



Skin to live in

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Latest Psoriasis definition...

Psoriasis is a chronic, noncontagious, multifactorial inflammatory skin condition that has several subtypes. The five major forms are plaque, inverse, guttate, erythrodermic, and pustular psoriasis.^[1-6] The classic lesion is a pink plaque topped with a micaceous (micalike) scale (shown).^[1] Forcible removal of these scales may cause pinpoint bleeding (Auspitz sign).^[2] Some scholars believe many biblical descriptions of leprosy were actually those of psoriasis. Although the immune system is involved, particularly T cells, and some patients have a genetic predisposition, many unknowns remain about what factors trigger its onset, cause a flare, and determine the extent and particular pattern.

30 Dec, 2019

Psoriasis is a complex, chronic, multifactorial, inflammatory disease that involves hyperproliferation of the keratinocytes in the epidermis, with an increase in the epidermal cell turnover rate (see the image below). Environmental, genetic, and immunologic factors appear to play a role. The disease most commonly manifests on the skin of the elbows, knees, scalp, lumbosacral areas, intergluteal clefts, and glans penis. In up to 30% of patients, the joints are also affected.

Oct 03, 2019



Psoriasis as a systemic disease

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Multisystem disease



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Treatment Goals in Psoriasis: Which Outcomes Matter Most?

[Steven A. Svoboda](#) , [Rima I. Ghamrawi](#), [Dorellie A. Owusu](#) & [Steven R. Feldman](#)

American Journal of Clinical Dermatology **21**, 505–511(2020) | [Cite this article](#)

289 Accesses | 8 Altmetric | [Metrics](#)



Look
Better



Move**
Better



Feel#
Better

Psoriasis is a chronic immune-mediated inflammatory disease that predominantly affects the skin and joints. Its detrimental effects on the physical, psychosocial, and emotional well-being of patients leads to a significant reduction in quality of life (QoL). The goals of treatment focus on decreasing disease severity and improving QoL for patients; accomplishing these goals requires physicians to understand both the full impact of the disease on a patient's life and the outcomes that matter most to patients. The use of outcome measures, both physician- and patient-reported, can assist clinicians in evaluating the disease burden and its effect on QoL and in identifying patient preferences for treatment, ultimately enhancing quality of care.



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Guidelines recommendations in PSO treatment

Review Article

Clear or almost clear skin improves the quality of life in patients with moderate to severe psoriasis: a systematic review and meta-analysis

Luis Puig ✉, Howard Thom, Patrick Mollon, Haijun Tian, GS Ramakrishna

Accepted manuscript online: 14 October 2016 [Full publication history](#)

DOI: 10.1111/jdv.14007 [View/save citation](#)

Cited by: 0 articles [Citation tools](#)



This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as: Puig L, Thom H, Mollon P, Tian H, Ramakrishna GS. Clear or almost clear skin improves the quality of life in patients with moderate to severe psoriasis: a systematic review and meta-analysis. *Journal of the European Academy of Dermatology and Venereology*. 2016;10.1111/jdv.14007.

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Treatment goal is now PASI 90
.. So we compare treatments
in achieving PASI 90

>90% improvement
European Medicines Agency clinical investigation guidelines define treatment success as **clear or almost clear** skin or >90% improvement in PASI from baseline¹







– Individual country guidelines* also cite complete or almost complete skin clearance as an achievable treatment goal^{2,3}

*Canada and Spain



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MANY GUIDELINES NOW SUGGEST 'CLEAR/ALMOST CLEAR' AS A TREATMENT TARGET

	2011	PASI 90/100¹ more recently included as clinical trial endpoint; literature shows that clearance is an achievable and appropriate goal
	2017	1% or less BSA² Target response 3 months after treatment initiation, reviewed every 6 months
	2019	PASI 100 response achieved in 24–45% of patients receiving a biologic treatment ³
	2019	PASI ≥90; PGA 0–1 These criteria have emerged as a result of the high efficacy of recent biologic agents ⁴
	2020	PGA of clear or almost clear⁵ Treatment goals should also reflect factors such as disease phenotype, disease severity, and age
	2020	PASI 90; DLQI 0/1 These criteria have been suggested in line with recent advances in trials for the development of biologics ⁶

BSA, body surface area; PASI, Psoriasis Area Severity Index; PGA, Physician's Global Assessment.

1. Papp AK, et al. *J Cutan Med Surg* 2011;15:210–9; 2. Armstrong A, et al. *J Am Acad Dermatol* 2019;80:1029–32.

3. Smith C, et al. *J Dermatol* 2020. doi:10.1111/jad.15039 [Epub ahead of print]; 4. Sackel H, et al. *J Dermatol* 2020. doi:10.1111/jad.15046 [Epub ahead of print]; 5. Smith C, et al. *J Dermatol* 2020. doi:10.1111/jad.15039 [Epub ahead of print]; 6. Sackel H, et al. *J Dermatol* 2020. doi:10.1111/jad.15046 [Epub ahead of print].



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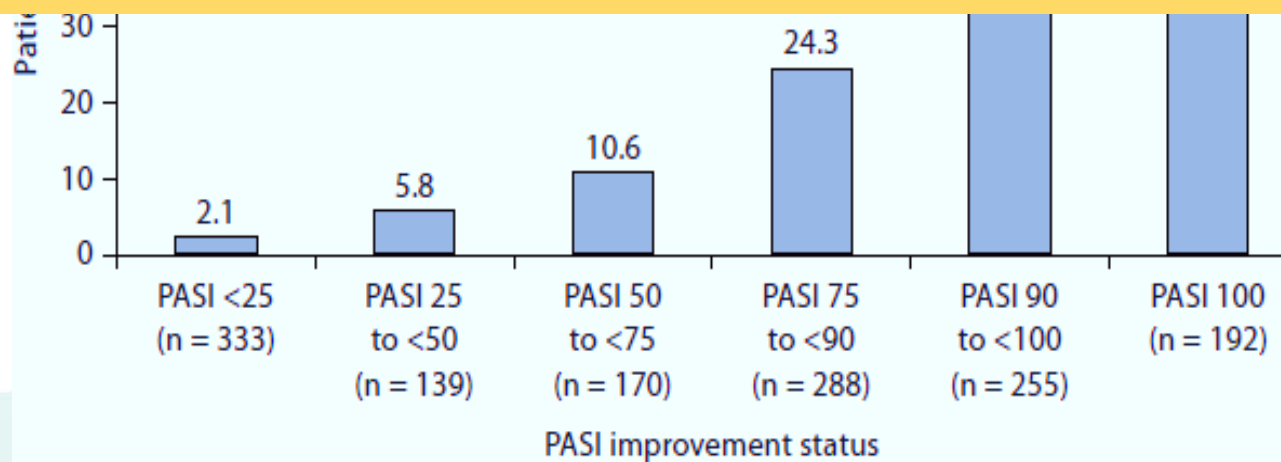
PATIENTS WHO ACHIEVE PASI 90 TO PASI 100 HAVE A GREATER QUALITY OF LIFE

Percentages of Patients With DLQI Total Score = 0 at
Week 16 by PASI Response*



X 2
patients achieving **PASI 90 to PASI 100** had a **DLQI score of 0** compared to patients achieving

Better Skin Control .. Better Quality of Life



Which Biologic ?

- Efficacy
“Skin & Beyond”
- Safety

[Comment](#) > [Lancet](#). 2019 Sep 7;394(10201):807-808. doi: 10.1016/S0140-6736(19)31772-6.

Epub 2019 Aug 8.

Psoriasis Biologics: A New Era of Choice

[Satveer K Mahil](#)¹, [Catherine H Smith](#)²

Affiliations + expand

PMID: 31402113 DOI: [10.1016/S0140-6736\(19\)31772-6](#)

[Int J Mol Sci](#). 2020 Mar; 21(5): 1690.

Published online 2020 Mar 1. doi: [10.3390/ijms21051690](#)

PMCID: PMC7084606

PMID: [32121574](#)

Efficacy and Safety of Biologics for Psoriasis and Psoriatic Arthritis and Their Impact on Comorbidities: A Literature Review

[Masahiro Kamata](#) and [Yayoi Tada](#)*

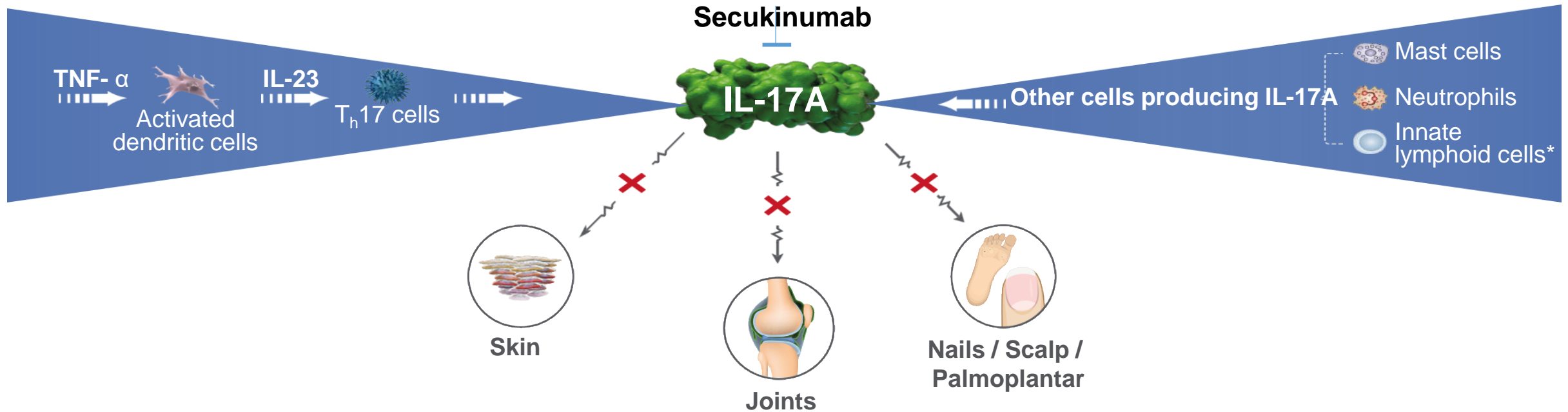


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II- Superior in difficult to treat PSO

Secukinumab blocks IL-17A irrespective of its source

IL-17A is a cornerstone cytokine in Psoriasis and PsA



Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics

Alan Menter¹, Bruce E Strober², Daniel H Kaplan³, Dario Kivelevitch¹, Elizabeth Farley Prater⁴, Benjamin Stoff⁵, April W Armstrong⁶, Cody Connor⁷, Kelly M Cordoro⁸, Dawn M R Davis⁹, Boni E Elewski⁷, Joel M Gelfand¹⁰, Kenneth B Gordon¹¹, Alice B Gottlieb¹², Arthur Kavanaugh¹³, Matthew Kiselica¹⁴, Neil J Korman¹⁵, Daniela Kroshinsky¹⁶, Mark Lebwohl¹², Craig L Leonardi¹⁷, Jason Lichten¹⁴, Henry W Lim¹⁸, Nehal N Mehta¹⁹, Amy S Paller²⁰, Sylvia L Parra²¹, Arun L Pathy²², Reena N Rupani¹⁷, Michael Siegel¹⁴, Emily B Wong²³, Jashin J Wu²⁴, Vidhya Hariharan²⁵, Craig A Elmets⁷

Table XII. Strength of recommendations on the IL-17 antibody secukinumab

Recommendation No.	Recommendation	Strength of recommendation
5.1	Secukinumab is recommended as a monotherapy treatment option in adult patients with moderate-to-severe plaque psoriasis	A
5.2	The recommended starting dose of secukinumab is 300 mg by self-administered subcutaneous injection at wk 0, wk 1, wk 2, wk 3, and wk 4, followed by 300 mg every 4 wk	A
5.3	The recommended maintenance dose of secukinumab after the initial 12 wk is 300 mg every 4 wk	A
5.4	Secukinumab is recommended at a dose of 300 mg, which is more effective than 150 mg	A
5.5	Secukinumab can be recommended as a monotherapy treatment option in adult patients with moderate-to-severe plaque psoriasis affecting the head and neck, including the scalp	B
5.6	Secukinumab is recommended as a monotherapy treatment option in adult patients with moderate-to-severe plaque psoriasis affecting the nails	A
5.7	Secukinumab is recommended as a monotherapy treatment option in adult patients with moderate-to-severe palmoplantar plaque psoriasis	A
5.8	Secukinumab can be recommended as a monotherapy treatment option in adult patients with moderate-to-severe palmoplantar pustulosis	B
5.9	Secukinumab can be used as monotherapy in adult patients with erythrodermic psoriasis	C
5.10	Secukinumab may be used as monotherapy for adult patients with plaque psoriasis when associated with psoriatic arthritis	A

What are the aspects?

Achieve Clear Skin

Difficult to treat PSO

Sustainability off
treatment

LOOK BETTER

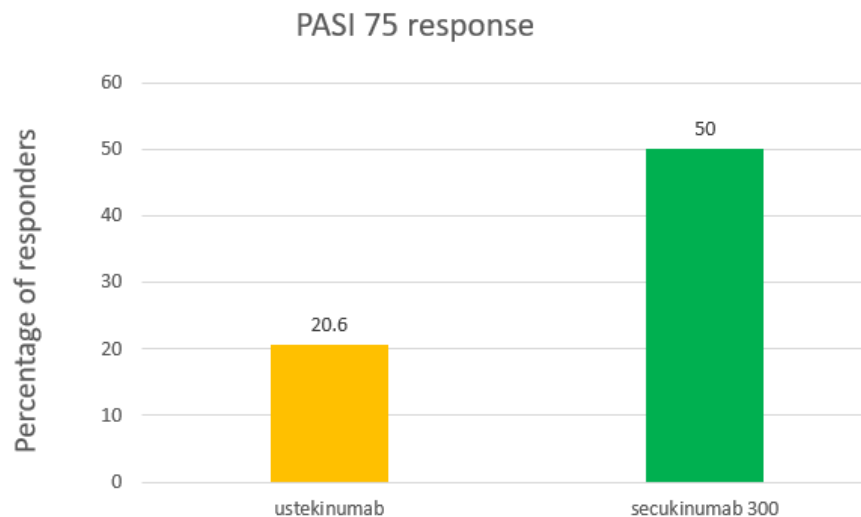
Sustainability on
treatment

Disease Modification

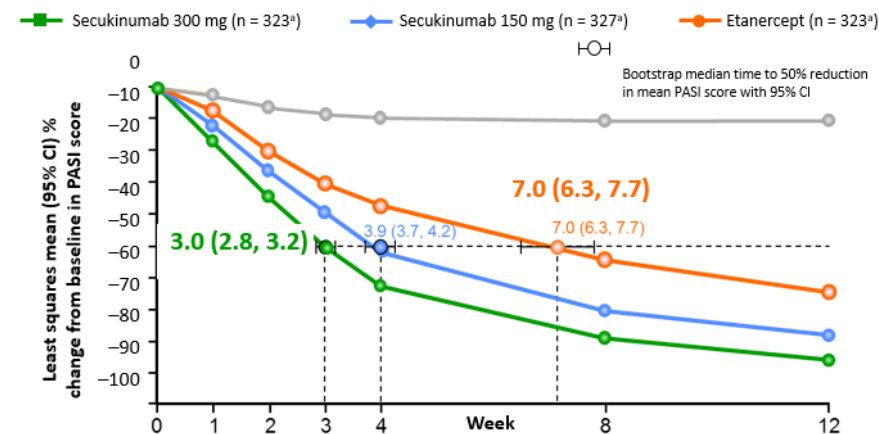
Symptoms Control

With the Fastest Results...

Week 4 Vs. Ustekinumab



Week 3 Vs. Etanercept



Week 1 Vs. IL-23 Inhibitors

IL-17A inhibition by secukinumab induces early clinical, histopathologic, and molecular resolution of psoriasis

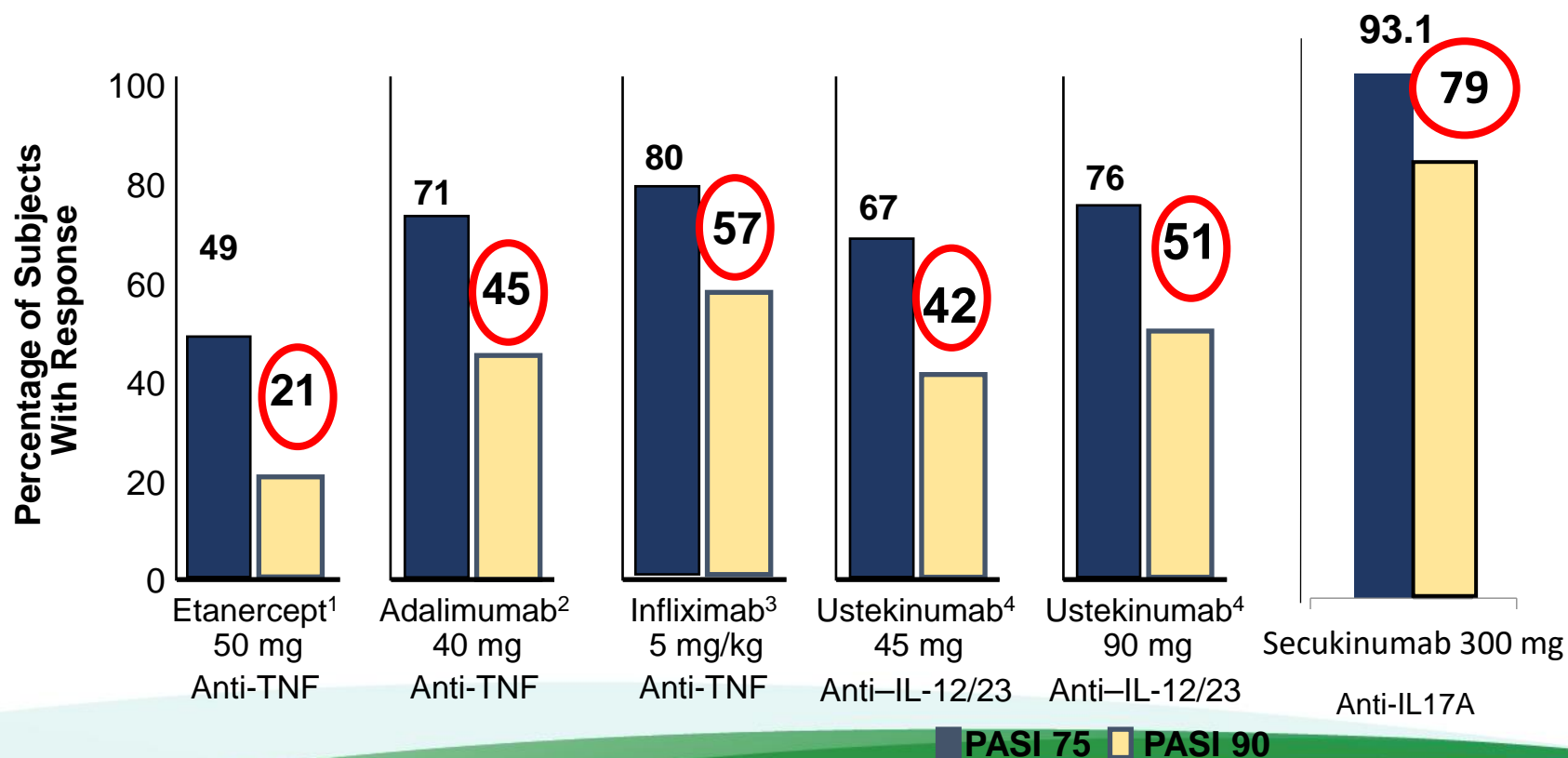
Suppression of the IL-23/IL-17 axis by secukinumab was evident at **week 1** and continued through week 12, **including reductions in** levels of the upstream cytokine **IL-23**, the drug target IL-17A, and downstream targets, including b-defensin 2. Secukinumab **did not affect** ex vivo **T-cell activation**, which is consistent with its favorable long-term **safety** profile.

Check for updates

- PASI Response
- Comparison

Superior in PASI 90,100 As early as week 4

ab at week 16.



1. Papp KA, et al. *BJD* 2005;152:1304; 2. Menter A, et al. *JAAD* 2008;58:106; 3. Reich K, et al. *Lancet* 2005;366:1367

4. Papp KA, et al. *Lancet* 2008;371:1675

What is Unique about?

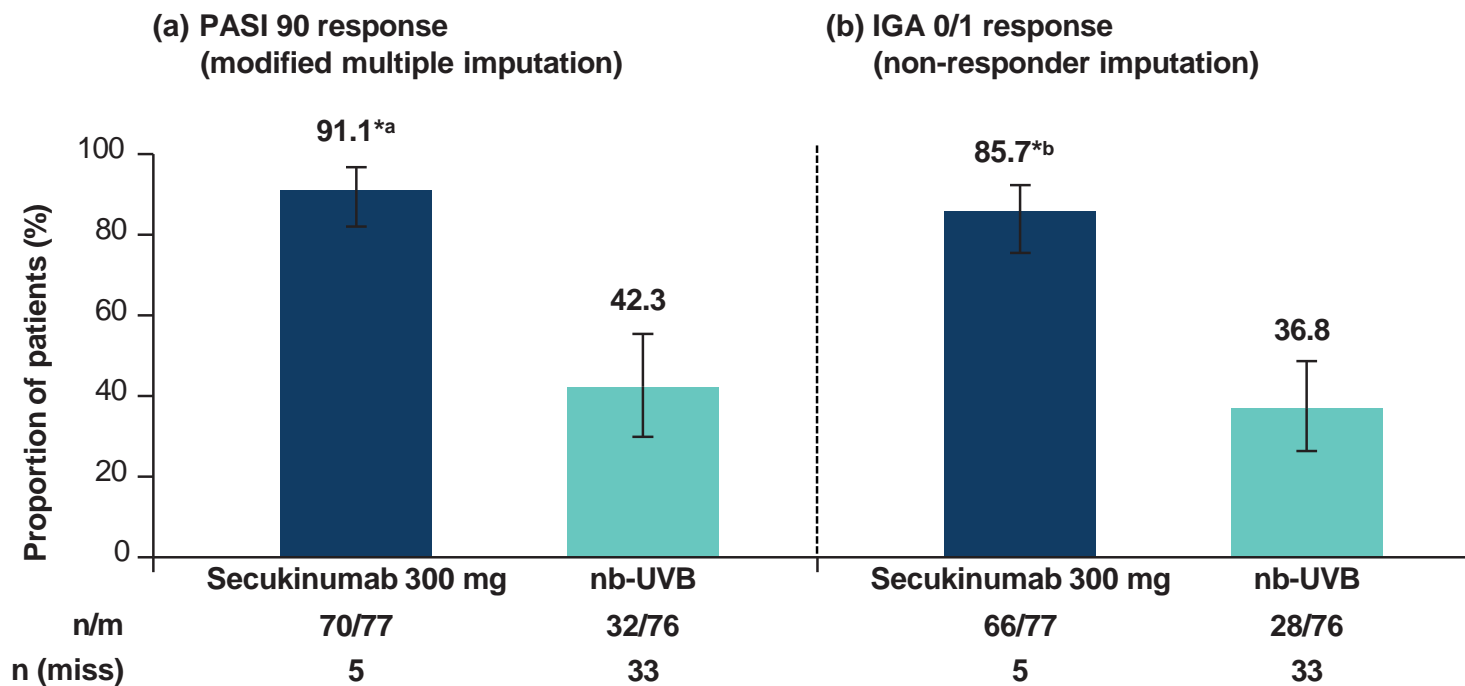


STEPIN

9 out of 10 achieved almost CLEAR Skin

**91% of patients
achieved PASI
90!**

Proportion of patients with (a) PASI 90 and (b) IGA 0/1 responses at Week 52



*P<0.0001, ^aOR estimate (95% CI) = 16.3 (5.6, 46.9); ^bOR estimate (95% CI) = 11.5 (5.0, 26.7). Modified full analysis set. CI, confidence interval; IGA 0/1, Investigator Global Assessment score of 0 or 1; m, number of subjects evaluable; n, rounded average number of subjects with PASI 90 response in 500 imputations or number of subjects with IGA 0/1 response; n (miss), number of subjects with missing values; nb-UVB, narrow-band ultraviolet B; OR, odds ratio; PASI, Psoriasis Area and Severity Index.

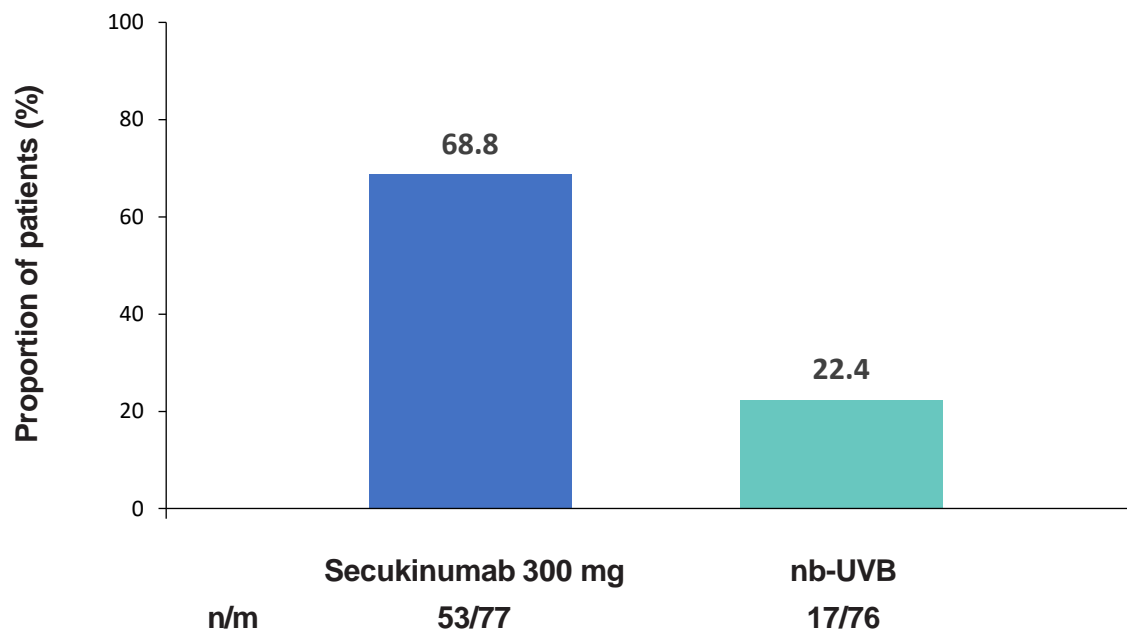
Iversen L, et al. J Eur Acad Dermatol Venereol. 2023;37(5):1004–16.



~7 out of 10 achieved almost CLEAR Skin

**~70% of patients
achieved PASI
100!**

Proportion of patients with PASI 100 response at Week 52



P<0.0001, OR estimate (95% CI) = 8.0 (3.8, 17.0). Modified full analysis set.

CI, confidence interval; m, number of subjects evaluable; n, number of subjects with non-missing values; nb-UVB, narrow-band ultraviolet B; OR, odds ratio; PASI, Psoriasis Area and Severity Index.

Iversen L, et al. J Eur Acad Dermatol Venereol. 2023;37(5):1004–16.



STEP-IN

- ❑ STEP-IN is the ONLY Positive trial regrading gene modification in Psoriasis among all other biologics.
- ❑ Early intervention with Secukinumab® can have a faster effect on the underlying disease pathology.
- ❑ More detailed mechanistic analyses is ongoing, and results will be reported in the future.

**STEP-IN confirms & supports the previous disease
modification theories & trials...**

Nail Psoriasis and its Correlation with *Psoriatic Arthritis*

Nail Psoriasis

- Nail psoriasis is associated with decreased finger mobility, functional impairment, pain, and reduced quality of life.¹
- Nails are affected in **up to 50%** of psoriasis patients and the lifetime incidence is as high as 90%^{1,2}
- Nail involvement correlates with more severe disease and is an **important predictor of PsA**^{3,4}
- Nail psoriasis is often **resistant** to available therapies⁴



Several psoriasis manifestations are clinical predictors of psoriatic arthritis

Site of psoriasis	HR
Scalp	3.89
Nail	2.93
Intergluteal / perianal	2.35
Axilla / groin	1.40

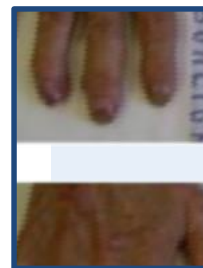


What happens if PSA Goes
UNTREATED?

Delay in diagnosis >6 months leads to poorer outcomes in Psoriatic Arthritis



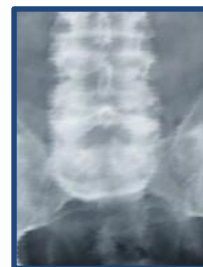
Erosive Disease



Deformed Joints



Arthritis Mutilans



Sacroiliitis



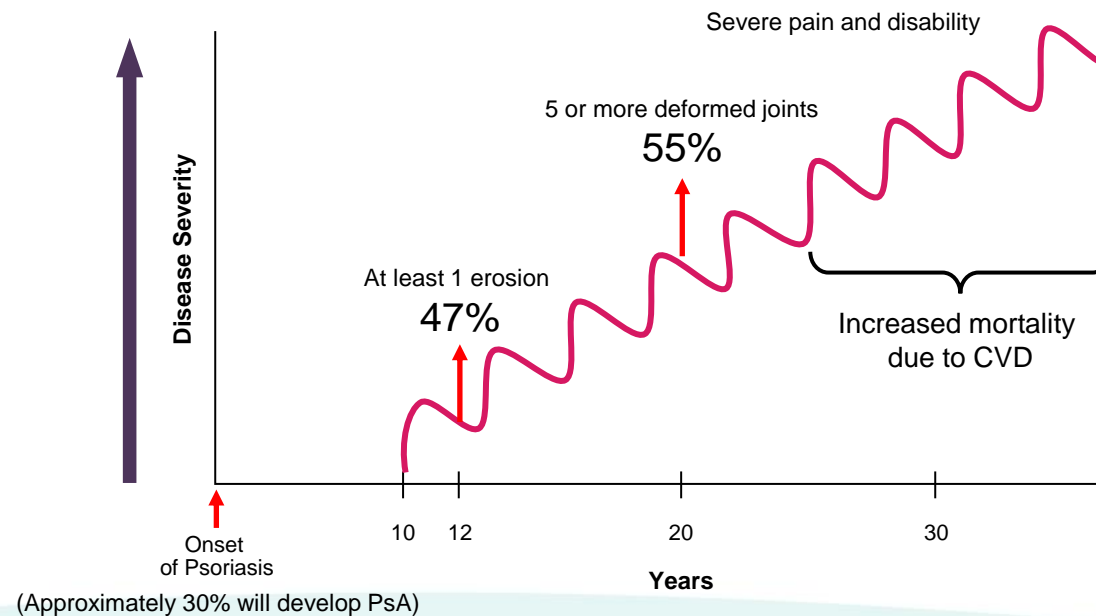
Functional Disability



**Failure to achieve
Drug Free Remission**

Burden of Disease: Untreated Psoriatic Arthritis Can Lead to Irreversible Joint Damage, Severe Disability, and Comorbidities

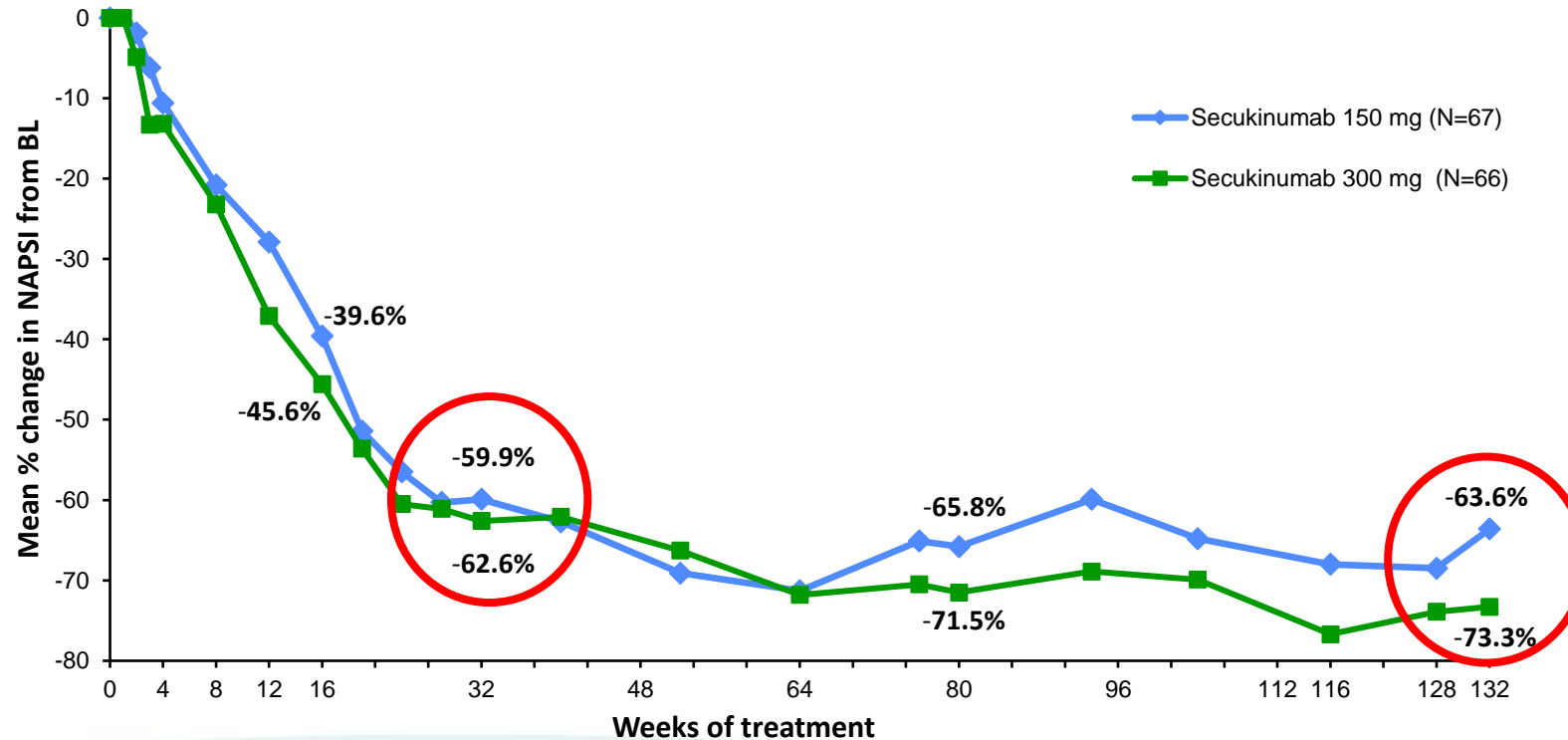
- PsA is often underdiagnosed or misdiagnosed, but the consequences of failure to diagnose and effectively treat can be severe³



- ~20% of PsA patients develop a destructive disabling form of arthritis.⁸
- Within two years of PsA onset, ~47% of patients demonstrate at least one erosion.
- By the time PsA patients have been followed for >10 years, 55% have five or more deformed joints.⁸

Secukinumab Improved Fingernail Psoriasis by **73% at 2.5 Years**

Secukinumab demonstrated rapid improvement in mean NAPSI scores from baseline to Week 16, which improved further to Week 132 (2.5 years)



NAPSI, Nail Psoriasis Severity Index

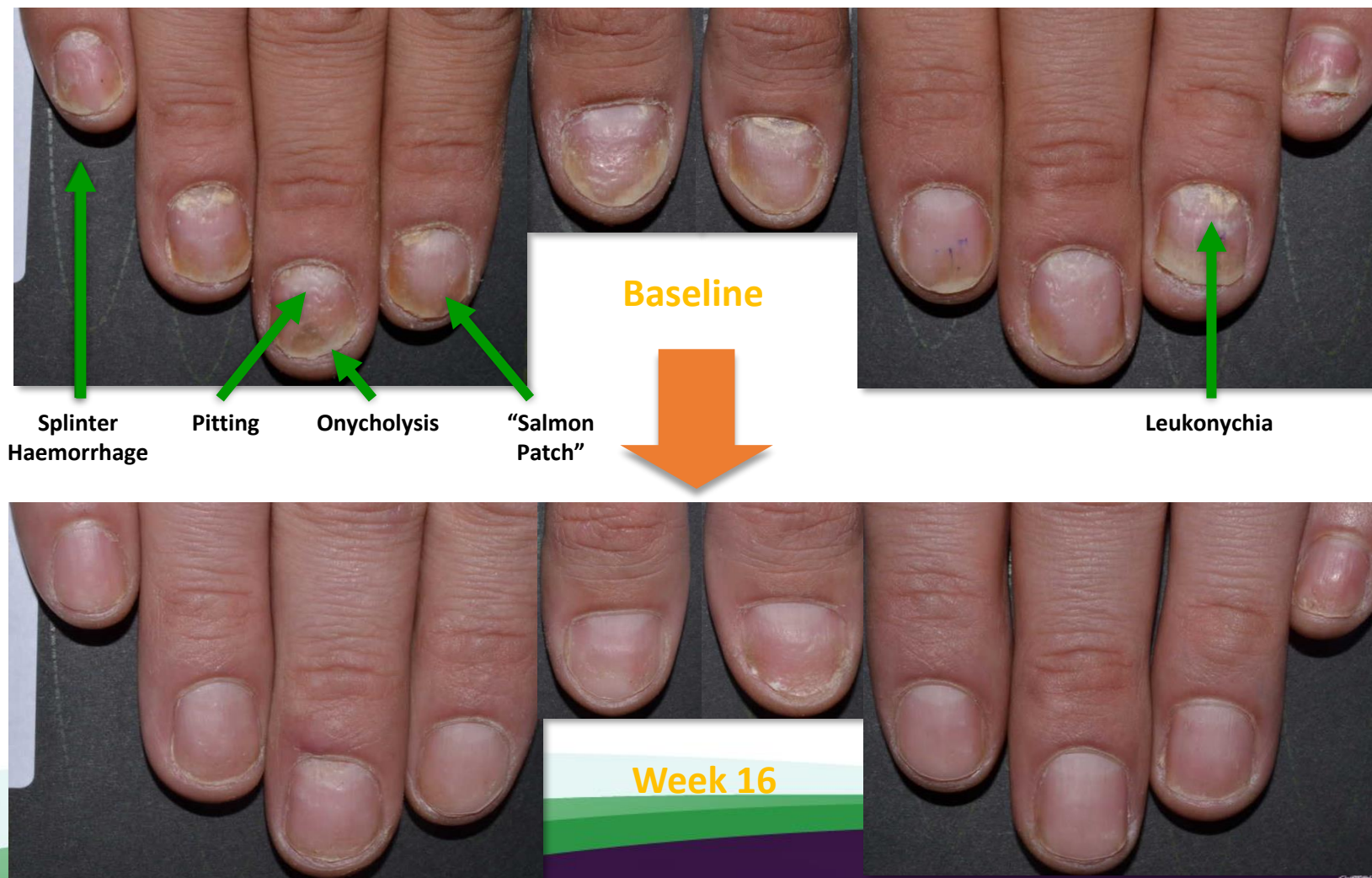
Reich K, et al. PGC 2017;P021

Secukinumab Sustained Visible Improvement in Nails Through 2.5 Years

Representative images from patients in the study



RESULTS: Visible Improvement in Nail Psoriasis



Dedicated Difficult to Treat

Transfigure on Nail

Scalp on Scalp

Gesture on PP

73%

Improvement in mean NAPSI score

Baseline Characteristics

9.5 Affected Fingernails

7 Affected Toenails

60%

Clear & almost clear Scalp

Baseline Characteristics

35% more than half of Scalp affected

25% almost 90% of scalp affected

60%

Clear & almost clear palmoplantar

Baseline Characteristics

45% Moderate Disease

25% Severe Disease

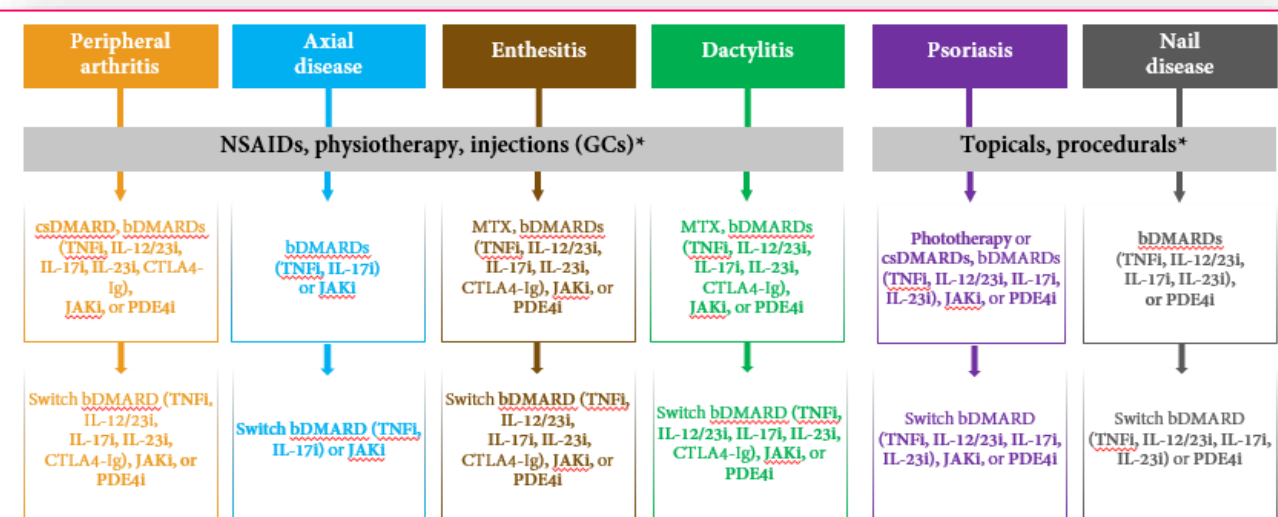
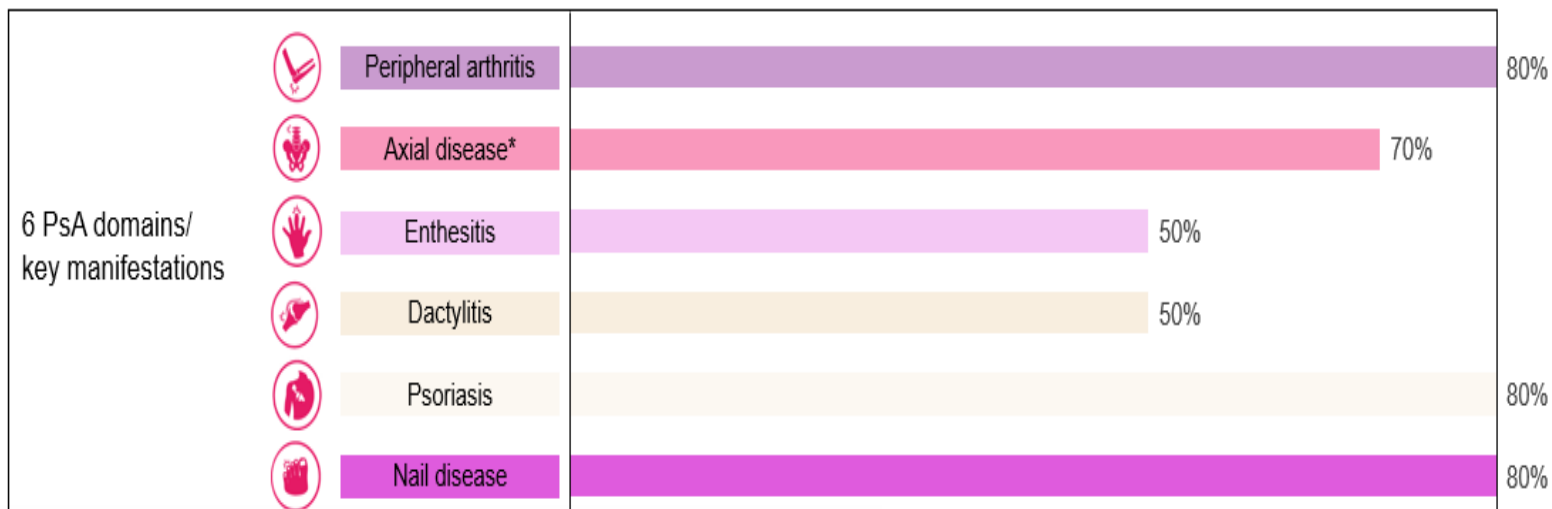
Secukinumab proved "Complete Treatment" with the ONLY 3 Dedicated trials on DTT



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What about Joints?

Psoriatic Arthritis is a disease of 6 Domains



GRAPPA latest update 2022:

Secukinumab® is

“Strongly Recommended” in all

PsA domains



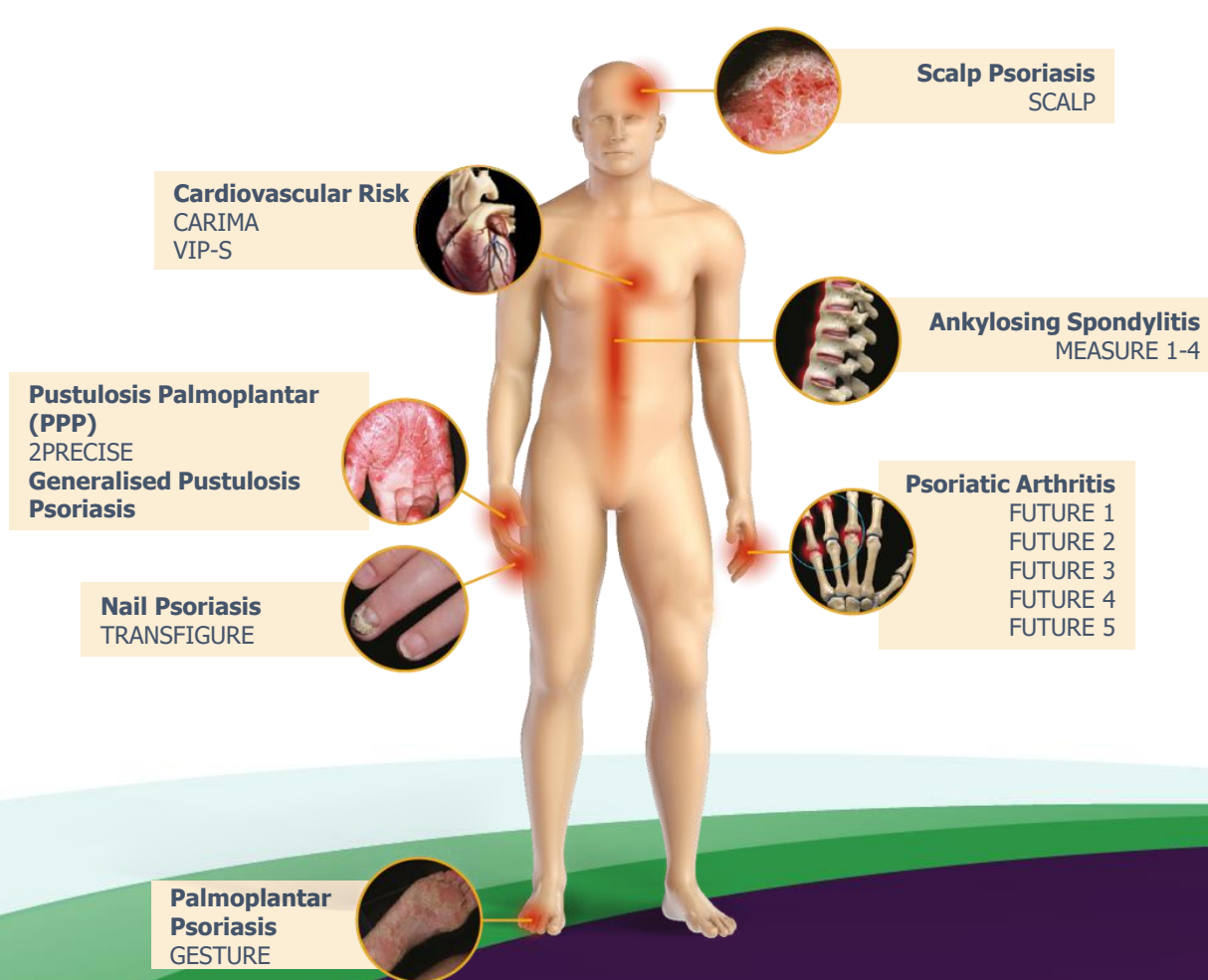
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Strongly Recommended: Proved in clinical trials, RWE & Clinical Experience

How did **Secukinumab** change lives ?

With more than 10,000 patients treated with **Secukinumab**[®] in Egypt



Administration

FEATURE (PFS)
JUNCTURE (AI)
ALLURE: 2 mL vs 1 mL PFS



Paediatric Study



Quality of Life

PROSE



Itch

PSORITUS ADE03



Flexible Dosing

GAIN
OPTIMISE



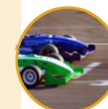
Early Treatment

STEPin



Direct Comparison

FIXTURE vs etanercept
CLEAR / CLARITY vs ustekinumab
PRIME vs Fumaderm
ARROW vs guselkumab
EXCEED / SURPASS vs adalimumab



Non-interventional Studies

PROSPECT (GER)
SERENA (RE)
CORRONA (US)
PURE (LaCan)
REALIA (AMAP)



GRAPPA

GROUP FOR RESEARCH
AND ASSESSMENT OF PSORIASIS AND PSORIATIC ARTHRITIS



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