected in high proportions of complete skin clearance. SSGJ-608 also achieved high clinical response rates in patients previously treated with anti-IL-17 therapy in both dosing schedules. Safety findings in this patient population were consistent with other same-target drugs, and no new risk signals were found for SSGJ-608. This study featured a large sample size and sufficient exposure, further validating both the efficacy and safety profile of SSGJ-608. These findings suggest that SSGJ-608 has the potential to ensure long-term therapeutic success and improve patient quality of life, while also presenting a lower risk of certain significant complications.

Abstract N°: ID-608

Topic: Psoriasis

Changes in Metabolic Indicators in Psoriatic Patients Treated with Picankibart in the Phase 3 CLEAR-1 Trial

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Introduction
Psoriasis has been associated with metabolic disorders. An ad-hoc analyses were conducted to evaluate the effect of Picankibart, a IL-23p19 inhibitor, in metabolic indicators from the Phase 3 CLEAR-1 trial (NCT05645627).

Materials and Methods
Five hundred adult plaque psoriasis participants were randomized into 3 groups (100mg Picankibart, 200mg Picankibart, and placebo) of a 2:2:1 ratio. In the first 16 weeks, 100mg and 200mg groups were all treated with 200mg Picankibart (Picankibart Group), then shifted to 100mg or continued with 200mg. Placebo group switched to receive 200mg Picankibart at Week 16. Changes in fasting blood glucose (FGB), uric acid (UA), and triglycerides (TG) were analyzed among groups.

Results
At baseline, 5.0%, 4.5%, and 8.1% of the participants had FGB abnormality (baseline FGB ≥ 7.0mmol/L or 125mg/dl), and 33.7%, 34.7%, and 31.3% had high UA (baseline UA 7.0 mg/dl or 416μmol/L for males; 6.0mg/dl or 358μmol/L for females) . At Week 16, mean change from baseline (SD) of FGB were -0.091 (0.8295) mmol/L and -0.043 (1.1956) mmol/L for the two groups; 19.823(71.2718) μmol/L and 29.565 (73.3439) μmol/L for UA; and 0.191(1.4001) mmol/L and 0.220(1.2239) mmol/L for TG. At Week 52, among 3 groups, the results were 0.083(1.0458) mmol/L, 0.068(0.9375) mmol/L, and 0.221(1.1434) mmol/L for FGB; -17.539(58.7217) μmol/L, -5.873(67.2156) μmol/L, and -6.448(61.7491) μmol/L for UA; 0.105(1.5272) mmol/L, 0.388(1.6479) mmol/L, and 0.231(1.3329) mmol/L for TG. Similar results were observed between patients with/without baseline metabolic indicator abnormality.

Conclusions
Preliminary trends were observed in major metabolic indicators with minor differences between groups, which warrant further and detailed analyses.

Abstract N°: ID-612

Topic: Psoriasis

Paradoxical Immune Reactions under IL-17 Blockade: Insights from a Clinical Case Series

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Introduction

Psoriasis is a chronic, immune-mediated inflammatory dermatosis that develops on a genetic background. Interleukin-17A (IL-17A) inhibitors, including ixekizumab, have significantly expanded the therapeutic armamentarium for psoriasis vulgaris (PV) by providing sustained disease control. Nevertheless, paradoxical inflammatory reactions have been reported, defined as the new onset or exacerbation of psoriatic lesions during treatment. Paradoxical psoriasis most commonly manifests as palmoplantar pustulosis, characterized by sterile pustules on an erythematous, scaly base involving the palms and soles.

Materials and Methods

Case 1: A 42-year-old male patient with PV, followed in our department, has been receiving biologic therapy with ixekizumab since 2019. In February 2023, during a routine follow-up visit, clinical examination revealed painful pustules and erythema on the palms and soles. The lesions had developed after the last dose of ixekizumab prior to presentation. A diagnosis of paradoxical pustular psoriasis (PPP) was established. Topical treatment with mometasone furoate ointment and keratolytic agents was initiated. The clinical course was favorable but slow, with complete remission after approximately six months. Although switching biologic therapy was considered, the patient declined. He remains on ixekizumab, with a stable and favorable outcome.

Case 2: A 50-year-old female patient with a history of psoriatic arthritis (PsA) since 2021 and PV since 2022 was switched to ixekizumab in December 2022 after methotrexate (MTX) and apremilast proved ineffective. Two months later, at a follow-up visit in February 2023, pustules and vesicles were observed on both soles. A diagnosis of PPP was made. Topical treatment with calcipotriol and betamethasone dipropionate foam was prescribed, leading to a favorable clinical response. At present, the patient continues ixekizumab therapy with sustained clinical improvement.

Case 3: A 61-year-old woman with severe chronic plaque psoriasis and peripheral PsA since 2021, previously treated with MTX, was referred to our department in November 2022 due to progressive disease exacerbation. As lesions persisted despite systemic therapy, ixekizumab was initiated, resulting in rapid improvement. In February 2023, she developed PPP, presenting as a painful eruption of pustules and vesicles on both soles. Ixekizumab was continued in association with topical steroids, leading to improvement of the pustular lesions. However, worsening of PV prompted a switch to adalimumab in August 2023, followed by a further switch to risankizumab in October 2024 due to fluctuating disease activity.

Case 4: A 56-year-old woman with palmoplantar PV and autoimmune thyroiditis was started on ixekizumab in November 2025 after failure of MTX and topical therapies (betamethasone+calcipotriol and tazarotene). One month later, she was admitted to our clinic with a painful palmoplantar eruption consisting of pustules on an erythematous base, associated with hyperkeratosis, desquamation, and fissures. A diagnosis of PPP was established. Ixekizumab was discontinued, and treatment with topical steroids and systemic colchicine was initiated, resulting in marked improvement within two months. The patient was subsequently switched to risankizumab.

Results

Paradoxical psoriasis reactions were more frequently observed in middle-aged and older female patients, occurring from one month to several years after initiation of IL-17A inhibitor therapy. Palmoplantar pustulosis was the predominant clinical presentation. Discontinuation or switching to another biologic agent, in combination with topical therapy, led to significant improvement or complete resolution of lesions.

Conclusions

This case series underscores the importance of early recognition of biologic therapy–related adverse reactions and the need for individualized management strategies. As the use of IL-17A antagonists continues to increase, clinicians should remain vigilant for rare paradoxical events such as PPP.

Abstract N°: ID-629

Topic: Psoriasis

Calcipotriol/betamethasone cream for scalp psoriasis treatment: insights from a prospective Study.

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Introduction
Scalp psoriasis is a frequent clinical presentation of psoriasis and is associated with substantial impairment in quality of life due to symptoms and high visibility. Despite being first-line, topical therapies on the scalp are often limited by challenging delivery through hair coverage and reduced adherence with cosmetically unpleasant vehicles. We aimed to evaluate the real-world effectiveness of calcipotriol/betamethasone dipropionate (Cal/BDP) cream in scalp psoriasis.

Materials and Methods
We performed a prospective study including 33 patients with mild-moderate psoriasis with scalp involvement from a tertiary hospital. Disease extent and severity were assessed at baseline (week 0) and after 8 weeks of once-daily Cal/BDP cream (calcipotriol 50 mcg/g; betamethasone dipropionate 0.5 mg/g). Outcomes included percentage scalp involvement, Scalp Psoriasis Severity Index (SPSI), scalp-specific Physician's Global Assessment (ssPGA), pruritus by Visual Analog Scale (VAS), and clinical subscores for erythema, induration, and scaling.

Results
Among the 33 participants, 63.6% were male and 36.4% female, with a mean age of 49.6 years (range 19–74). Median (Q1–Q3) hair-covered scalp percentage was 85% (80–100). Median (Q1–Q3) scalp involvement decreased from 20% (10–40) at baseline to 1% (0–3) at week 8, with 48.5% of patients achieving complete clearance of affected area (0% involvement). SPSI improved markedly from a baseline median (Q1–Q3) of 140 (74–180) to 2 (0–10) at week 8 (mean relative reduction 95.38%), and 48.5% reached SPSI = 0. The proportion of patients with moderate-to-severe erythema, induration, and scaling decreased from 69.7%, 63.6%, and 81.8%, respectively, to 0% at week 8; at study end, 63.6% had no erythema, 72.7% no induration, and 48.5% no scaling, while the remainder displayed only mild signs. On ssPGA, 78.8% presented with moderate-to-severe disease at baseline; at week 8, 48.5% were rated as "no psoriasis," 42.4% as "almost no psoriasis," and 9.1% as "mild psoriasis." Pruritus improved substantially, with mean VAS decreasing from 8.09 to 1.15 (relative reduction 85.8%), and 45.5% reporting VAS = 0 at week 8. All outcomes showed statistically significant improvement ($p < 0.001$). Notably, 51.5% of patients were treatment-naïve (no prior therapy for scalp psoriasis).

Conclusions
Once-daily Cal/BDP cream achieved rapid and clinically meaningful improvements in extent, objective severity, and pruritus in scalp psoriasis, including high rates of near-complete or complete clearance, supporting its effectiveness in this traditionally difficult-to-treat area.

Abstract N°: ID-639

Topic: Psoriasis

Long-term tuberculosis safety and interferon-γ release assay conversion in patients with psoriasis receiving biologic therapy

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Introduction
In countries with an intermediate tuberculosis (TB) burden, screening for latent TB infection (LTBI) is standard of care before initiating biologic therapy for psoriasis. Although the association between tumor necrosis factor (TNF)-α inhibitors and TB reactivation is well established, real-world evidence on long-term interferon-gamma release assay (IGRA) dynamics and the TB safety of newer biologics remains limited. We assessed baseline LTBI prevalence, IGRA seroconversion, and subsequent active TB outcomes across biologic classes in a treatment-experienced cohort.

Materials and Methods
We retrospectively analyzed 834 patients with severe psoriasis or psoriatic arthritis who received biologic therapy at a single tertiary referral center between 2015 and 2025. Baseline LTBI status was assessed using IGRA testing. Follow-up IGRA testing was performed per institutional protocol or clinician discretion. Seroconversion was defined as conversion from a negative to a positive IGRA result. Seroconversion incidence was compared across biologic classes at treatment initiation, including TNF-α inhibitor (adalimumab), IL-12/23 inhibitor (ustekinumab), IL-17 inhibitors (secukinumab, ixekizumab), and IL-23 inhibitors (guselkumab, risankizumab). Patients with baseline IGRA positivity were referred for LTBI preventive therapy with a 9-month course of isoniazid per institutional practice. Patients unable to receive prophylaxis because of adverse events or contraindications were followed with periodic chest radiography and symptom assessment.

Results
Of 834 patients, 122 (14.6%) were IGRA-positive at baseline. Overall, 132/834 (15.8%) were ever IGRA-positive, including 122 baseline IGRA-positive patients and 10 (1.2%) who seroconverted during biologic therapy. Among these 132 patients, 118 (89.4%) had psoriasis vulgaris and 14 (10.6%) had psoriatic arthritis. More than 87% had prior methotrexate or cyclosporine exposure, and baseline demographics and systemic therapy history were similar across groups. Seroconversion rates were 1.56% with IL-23 inhibitors (6/385), 0.88% with IL-17 inhibitors (3/339), and 1.96% with ustekinumab (1/51), with no seroconversion observed with adalimumab (0/59). Rates did not differ significantly by biologic class (p=0.845). The mean time to seroconversion was 28.5 months, and seroconversion occurred predominantly after 12 months of therapy. Nine of 10 seroconverters (90%) had diabetes mellitus. Chronic kidney disease (n=3) and cirrhosis (n=1) were also noted. The average duration from the first documented positive IGRA result to the last follow-up was 5.11 years. No active TB occurred during follow-up.

Table 1. Characteristics of Patients with IGRA Seroconversion

No.	Age/ Sex	Diagnosis	Comorbidities	Biologic Agent	Time to conversion (mo)	Management	Active TB
1	75/M	Psoriasis vulgaris	DM	Guselkumab	24	INH(9mo)	No active TB
2	60/M	Psoriasis arthritis	DL	Guselkumab	28	INH(9mo)	No active TB
3	42/M	Psoriasis vulgaris	DM, CKD, DL	Guselkumab	71	INH(9mo)	No active TB
4	80/M	Psoriasis vulgaris	DM, CKD	Ixekizumab	17	INH(9mo)	No active TB
5	51/M	Psoriasis vulgaris	DM, DL	Ixekizumab	40	INH(9mo)	No active TB
6	54/M	Psoriasis vulgaris	DM, LC	Risankizumab	9	INH(9mo)	No active TB
7	64/M	Psoriasis vulgaris	DM, CKD	Risankizumab	21	Observation	No active TB
8	58/M	Psoriatic arthritis	DM, HTN, DL	Risankizumab	52	INH(9mo)	No active TB
9	56/F	Psoriatic arthritis	DM, DL	Secukizumab	21	INH(9mo)	No active TB
10	74/F	Psoriatic arthritis	DM	Ustekizumab	10	INH(9mo)	No active TB

**CKD*, chronic kidney disease; *DL*, dyslipidemia; *DM*, diabetes mellitus; *HTN*, hypertension; *IGRA*, interferon-gamma release assay, *INH*, isoniazid; *LC*, liver cirrhosis; *TB*, tuberculosis.

Conclusions

In this treatment-experienced cohort, baseline LTBI prevalence was 14.6%, whereas IGRA seroconversion was uncommon (1.2%). No cases of active TB occurred among baseline IGRA-positive patients or seroconverters over a mean follow-up of 5.11 years. Seroconversion rates were low and did not differ significantly across IL-17, IL-23, and IL-12/23 pathway biologics. Events tended to occur later rather than early after treatment initiation. The disproportionately high prevalence of diabetes mellitus among seroconverters, along with additional comorbidities such as chronic kidney disease, suggests that host factors may influence interpretation of a newly positive IGRA during therapy. These findings support the long-term TB safety of contemporary biologics when baseline screening and appropriate LTBI management are implemented. Ongoing monitoring may be most efficiently tailored to higher-risk patients.

Abstract N°: ID-656

Topic: Psoriasis

Once-daily oral zasocitinib demonstrates rapid and reproducible skin clearance with a consistent safety profile in moderate-to-severe plaque psoriasis: Results from two randomized phase 3 trials (LATITUDE-PsO-3001 and 3002)

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Introduction
Efficacy and safety of zasocitinib in adults with moderate-to-severe plaque psoriasis were evaluated in two pivotal trials (LATITUDE-PsO-3001 [NCT06088043], LATITUDE-PsO-3002 [NCT06108544]).

Materials and Methods
Two phase 3 randomized, double-blinded, multicentre trials compared zasocitinib 30mg once daily with placebo or apremilast 30mg twice daily over 52 (LATITUDE-PsO-3001) or 60 weeks (LATITUDE-PsO-3002). Eligible adults (PASI≥12, sPGA ≥3, BSA ≥10%) were randomized 3:1:1 (3001) and 2:1:1 (3002) to receive zasocitinib, placebo, or apremilast, respectively. Co-primary endpoints were sPGA 0/1 (≥2-point improvement) and PASI75 versus placebo (Week 16). Secondary endpoints included PASI75/90/100 responses versus comparators (Weeks 16/24).

Results
LATITUDE-PsO-3001/LATITUDE-PsO-3002 enrolled 693 and 1108 participants, respectively. At Week 16, in both trials zasocitinib met co-primary endpoints compared with placebo (sPGA 0/1: zasocitinib 71.4%/69.2%, placebo 10.7%/12.6% [p<0.001]; PASI75: zasocitinib 75.7%/71.4%, placebo 12.1%/12.3% [p<0.001]), and demonstrated superiority over apremilast (sPGA 0/1: apremilast 32.1%/29.7% [p<0.001]; PASI75: apremilast 37.2%/33.0% [p<0.001]). Progressive improvement was observed through Week 24. In LATITUDE-PsO-3002, PASI75 superiority was observed as early as Week 4 (PASI75: zasocitinib 16.8%, placebo 4.3% [p<0.001]). Superiority of zasocitinib over apremilast was also observed for PASI90 and PASI100 at Week 24 (PASI90: zasocitinib 69.0%/62.7%, apremilast 20.4%/17.0% [p<0.001]; PASI100: zasocitinib 42.3%/32.1%, apremilast 5.1%/3.3% [p<0.001]). Safety and laboratory parameters were consistent with prior studies. TEAEs to Week 16: zasocitinib 66.1%/59.6%, placebo 45.0%/48.0%, apremilast 54.0%/48.4%. The most frequently occurring adverse events (≥5%) observed with zasocitinib were upper respiratory tract infection, nasopharyngitis and acne.

Conclusions

Once-daily zasocitinib demonstrates rapid and reproducible skin clearance with a consistent safety profile.

Abstract N°: ID-676

Topic: Psoriasis

Clinical Characteristics, Triggers, and Comorbidities of Psoriatic Erythroderma: A Comparative Registry Study in Russia and Belarus

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Introduction
Psoriatic erythroderma (PE) is a severe phenotype of psoriasis with extensive skin involvement and frequent systemic manifestations. Comparative data on demographics, lifestyle factors, and comorbidities across Eastern European populations remain limited. We aimed to analyse and compare clinical and anamnestic characteristics, lifestyle factors, and comorbidities in adults with PE from two registries in the Russian Federation and the Republic of Belarus.

Materials and Methods
This comparative observational study included 98 adults with PE treated in two tertiary dermatology centres (Russia, n=64; Belarus, n=34) during 2014–2023. We assessed demographics, age distribution, psoriasis history, PE duration, reported triggers, harmful habits (smoking and/or alcohol misuse), key clinical signs, systemic symptoms, and comorbidities, and compared these between cohorts using standard comparative statistical methods.

Results
Among 98 patients, 64.29% were male (n=63) and 35.71% female (n=35). Male predominance was observed (Russia 39/64, 60.9%; Belarus 24/34, 70.6%). Mean age was 45 years (Russia) and 49 years (Belarus). PE accounted for 56.2% of all erythroderma cases registered at the Russian centre and 41.7% at the Belarusian centre over the study period. Psoriatic erythroderma was the first manifestation of psoriasis in 3.06% (n = 3), and other forms of psoriasis were previously diagnosed in 96.94% of (n = 95). Harmful habits (smoking and/or alcohol misuse) were reported in 34.69% (n = 34). Comorbidities were common: psoriatic arthritis was recorded in 42.86% (n=42), cardiovascular diseases were recorded in 16.33% (n = 16), gastrointestinal diseases were recorded in 21.58% (n = 21), type 2 diabetes mellitus was recorded in 15.34% (n = 15), metabolic syndrome in 16.14% (n = 16), infectious diseases in 9.18% (n=9).

Conclusions
Across two Eastern European registries, PE represented a substantial proportion of erythroderma cases and showed a consistent male predominance. Individuals with psoriatic erythroderma typically exhibit a burdened somatic medical history alongside the presence of deleterious habits. Structured assessment of potential triggers (including medication history, ultraviolet exposure, and psychosocial stress) and systematic screening for psoriatic arthritis and cardiometabolic comorbidities should be integrated into multidisciplinary PE care.

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Abstract N°: ID-686

Topic: Psoriasis

Early response to calcipotriol and betamethasone dipropionate PAD-cream at week 4: a post-hoc analysis from pooled MC2-01-C2 and MC2-01-C7 phase III trials

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Introduction

The calcipotriol and betamethasone dipropionate cream based on polyaphron dispersion technology (CAL/BDP PAD-cream) emerged as a novel formulation for a more convenient topical treatment of psoriasis. Two phase III clinical trials revealed high efficacy, favourable safety and convenience for CAL/BDP PAD-cream compared to CAL/BDP gel. This post-hoc analysis aims to assess the proportion of early responders to CAL/BDP PAD-cream based on achievement of Physician's Global Assessment (PGA) controlled disease at Week (W) 4 and to compare the concordance of results with patient-reported outcomes (PROs).

Materials and Methods

Post-hoc pooled analysis of adult patients with mild-to-moderate psoriasis from MC2-01-C2 and MC2-01-C7, two multicentre, randomized, investigator-blind, active and vehicle-controlled trials. Patients were randomized in a 3:1:3 ratio to CAL/BDP PAD-cream, PAD-cream vehicle or CAL/BDP gel once daily. PGA (0-clear, 1-almost clear, 2-mild, 3-moderate and 4-severe) and Subject's Global Assessment (SGA; 0-clear, 1-very mild, 2-mild, 3-moderate and 4-severe) were assessed at W1 and W4. At W4, early responders were defined as patients achieving PGA controlled disease (i.e., any improvement from baseline to a PGA score of 0-1), while PGA success was defined as a PGA score of 0-1 combined with a minimum 2-point improvement from baseline. Corresponding PROs, including SGA controlled disease and SGA success, were assessed using a similar approach as PGA. Comparisons of rates between treatment arms were performed by logistic regression models using multiple imputation. P-values were not adjusted for multiplicity. Rates of PGA/SGA concordance were assessed by simple percent agreement. All analyses were performed for the modified intention-to-treat (mITT) population, which includes all randomized patients who were treated and had at least one efficacy assessment after starting treatment.

Results

The mITT included 1271 patients (551 patients on CAL/BDP PAD-cream, 542 on CAL/BDP gel and 178 on vehicle). The proportion of patients achieving PGA and SGA controlled disease or success at W1 and W4 is shown in Table 1. A statistically significant higher proportion of early responders was observed in the CAL/BDP PAD-cream group (32.1%) compared to both CAL/BDP gel (21.4%; Δ=+10.7%; p<0.0001) and vehicle (4.5%; Δ=+27.6%; p<0.0001) at W4. Differences between groups were already statistically significant at W1, with a higher percentage of patients achieving PGA controlled disease in the CAL/BDP PAD-cream group (7.8%) compared to CAL/BDP gel (4.8%; Δ=+3.0%; p=0.0410) and vehicle (1.1%; Δ=+6.7%; p=0.0013). At W4, a statically significant higher proportion of patients achieved PGA success with CAL/BDP PAD-cream (23.6%) compared to both CAL/BDP gel (14.8%; Δ=+8.8%; p<0.0001) and vehicle (1.1%; Δ=+22.5%; p<0.0001). Regarding PROs, a statistically significant higher percentage of patients achieved SGA controlled disease at

W4 with CAL/BDP PAD-cream (41.6%) than with CAL/BDP gel (31.5%; Δ=+10.1%; p=0.0006) or vehicle (14.0%; Δ=+27.6%; p<0.0001). SGA success was also statistically significant higher with CAL/BDP PAD-cream (23.8%) than with CAL/BDP gel (16.6%; Δ=+7.2%; p=0.0021) and vehicle (7.9%; Δ=+15.9%; p<0.0001) at W4. When comparing PROs (SGA) with physician-reported assessments (PGA) at W4, 65.5% of patients treated with CAL-BDP PAD-cream showed concordance in the assessment of controlled disease and 69.5% showed concordance for success.

Outcome Timepoint	CAL/BDP PAD-cream N=551	CAL/BDP gel N=542		Vehicle N=178	
	n (%)	n (%)	p-value	n (%)	p-value
PGA controlled disease					
Week 1	43 (7.8)	26 (4.8)	0.0410	2 (1.1)	0.0013
Week 4 (Early responders)[a]	177 (32.1)	116 (21.4)	<0.0001	8 (4.5)	<0.0001
PGA success					
Week 1	20 (3.6)	11 (2.0)	0.1111	0 (0.0)	0.0100
Week 4	130 (23.6)	80 (14.8)	<0.0001	2 (1.1)	<0.0001
SGA controlled disease					
Week 1	102 (18.5)	102 (18.8)	0.8962	23 (12.9)	0.0854
Week 4	229 (41.6)	171 (31.5)	0.0006	25 (14.0)	<0.0001
SGA success					
Week 1	45 (8.2)	40 (7.4)	0.6272	4 (2.2)	0.0061
Week 4	131 (23.8)	90 (16.6)	0.0021	14 (7.9)	<0.0001

Note: P-values represent comparison of CAL/BDP PAD-cream to CAL/BDP gel or vehicle using logistic regression models with multiple imputation.

[a] Patients achieving PGA controlled disease (i.e., any improvement from baseline to a PGA score of 0-1) at Week 4 are considered early responders.

BDP, Betamethasone dipropionate; CAL, Calcipotriol; PAD, Polyaphron Dispersion; PGA, Physician's Global Assessment; SGA, Subject's Global Assessment.

Table 1. Proportion of patients achieving PGA controlled disease, PGA success, SGA controlled disease and SGA success at Week 1 and Week 4

Conclusions

A statistically significant higher percentage of early response was seen for CAL/BDP PAD-cream compared to both CAL/BDP gel and vehicle in adults with mild-to-moderate psoriasis. PROs assessed using comparable scales, such as SGA controlled disease and SGA success, were also higher with CAL/BDP PAD-cream. At W4, approximately seven out of ten patients treated with CAL/BDP PAD-cream showed concordance between their assessments and physician's assessment of controlled disease or treatment success.

Abstract N°: ID-690

Topic: Psoriasis

Zasocitinib, a once-daily oral TYK2 inhibitor, demonstrates rapid and reproducible improvements in body surface area (BSA) involvement in adults with moderate-to-severe plaque psoriasis: results from two phase 3 trials (LATITUDE-PsO-3001 and 3002)

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Introduction
Zasocitinib, a once-daily oral, allosteric, highly selective and potent tyrosine kinase 2 (TYK2) inhibitor is in late-stage clinical development for the treatment of immune-mediated inflammatory diseases, including psoriasis. The effect of zasocitinib on improvement in body surface area (BSA) involvement compared with placebo or apremilast was assessed in adults with moderate-to-severe plaque psoriasis in two pivotal phase 3 trials (LATITUDE-PsO-3001 [NCT06088043] and LATITUDE-PsO-3002 [NCT06108544]).

Materials and Methods
Two phase 3 randomized, double-blinded, international multicentre trials compared once-daily zasocitinib 30 mg with placebo or twice-daily apremilast 30 mg over 52 (LATITUDE-PsO-3001) or 60 weeks (LATITUDE-PsO-3002). Eligible adults (Psoriasis Area and Severity Index ≥12, static Physician Global Assessment ≥3, BSA ≥10%) were randomized 3:1:1 (LATITUDE-PsO-3001) and 2:1:1 (LATITUDE-PsO-3002) to zasocitinib, placebo or apremilast. Change from baseline (CFB) and percent CFB (%CFB) in BSA versus placebo at Week 16, and versus apremilast at Weeks 16 and 24, were secondary efficacy endpoints. Least-squares (LS) mean %CFB (±standard error of the mean [SEM]) was estimated using a mixed-effects model for repeated measures adjusted for pre-specified covariates, with nominal *p* values reported. BSA was not a multiplicity-adjusted endpoint.

Results
Overall, 693 and 1108 adults were randomized in LATITUDE-PsO-3001 and LATITUDE-PsO-3002, respectively. Baseline

characteristics were comparable across groups in each trial; 69.7/67.0% were male, with a mean (standard deviation [SD]) age of 44.5 (13.5)/46.1 (13.3) years and weight of 85.7 (22.5)/90.0 (22.2) kg; and a mean (SD) BSA of 24.4 (14.5)/27.7 (17.1)%. Zasocitinib met all co-primary and ranked key secondary efficacy endpoints in both trials, and demonstrated a safety profile consistent with prior trials of zasocitinib.

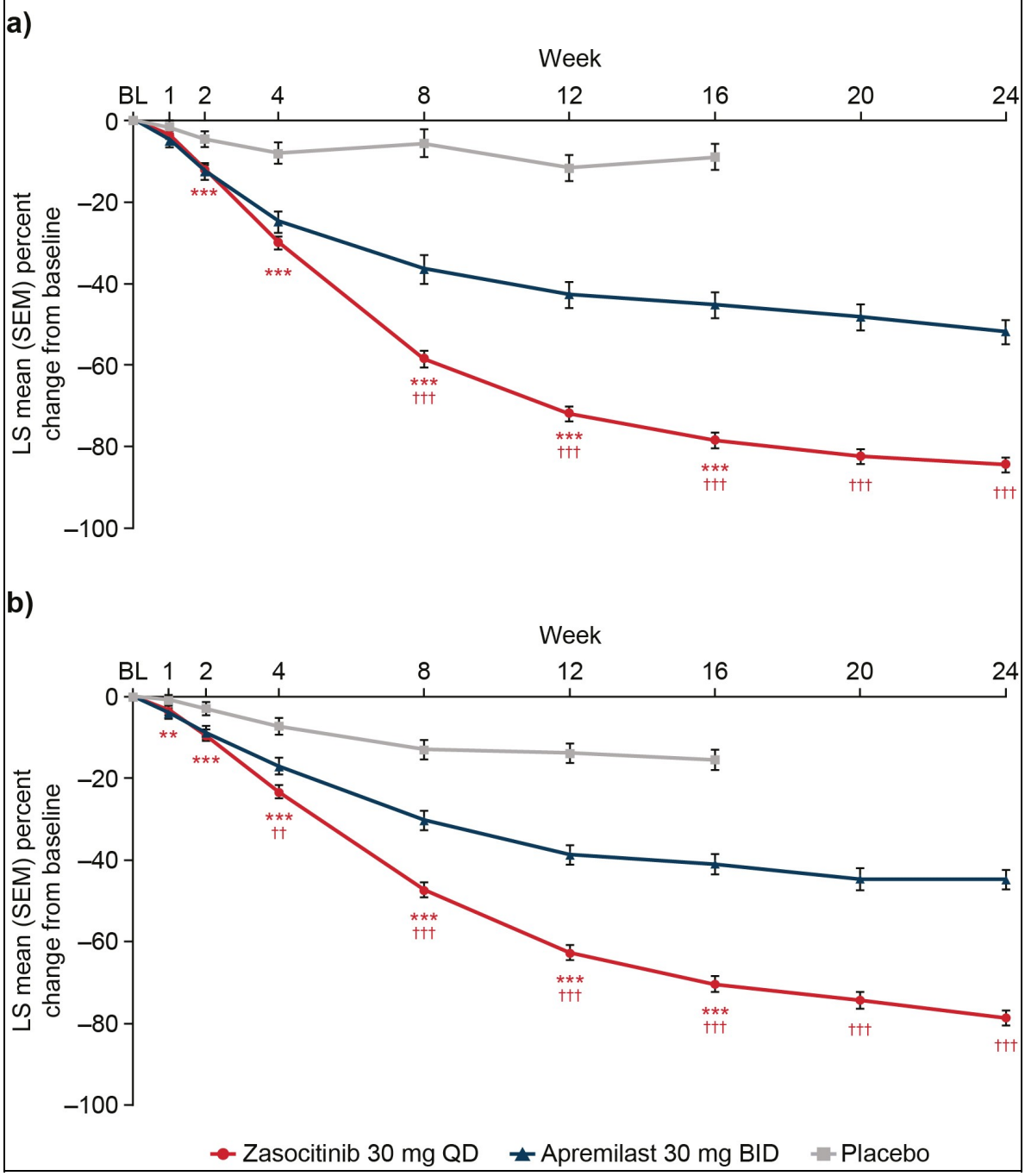
At Week 16, zasocitinib demonstrated significant improvements (LS mean %CFB [±SEM]) in BSA versus placebo in both trials (**Figure**; LATITUDE-PsO-3001: −78.60% [±1.928] versus −9.03% [±3.225]; LATITUDE-PsO-3002: −70.35% [±1.889] versus −15.40% [±2.466]; both $p<0.001$) and demonstrated significant improvements over apremilast (LATITUDE-PsO-3001: −45.34% [±3.269]; LATITUDE-PsO-3002: −40.95% [±2.469]; both $p<0.001$). Reductions in BSA continued through Week 24, with zasocitinib maintaining greater reductions compared with apremilast (LATITUDE-PsO-3001: −84.50% [±1.809] versus −51.91% [±3.063]; LATITUDE-PsO-3002: −78.59% [±1.844] versus −44.75% [±2.401]; both $p<0.001$).

In both trials, reductions in BSA with zasocitinib versus placebo were evident as early as Week 2. In LATITUDE-PsO-3002, significant reductions were observed as early as Week 1 versus placebo (−3.38% [±1.184] versus −0.81% [±1.315]; $p<0.009$) and versus apremilast from Week 4.

Conclusions

In adults with moderate-to-severe plaque psoriasis, once-daily oral zasocitinib demonstrates rapid and reproducible improvements in BSA involvement.

Figure. Zasocitinib demonstrated greater improvement in percent change from baseline in BSA versus placebo and apremilast as early as Week 4 in a) LATITUDE-PsO-3001 and b) LATITUDE-PsO-3002



**p≤0.01; ***p≤0.001; asterisks indicate nominal p values for comparisons of zasocitinib versus placebo (up to Week 16). ††p≤0.01; †††p≤0.001; daggers indicate nominal p values for comparisons of zasocitinib versus apremilast (up to Week 24).

Abstract N°: ID-727

Topic: Psoriasis

Beyond skin deep: Baseline systemic immune-inflammatory index as predictor of treatment response of HRO350 in mild-to-moderate psoriasis. Results from the HeROPA study

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Introduction

Psoriasis affects roughly 2-4% of the Western population, of which >80% have mild to moderate disease. The HeROPA trial was a multicountry, randomized, placebo-controlled phase 2b trial (N = 521) evaluating the investigational product HRO350 in patients with mild-to-moderate psoriasis.

Severity assessments of psoriasis are predominantly evaluated using PASI and sPGA, including in the HeROPA trial. These tools lack precision for assessing changes over time in milder psoriasis populations and thus complicate efficacy assessments.

There has been an increased interest in biomarkers to complement skin assessments in psoriasis. However, the mild to moderate population has been largely understudied - a population where classic cytokines are not consistently systematically elevated.

Here we present the main outcome from the HeROPA phase 2b trial along with a *post hoc* stratification strategy utilizing the systemic immune-inflammation index (SII; neutrophils x platelets / lymphocytes) to increase sensitivity and filter placebo response in efficacy assessments.

Materials and Methods

The HeROPA phase 2b trial (NCT06125808) was conducted in five European countries. Patients (N = 521) were randomized (1:1:1) to receive oral HRO350 (API: Phospholipid esters from herring roe), IRIS Substance ID: 300000046327) 1050 mg daily, 2100 mg daily, or matching placebo b.i.d. for 52 weeks.

Patients eligible for recruitment were adults (≥18 years) with chronic and active mild-to-moderate plaque psoriasis (PASI 3-10, BSA ≥3, sPGA 2-4). SII stratification and response analysis is herein presented for patients in the high dose arm (2100 mg) vs placebo.

Results

The primary endpoint of PASI50 at week 26 was not met due to unexpectedly high placebo response in the 2100 mg arm (ITT: 22% vs 25%, p = 0.56). The key secondary sPGA 0/1 indicated a nonsignificant trend in the 2100 mg arm at week 52 (PP: 47% vs 34%, p = 0.07). The safety data showed a favourable safety profile, and the absence of HRO350-related SAEs supports the conclusion that HRO350 is safe and well tolerated.

The unexpectedly high placebo rate was investigated, and intriguing efficacy results were found when the patients were stratified *post hoc* based on their baseline SII being above or below the median SII (506, IQR: 368-707). After

stratification, response rates after week 52 were assessed for PASI50, sPGA 0/1, sPGAxBSA75, BSA < 3, and DLQI 0/1.

Patients with a SII baseline ≤506 showed clearly improved response rates in the active treatment arm after week 52 compared to those >506, with proportion differences reaching >20 pp for 3/5 endpoints. The opposite was observed in the placebo arm, where responder proportions were higher in the high SII group.

This response improvement led to statistically significant proportions of patients with baseline SII ≤506 achieving sPGA 0/1 (25/48; ARD 21.3 pp; 95% CI 2.4 - 40.2 pp, $p < 0.05$), sPGAxBSA75 (21/48; ARD 22.6 pp, 95% CI 4.7 - 40.4 pp; $p < 0.05$), and DLQI 0/1 (20/48; ARD 21.7 pp; 95% CI 3.8 - 39.5 pp; $p < 0.05$) after week 52 in the PP population.

Conclusions

Treatment benefit from HRO350 compared to placebo was found to be statistically significant across multiple endpoints in patients with baseline SII ≤506. High baseline SII was associated with reduced treatment benefit versus placebo and moderately increased placebo response compared to lower baseline SII.

Baseline SII impacting treatment trajectories is a very interesting finding, as mild-to-moderate psoriasis patients are generally acknowledged to have low systemic inflammatory burden associated with their psoriatic disease.

Stratifying patients based on baseline SII enhanced treatment effect detection in a patient population prone to high placebo responses and whose disease severity assessments are limited by insufficiently granular clinical assessment tools.

SII stratification provides an accessible tool for increasing treatment sensitivity and predicting responder trajectories in mild to moderate psoriasis.

Abstract N°: ID-733

Topic: Psoriasis

Durability of Response With Icotrokinra, a Targeted Oral Peptide, in Adults With Moderate-to-Severe Plaque Psoriasis: One-Year Results From the Phase 3, Placebo- and Active Comparator-Controlled ICONIC-ADVANCE 1 & ICONIC-ADVANCE 2 Trials

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Introduction
Among adults with moderate-to-severe plaque psoriasis in ICONIC-ADVANCE 1 (NCT06143878) and ICONIC-ADVANCE 2 (NCT06220604), the targeted oral peptide icotrokinra (ICO) demonstrated significantly higher rates of skin clearance vs placebo (PBO) at Week (W)16 and vs deucravacitinib (Deucra) at W16&W24, with adverse event (AE) rates similar to PBO and numerically lower than Deucra.[1] Here, ICO findings through W52 of ICONIC-ADVANCE 1&2 are reported.

Materials and Methods
ICONIC-ADVANCE 1&2 participants (pts) were randomized (2:1:2/4:1:4) to once-daily oral ICO 200mg, PBO (PBO→ICO at W16), or Deucra 6mg (Deucra→ICO at W24). Investigator's Global Assessment (IGA)/Psoriasis Area and Severity Index (PASI) responses and AEs were assessed through W52.

Results
In ICONIC-ADVANCE 1&2, 774/731 pts with moderate-to-severe psoriasis received ICO (311/322), PBO (156/82 [PBO→ICO=141/74]), or Deucra (307/327 [Deucra→ICO=283/301]).

Skin clearance rates achieved with ICO through W24 of ICONIC-ADVANCE 1&2 (IGA0/1: 74/68%, PASI90: 66/65%, IGA0: 48/40%, PASI100: 41/33%) were maintained or increased through W52 (IGA0/1: 74/73%, PASI90: 69/71%, IGA0: 52/50%, PASI100: 49/48%). PBO→ICO pts achieved consistent rates of skin clearance at W52 (IGA 0/1: 75/80%, PASI 90: 71/74%, IGA0: 56/47%, PASI100: 50/43%). In Deucra→ICO pts, skin clearance rates at W24 (IGA0/1: 52/55%, PASI90: 41/43%, IGA0: 21/21%, PASI100: 16/16%) increased substantially after transitioning to ICO (W52 IGA 0/1: 75/79%, PASI 90: 71/77%, IGA0: 45/56%, PASI100: 42/51%). ICO safety through W52 was consistent with that observed through W16/W24.

Conclusions
ICO provided robust and durable skin response rates through 1 year of treatment; skin clearance rates increased in Deucra-randomized pts after transitioning to ICO. No ICO safety signals were identified.

Abstract N°: ID-735

Topic: Psoriasis

Cervical Smear Changes in Psoriasis Patients Using Biological Agents: A Retrospective Evaluation

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Introduction
Immunsuppression is one of the fundamental approaches in the treatment of psoriasis and other autoimmune diseases. Although currently used biological agents inhibit more selective pathways, their clinical effects are primarily exerted through immunsuppression. Considering the oncogenic effects of human papillomavirus (HPV) infections on the cervical epithelium, this is significant in terms of the risk of developing cervical dysplasia in immunosuppressed patients. A review of the current literature especially about new generation biological agents used in the treatment of psoriasis is limited. In this study, we aim to evaluate the changes in smear results of patients with psoriasis using biological agents.

Materials and Methods
This cohort study retrospectively examined female patients, aged 18-75 years diagnosed with psoriasis and using biological agents, who were followed up in the dermatology clinic of a tertiary university hospital between 2019-2024. Patients were grouped according to their demographic and clinical characteristics and the biological agents they used. Changes in smear results were evaluated according to the groups. Data analyzed statistically.

Results
This study enrolled 407 female patients. The mean age of the patients was 43.8 years, mean duration of the disease was 18.6 years, mean BMI was 29.03. The most frequently used agents in these patients were adalimumab (n=91), ustekinumab (n=89), ixekizumab (n=78), risankizumab (n=38), and infliximab (n=37), in that order. Pre- and post-treatment smear results were available for 130 patients. When the changes in smear results were examined, no statistically significant change was observed when comparing the first smears before and after treatment (mean time between smears: 2.1 years), and no significant change was detected in subsequent smear follow-ups.

Conclusions
The introduction of biological agents in the treatment of psoriasis is a significant milestone by improving treatment success. These drugs target specific immune pathways such as IL-17, IL-23, and TNF-α, providing high and sustainable PASI responses, increased patient compliance due to infrequent dosing, and favorable side effect profiles. Although they exhibit a safe side effect profile, cervical cancer screenings are routinely recommended before and during follow-up due to their immunmodulatory effects; however, the absolute necessity of these screenings remains controversial. Various studies exist in the literature regarding conventional and biological drugs used in other autoimmune diseases. Agents such as calcineurin inhibitors, systemic corticosteroids and azathioprine are known to increase the risk of HPV infection and cervical dysplasia. Studies on biological agents are mostly focused on rheumatoid arthritis and inflammatory bowel diseases, and data on psoriasis are limited. It is thought that biologics, particularly IL-23 and IL-17 inhibitors, may suppress local antiviral immunity (such as NK cells and CD8+ T cells) in the cervical mucosa to a more limited extent compared to other immunosuppressants, due to their selective blockade of the Th1/Th17 pathways in psoriasis patients. However, studies on the relationship between biological agents used in psoriasis treatment and HPV infections in cervical smear results are limited and mostly confined to individual cases and case series.

In this study no statistically significant change was found in the pre- and post-treatment smear results of the patients between Anti-TNF and Anti-IL groups. This supports the finding that the effect of targeted therapies used in psoriasis on cervical cytology remains more limited compared to other immunosuppressants in the literature. Although the biological agents we use in the treatment of psoriasis appear to be safe, more studies should be conducted on this subject. Additionally, recommending HPV vaccination and cervical cancer screenings to patients is of great importance.

Abstract N°: ID-835

Topic: Psoriasis

Real-world Clinical Experience with Brodalumab in the Treatment of Moderate-to-Severe Psoriasis: A Series of 43 Patients.

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Introduction
Psoriasis is a chronic inflammatory disease with a significant impact on quality of life and associated with multiple comorbidities. Among available therapeutic options, brodalumab, a monoclonal antibody targeting the IL-17R receptor, stands out. Although approved in Europe in 2017, its real-world clinical experience remains limited.

Objectives: To evaluate the efficacy, improvement in quality of life, and safety of brodalumab in real-world clinical practice over 52 weeks.

Materials and Methods
A retrospective observational study was conducted in adult patients with moderate-to-severe psoriasis treated with brodalumab at a single center. Demographic data and clinical characteristics were recorded at baseline and at weeks 4, 12, 24, 36, and 52 after starting treatment. Clinical effectiveness was assessed using the Psoriasis Area and Severity Index (PASI). Quality of life (QoL) was measured with the Dermatology Life Quality Index (DLQI), and pruritus intensity was evaluated using the Visual Analogue Scale (VAS). The influence of body mass index (BMI) on treatment response was also analyzed

Results
A total of 43 patients diagnosed with moderate-to-severe plaque psoriasis, with baseline scores of PASI 9.6, DLQI 19.6, and VAS-pruritus 4.4, were treated with brodalumab according to the product label. At week 4, PASI showed a mean reduction of 64.8% compared with baseline, reaching a 92.7% reduction at week 52. Regarding quality of life, DLQI decreased by 77% at week 4 and by 91% at week 52.
Pruritus intensity declined on average by 77.4% at week 4 and by 99.2% at the end of follow-up. At week 52, no differences in PASI values were observed between patients with BMI <30 and those with BMI ≥30. Over the study period, 9 patients (20.43%) discontinued treatment, 5 of them due to loss of efficacy.

Conclusions
Brodalumab demonstrated favorable efficacy and safety in moderate-to-severe psoriasis, with sustained improvements in PASI and DLQI over 52 weeks, without BMI influencing treatment response.

Abstract N°: ID-869

Topic: Psoriasis

Risankizumab treatment is associated with lower risk of developing psoriatic arthritis in patients with psoriasis compared to other targeted immunomodulators

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Introduction
Patients with moderate-to-severe plaque psoriasis (PsO) often develop psoriatic arthritis (PsA). This real-world study compares PsA risk in patients with PsO receiving risankizumab (RZB) compared with other targeted immunomodulators (TIMs).

Materials and Methods
This retrospective study used the Merative Marketscan® database (Jan/2014–July/2025) to assess patients aged ≥18 years, with ≥2 PsO diagnoses, continuous enrollment for 6 months pre-PsO index (diagnosis) and 2 weeks post-index treatment, and no prior use of advanced treatments/methotrexate, history of inflammatory arthritis, or rheumatologist visits. Patients were stratified by initial biologic treatment (RZB, guselkumab, ixekizumab, secukinumab, adalimumab, ustekinumab, or apremilast) and followed for ≤3 years or until PsA onset (defined as ≥1 International Classification of Diseases [ICD]-9 [696.0]/ICD-10 [L40.5x] diagnosis code for PsA). PsA risk was measured using crude incidence rates (events/100 person-years), compared using Kaplan-Meier analysis, and a multivariate Cox proportional hazards model (reference=RZB) starting 2 weeks post-index treatment. Sensitivity analyses assessed risk after 3, 6, and 12 months post-index treatment.

Results
Overall, 20,511 patients were included. Crude PsA incidence rates (events/100 person-years) were lowest for RZB (3.89), versus guselkumab (5.37), ustekinumab (5.37), apremilast (6.20), ixekizumab (6.65), secukinumab (7.68), and adalimumab (9.04). Compared to RZB, adjusted hazard ratios (aHR) were significantly ($p<0.05$) higher for ustekinumab (aHR [95% confidence interval]: 1.40 [1.04, 1.87]), guselkumab (1.40 [1.08, 1.80]), apremilast (1.45 [1.20, 1.76]), ixekizumab (1.74 [1.32, 2.30]), secukinumab (1.92 [1.41, 2.61]), and adalimumab (2.25 [1.85, 2.75]). All sensitivity analyses showed consistent results.

Conclusions
RZB-treated patients showed lower 3-year incidence and risk of developing PsA compared with other TIMs.

Abstract N°: ID-876

Topic: Psoriasis

Safety and Efficacy of Risankizumab in Genital and Scalp Psoriasis in the UnlIMMited Phase 4 Randomized Clinical Trial at Week 52

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Introduction

Psoriasis (PsO) involving the genital or scalp regions is considered high impact and is associated with substantial impairment in patient quality of life (QoL) and increased disease burden. Patients with genital or scalp PsO may have limited overall body surface area involvement yet experience disproportionately high QoL impairment. Risankizumab (RZB), an interleukin-23 inhibitor approved for the treatment of moderate-to-severe PsO, has previously demonstrated efficacy in high-impact disease areas. Here, we present 52-week results from the first dedicated studies evaluating RZB in genital and scalp PsO from the UnlIMMited study.

Materials and 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 (Period A). Beginning at week 16, all patients entered the open-label extension and received 150 mg RZB every 12 weeks (Period B). Efficacy outcomes are reported at the end of Period B (week 52). Endpoints for Study-G include achievement of static Physician's Global Assessment-Genital (sPGA-G) 0 and 0 or 1, achievement of Dermatology and Life Quality Index (DLQI) 0 or 1, improvement of ≥4 points from baseline Genital PsO Itch on a numerical rating scale (clinically meaningful change), and Genital Psoriasis – Sexual Frequency Questionnaire (GenPs-SFQ) item 2 score of 0 or 1 (minimal or no interference with sexual activity). Endpoints reported for Study-S are achievement of scalp Investigator Global Assessment (IGA) 0 or 1, achievement of a >75%/90%/100% improvement in Psoriasis Scalp Severity Index (PSSI) from baseline, change from baseline in Psoriasis Symptom Score (PSS), and achievement of PSS 0. Other additional efficacy endpoints and safety were assessed throughout the studies. Missing data was handled with non-responder imputation for categorical endpoints and MMRM for continuous endpoints.

Results

At week 52, a substantial proportion of patients in both Study-G and Study-S showed improvements in signs and symptoms of genital or scalp PsO **(Table 1)**. In Study-G, the majority of patients (PBO/RZB 75.5%; RZB/RZB 81.5%) achieved sPGA-G 0/1. Approximately half of patients (PBO/RZB 50.9%; RZB/RZB 57.4%) reported little to no impact of PsO on their quality of life (DLQI 0/1). Clinically meaningful improvements in Genital PsO itch were reported by most patients (PBO/RZB 55.6%; RZB/RZB 80.5%). The majority of patients (PBO/RZB 84.4%, RZB/RZB 77.4%) also reported a GenPS-SFQ item 2 score of 0/1.

At week 52 in Study-S, most patients (PBO/RZB 79.2%; RZB/RZB 72.5%) achieved scalp IGA 0/1. Marked improvements in PSSI were observed, with over 65% of patients (PBO/RZB 66.7%; RZB/RZB 64.7%) achieving complete clearance (PSSI 100) at week 52. Mean reductions from baseline in Psoriasis Scalp Severity (PSS) scores were approximately 7.5 points (PBO/RZB, 7.5; RZB/RZB, 7.7), with a subset of patients achieving PSS scores of 0 (PBO/RZB, 50.0%; RZB/RZB, 35.3%). Both Study G and S had a similar adverse event profile, and no new safety signals were identified.

Table 1. Efficacy of patients with genital or scalp psoriasis at week 52

% (95% CI)	PBO/RZB	RZB/RZB
Study G	**(N = 53)**	**(N = 54)**
sPGA-G 0/1	75.5 (63.9, 87.1)	81.5 (71.1, 91.8)
sPGA-G 0	54.7 (41.3, 68.1)	70.4 (58.2, 82.5)
DLQI 0/1	50.9 (37.5, 64.4)	57.4 (44.2, 70.6)
Clinically meaningful change from baseline in Genital PsO Itch[a]	55.6 (41.0, 70.1)	80.5 (68.4, 92.6)
GenPs-SFQ item 2 score 0/1[b]	84.4 (71.8, 97.0)	77.4 (62.7, 92.1)
Study S	**(N = 48)**	**(N = 51)**
Scalp IGA 0/1	79.2 (67.7, 90.7)	72.5 (60.3, 84.8)
PSSI 75	81.3 (70.2, 92.3)	86.3 (76.8, 95.7)
PSSI 90	75.0 (62.8, 87.2)	70.6 (58.1, 83.1)
PSSI 100	66.7 (53.3, 80.0)	64.7 (51.6, 77.8)
Change from baseline PSS[c]	-7.5 (-8.5, -6.5)	-7.7 (-8.7, -6.7)
PSS 0	50.0 (35.9, 64.1)	35.3 (22.2, 48.4)

[a]Defined as ≥4 point reduction from baseline for patients with a baseline score ≥4 (PBO/RZB N=45, RZB/RZB N=41).

[b]For patients with a baseline score ≥2 (PBO/RZB 32, RZB/RZB 31).

[c]PBO/RZB N=42, RZB/RZB N=43.

DLQI, Dermatology and Life Quality Index; GenPs-SFQ Item 2, Genital Psoriasis – Sexual Frequency Questionnaire item 2; IGA, Investigator Global Assessment; PBO, placebo; PSS, Psoriasis Symptom Score; PSSI, >75%/90%/100% improvement in baseline Psoriasis Scalp Severity Index; RZB, risankizumab; sPGA-G, static Physician's Global Assessment-Genital.

Conclusions

This study provides the first long-term data from dedicated studies for RZB in patients with genital or scalp PsO. At week 52, patients demonstrated continued improvement in their genital and scalp PsO, and no new safety signals were identified. At week 52, the majority of patients with genital and scalp PsO achieved sPGA-G 0/1 and scalp IGA 0/1, respectively. Collectively, this analysis provides additional support for the use of RZB to treat high-impact areas of PsO.

Abstract N°: ID-918

Topic: Psoriasis

Prevalence of Candidiasis in Psoriasis Patients Treated With Interleukin-17 Inhibitors: Real-World Data From a Tertiary Center

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Introduction
Interleukin (IL)-17 inhibitors are effective and safe biological agents that we use in the treatment of psoriasis, however, these drugs can cause candida infections. Although real-world data on individual IL-17 inhibitors are available, comparative studies evaluating secukinumab, ixekizumab, and bimekizumab, which licensed in our country, are lacking. This real-world study aims to compare the frequency of candidiasis in patients with psoriasis who are followed up in our clinic and using IL-17 inhibitors with other studies conducted in the world, and to reveal the underlying factors other than these drugs.

Materials and Methods
Psoriasis patients using IL-17 inhibitors who were followed up in our clinic were retrospectively examined. Patients were divided into groups according to the medications they used, clinical features of psoriasis, and other risk factors; if candidiasis was present, treatments received, and responses were investigated.

Results
The study included 94 patients; 34% (n=66) were female and 66% (n=62) were male. The mean age of the patients was 46.4, and the median was 47. 61.7% (n=58) of the patients were using ixekizumab, 22.3% (n=21) were using secukinumab, and 16% (n=15) were using bimekizumab. 14.8% (n=14) of the patients had a history of immunsuppression, the most common cause is diabetes mellitus. Regarding candidiasis prevalence, 9.6% (n=9) of all patients developed candidiasis. Of these patients, 7 were female and 2 were male; the mean age was 53.6, and the median was 60 years. Based on the IL-17 inhibitor used, candidiasis developed in 6.9% (n=4) of patients in the ixekizumab, 4.8% (n=1) in the secukinumab, and 26.7% (n=4) in the bimekizumab group. Five patients developed oral candidiasis, and four patients developed vaginal candidiasis. Patients using ixekizumab tended to develop vaginal candidiasis, while those using bimekizumab tended to develop oral candidiasis. One ixekizumab patient and three bimekizumab patients who developed candidiasis had concomitant diabetes. It was observed that patients generally recovered successfully with topical treatment after developing candidiasis, and therefore it did not cause any disruption in psoriasis treatment.

Conclusions
IL-17 plays a role in neutrophil chemotaxis by binding to epithelial receptors A and F and activating the TRAF6–NF-κB/MAPK/C-EBP pathways via ACT1 (TRAF3IP2), stimulating the release of antimicrobial peptides, defensin, and G-CSF. Disruption of this signaling pathway leads to impaired candida clearance. On the other hand, hereditary disorders in the IL-17 axis can also cause the development of chronic mucocutaneous candidiasis. However, since the main target of IL-17 signaling is the epithelium, oropharyngeal and vulvovaginal candidiasis is most commonly seen as a result of IL-17 inhibition, and no significant increase in the risk of deep systemic infection is detected, and don't need discontinuation

of treatment. In this study, candidiasis rates were consistent with the literature for ixekizumab (3.3-4.9%) and secukinumab (1.7-4.7%), although the rate in the bimekizumab users was higher than expected (7.3-15.4%). This may be due to the small sample size, as other studies with smaller numbers of patients have also reported high candidiasis rates.

The higher prevalence of candidiasis in the bimekizumab arm compared to other interleukin 17 inhibitors, as seen in other studies in the literature, is thought to be a result of bimekizumab's dual inhibition of IL-17 A and F. In our study, candida infections were recorded as adverse events that successfully regressed with treatment and did not disrupt psoriasis treatment.

In conclusion, IL-17 inhibitors are biological agents with a favorable safety profile; however, they could increase susceptibility to candidiasis, by impairing mucocutaneous host defense, which is usually mild and manageable without treatment discontinuation. Patients should be informed about side effects, and treatment should be planned early if candidiasis develops.

Abstract N°: ID-1039

Topic: Psoriasis

Features of the state of the microbial flora of the skin of patients with psoriasis

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Introduction

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.

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 and Methods

The research recruited 24 patients aged 19 to 62 years (13 males and 11 females). Duration of psoriatic process ranged between 5 months and 22 years. Progressive stage of dermatosis was diagnosed in 15 patinets, stationary – in 9, and specific onychopathy – in all the cases. All of the assessed previously received conventional therapy. Mean PASI was 23.7 (±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*.

Conclusions

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°: ID-1042

Topic: Psoriasis

Targeting Nail Psoriasis: IL-17A Inhibitors Demonstrate Site-Specific Superiority over IL-23 Inhibitor in a 24-Week Dermoscopy-Guided Real-World Cohort.

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Introduction
To compare the real-world clinical efficacy and safety of interleukin (IL)-17A inhibitors (secukinumab [SEC] and ixekizumab [IXE]) versus the IL-23 inhibitor guselkumab (GUS) in patients with nail psoriasis, with a focus on site-specific biologic therapeutic responses (nail matrix vs. nail bed) in a 24-week prospective observational cohort.

Materials and Methods
This cohort enrolled 65 adult patients with plaque psoriasis and dermoscopy-confirmed nail involvement, stratified into three treatment groups: SEC (n=25), IXE (n=20), and GUS (n=20). Outcome assessments at baseline and week 24 included: Nail Psoriasis Severity Index (NAPSI) with domain-specific scoring (matrix/bed) by dermoscopic evaluation using a 10× polarized handheld device; Psoriasis Area and Severity Index (PASI), Body Surface Area (BSA); Dermatology Life Quality Index (DLQI). Safety was monitored through treatment-emergent adverse events (TEAEs).

Results
(1) By week 24, PASI, BSA, DLQI and NAPSI scores had significantly decreased from baseline in all groups ($P<0.001$). (2) By week 24: SEC, IXE, and GUS groups saw nail matrix NAPSI score improvements of 65.9%, 60.5%, and 51.5%, with 68%, 55%, and 30% achieving NAPSI 60; Nail bed NAPSI score improvements were 58.8%, 68.6%, and 65.8%, with 28%, 65%, and 40% achieving NAPSI 60; Total NAPSI score improvements were 62.7%, 64.6%, and 53.7%, with 44%, 70%, and 30% achieving NAPSI 60. (3) All patients in the SEC and IXE groups achieved PASI 75, compared to 85% in the GUS group. SEC showed PASI 90 and PASI 100 response rates of 80% and 36%, while IXE of 60% and 30%. (4) TEAEs were mild, including: injection site reactions: 15% (IXE group); eczematous rashes: 8% (SEC group). No TEAEs were reported in the GUS group, and no serious adverse events occurred in any group.

Conclusions
IL-17A inhibitors and the IL-23 inhibitor demonstrated significant efficacy in improving both nail and skin lesions in psoriasis. Notably, IL-17A inhibitors exhibited superior overall efficacy compared to IL-23 inhibitor. Specifically, SEC excelled in improving dermoscopic nail matrix changes, whereas IXE was more potent for nail bed pathology. All groups significantly improved patients' life quality and exhibited good safety profiles.

Abstract N°: ID-1046

Topic: Psoriasis

Quality of Life in Patients with Psoriasis: A Single-Center Experience from Mohammed VI University Hospital, Oujda, Morocco

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Introduction
Psoriasis is a common chronic inflammatory skin disease that has a substantial impact on patients' quality of life due to its visible, recurrent, and often symptomatic nature. Beyond clinical severity assessment, the evaluation of health-related quality of life using validated instruments has become a key component of comprehensive patient management. The aim of this study was to assess the impact of psoriasis on quality of life among patients followed at Mohammed VI University Hospital of Oujda and to compare our findings with data from the international literature.

Materials and Methods
This is a retrospective, descriptive, single-center study conducted in the Dermatology Department of Mohammed VI University Hospital of Oujda between November 2014 and July 2025. A total of 79 hospitalized patients with psoriasis, including all clinical subtypes, were included.

Results

The study population consisted of 79 patients, accounting for 3.7% of all hospital admissions during the study period. The mean age was 40.2 ± 19.1 years, ranging from childhood to 72 years, with a relatively balanced sex distribution and a slight male predominance. A family history of psoriasis was reported in nearly half of the patients. Plaque psoriasis was the most common clinical form, followed by pustular psoriasis and psoriatic erythroderma, reflecting a hospitalized population predominantly affected by moderate-to-severe disease.

The mean body surface area involvement was 23.4 ± 9.2%, and the mean PASI score was 23.6 ± 8.5. Specific localizations were frequent, with scalp involvement observed in more than two-thirds of patients, nail involvement in over half, and palmoplantar involvement in nearly one quarter. Pruritus was reported by more than three-quarters of patients and represented the most frequent functional symptom, contributing significantly to daily discomfort.

Quality of life assessment revealed a mean DLQI score of 14.7 ± 7.4, indicating a moderate to severe impairment. Higher DLQI scores were observed in younger patients, those with extensive skin involvement, nail involvement, or visible lesions, as well as in women, in whom aesthetic and social impact appeared more pronounced. In the pediatric population, the Child-DLQI also demonstrated a significant impairment, confirming the early impact of psoriasis on quality of life.

Skindex analysis showed a predominant impairment in the emotional domain, with high mean scores reflecting a significant psychological burden characterized by feelings of embarrassment, shame, and anxiety. The symptom domain, mainly driven by pruritus and cutaneous discomfort, was also markedly affected, while the functioning domain, although relatively less impacted, highlighted a meaningful impairment in social, school, and professional life.

Conclusions
Psoriasis significantly impairs patients' quality of life, with a moderate to severe impact objectively measured by the

DLQI, Child-DLQI, and Skindex. This impairment is particularly pronounced in younger patients, women, and those with extensive or symptomatic disease. Systematic integration of quality-of-life assessment into routine clinical practice is essential to optimize a comprehensive, patient-centered management approach.

Abstract N°: ID-1054

Topic: Psoriasis

Generalized pustular psoriasis secondary to drug eruption: a diagnostic challenge with acute generalized exanthematous pustulosis

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Introduction

Generalized pustular psoriasis (GPP) is an uncommon autoimmune inflammatory disease and a potentially severe form of psoriasis, characterized by the acute onset of sterile, non-follicular pustules on a diffuse erythematous background, which may be associated with systemic involvement and life-threatening risk.
Acute generalized exanthematous pustulosis (AGEP) is a rare drug-induced eruption that may present with clinical, evolutionary, and histopathological features overlapping with those of GPP. Differentiation between these two entities is particularly challenging in patients with a history of psoriasis who are exposed to potentially triggering drugs, as both conditions may present with acute generalized pustules.
The aim of this report is to describe a case of drug-induced generalized pustular psoriasis and to highlight the diagnostic and therapeutic difficulties in its differentiation from AGEP, emphasizing the importance of appropriate clinicopathological correlation.

Materials and Methods

We report the case of a 44-year-old woman with a five-year history of psoriasis vulgaris, without regular treatment. She presented with a pruritic and painful erythematous rash of five days' duration. She reported the intake of ibuprofen and hydroxyzine 48 hours prior to the onset of the lesions.
Physical examination revealed extensive erythematous plaques with multiple small, monomorphic, non-follicular pustules with a "pinhead-like" appearance, distributed over the abdomen, trunk, and extremities (Fig 1. A and B). In addition, well-demarcated erythematous-scaly plaques characteristic of psoriasis vulgaris were observed on the elbows, knees, and dorsal region.
The patient had no fever, mucosal involvement, or other systemic symptoms. During the course of the disease, the condition progressed to erythroderma.

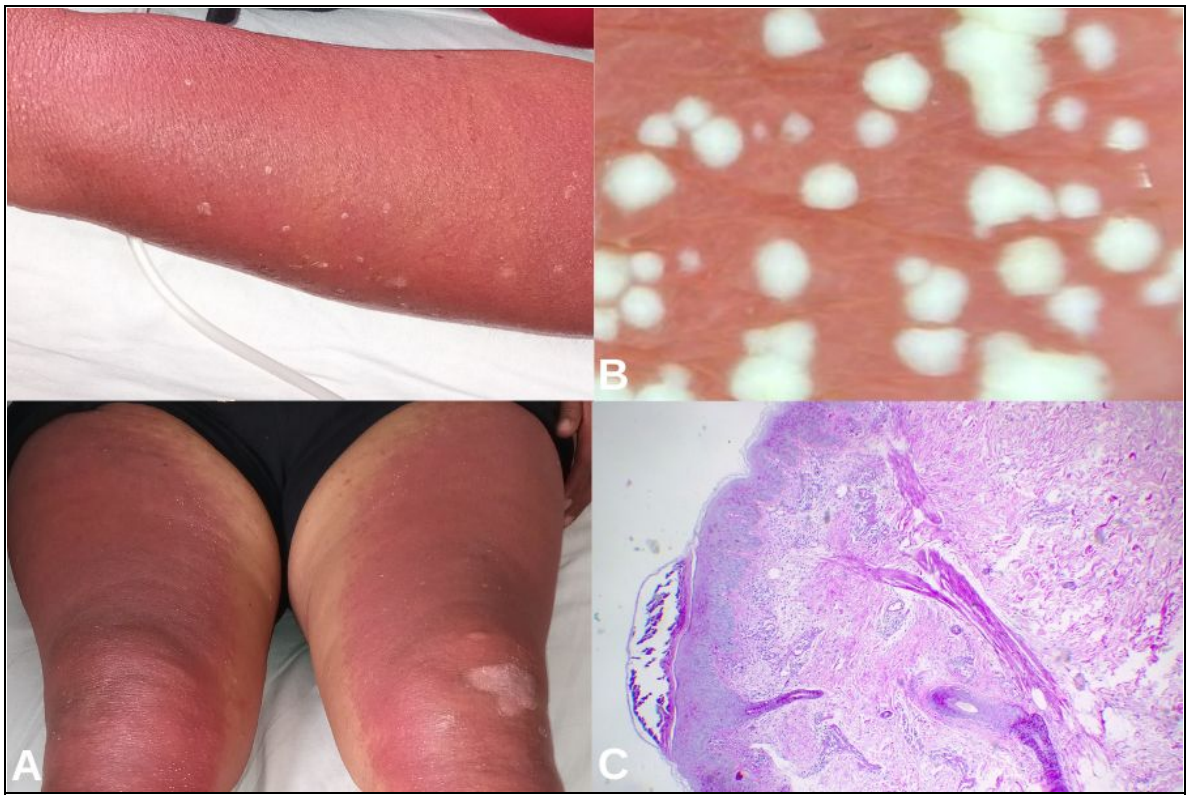

Figure 1. (A) Widespread erythematous plaques with multiple small, monomorphic, non-follicular pustules on the extremities. (B) Dermoscopic image showing multiple superficial pustules on an erythematous background, corresponding to non-follicular sterile pustules. (C) Skin biopsy revealing intraepidermal and subcorneal neutrophilic pustules with spongiosis and a superficial perivascular inflammatory infiltrate in the dermis (H&E stain).

Results

Laboratory tests showed leukocytosis with neutrophilia and elevated acute-phase reactants.
Two skin biopsies were performed (Fig1. C). The first biopsy showed findings compatible with a drug eruption, and treatment with cyclosporine was initiated. Due to persistent diagnostic uncertainty between generalized pustular psoriasis (GPP) and acute generalized exanthematous pustulosis (AGEP), a second skin biopsy was performed, which revealed histopathological changes consistent with partially treated psoriasis.
The patient showed a good clinical response to immunosuppressive therapy, with progressive resolution of pustules and generalized erythema.

Conclusions

Generalized pustular psoriasis and acute generalized exanthematous pustulosis are rare dermatological emergencies that share clinical and histopathological features, making their differentiation difficult and representing a major therapeutic challenge. In this case, an initial drug eruption acted as a triggering factor for GPP, mimicking AGEP. Early recognition of this overlap and prompt initiation of appropriate treatment are essential to improve prognosis.

Abstract N°: ID-1107

Topic: Psoriasis

Perianal Streptococcal Dermatitis as a trigger for Guttate Psoriasis in a 3 years old child; Case Report

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Introduction

Guttate psoriasis is a common variant of psoriasis in pediatric patients. We report a 3-year-old child with perineal erythema treated as candidiasis and after laboratory evidence of systemic inflammation diagnosed with perianal and pharyngeal streptococcal infection which triggered guttate psoriasis. We tend to highlight the importance of non-oropharyngeal streptococcal triggers of psoriasis in young children.

Materials and Methods

Case Presentation

A 3-year-old boy presented in our clinic with a three-week history of persistent perineal erythema. Parents sent him to the general practitioner and the diagnose candidiasis was done. He was treated for 10 days with imidazole cream without improvement. During the examination we observed an altered general health, irritability and pruritus. The child had a history of asthma. Objective examination revealed a generalized xerosis and well-demarcated shiny erythema of the perianal and perineal region with minimal scaling. One week after presentation, in the skin of trunk and proximal extremities were shown multiple, small, red, scaly, round shape lesions, clinically consistent with guttate psoriasis. Laboratory tests showed leukocytosis, high C-reactive protein and antistreptolysin O titres. Microbiological exam result was positive for group A β-hemolytic Streptococcus on both throat and perianal region. Fungal examination was negative.

Results

The treatment was started with oral amoxicillin–clavulanate in a dosage 30 mg\kg for 10 days, hydrocortisone 0.5% cream twice a day for 1 week for the perineal area, and regular emollients. After 1 week was observed improvement of perineal erythema and a resolution of guttate lesions over subsequent days.

Conclusions

Guttate psoriasis accounts 15–30% of pediatric psoriasis that in most cases is triggered by streptococcal pharyngitis and perianal streptococcal dermatitis as a trigger is under-recognized.This case highlights the need for throat and perianal cultures in persistent perineal erythema. Early diagnosis prevents unnecessary antifungal treatment.

Abstract N°: ID-1122

Topic: Psoriasis

The Impact of Methotrexate on Cardiovascular Risk and Cardiovascular Outcomes in Patients with Psoriasis and Psoriatic Arthritis: A Systematic Review

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Introduction

Psoriasis and psoriatic arthritis are recognized as chronic systemic inflammatory diseases associated with a significantly increased risk of cardiovascular disease (CVD). This heightened risk is attributed to sustained immune activation, which contributes to endothelial dysfunction and accelerated atherosclerosis, independent of traditional cardiovascular risk factors. Methotrexate, widely used as a first-line systemic therapy in psoriatic disease, has been shown to reduce systemic inflammation by suppressing pro-inflammatory cytokines and enhancing extracellular adenosine activity. These mechanisms suggest a potential cardioprotective effect. Although cardiovascular benefits of methotrexate have been demonstrated in other inflammatory conditions such as rheumatoid arthritis, its specific impact in patients with psoriasis and psoriatic arthritis remains less clearly defined. To address this knowledge gap, a systematic review was conducted to evaluate the effect of methotrexate on cardiovascular risk markers and clinical cardiovascular outcomes in this high-risk population.

Materials and Methods

A comprehensive literature search was conducted in the PubMed, Embase, and Scopus databases to assess the cardiovascular effects of methotrexate in the treatment of psoriasis and psoriatic arthritis. The search was designed to be as inclusive as possible, covering publications from the inception of each database until January 2026, and incorporating both MeSH and EMTREE terms. The review was performed according to the PRISMA guidelines. Studies were eligible for inclusion if they consisted of randomized controlled trials, cohort studies, or observational analyses evaluating the effects of methotrexate on cardiovascular outcomes, such as myocardial infarction, stroke, or cardiovascular mortality as well as surrogate markers including hs-CRP, interleukin-6, lipid profiles, and endothelial function. In total, 28 studies were identified and analyzed with respect to treatment dosage, duration, cardiovascular endpoints, and methodological quality.

Results

Methotrexate treatment was consistently associated with reductions in systemic inflammatory biomarkers, particularly hs-CRP and IL-6. Several studies also reported improvements in endothelial function and arterial stiffness, suggesting potential vascular benefits. A decreased incidence of major adverse cardiovascular events (MACE) was observed in multiple observational studies, particularly among patients with psoriatic arthritis. These effects appeared to be more pronounced with higher cumulative doses and longer treatment durations.

Conclusions

The available evidence suggests that methotrexate may offer modest but clinically meaningful cardiovascular benefits in patients with psoriasis and psoriatic arthritis. These effects are likely mediated by anti-inflammatory and immunomodulatory pathways and appear to depend on treatment intensity, duration, and baseline inflammatory burden. Despite supportive observational data, the lack of large, psoriasis-specific randomized controlled trials limits definitive conclusions. Further high-quality studies are needed to establish the magnitude and consistency of methotrexate's cardiovascular effects in this population. In clinical practice, methotrexate may be considered part of a comprehensive therapeutic strategy aimed at controlling psoriatic disease activity while simultaneously reducing cardiovascular risk.

Abstract N°: ID-1137

Topic: Psoriasis

Long-term outcomes of ixekizumab for the management of psoriasis in overweight and obese patients: a real-world, retrospective study

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Introduction

Obesity, defined as body mass index (BMI) ≥ 30 kg/m^2, is one of the most prevalent comorbidities of psoriasis and has been identified both as a risk factor for the development of the disease and as a marker of greater disease severity. Previous evidence has suggested that overweight (25 ≤ BMI < 30 kg/m^2) and obese (BMI ≥ 30 kg/m^2) patients may experience suboptimal responses to systemic and biological therapies while the available literature remains limited. Thus, we aimed to evaluate the effectiveness and safety of ixekizumab (interleukin (IL)-17A inhibitor) in overweight and obese patients with psoriasis in a real-world setting over a period of three years.

Materials and Methods

We conducted a retrospective, single-center study and reviewed medical records of all patients with moderate-to-severe plaque psoriasis who had received at least one dose of ixekizumab. Patients with a BMI ≥ 25 kg/m^2 at the time of drug initiation were included in the study and were further categorized as overweight and obese. The measure of disease severity utilized was the psoriasis area severity index (PASI), which was evaluated at baseline and at each follow-up visit. The primary outcomes regarding treatment effectiveness at each follow-up visit included PASI 75/90/100 (reduction in baseline PASI score by 75/90/100%), absolute PASI≤3 and absolute PASI≤1. All treatment-related adverse events (AEs) were documented.

Results

We identified and included 84 (43 overweight, 41 obese) patients in total, of whom 32.1% were female. The mean age at the time of drug initiation was 52.7 years and the mean BMI was 31.3 kg/m^2 with 65.4% of the cohort suffering from at least one medical comorbidity. Concerning difficult-to-treat areas, 50% of patients suffered from scalp psoriasis, 44.1% from nail psoriasis and 26.1% had genital area involvement. Psoriatic arthritis was present in 41.6% of patients. The mean (SD) baseline PASI was 11.3 (8.3). At 12 weeks of treatment, PASI75/PASI90/PASI100 responses were achieved by 83.9/70.3/60.5% of patients, at 24 weeks by 92/81.3/66.7%, at 52 weeks by 91/82.1/67.1% and at 104 weeks by 89.6/79.3/65.5% of patients, respectively. At 52 weeks, 79.1% and at 104 weeks, 79.3% had an absolute PASI score ≤1. After 156 weeks, clear skin (PASI100) was achieved by 70.9% of those evaluated. Overall, eight (9.5%) patients experienced AEs (6 fungal infections, 1 impetigo, 1 serious COVID-19 infection) with only one discontinuation due to fungal stomatitis.

Conclusions

Our study demonstrates that ixekizumab is a generally safe and effective option for the management of moderate-to-severe plaque psoriasis for overweight and obese patients. However, prospective studies with a large number of

patients are needed in order to draw stronger conclusions.

Abstract N°: ID-1149

Topic: Psoriasis

Botulinum Toxin as an Adjunctive Therapy in Psoriasis: A Review of Human Studies

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Introduction
Psoriasis is a chronic inflammatory dermatosis in which neurogenic inflammation contributes to disease pathogenesis. Botulinum toxin has emerged as a potential adjunctive therapeutic option due to its effects on neuromodulation and anti-inflammatory pathways. This review aimed to summarize the available human evidence on the use of botulinum toxin in the treatment of psoriasis

Materials and Methods
A comprehensive literature search was conducted at database such as PubMed, Embase and Web of Science to identify studies evaluating the use of botulinum toxin in the treatment of psoriasis in human subjects.

Performed search was as broad as possible from the inception of the database until January 2026, employing MeSH and EMTREE approaches, and relevant keywords. The review was conducted in accordance with PRISMA guidelines.

Results
Across the available literature, a total of 16 publications were identified, consisting of nine clinical trials alongside seven case-based reports. Most studies explored administration of botulinum toxin via intradermal or subcutaneous routes, most commonly in patients with plaque or inverse psoriasis.

Clinical improvements were observed in nearly all trials. These included significant reductions in erythema, scaling, pruritus, and overall disease severity, demonstrating
a consistent therapeutic effect.

Conclusions
Available human data indicate that botulinum toxin may alleviate psoriatic lesions through modulation of neurogenic inflammation and associated inflammatory signaling. Nevertheless, current data are limited by small sample sizes, variability in study design, and the absence of standardized dosing regimens. Further well-designed randomized controlled trials in larger patient populations are required to clarify the efficacy, safety, and optimal clinical role of botulinum toxin in the management of psoriasis.

Abstract N°: ID-1153

Topic: Psoriasis

Impact of biologic therapy for psoriasis on the course of inflammatory bowel diseases: a systematic review

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Introduction
Psoriasis and inflammatory bowel diseases (IBD) are chronic immune- mediated conditions with sharing overlapping immunopathogenic pathways. Biologic therapies including IL-17, Il-12/23, IL-23 and IL-17 are clinically proven to manage psoriasis symptoms, but their impact on coexisting IBD is not fully understood.Certain classes may exacerbate intestinal inflammation, whereas others offer therapeutic benefits. This review synthesizes current evidence on the efficacy, safety, and clinical implications of biologic therapies in patients with psoriasis who have, or are predisposed to, IBD.

Materials and Methods
The authors conducted research in the PubMed and Scopus databases on biologic agents in psoriasis and comorbid IBD treatment; searching was as broad as possible from the inception of the databases until December 2025, including EMTREE and MeSH approaches, conducted according to the PRISMA guidelines. The search strategy specifically focused on the intersection of psoriasis severity and intestinal disease activity under therapies targeting TNF-α, IL-12/23, IL-17, and IL-23. A total of 20 studies were included in the final analysis.

Results
Observations from the reviewed literature suggest that the impact of biologic treatments on IBD varies among patients being managed for psoriasis. While TNF-α and IL-12/23 inhibitors typically yield either positive or stable outcomes regarding intestinal activity, IL-17 inhibitors have been flagged due to their potential to trigger new-onset IBD or exacerbate existing cases in vulnerable patients. Conversely, despite a current lack of extensive long-term evidence, IL-23 inhibitors show encouraging safety results concerning gut inflammation.
The analysis focused on key clinical parameters, such as psoriasis severity (via PASI scores), rates of intestinal remission, and overall treatment tolerability. Additionally, the study monitored adverse events, specifically looking at the induction or flare-up of inflammatory bowel disease.

Conclusions
Managing the psoriatic-IBD comorbidity requires a precision-based, individualized therapeutic strategy rooted in a deep understanding of systemic inflammation. Elucidating the interplay between pathophysiology and biologic interventions remains fundamental to achieving sustained therapeutic remission. To ensure maximal efficacy and symptom mitigation, management must be tailored to the patient's specific phenotype and remain subject to iterative adjustment guided by rigorous longitudinal clinical monitoring

Abstract N°: ID-1159

Topic: Psoriasis

Psoriasis and depression challenges in biological treatment a systematicreview.

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Introduction
Psoriasis is a common, chronic, inflammatory skin disease consisting of a range of clinical symptoms. Depression is often diagnosed in patients suffering from psoriasis, which affects their quality of life and the effectiveness of treatment. Biological therapies, including TNF inhibitors, IL-17 inhibitors, and IL-23 inhibitors, have revolutionized the management of psoriasis. However, their effect on depressive symptoms in patients with psoriasis remains unexplored. This systematic review aims to assess the effect of biologic therapies on depressive symptoms in adult patients with plaque psoriasis. The goal is to evaluate whether these therapies reduce the severity of depression and improve patients' mental health.

Materials and Methods
A comprehensive literature search was conducted in PubMed, Embase, Scopus and MEDLINE using MeSH terms and free-text keywords including “psoriasis”, “depression”, “biologic therapy”, “TNF inhibitor”, “IL-17 inhibitor” and “IL-23 inhibitor”. The search included articles published in English between January 2015 and December 2025 and was performed in accordance with the PRISMA guidelines.
The search identified 642 records. After removal of duplicates and screening of titles and abstracts, 71 full-text articles were assessed for eligibility. Based on predefined inclusion criteria, 10 studies were included in the final analysis. Eligible studies involved adult patients with plaque psoriasis treated with biologic therapies and reported changes in depressive symptoms assessed using validated depression-specific instruments.

Results
Across the included studies, biologic treatment was consistently associated with improvement in depressive symptoms. Depression was most frequently assessed using HADS-D (8/10 studies), followed by QIDS-SR16, PHQ-9, BDI and MADRS. A primary follow-up at 12–16 weeks was available in 7 studies, while early follow-up at 4 weeks was reported in 2 real-world studies. IL-17 inhibitors were evaluated in 6 studies, IL-23 inhibitors in 3 studies, and TNF inhibitors in 2 studies, with some studies including more than one biologic class.
IL-17 inhibitors demonstrated the most rapid and consistent improvement in depressive symptoms. At week 12, ixekizumab reduced QIDS-SR16 scores by -6.1 to -7.1 points compared with -3.4 points with placebo (p<0.001). Secukinumab treatment resulted in mean HADS-D reductions ranging from -1.0 to -1.8 points at weeks 16-24. Brodalumab significantly reduced MADRS scores from 7.1 to 3.8 at week 12 (p=0.0007). In pooled analyses, 92.9% of patients treated with bimekizumab had PHQ-9 scores indicating no or

minimal depression at week 16, compared with 81.1% of placebo-treated patients, while the

proportion of patients with moderate-to-severe depressive symptoms was lower with active treatment (1.2% vs 6.3%).
IL-23 inhibitors were associated with significant but slightly slower improvements. Risankizumab demonstrated a greater reduction in depressive symptoms at week 16 compared with fumaric acid esters (LS mean difference -3.1, p<0.001), with effects sustained through week 24. Early real-world data indicated that reductions in depressive symptoms were detectable after 4 weeks of biologic therapy, while TNF inhibitors also reduced depression scores, though with greater heterogeneity and less consistent early effects.

Conclusions

This systematic review demonstrates that biologic therapies for plaque psoriasis are associated with significant and clinically relevant reductions in depressive symptoms, particularly within the first 12–16 weeks of treatment. The most rapid and consistent improvements were observed with IL-17 inhibitors, while IL-23 inhibitors showed sustained benefits over time. These findings support the role of biologic therapies in addressing both the physical and psychological burden of psoriasis and highlight the importance of incorporating mental health outcomes into treatment evaluation.

Abstract N°: ID-1186

Topic: Psoriasis

The DREAM Study: First Real-World Data on the Impact of Risankizumab on Quality-of-Life Domains That Contribute to Cumulative Life Course Impairment in Patients With Moderate-to-Severe Plaque Psoriasis

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Introduction

Psoriasis is a chronic immune-mediated skin disease that has broad implications on the quality of life (QoL) of patients. The Dermatology Life Quality Index (DLQI) is the most widely used dermatology-specific health-related QoL measure and primarily captures functional impairments; it does not include any questions on sleep or sleep quality which are known to be disrupted in almost any chronic disease. Cumulative life course impairment (CLCI) reflects the collective lifetime burden experienced by patients with psoriasis across 5 spheres: stigma, physical comorbidities, psychological comorbidities, social support, and coping strategies. Even highly effective therapies may not fully mitigate the psychosocial and functional impacts accumulated before adequate treatment, and the cumulative psychological, social, and functional impacts of earlier disease may persist. Risankizumab is a selective interleukin 23 (IL-23) inhibitor that enables most patients with psoriasis to achieve 90%–100% skin clearance and improves health-related QoL. The newly developed and validated prospective Derm Psoriasis Cumulative Life Course Impairment Instrument (DermCLCI-p) assesses current and future CLCI risk across 5 domains (physical, emotional, social, functioning, and treatment) simultaneously. This 30-item patient-reported measure yields a total score ranging from 0 to 75, with higher scores indicating greater impairment. This study aims to evaluate the real-world impact of risankizumab on health-related QoL domains, prospective CLCI risk, and sleep quality in adults with moderate-to-severe plaque psoriasis for up to 12 months.

Materials and Methods

DREAM (NCT07039110) is a multi-country, prospective, observational cohort study in adults with moderate-to-severe plaque psoriasis who are treated with risankizumab in accordance with local label indication. Eligible patients are those who initiate risankizumab after an independent patient−physician decision made prior to and unrelated to study participation. It is expected that approximately 700 patients will be enrolled across 70 sites in 9 countries over an 18-month enrollment period. Patients will be assessed at baseline and at routine follow-up visits (months 4, 7, and 12) after the first dose. The primary outcome is health-related QoL, assessed as the proportion of patients achieving a DLQI score of 0 or 1 at 12 months. Secondary outcomes include changes from baseline in DermCLCI-p and the Pittsburgh Sleep Quality Index (PSQI) through 12 months. Additional efficacy measures will also be assessed.

Results

Enrollment began on September 9, 2025, and 111 patients have been enrolled as of January 2026. Recruitment and follow-up are ongoing. An interim analysis is planned after 50% of the patients have completed 12 months observation in the study.

Conclusions

The ongoing DREAM study is the first study to characterize the multidimensional impact of a biologic, the IL-23 inhibitor risankizumab, on relevant QoL aspects, including health-related QoL, CLCI risk, and sleep outcomes, in patients with moderate-to-severe plaque psoriasis in a real-world setting.

Abstract N°: ID-1226

Topic: Psoriasis

Cardiovascular Outcomes During Biologic Therapy for Psoriasis: A Systematic Review and Meta-Analysis Across Tumour Necrosis Factor and Interleukin-Targeted Treatments

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Introduction
Psoriasis is a systemic inflammatory disease associated with excess cardiovascular (CV) morbidity. Since biologics are widely used in patients who may already have CV risk factors, clear evidence on serious CV outcomes is important for clinical decision-making. Reports from selected datasets and short-term trials have raised concerns regarding major adverse CV events (MACE) during biologic treatment, and clarifying serious CV outcomes is important as safety concerns frequently shape patient willingness to initiate or continue biologic therapy. We therefore synthesised available clinical trial data and observational evidence to characterise reported rates of CV outcomes across biologic classes used in psoriasis.

Materials and Methods
A systematic literature search identified randomised and non-randomised studies evaluating biologic therapies targeting tumour necrosis factor, interleukin (IL)-12/23, IL-17, or IL-23 in psoriasis. Eligible designs included multiple and single-arm interventional studies and longitudinal observational cohorts reporting CV outcomes during exposure. The prespecified outcomes were three-point MACE and its components (myocardial infarction, ischaemic stroke, CV death), and heart failure. Event data were pooled by drug class using random-effects meta-analysis of proportions with 95% confidence intervals (CIs).

Results
In total, 127 studies encompassing 67,344 treated patients were included. Across all four biologic classes, the pooled proportions of serious CV outcomes were consistently low. Estimated pooled event proportions for MACE, myocardial infarction, ischaemic stroke, CV mortality, and heart failure ranged from 0.0000 to 0.0065, with corresponding 95% CIs spanning approximately 0.0007-0.0034 to 0.0013-0.0311 (depending on outcome and class). No biologic class demonstrated a signal of increased reported event frequency within the analysed evidence base.

Conclusions
Across trial and real-world evidence in psoriasis, serious CV events were uncommon with biologics targeting TNF, IL-12/23, IL-17, or IL-23, with low reported rates of MACE and heart failure. Clinically, these data support confident use of

biologics even in patients with CV comorbidity and provide a clear basis for counselling and reassuring patients who are concerned about potential CV adverse outcomes. Moreover, signals from spontaneous adverse event reporting systems should be interpreted cautiously and are insufficient on their own to guide clinical conclusions without corroboration from appropriately designed studies.

Abstract N°: ID-1254

Topic: Psoriasis

Cumulative Life Course impairment in psoriasis: psychometric validation of the DermCLCI-p measure

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Introduction

Chronic skin diseases can exert a durable negative impact on a patient's psychological well-being, physical health, and quality of life—an outcome conceptualized as cumulative life course impairment (CLCI), which refers to the progressive and cumulative, long-term and sometimes irreversible, burden of disease on an individual's physical health and personal, social, educational, and occupational development accrued across a lifetime. Patients with psoriasis may experience medical comorbidities, stigmatization, social withdrawal, and diminished self-esteem, thereby impacting educational trajectories, limiting employment opportunities, and relationships.

Recognizing CLCI is essential because it emphasizes that the impact of psoriasis is not limited to current symptoms but reflects long-term, interconnected consequences that shape a patient's life trajectory. The DermCLCI-p questionnaire is the first instrument developed to assess accumulated burden for those with chronic skin conditions since the onset of disease. The present study aimed to evaluate the validity, reliability, and responsiveness of the DermCLCI-p.

Materials and Methods

The IMMagine study is the first validation study in a real-world setting to validate the newly developed DermCLCI-p questionnaire in moderate to severe psoriasis patients receiving risankizumab treatment (RZB) (n=154) within the participating countries, namely Belgium, Canada and Germany. The DermCLCI-p is a newly developed, 30-item patient-reported measure designed to assess cumulative impairment due to skin diseases on patients across five domains: physical, emotional and social wellbeing, functioning, and treatment. The proposed DermCLCI-p total score is the sum of Item 1-25 scores and ranges from 0 to 75 with higher scores indicating greater impairment. All enrolled subjects received at least one dose of Risankizumab (RZB) as prescribed with follow-up visits up to week 28 and were asked to fill in a set of patient-reported outcomes such as the DermCLCI-p, DLQI, HADS, MCLDP. The primary objective was to evaluate the validity, reliability, and responsiveness of the DermCLCI-p questionnaire.

Results

Of 146 patients in the psychometric analysis, the mean (SD) age of was 48.1 (16.6) years, with a range of 19 to 83 years.

Mean PASI at baseline was 14.1 (9.0), mean disease duration was 18.81 (15.80) years. Mean DermCLCI-p score at baseline and week 28 was 18.9 (13.8), and 5.6 (9.21) respectively. Descriptive statistics for the DermCLCI-p at baseline and week 28 are shown in table 1. Internal consistency was very high with Cronbach's alpha and omega = 0.94. Further, despite observed floor effects for many of the DermCLCI-p items, floor effects were not observed for any of the DermCLCI-p composite scores at baseline, indicating that they adequately cover the range of impairments experienced by patients with moderate-to-severe chronic plaque psoriasis. Moderate associations were found between DermCLCI-p and patient-reported outcomes: DLQI (r = 0.66, p < 0.05), HADS (r = 0.68, p < 0.05), MLCDP (r = 0.64, p < 0.05), confirming convergent validity. The known-groups validity results strongly supported the construct validity of the DermCLCI-p total score. Scores did not differ longitudinally, demonstrating good test re-test reliability. Responsiveness was confirmed with significant changes from baseline to week 28 in DLQI (r = 0.68), HADS (r = 0.58), MCLDP (r = 0.45), PASI (r = 0.18).

Table 1. Descriptive Statistics of the DermCLCI-p Items

	Baseline											Week 28									
Timepoint/DermCLCI-p item	n	Mean (SD)	Min	10th	25th	Median	75th	90th	Max	Possible min/max (%)	Missing (%)	n	Mean (SD)	Min	10th	25th	Median	75th	90th	Max	Possible min/max (%)	Missing (%)
1…limitations in physical performance	146	0.86 (0.91)	0	0	0	1	1	2	3	41.1/7.5	0 (0.0)	123	0.26 (0.58)	0	0	0	0	0	1	3	79.7/1.6	23 (15.8)
2…effort in treating my psoriasis	146	1.18 (0.94)	0	0	0	1	2	2	3	26.7/9.6	0 (0.0)	123	0.36 (0.65)	0	0	0	0	1	1	3	72.4/1.6	23 (15.8)
3…the idea of continuing the current treatment for the rest of my life	146	1.23 (0.98)	0	0	0	1	2	3	3	27.4/11.6	0 (0.0)	123	0.60 (0.86)	0	0	0	0	1	2	3	58.5/5.7	23 (15.8)
4…inadequate care by the attending physicians	146	0.32 (0.67)	0	0	0	0	0	1	3	78.1/1.4	0 (0.0)	123	0.11 (0.36)	0	0	0	0	0	0	2	91.1/0.0	23 (15.8)
5…other psoriasis related comorbidities	146	0.59 (0.82)	0	0	0	0	1	2	3	59.6/2.7	0 (0.0)	123	0.28 (0.56)	0	0	0	0	0	1	3	76.4/1.6	23 (15.8)
6…impairments of professional life/education	146	0.54 (0.78)	0	0	0	0	1	2	3	60.3/3.4	0 (0.0)	123	0.13 (0.48)	0	0	0	0	0	0	3	91.1/1.6	23 (15.8)
7…negative financial impacts	146	0.42 (0.72)	0	0	0	0	1	2	3	70.5/1.4	0 (0.0)	123	0.17 (0.51)	0	0	0	0	0	1	3	87.8/0.8	23 (15.8)
8…nervousness, anxiety or tenseness	146	1.01 (0.93)	0	0	0	1	2	2	3	35.6/6.8	0 (0.0)	123	0.39 (0.62)	0	0	0	0	1	1	3	67.5/0.8	23 (15.8)
9…not being able to stop or control worries	146	0.80 (0.88)	0	0	0	1	1	2	3	46.6/4.1	0 (0.0)	123	0.28 (0.61)	0	0	0	0	0	1	3	78.0/1.6	23 (15.8)
10…anxiety about the progression of my psoriasis	146	1.47 (1.00)	0	0	1	1	2	3	3	19.2/18.5	0 (0.0)	123	0.43 (0.65)	0	0	0	0	1	1	3	64.2/1.6	23 (15.8)
11…feeling stressed by my psoriasis	146	1.36 (1.01)	0	0	0	1	2	3	3	25.3/13.7	0 (0.0)	123	0.35 (0.65)	0	0	0	0	1	1	3	73.2/1.6	23 (15.8)
12…little interest or pleasure in my activities	145	0.66 (0.82)	0	0	0	0	1	2	3	52.4/3.4	1 (0.7)	123	0.15 (0.46)	0	0	0	0	0	1	3	88.6/0.8	23 (15.8)
13…depression, melancholy or hopelessness	146	0.81 (0.90)	0	0	0	1	1	2	3	45.9/5.5	0 (0.0)	123	0.22 (0.50)	0	0	0	0	0	1	2	82.1/0.0	23 (15.8)
14…thoughts of no longer wanting to live	146	0.21 (0.61)	0	0	0	0	0	1	3	86.3/2.7	0 (0.0)	123	0.07 (0.33)	0	0	0	0	0	0	3	95.1/0.8	23 (15.8)
15…problems in my family	146	0.34 (0.63)	0	0	0	0	1	1	3	72.6/1.4	0 (0.0)	123	0.08 (0.30)	0	0	0	0	0	0	2	92.7/0.0	23 (15.8)
16…problems in (former) intimate partner relationships	146	0.45 (0.76)	0	0	0	0	1	1	3	67.8/3.4	0 (0.0)	123	0.16 (0.49)	0	0	0	0	0	1	3	87.8/0.8	23 (15.8)
17…problems in other social relations (friends, colleagues)	146	0.49 (0.74)	0	0	0	0	1	1	3	62.3/2.7	0 (0.0)	123	0.09 (0.38)	0	0	0	0	0	0	3	93.5/0.8	23 (15.8)
18…impairments in sex life	146	0.88 (1.00)	0	0	0	1	2	2	3	47.3/8.9	0 (0.0)	123	0.22 (0.59)	0	0	0	0	0	1	3	84.6/2.4	23 (15.8)
19…regarding the fulfillment of my desire to have children	146	0.25 (0.64)	0	0	0	0	0	1	3	82.9/2.7	0 (0.0)	123	0.07 (0.34)	0	0	0	0	0	0	2	95.1/0.0	23 (15.8)
20…restrictions in leisure activities	146	0.83 (0.89)	0	0	0	1	1	2	3	44.5/4.8	0 (0.0)	123	0.20 (0.52)	0	0	0	0	0	1	3	85.4/0.8	23 (15.8)
21…impairments regarding choice of clothing	146	1.23 (1.04)	0	0	0	1	2	3	3	28.1/16.4	0 (0.0)	123	0.24 (0.55)	0	0	0	0	0	1	3	80.5/0.8	23 (15.8)
22…feelings of shame	146	1.16 (1.09)	0	0	0	1	2	3	3	34.2/17.8	0 (0.0)	123	0.28 (0.62)	0	0	0	0	0	1	3	78.9/1.6	23 (15.8)
23…prejudices of others	146	0.89 (1.00)	0	0	0	1	1	3	3	45.9/10.3	0 (0.0)	123	0.16 (0.41)	0	0	0	0	0	1	2	85.4/0.0	23 (15.8)
24…nutritional disadvantages	146	0.52 (0.78)	0	0	0	0	1	1	3	61.6/4.1	0 (0.0)	123	0.15 (0.44)	0	0	0	0	0	1	3	87.0/0.8	23 (15.8)
25…increased use of tobacco, alcohol, drugs, or the internet	146	0.35 (0.68)	0	0	0	0	1	1	3	74.7/2.1	0 (0.0)	123	0.17 (0.52)	0	0	0	0	0	1	3	88.6/0.8	23 (15.8)
26…sleep disorders [a]	146	0.86 (0.93)	0	0	0	1	1	2	3	44.5/6.8	0 (0.0)	123	0.29 (0.57)	0	0	0	0	1	1	3	74.8/1.6	23 (15.8)
27…impairments in the quality of life [a]	146	1.05 (0.93)	0	0	0	1	2	2	3	33.6/7.5	0 (0.0)	123	0.28 (0.56)	0	0	0	0	0	1	3	76.4/1.6	23 (15.8)
29. I have come to terms with my psoriasis and its associated impairments [b]	146	1.38 (1.20)	0	0	0	1	2	3	4	29.5/6.8	0 (0.0)	123	1.02 (1.27)	0	0	0	1	2	3	4	48.8/5.7	23 (15.8)
30. Through coping strategies or avoidance behaviors, I have learned to deal better with my psoriasis [b]	146	1.33 (1.15)	0	0	0	1	2	3	4	26.7/6.2	0 (0.0)	123	0.92 (1.31)	0	0	0	0	1	3	4	56.1/8.1	23 (15.8)

Note: Possible min %/max % corresponds to the percentage of patients who have the minimum and maximum possible scores, respectively.
[a]In the original conceptual model Item 26 was included in the Physical domain and Item 27 was included in the Emotional domain. However, these items were removed from their respective domains within the conceptual model prior to the psy-chometric evaluation.
[b]Not included in any domain. Items assess coping and have different answer options.
DermCLCI-p = Dermatological Cumulative Life Course Impairment Questionnaire (prospective version); max = maximum; min = minimum; SD = standard deviation.

Conclusions

Results confirm strong psychometric properties regarding reliability, validity and responsiveness. Overall, with this new tool, that has been validated within the IMMagine study, for the first time a measure capturing this cumulative burden over time is available. Screening for the potential risk of CLCI early on and if needed provide psychological treatment may help to avoid chronification of physical, psychological, social and economic burden of psoriasis patients over time.

Abstract N°: ID-1386

Topic: Psoriasis

The gap between health intentions and actual lifestyle habits in psoriasis patients

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Introduction

Psoriasis is a chronic, immune-mediated systemic inflammatory disease. While genetic factors are fundamental to its pathogenesis, lifestyle choices are increasingly recognized as modulators of clinical expression. Evidence suggests that smoking, high simple carbohydrate intake, and sedentary behavior may exacerbate systemic inflammation. In daily practice, we see that simply giving advice doesn't always lead to change. This study was designed to look at the real-world habits of psoriasis patients and measure the extent of the discrepancy between patient health goals and their actual daily habits.

Materials and Methods

A cross-sectional study was conducted at dermatology outpatient clinic. Disease severity was assessed using the Psoriasis Area and Severity Index (PASI), Body Surface Area (BSA), and Nail Psoriasis Severity Index (NAPSI). Physical parameters including Body Mass Index (BMI), waist circumference, and blood pressure were recorded. Participants completed a validated lifestyle questionnaire, a stress scale (1–10), and the Dermatology Life Quality Index (DLQI). Data were analyzed using Spearman's correlation coefficient. Ethics committee approval and informed consent were obtained.

Results

The study included 36 patients (aged 16–86). Clinical severity varied widely: BSA 1.5–80%, PASI 0.6–36, and mean DLQI 6.6. The mean BMI was 26.8 kg/m^2 (range 18.3–39.3 kg/m^2). Dietary analysis revealed significant pro-inflammatory patterns: 75% (n=27) consumed sweets regularly, 44% (n=16) drank sweetened beverages weekly, and 69% (n=25) ate fish less than once per week. Lifestyle disturbances were common: 67% (n=24) reported sleep issues, 47% (n=17) experienced frequent tension, and the mean stress level was 5/10. Regarding habits, 39% (n=14) were smokers and only 42% (n=15) were alcohol abstainers. Despite these findings, all participants reported a formal intention to follow healthy lifestyle recommendations. No statistically significant correlations were found between PASI, BSA, NAPSI, or DLQI and lifestyle habits, BMI, or stress scores ($p > 0.05$).

Conclusions

The study demonstrates a high prevalence of metabolic and lifestyle risk factors, particularly regarding sugar intake and poor sleep hygiene, with a mean BMI in the overweight range. The observed "intention-behavior gap" suggests that standard clinical advice is insufficient to drive behavioral change. The lack of correlation between these habits and disease severity (PASI/BSA) suggests that genetic factors or current treatments might be masking the immediate impact

of lifestyle. However, the prevalence of these risk factors cannot be ignored. We need better ways to support patients in making actual changes, as traditional clinical advice alone is clearly not bridging the gap between knowledge and practice.

Abstract N°: ID-1424

Topic: Psoriasis

Influence of Prior Biologic Therapy on Response to Tildrakizumab: A Comparative Subgroup Analysis in a Tertiary Care Center

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Introduction

Psoriasis is a chronic and recurrent inflammatory disease. Proinflammatory cytokines and IL23/Th17 axis play critical roles in psoriasis pathogeny. There are multiple therapeutic options available for the treatment of psoriasis, which are broadly classified into four categories: tumor necrosis factor (TNF)-α inhibitors, interleukin (IL)-12/23 inhibitors, IL-17 inhibitors, and IL-23 inhibitors. Tildrakizumab (TDK) is a humanized monoclonal IgG1/κ antibody that, belonging to the latter group, selectively binds to the p19 subunit, inhibiting the interaction of IL-23 and thus inhibits the release of IL-23 mediated proinflammatory cytokines.

Materials and Methods

This single-center retrospective study included 50 patients affected by moderate-to-severe plaque psoriasis treated with TDK from February 2020 to March 2025. TDK was administrated according to the summary of product characteristics. The cohort was divided into three groups according to treatment received prior to the initiation of TDK. Assessment criteria encompassed Psoriasis Area and Severity Index (PASI) at 0, 12, 24, 52, 72, 104 and 156 weeks. Linear mixed-effects models were used to assess the longitudinal evolution of PASI scores. Intergroup comparisons at each visit were performed using Welch's t-test for independent samples. Statistical significance was set at $p < 0.05$.

Results

Our population is composed of 50 patients with moderate-to-severe psoriasis treated with TDK. 10 (20%) patients initiated treatment without prior exposure to any biologic therapy, whereas 30 (60%) had previously received TNF-α inhibitors and 9 (18%) had been treated with IL-17 inhibitors. The longitudinal evolution of mean PASI scores was assessed, with particular attention to intergroup differences at weeks 24 and 52. The naïve group showed the greatest and most rapid clinical improvement, with a reduction in PASI from 12.8 ± 3.68 at baseline to 1.23 ± 1.17 at week 12 (−90%) and 0.8 ± 1.14 at week 24 (−94%), maintaining values close to remission throughout follow-up. The anti-TNF group demonstrated an intermediate response (10.30 ± 4.17 at baseline to 2.67 ± 3.43 at week 24; −74%), whereas the group previously exposed to IL-17 inhibitors showed a slower decline and greater variability (9.56 ± 4.72 at baseline to 4.57 ± 5.13 at week 24; −36%). In cross-sectional comparisons at each visit, at week 24 the naïve group exhibited significantly lower PASI scores than the anti-TNF group (0.8 vs 2.67; $p \approx 0.04$) and a trend toward lower values compared with the IL-17 group (0.8 vs 4.57; $p \approx 0.07$). No significant differences were observed between the anti-TNF and IL-17 groups. By week 52, mean PASI scores converged (0.8 vs 1.7 vs 1.0, respectively), with no statistically significant differences among groups.

Conclusions

The use of Tildrakizumab in biologic-naïve patients demonstrated a faster and greater clinical response compared with patients previously treated with anti-TNF and/or IL-17 inhibitors, with attenuation of intergroup differences over the medium term.

Abstract N°: ID-1476

Topic: Psoriasis

Early cardiometabolic and vascular risk in patients with chronic plaque psoriasis identified through integrated clinical and biochemical assessment.

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Introduction
Psoriasis is linked to a higher risk of cardiovascular disease and metabolic syndrome, dermatologists frequently fail to recognise its early systemic involvement. This study used commonly available clinical and laboratory parameters, bolstered by imaging, to assess hepatic and cardiometabolic risk in psoriasis patients.

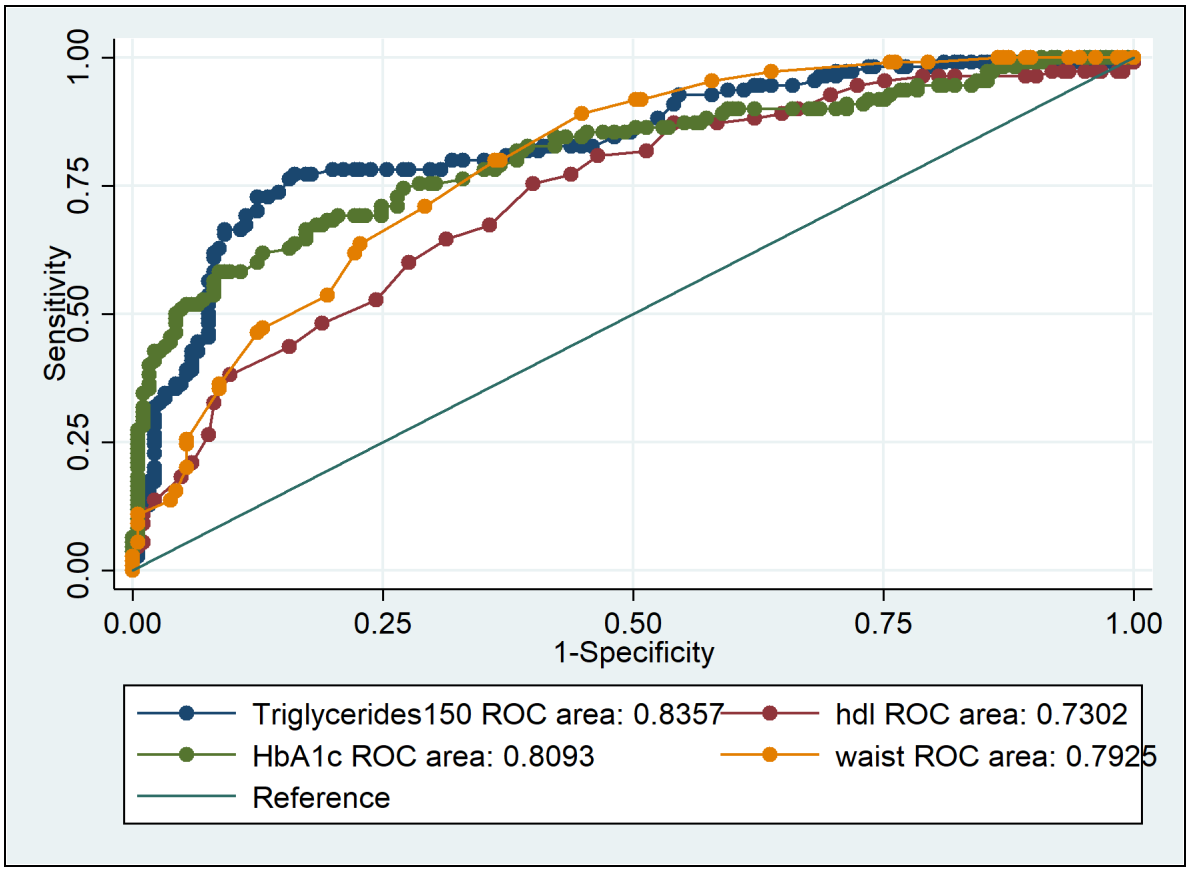
Materials and Methods
Cross-sectional analysis was performed on general physical examination's data from 320 psoriasis patients. These parameters included Blood Pressure, Body Mass Index, Waist Circumference, waist-hip ratio and Body Roundness Index (BRI). Data analysis included central tendency and distribution. ROC curve was plotted that compares the diagnostic accuracy of these four gold standards for metabolic syndrome. These patients were also stratified based on the presence or absence of Metabolic Syndrome. Those with Metabolic Syndrome had a significantly higher cardiovascular risk.

Results
The mean age group of the psoriatic patients had a mean SBP of 125.32 ± 16.31 mmHg and a mean DBP of 78.39 ± 38.11 mmHg. The mean BMI of these psoriatic patients was 26.05 ± 6.48 kg/m^2.

BMI categorization demonstrated that a significant portion of the population fell outside the normal range as Overweight (32.7%), normal (31.8%), Obese (30.2%) and Underweight (5.3%). The mean waist mesurement was 36.69 inches which indicates a trend toward central adiposity that was further supported by a mean Body Roundness Index of 5.22. Triglycerides demonstrated the highest predictive power with an AUC 0.8357, followed by HbA1c levels, waist circumference, and HDL. Triglycerides (at a threshold of 150) achieved a ROC area of 0.8357 while HbA1c achieved a ROC area of 0.8093.

While both had strong predictive performance, the higher value for triglycerides suggests it has a greater overall diagnostic accuracy compared to HbA1c in the psoriatic cohort.

Psoriasis patients with metabolic syndrome had higher BMI of 28.6 vs psoriatic patients not having metabolic syndrome 25.1, $p < 0.05$), Systolic BP (133.5 vs 121.2), and HbA1c levels (6.3% vs 5.4%). Systematic inflammation was evident with a mean CRP of 5.98 mg/L. Psoriasis severity (Mean PASI 6.6) did not show a direct linear correlation with the presence of metabolic syndrome in these patients with chronic plaque psoriasis.



Sensitivity on the y-axis against 1-Specificity on the x-axis for Tg, HbA1c, HDL, and waist circumference.

Conclusions

The study indicates high prevalence of overweight and obesity in the psoriatic patients recruited within the study with Systolic Blood Pressure levels leading toward the pre-hypertensive range. Triglycerides performed better than HbA1c when Receiver Operating Characteristic (ROC) curve. These results underscore the need for targeted lifestyle interventions and regular metabolic screening in patients with chronic plaque psoriasis. These patients carry a high burden of metabolic syndrome and systemic inflammation directing towards early cardiovascular screening regardless of skin disease severity.

Abstract N°: ID-1504

Topic: Psoriasis

The psychological and socioeconomic impact of palmoplantar psoriasis versus vulgar psoriasis: a prospective comparative study

Fadoua Chemsy*[1], Hanane Rachadi[1], Fatimazahra Benhayoune[1], Bouchera Baghad[1], Soumiya Chiheb[1]

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Introduction
Psoriasis is a chronic inflammatory skin disease whose impact extends far beyond its cutaneous manifestations, constituting a disease with profound psychosocial and economic repercussions. While psoriasis vulgaris, due to its prevalence, has been the subject of numerous studies, palmoplantar psoriasis remains less well documented in terms of its overall impact, despite its presumed major functional impact.

The aim of our study is to compare the multidimensional psychological and socioeconomic, of vulgar and palmoplantar psoriasis.

Materials and Methods
This is a prospective, cross-sectional, comparative study conducted over one year in the dermatology consultation department, including all adult patients with vulgar or palmoplantar psoriasis. Patients were divided into two groups according to the type of psoriasis: G1 (palmoplantar psoriasis) and G2 (psoriasis vulgaris). To evaluate the different parameters, we used: the PASI score for disease severity, the DLQI for quality of life and the HADS score for anxiety and depression. Monthly expenses related to the disease (treatments, transportation, care) were reported by patients, as a percentage of their monthly income. To compare continuous variables between the two groups, we used Welch's t-test. The significance threshold was set at 0.05.

Results
Ninety-three cases were included, divided between 30 cases of palmoplantar psoriasis (32.26%) and 63 cases of vulgar psoriasis (67.74%). There was a predominance of females (80%) in G1 and males (52.38%) in G2. The mean age was 41.3 years (G1) versus 45.71 years (G2). The mean time to diagnosis in G1 and G2 was 5.95 and 37.61 months, respectively. Sixty percent of patients in G1 were employees, versus 47.62% in G2. Forty percent of patients had a high socioeconomic status in G1 versus 47.62% who had a low socioeconomic status in G2. The severity of the disease was moderate in 40% of cases in G1 and severe in 76.19% of cases in G2, with an average PASI score of 28.84. The average DLQI was 18.7 in G1 versus 14.76% in G2. The majority of patients suffered from depression (60% versus 52.38%) with an average HADS score (8.1/10.5 versus 8.52/10.47). Monthly expenses were 8.2% of monthly income for G1 versus 26% (G2). A significant correlation was found between the severity of psoriasis vulgaris and impaired quality of life (DLQI, p=0.047), anxiety (HADS anxiety score, p=0.0025).The severity of palmoplantar psoriasis was significantly correlated with anxiety (p=0.0097) and monthly expenses (p=0.031).

Conclusions
Our comparative study reveals marked differences in the psychosocial and economic impact between palmoplantar and vulgar forms of psoriasis. Consistent with the literature, objective clinical severity, as measured by PASI, was significantly

higher in patients with vulgar psoriasis. Paradoxically, the impact on quality of life, as assessed by the DLQI, was greater in patients with palmoplantar psoriasis. This dissociation confirms the well-established principle that lesions located in visible or functionally crucial areas (hands, feet) have a disproportionate impact on daily life, affecting simple tasks. Conversely, severe vulgar psoriasis imposes a disproportionate economic burden on patients who are often more vulnerable, with treatment costs absorbing 26% of their monthly income. In both groups, depression was high (>50%), and anxiety was significantly correlated with disease severity, confirming that psoriasis is a condition with high rates of psychiatric comorbidity.

Abstract N°: ID-1513

Topic: Psoriasis

Refractory mixed hyperkeratotic–pustular palmoplantar psoriasis: clinical phenotype, diagnostic challenges and response to JAK-1 inhibition

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Introduction
Palmoplantar psoriasis comprises a heterogeneous spectrum of clinical phenotypes, ranging from pustular lesions to hyperkeratotic plaques with deep fissuring. Mixed hyperkeratotic–pustular variants are associated with severe symptoms, functional impairment, and significant diagnostic overlap with chronic hand eczema. Emerging evidence suggests that these complex phenotypes may involve immune pathways beyond the classical Th17 axis. We report a case of severe, treatment-refractory mixed hyperkeratotic–pustular palmoplantar psoriasis highlighting diagnostic challenges and therapeutic response to JAK-1 inhibition.

Materials and Methods
A 46-year-old woman with a history of limited plaque psoriasis developed progressive palmoplantar disease over a two-year period. Clinical examination revealed a mixed hyperkeratotic and pustular phenotype with extensive fissuring, intense pruritus, pain, and marked impairment of quality of life, despite limited overall body surface area involvement (3%). A stepwise diagnostic evaluation was performed, including patch testing, histopathological examination, and exclusion of infectious and malignant causes. The patient had previously failed topical therapies, phototherapy, conventional systemic agents, and all available biologic treatment classes. Treatment with the selective JAK-1 inhibitor upadacitinib (30 mg daily) was initiated.

Results
Patch testing excluded allergic contact dermatitis, while histopathology demonstrated spongiotic dermatitis without features of pustular psoriasis or infection. Treatment with upadacitinib led to rapid improvement of pruritus and complete clinical clearance within four weeks. Temporary treatment interruption due to delayed reimbursement approval resulted in recurrence of pruritus and palmoplantar lesions within 3–4 weeks, with lower severity compared to baseline. Complete remission was promptly re-achieved following treatment re-initiation. Sustained disease control was maintained during long-term follow-up, without clinically significant adverse events.

Conclusions
This case highlights the diagnostic complexity of mixed hyperkeratotic–pustular palmoplantar psoriasis and supports the concept of heterogeneous immune endotypes in palmoplantar disease. The observed relapse–rechallenge pattern underscores a direct immunomodulatory effect of JAK-1 inhibition and suggests that JAK inhibitors may represent an effective therapeutic option in carefully selected patients with refractory palmoplantar psoriasis.

Abstract N°: ID-1522

Topic: Psoriasis

The occupational disability of palmoplantar psoriasis versus vulgar psoriasis: a prospective comparative study

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Introduction
Psoriasis is a chronic inflammatory skin disease whose impact extends far beyond its cutaneous manifestations, constituting a disease with profound psychosocial and economic repercussions. While psoriasis vulgaris, due to its prevalence, has been the subject of numerous studies, palmoplantar psoriasis remains less well documented in terms of its overall impact, despite its presumed major functional impact.

The aim of our study is to compare the occupational burden of vulgar and palmoplantar psoriasis.

Materials and Methods
This is a prospective, cross-sectional, comparative study conducted over one year in the dermatology consultation department, including all adult patients with vulgar or palmoplantar psoriasis. Patients were divided into two groups according to the type of psoriasis: G1 (palmoplantar psoriasis) and G2 (psoriasis vulgaris). To evaluate the occupational disability, we used the WPAI score. To compare continuous variables between the two groups, we used Welch's t-test. The significance threshold was set at 0.05.

Results
Ninety-three cases were included, divided between 30 cases of palmoplantar psoriasis (32.26%) and 63 cases of vulgar psoriasis (67.74%). There was a predominance of females (80%) in G1 and males (52.38%) in G2. The mean age was 41.3 years (G1) versus 45.71 years (G2). The mean time to diagnosis in G1 and G2 was 5.95 and 37.61 months, respectively. Sixty percent of patients in G1 were employees, versus 47.62% in G2. The severity of the disease was moderate in 40% of cases for G1 and severe in 76.19% for G2, with an average PASI score of 28.84. Regarding occupational disability, the absenteeism rate was 43.25% in G1 vs. 41.31% in G2, and the TPWI was 82.34% in G1 vs. 54.57% in G2.

A significant correlation was found between the severity of psoriasis vulgaris and impaired occupational disability (WPAI, p=0.016).

Conclusions
Analysis of occupational disability using the WPAI reveals complex trends. While absenteeism rates were similar (~43%), productivity was more impaired in patients with palmoplantar psoriasis. Palmoplantar psoriasis significantly compromises quality of life and productivity.

Abstract N°: ID-1523

Topic: Psoriasis

Clinical Phenotypes and Therapeutic Interception: Independent Predictors of Psoriatic Arthritis Development

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Introduction
Psoriatic Arthritis (PsA) affects approximately 30% of psoriasis patients, often leading to irreversible joint damage. The transition from skin to joint disease provides a critical "window of opportunity" for intervention. While clinical markers like nail involvement are recognized, the predictive utility of novel systemic inflammatory biomarkers and the differential impact of various biologic classes on PsA prevention remain debated. This study aimed to identify independent clinical, laboratory, and therapeutic predictors of incident PsA in a defined plaque psoriasis cohort.

Materials and Methods
We conducted a retrospective cohort study of 208 patients with plaque psoriasis followed at a tertiary center (2015–2025). Inclusion required ≥2 years of follow-up and no baseline PsA. We analyzed demographics, clinical phenotypes (nail, scalp, inverse, palmoplantar), and baseline inflammatory markers, including the Neutrophil-to-Lymphocyte Ratio (NLR) and the novel Inflammatory Burden Index (IBI: [CRP × Neutrophils] / Lymphocytes). Drug exposure was defined as ≥6 months of continuous therapy prior to PsA onset. The primary outcome was incident PsA confirmed by CASPAR criteria. Predictors were identified using multivariate logistic regression.

Results
Over a mean follow-up, 36 patients (17.3%) developed PsA. The mean latency period was 216.1 ± 132.7 months. Multivariate analysis identified nail involvement (OR: 3.47, 95% CI: 1.39–8.64, p=0.008) and inverse psoriasis (OR: 2.59, 95% CI: 1.06–6.32, p=0.037) as robust independent clinical predictors. Regarding therapy, anti-IL-17 use was associated with a marked 82% reduction in PsA risk (OR: 0.18, 95% CI: 0.06–0.56, p=0.003). Acitretin also showed a protective association (OR: 0.35, p=0.031). Conversely, a history of anti-TNF use was associated with an increased risk (OR: 2.98, p=0.030), likely reflecting confounding by indication or failure of upstream molecular interception. Systemic inflammatory markers, including the IBI score (AUC: 0.558), demonstrated limited predictive value compared to clinical phenotyping.

Table. Multivariate Logistic Regression Analysis for Predictors of Psoriatic Arthritis Development

Predictor	**Odds Ratio** (OR)	**95% Confidence Interval** (CI)	**p-value**
History of Anti-IL-17 Use	0.18	0.06 – 0.56	0.003
Nail Involvement	3.47	1.39 – 8.64	0.008
History of Anti-TNF Use	2.98	1.11 – 8.02	0.030
History of Acitretin Use	0.35	0.14 – 0.91	0.031
Inverse Involvement	2.59	1.06 – 6.32	0.037
Active Smoking	0.42	0.17 – 1.01	0.054

Conclusions

Nail dystrophy and inverse lesions serve as critical sentinel signs for articular progression, reflecting the "nail-enthesis unit" and potential mechanical triggers in flexural zones. Our findings suggest a potential paradigm shift toward disease interception; targeting the IL-23/IL-17 axis may offer superior potential to alter the disease trajectory compared to traditional TNF inhibition in high-risk phenotypes. While routine blood markers lack sensitivity for early stratification, detailed clinical assessment remains the gold standard for preventing permanent joint damage.

Abstract N°: ID-1551

Topic: Psoriasis

Beyond Skin Clearance: Divergent Systemic Inflammatory and Metabolic Footprints of IL-17 and IL-23 Inhibitors in Moderate-to-Severe Psoriasis

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Introduction
Psoriasis is a systemic inflammatory disorder linked to significant cardiometabolic comorbidities. While IL-17 and IL-23 inhibitors offer robust skin clearance, the extent to which clinical remission correlates with the resolution of systemic biological burden remains unclear. We aimed to compare the longitudinal effects of these biologic classes on cellular inflammatory indices and lipid profiles, specifically investigating the potential dissociation between cutaneous improvement and systemic stabilization.

Materials and Methods
This retrospective cohort study included 237 patients with moderate-to-severe plaque psoriasis treated with IL-17 (n=157) or IL-23 (n=80) inhibitors. Clinical severity (PASI, DLQI, DAPSA), systemic inflammatory markers (Neutrophil-to-Lymphocyte Ratio [NLR], Monocyte-to-Lymphocyte Ratio [MLR], Inflammatory Burden Index [IBI], and Monocyte-to-HDL Ratio [MHR]), and lipid profiles (HDL, LDL, Triglycerides) were evaluated at baseline, Week 4, and Week 16. Within-group longitudinal changes and inter-class differences were analyzed using Wilcoxon signed-rank and Mann-Whitney U tests.

Results
Both groups achieved comparable and significant clinical improvements at Week 16, with PASI 90 rates of 89.2% for IL-17 and 85.0% for IL-23 ($p=0.473$). However, clinical score reductions (ΔPASI/ΔDAPSA) did not correlate with changes in inflammatory markers ($p>0.05$), demonstrating a marked clinical-biological dissociation. IL-17 inhibitors exhibited a more rapid systemic response, significantly reducing NLR by Week 4 ($p<0.001$), a change significantly more pronounced than in the IL-23 group ($p=0.041$). By Week 16, the IL-17 group showed significant longitudinal reductions across all cellular indices (NLR, MLR, IBI), whereas the IL-23 group showed significant reduction only in NLR. Notably, a significant reduction in HDL-cholesterol was observed exclusively in the IL-23 group by Week 16 ($p=0.002$), resulting in a significant inter-class difference ($p=0.021$). Patients with psoriatic arthritis exhibited significantly higher baseline MHR levels ($p=0.044$), underscoring its utility as a marker for joint involvement.

Table. Longitudinal Comparison of Lipid Profiles Between IL-17 and IL-23 Inhibitor Groups

Parameter	Group	Baseline (Median [IQR])	Week 4 (Median [IQR])	Week 16 (Median [IQR])	p-value (within)*	p-value (Interaction)**
HDL-cholesterol (mg/dL)	IL-17	47.0 [41.7–54.0]	47.0 [40.7–54.0]	48.0 [40.0–54.0]	0.785	**0.021**
	IL-23	50.0 [42.7–56.0]	49.0 [43.0–53.0]	46.0 [40.2–54.7]	**0.002**	
LDL-cholesterol (mg/dL)	IL-17	131.5 [111.0–154.2]	131.0 [109.0–151.0]	130.0 [105.5–149.0]	0.359	0.964
	IL-23	134.0 [118.0–158.0]	133.0 [112.5–156.5]	135.0 [113.2–153.7]	0.456	
Triglycerides (mg/dL)	IL-17	151.5 [108.0–204.0]	145.0 [101.5–199.2]	142.0 [97.5–189.5]	0.089	0.069
	IL-23	135.5 [93.0–214.2]	159.0 [100.5–198.0]	147.0 [94.2–199.0]	0.300	

*p-within: Baseline-Week 16 comparison within each group. **p-interaction: Comparison of the magnitude of change (Δ) between groups. HDL: high-density lipoprotein, LDL: low-density lipoprotein, TG: triglycerides.

Conclusions

While IL-17 and IL-23 inhibitors provide similar clinical efficacy, they exhibit distinct systemic and metabolic trajectories. IL-17 inhibitors may offer a broader and more rapid reduction of systemic inflammatory markers. The significant reduction in HDL levels observed with IL-23 inhibitors suggests a class-specific metabolic footprint that necessitates careful long-term monitoring. The observed dissociation between skin clearance and biological stabilization highlights that PASI scores alone are insufficient to monitor the total systemic burden in psoriasis.

Abstract N°: ID-1556

Topic: Psoriasis

QUANTITATIVE 75 MHZ HIGH-FREQUENCY ULTRASOUND PARAMETERS AND THEIR HISTOPATHOLOGICAL SIGNIFICANCE IN PSORIASIS.

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Introduction
High-frequency ultrasound (HFUS, >20 MHz) enables non-invasive, high-resolution imaging of cutaneous anatomy. With an axial resolution of 21 μm, it provides quantitative data on epidermal and dermal morphology, supporting objective assessment in dermatologic conditions like psoriasis.

Objectives.
To compare epidermal and dermal measurements of psoriatic lesions obtained via 75 MHz HFUS with corresponding histopathological findings.

Materials and Methods
Thirty psoriatic papules/plaques from patients referred for diagnostic biopsy were imaged in vivo using 75 MHz HFUS. Epidermal thickness and the thickness of the subepidermal hypo-anechoic zone were measured. Lesions were marked to ensure precise alignment with subsequent biopsy. Histologic sections were evaluated along the same axis. Agreement between the two methods was analyzed using Spearman's correlation.

Results
Mean epidermal thickness was 220 ± 33 μm measured by HFUS versus 215 ± 35 μm by histopathology ($R = 0.82$, $p < 0.01$). The mean subepidermal hypo-anechoic zone thickness was 483 ± 97 μm (HFUS) versus 448 ± 89 μm (histopathology; $R = 0.88$, $p < 0.01$). No statistically significant differences were observed between the measurement methods.

Conclusions
Measurements from 75 MHz HFUS show a strong correlation with histopathology for key psoriatic features, including epidermal thickness and the dermal inflammatory zone. These findings support the utility of 75 MHz HFUS as a reliable, non-invasive tool for the quantitative assessment psoriasis severity and monitoring of psoriasis therapy efficacy.

Abstract N°: ID-1565

Topic: Psoriasis

Phenotype-driven treatment responses in palmoplantar inflammatory disease: a real-world case series

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Introduction
Palmoplantar inflammatory disease comprises a heterogeneous spectrum of hyperkeratotic, pustular, and mixed phenotypes that cause disproportionate functional impairment and reduced quality of life. Therapeutic responses are often unpredictable and may reflect underlying immunologic heterogeneity rather than strict diagnostic categorization.

Materials and Methods

We performed a retrospective observational case series of **25 adult patients** with moderate-to-severe palmoplantar inflammatory disease treated in routine clinical practice at a tertiary dermatology center. Clinical phenotypes were classified as hyperkeratotic, pustular, or mixed based on dominant morphology. Treatments included IL-17A/F inhibition, IL-23 inhibition, and Janus kinase (JAK) inhibitors, selected according to clinical phenotype, disease severity, comorbidities, and prior treatment history. Clinical outcomes were assessed descriptively at baseline and during follow-up, with evaluations at early time points and up to **12 months**, using physician global assessment, extent of palmoplantar involvement, pain, fissuring, and patient-reported quality-of-life measures.

Results
Most patients presented with hyperkeratotic or mixed palmoplantar phenotypes, while a smaller subset exhibited predominantly pustular disease. Patients receiving IL-17A/F inhibitors showed early overall clinical improvement, with responses generally maintained over **12 months of follow-up**. IL-23 inhibition demonstrated a slower onset of response but was associated with sustained clinical benefit over time, particularly in chronic hyperkeratotic disease. JAK inhibitors were primarily used in refractory or mixed phenotypes and were associated with clinically meaningful overall improvement in selected patients. Overall, treatment responses appeared to correlate more closely with dominant clinical phenotype than with traditional diagnostic labels.

Conclusions
In this real-world case series of **25 patients with one-year follow-up**, palmoplantar inflammatory disease demonstrated substantial clinical heterogeneity with differential responses to biologics and JAK inhibitors. A phenotype-guided therapeutic approach may help optimize long-term outcomes in this challenging patient population.

Abstract N°: ID-1597

Topic: Psoriasis

Predictive factors of Methotrexate therapeutic failure in severe psoriasis: An analytical study of 42 cases

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Introduction

Methotrexate is the reference systemic treatment for moderate to severe forms of psoriasis. Despite its widespread use, real-world data remain limited, particularly regarding long-term efficacy and treatment survival. In this context, identifying factors associated with therapeutic failure is essential to optimize management strategies and guide patients toward appropriate alternatives.

Materials and Methods

This is a retrospective descriptive and analytical study conducted in the dermatology department over a 9-year period, including 42 patients with severe psoriasis treated with methotrexate. Demographic data, clinical characteristics, comorbidities, therapeutic history, and methotrexate treatment features were collected. Patients were classified into two groups: therapeutic success and failure, then compared using appropriate statistical tests (Student's t-test and Mann-Whitney test for quantitative variables, Chi^2 and Fisher's exact test for qualitative variables). A significance threshold of $p < 0.05$ was used.

Results

A total of 49 patients with severe psoriasis were initially included. One patient (2.0%) discontinued treatment due to pregnancy desire, two patients (4.1%) were lost to follow-up, and four patients (8.2%) experienced adverse effects (hepatic, hematologic, or digestive abnormalities) and were excluded. The final analysis included 42 patients. Among them, there were 15 women (35.7%) and 27 men (64.3%), with a sex ratio M/F of 1.8. The mean age was 45 years (13 to 75 years). Family history of psoriasis was noted in 15 patients (35.7%), and 17 patients (40.5%) reported tobacco and alcohol consumption. The mean duration of psoriasis was 14.2 years (1 month to 38 years), and the mean age of onset was 30.8 years.

The psoriasis types included: 25 cases of plaque psoriasis, 12 cases of erythrodermic psoriasis, 4 cases of pustular psoriasis, and 1 case of palmoplantar psoriasis. Comorbidities included 3 cases of diabetes (7.1%), 4 cases of hypertension (9.5%), and 14 cases of psoriatic arthritis (33.3%). The mean BMI was 24.8 kg/m^2 (17 to 37.7). The mean PASI score at admission was 30.04 (10–70). The mean affected body surface area was 69% (25–96%).

All 42 patients had previously used topical corticosteroids. Nine patients had received vitamin D, six had oral retinoids, five had keratolytics, five had phototherapy sessions, four had oral corticosteroids or NSAIDs, and two had anti-TNF alpha therapy. The mean initial methotrexate dose was 19.3 mg/week (10 to 25 mg), with 18 patients (42.9%) receiving ≤15 mg. Administration was mostly subcutaneous (71.4%), followed by oral or mixed routes. Folic acid was administered 48–72 hours after methotrexate intake. Keratolytics and emollients were prescribed for 34 patients, and two patients received topical corticosteroids alongside methotrexate. The mean total cumulative dose of methotrexate was 858.4 mg (545.2 to 1139.5 mg). The mean treatment duration was 30.3 months (2 to 216 months).

Among the 42 patients, 23 (54.8%) responded to treatment, while 19 (45.2%) experienced therapeutic failure. Predictive factors of methotrexate resistance in this series included: total cumulative methotrexate dose (p=0.0002), with a mean dose of 1187.0 mg in the success group versus 698.4 mg in the failure group. Lack of prior phototherapy was also associated with failure (p=0.035). Comparative analysis showed that intramuscular administration was significantly associated with higher therapeutic success (p=0.041), with 63.3% response versus 25% in the oral group. Pustular psoriasis was associated with a 100% failure rate (p=0.039).

At the time of failure, 8 patients were switched to secukinumab, 2 to phototherapy, and 1 to anti-TNF alpha therapy.

Conclusions

Methotrexate remains a reference treatment for moderate to severe psoriasis due to its efficacy, low cost, and long history of use. Despite limitations in tolerance and treatment survival, it maintains a central role, particularly before switching to biologic therapies.