



Οι ανεκπλήρωτες ανάγκες των ασθενών με Ψωριασική Νόσο

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Jennifer Jacobs_Stowaway

Ερέτρια 16-06-2022



Σύγκρουση συμφερόντων

Conflict of interest

Παρούσα παρουσίαση: JANSSEN

Εκπαιδευτικές-ερευνητικές-συμβουλευτικές επιχορηγήσεις την
τελευταία διετία: Roche, UCB, MSD, Pfizer, Abbvie, Aenorasis, Viatris, Novartis



PSORIASIS AND ARTHRITIS



BY

V. WRIGHT

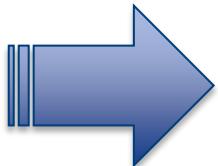
Leeds

(RECEIVED FOR PUBLICATION JULY 23, 1956)

Ann. rheum. Dis. (1956), 15, 348.

The problems therefore are:

- (1) Is there an entity "psoriatic arthropathy"?
- (2) If there is, what are its characteristics?



2006
Scarpa

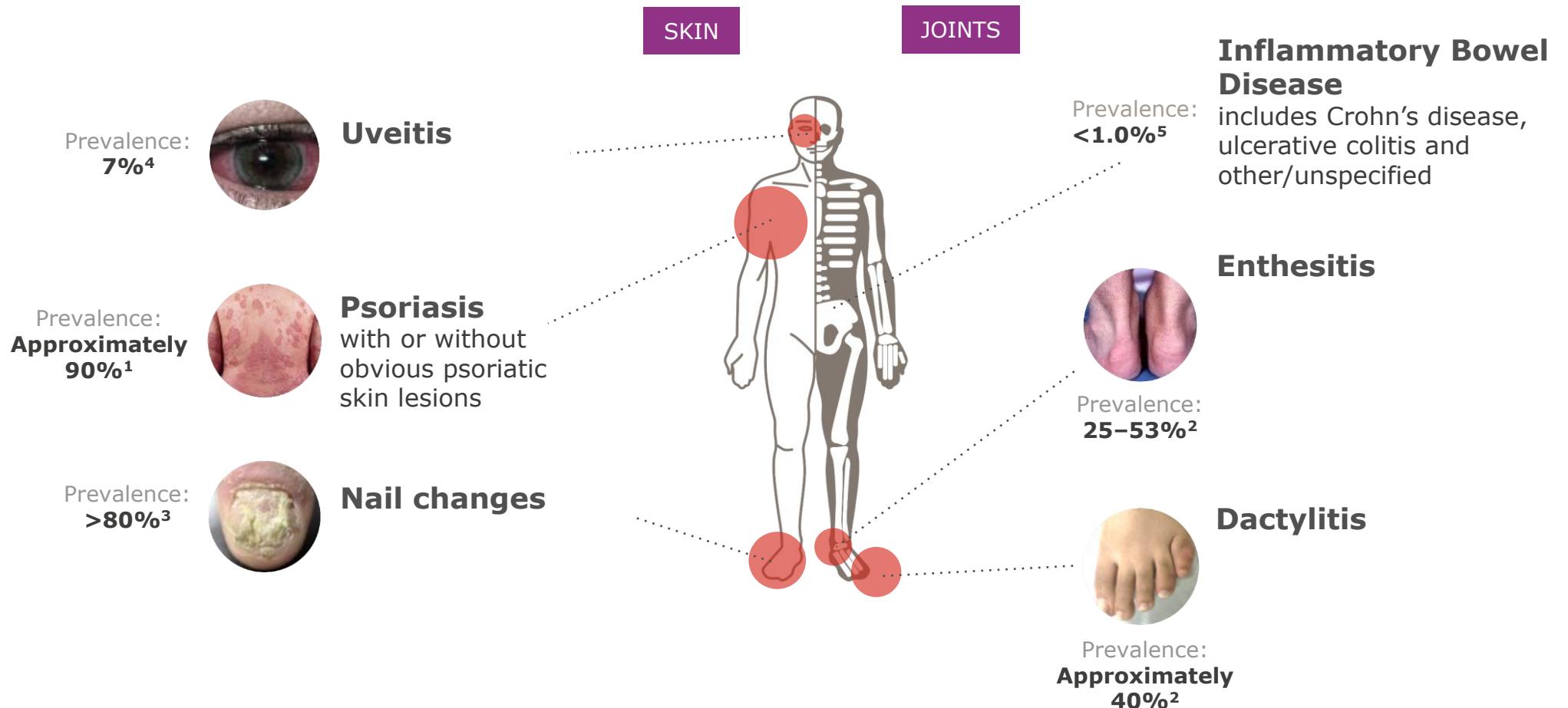
Editorial

Psoriatic Arthritis,
Psoriatic Disease, or
Psoriatic Syndrome?



JR The Journal of
Rheumatology

Therefore, a potential sequence of events can or cannot happen ("run together") in the same patient and among the patients with PsA.



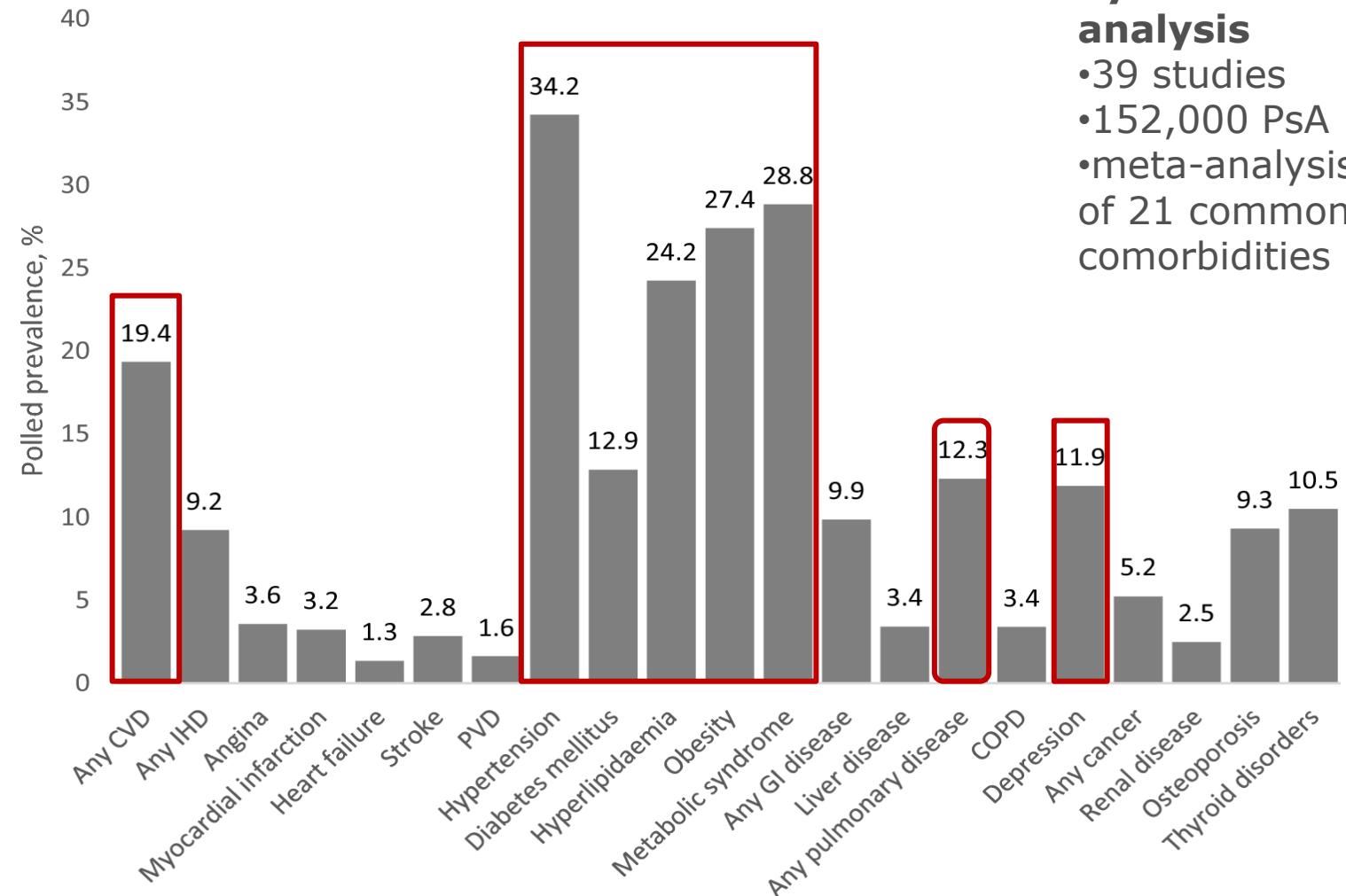
Images available from: Tuttle KS, et al. *Pediatr Rheumatol*. 2015;13:7 (dactylitis); Image licensed under a Creative Commons Attribution Share-Alike 4.0 License: <http://creativecommons.org/licenses/by/4.0/>. <https://skindisorders3.wikispaces.com/Psoriasis>. Accessed March 2016 (psoriasis); Image licensed under a Creative Commons Attribution Share-Alike 3.0 License: <http://creativecommons.org/licenses/by-sa/3.0/>. Images reused with permission from Sandre MK, et al. *Sem Arthritis Rheum*. 2014;44:162-169 (nail psoriasis); 2. De Vos M. *Int J Adv Rheumatol*. 2007;5:44-49 (enthesis); 3. Gladman DD, et al. *Ann Rheum Dis*. 2005;64(Suppl II):ii14-ii17; 4. Rosenbaum JT. *Clin Rheumatol*. 2015;4:999-1002; 5. Charlton R, et al. *Ann Rheum Dis*. 2018;77:277-280.

Conditions and Comorbidities Associated With Psoriatic Arthritis



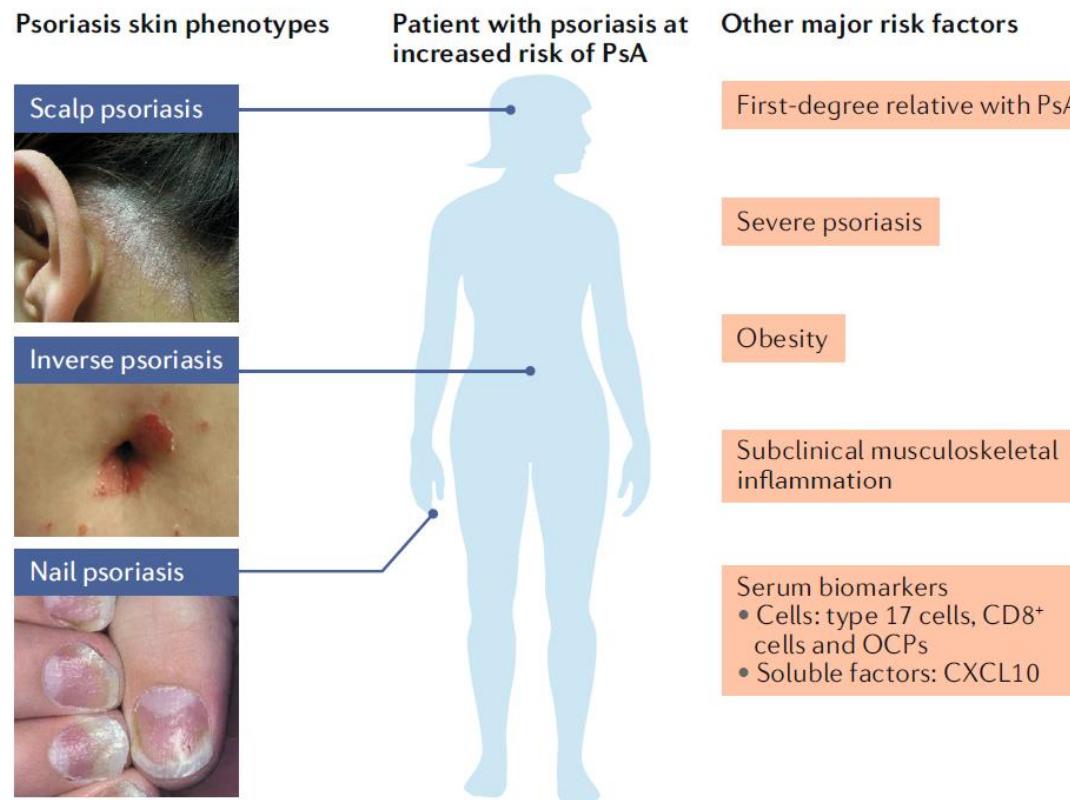
Systematic review and meta-analysis

- 39 studies
- 152,000 PsA patients
- meta-analysis for the prevalence of 21 commonly reported comorbidities



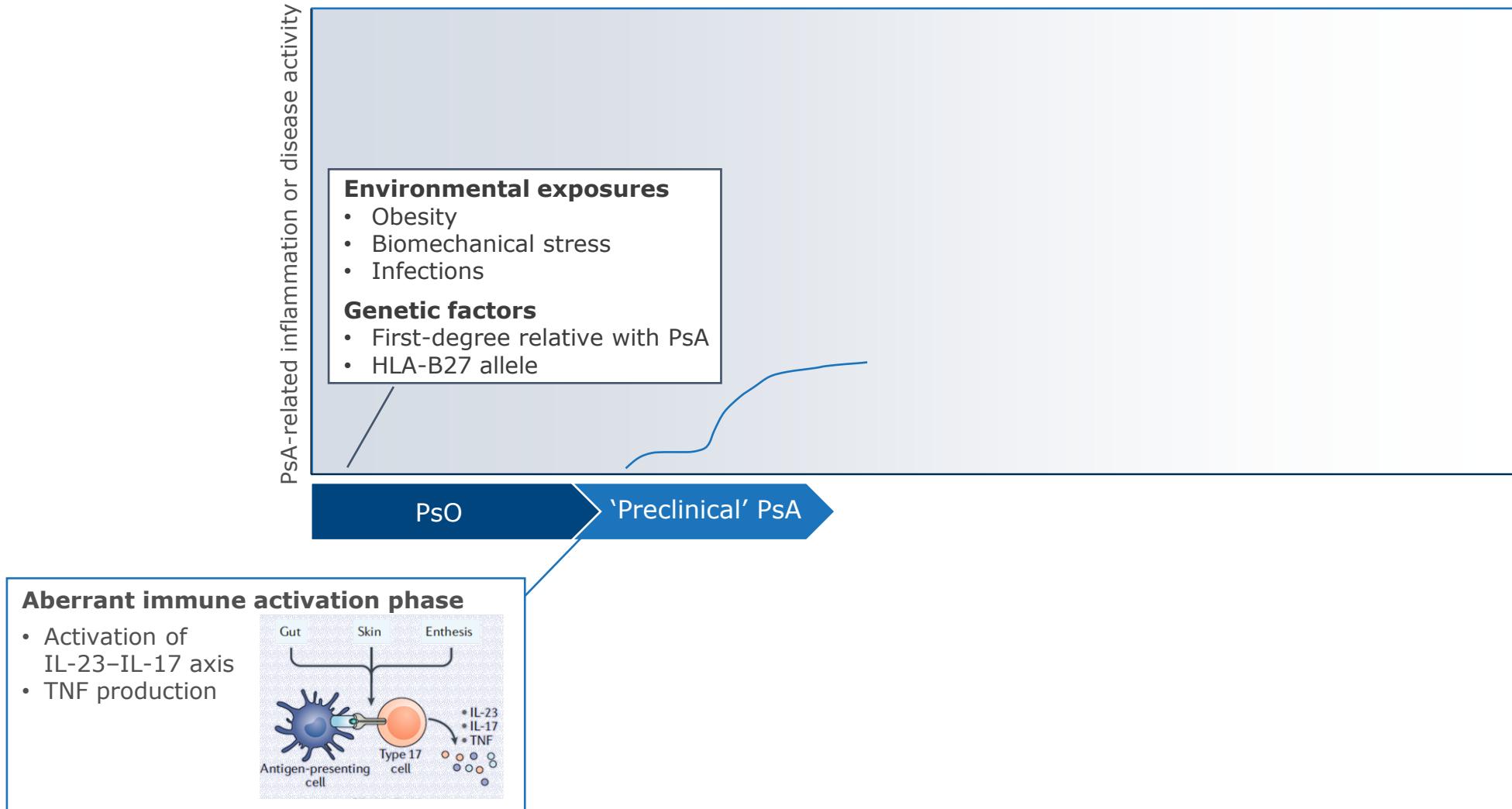
Predictors and risk factors for PsA

- Psoriasis is one of the most common chronic inflammatory skin diseases, affecting 3% of the world's population.
- approximately one- third of patients with psoriasis will eventually transition to having psoriatic arthritis (PsA).

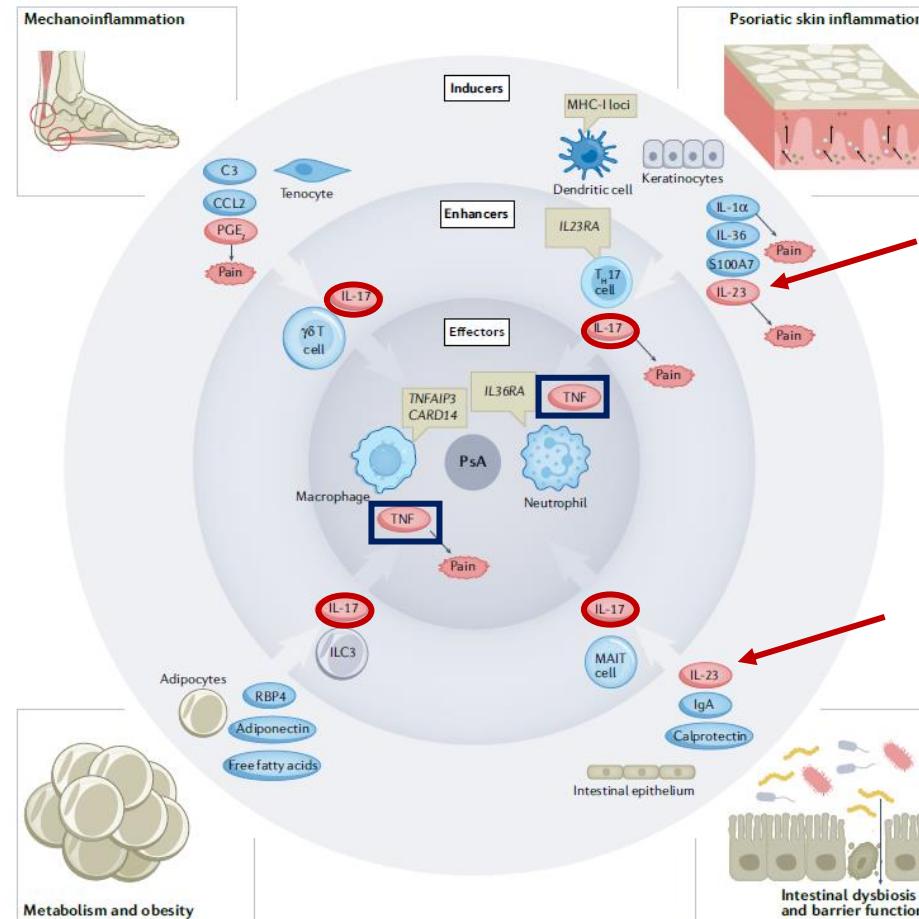


CD, cluster of differentiation; CXCL10, C-X-C motif chemokine ligand 10; PsA, psoriatic arthritis;

The transition from PsO to PsA



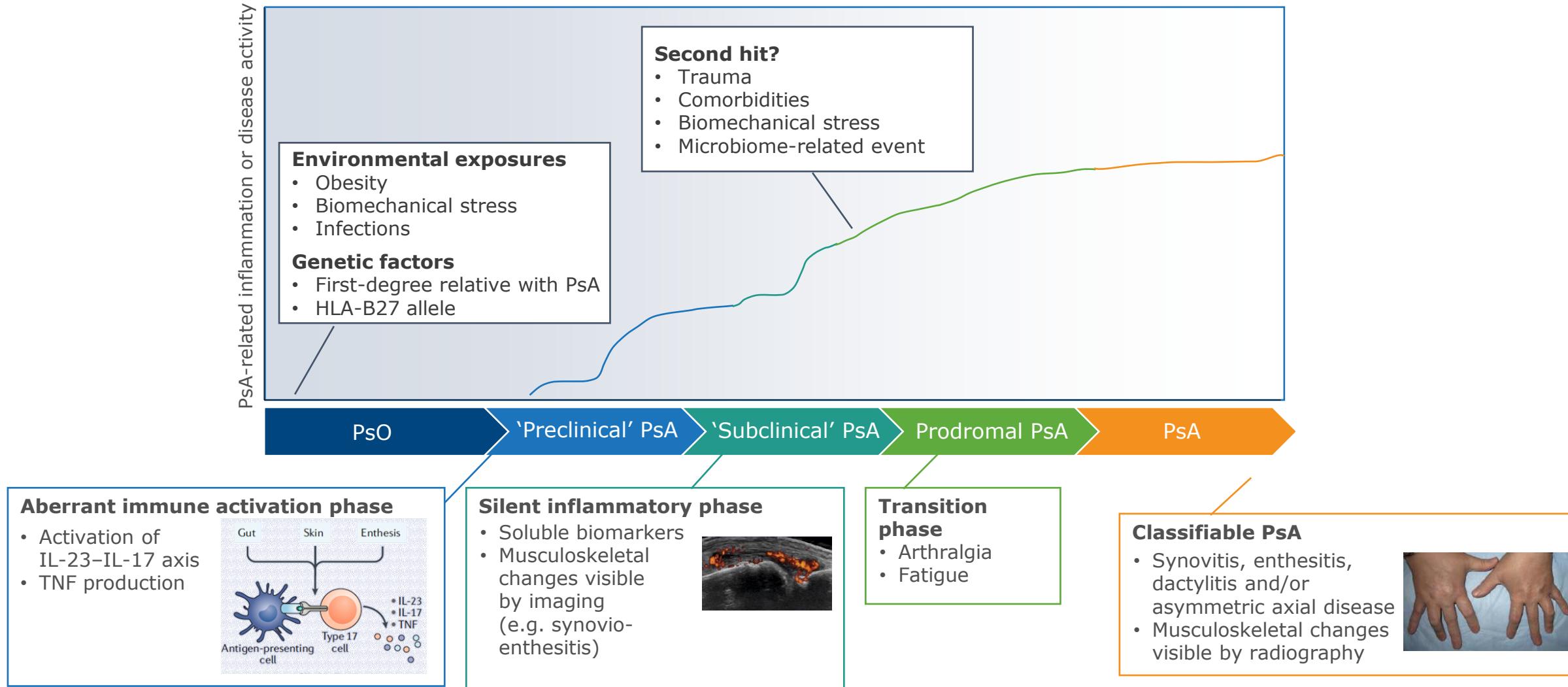
The transition from PsO to PsA



C3, complement factor C3; CARD14, caspase recruitment domain- containing protein 14; CCL2, CC- chemokine ligand 2; ILC3, type 3 innate lymphoid cells; MAIT, mucosal- associated invariant T cells; MHC- I, MHC class I; PGE₂, prostaglandin E₂; RBP4, retinol binding protein 4; T_H17 , T helper 17 cells.

Georg Schett et al Nat Rev Rheumatol 2022;18(6):311

The transition from PsO to PsA

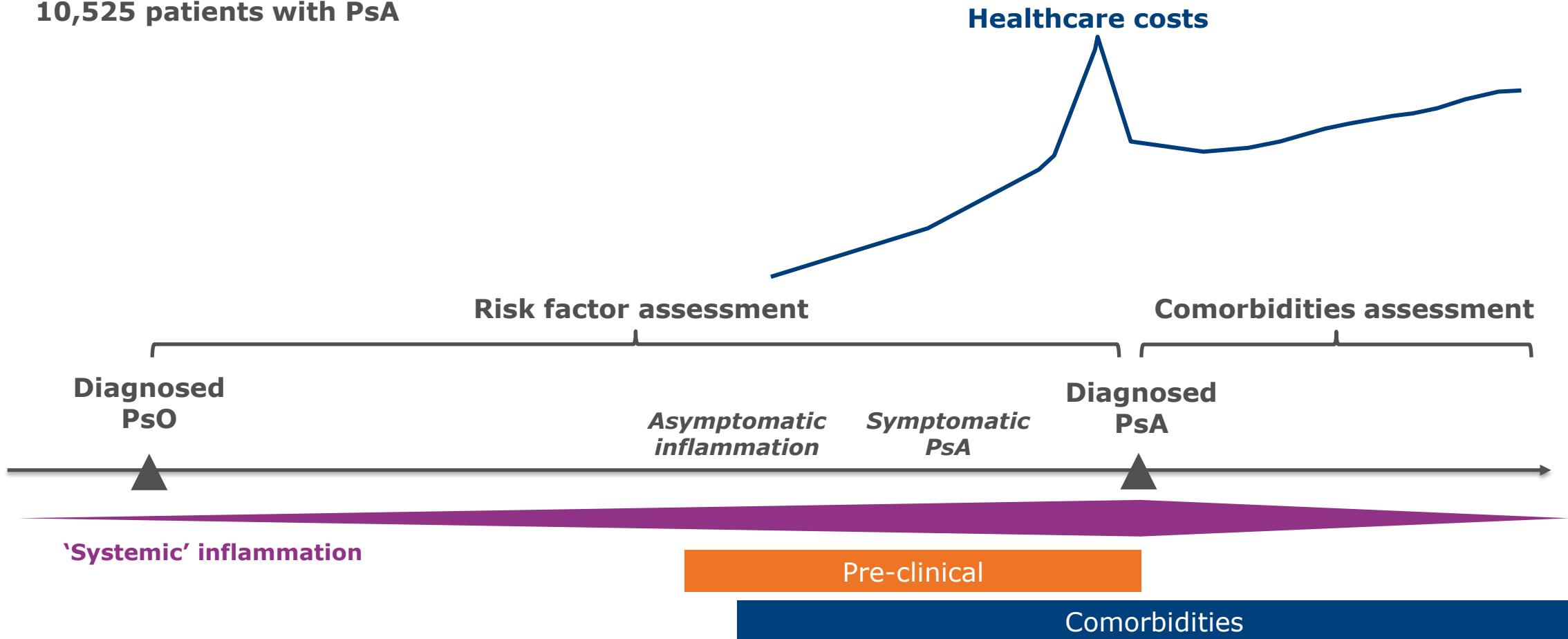


HLA, human leucocyte antigen; IL, interleukin; PsA, psoriatic arthritis; PsO, psoriasis. Adapted from Scher JU et al. *Nat Rev Rheumatol* 2019; 15(3): 153–166.

RWE PsA: Before and after



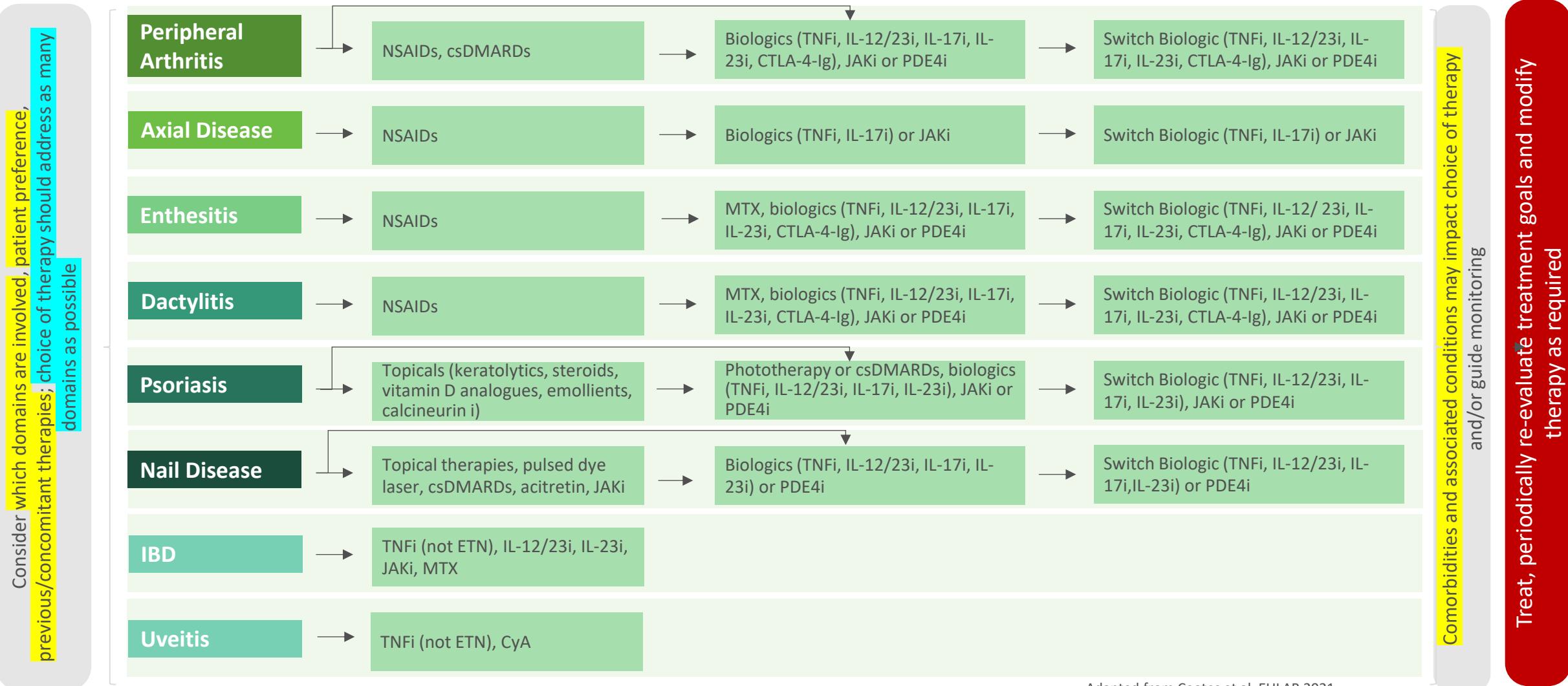
Data from Danish registries (1998-2014)
10,525 patients with PsA



PsA, psoriatic arthritis; PsO, psoriasis; RWE, real-world evidence.
Oggie A. *Ann Rheum Dis* 2017;76:1481-1483.

Kristensen LE, et al *Ann Rheum Dis* 2017; 76:1495-1501

Summary - GRAPPA 2021 Treatment Recommendations for PsA



Adapted from Coates et al. EULAR 2021
#OP0229 [oral presentation]

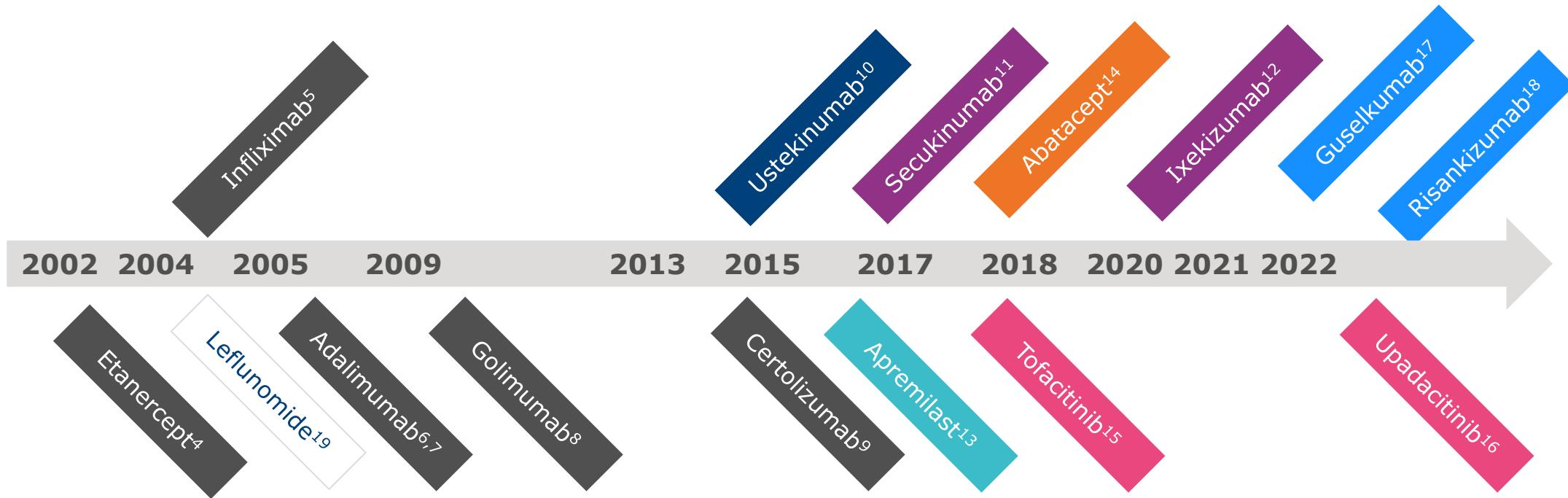
So, what's new?



TNF α	IL-12/23	PDE-4	IL-17	JAK/STAT	T cell	IL-23
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Traditional/borrowed:

- Sulfasalazine: 1950¹
- Methotrexate: 1962²
- Ciclosporin: 1989³



1. National Rheumatoid Arthritis Society. Available at: <https://nras.org.uk/resource/sulfasalazine/>. 2. Weinblatt ME. *Trans Am Clin Climatol Assoc* 2013;124:16–25. 3. Gupta AK, et al. *Arch Dermatol* 1989;125(4):507–510. 4. <https://www.amgen.com/newsroom/press-releases/2005/06/fda-expands-enbrel-psoriatic-arthritis-indication>. 5. Mease P. *Ther Clin Risk Manag* 2006;2(4):389–405. 6. https://www.ema.europa.eu/en/documents/overview/humira-epar-medicine-overview_en.pdf. 7. <https://www.fdanews.com/articles/88749-abbott-s-humira-approved-for-psoriatic-arthritis>. 8. Mazumdar S, Greenwald D. *mAbs* 2019;15:422–431. 9. <https://www.ucb.com/stories-media/Press-Releases/article/Cimzia-certolizumab-pegol-approved-by-the-U-S-FDA-for-treatment-of-adult-patients-with-active-psoriatic-arthritis>.

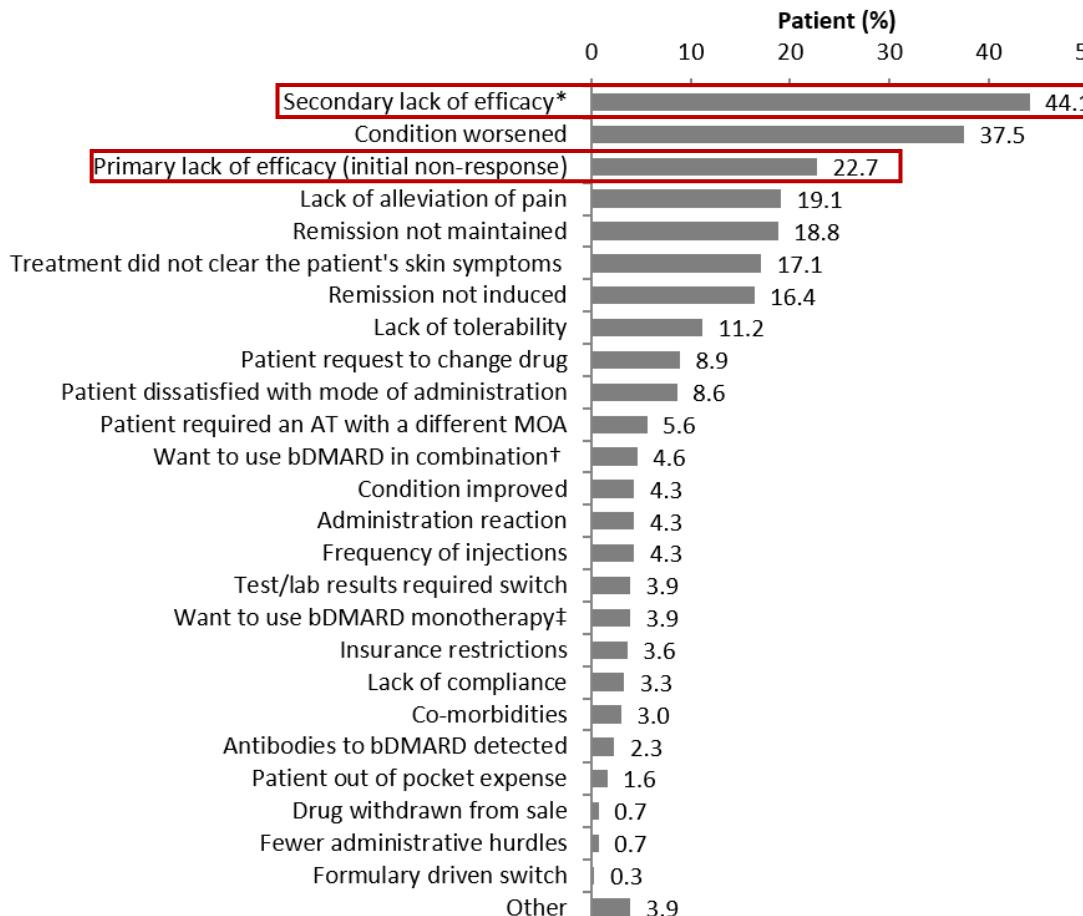
10. <https://www.jnj.com/media-center/press-releases/stelara-ustekinumab-receives-fda-approval-to-treat-active-psoriatic-arthritis>. 11. <https://www.novartis.com/news/media-releases/novartis-receives-two-landmark-european-approvals-cosentyx-treat-patients-ankylosing-spondylitis-and-psoriatic-arthritis>. 12. <https://investor.lilly.com/news-releases/news-release-details/lillys-taltz-ixekizumab-receives-us-fda-approval-treatment-1>. 13. <https://ir.celgene.com/press-releases-archive/press-release-details/2015/Oral-OTEZLA-apremilast-Approved-by-the-European-Commission-for-the-Treatment-of-both-Patients-with-Psoriasis-and-Psoriatic-Arthritis/default.aspx>. 14. Available at: <https://news.bms.com/news/details/2017/Bristol-Myers-Squibbs-ORENICA-abatacept-Receives-FDA-Approval-for-Treatment-of-Active-Psoriatic-Arthritis-PsA-in-Adults/default.aspx>. 15. https://www.pfizer.com/news/press-release/press-release-detail/pfizer_announces_fda_approval_of_xeljanz_tofacitinib_and_xeljanz_xr_for_the_treatment_of_active_psoriatic_arthritis. 16. <https://news.abbvie.com/news/press-releases/rinvoq-upadacitinib-receives-us-fda-approval-for-active-psoriatic-arthritis.htm>. 17. <https://www.jnj.com/tremfya-guselkumab-approved-by-u-s-food-and-drug-administration-as-the-first-selective-interleukin-il-23-inhibitor-for-active-psoriatic-arthritis>. 18. <https://news.abbvie.com/news/press-releases/us-fda-approves-second-indication-for-skyrizi-risankizumab-rzaa-to-treat-adults-with-active-psoriatic-arthritis.htm>. 20. <https://www.biospace.com/article/releases/aventis-release-b-european-commission-b-approval-for-arava-leflunomide-for-use-in-adults-with-psoriatic-arthritis-/>. Last accessed: April 2022.



Unmet needs in psoriatic arthritis patients receiving immunomodulatory therapy: results from a large multinational real-world study

Rieke Alten¹ · P. G. Conaghan² · V. Strand³ · E. Sullivan⁴ · S. Blackburn⁴ · H. Tian⁵ · K. Gandhi⁵ · S. M. Jugl⁶ · A. Deodhar⁷

Reasons for switching from first to second immunomodulatory therapy



18 country, real-world study

3714 PsA patients

1455 (40.6%) no immunomodulatory therapy;
1796 (50.1%) 1 immunomodulatory therapy
331 (9.2%) ≥ 1 immunomodulatory therapy

TNF α =84.5%

Non-TNF α bDMARD=10.8%

tsDMARD (oral)= 4.7%.

Physician-reported reasons given for patient switching from first- to second-line immunomodulator therapy. *Secondary lack of efficacy (loss of response over time); ‡ I wanted to use a bDMARD that can be used in combination; † I wanted to use bDMARD that can be used as a monotherapy. bDMARD: biologic disease modifying anti-rheumatic drugs; MOA, mode of action (PNG 44 kb)

Evaluation of Changes in Skin and Joint Outcomes and Associated Treatment Changes in Psoriatic Arthritis (PsA): Experience From the Corrona PsA/SpA Registry

Philip J. Mease¹, Carol J. Etzel², William J. Huster³, April W. Armstrong⁴, Talia M. Muram³, Jeffrey Lisse³, Sabrina Rebello², Rhiannon Dodge², Mwangi J. Murage³ , Jeffrey D. Greenberg⁵, and William N. Malatestinic³

Objective: To characterize skin severity and joint activity outcomes and associated treatment changes in patients with PsA through 12 months of follow-up after enrollment in the Corrona Psoriatic Arthritis/Spondyloarthritis (PsA/SpA) Registry.

PATIENTS N=647	
	(%)
Low skin (BSA 0-1%)	47
Mild skin (BSA>1-3%)	19
Moderate skin (BSA>3-10%)	21
High skin (BSA>10%)	13
Low joint (CDAI≤10)	66
Moderate joint (10<CDAI≤22)	26
High joint (CDAI>22)	8

	No change (%)	Improvement (%)	Worsening (%)
Skin disease severity	55	30	16
Joint disease activity	69	19	12

- A T2T approach, requiring the assessment and incorporation of **both skin and joint** components, may be advisable.
- To achieve better results in both skin disease severity and joint disease activity, the importance of **collaborative care among rheumatologists and dermatologist** is increasingly being recognized.



Ευχαριστώ πολύ