

AAD **ANNUAL MEETING 2025**

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ORLANDO

highlights



Psoriasis y otras enfermedades inflamatorias

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Una iniciativa de:



Con el patrocinio de:



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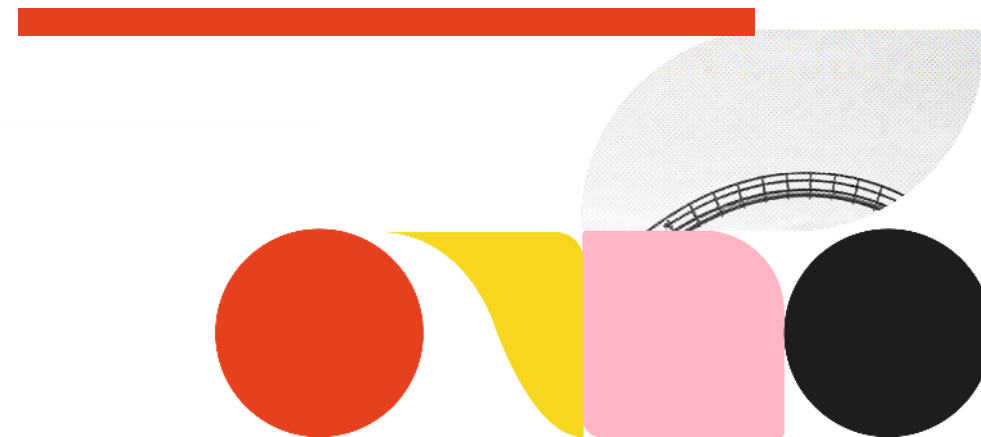
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CONFLICTOS DE INTERÉS

Amgen, Leo Pharma





■ **Parte 1: Psoriasis- Tratamiento**

■ **Parte 2: Psoriasis-Comorbilidades**
Otras enfermedades inflamatorias



JAAD 2024: Psoriatic Arthritis: A Comprehensive Review for the Dermatologist · Part II: Screening and Management

Mechanism of Action	Skin and Nail Disease	Peripheral Arthritis	Axial Disease ¹	Dactylitis	Enthesitis	Inflammatory Bowel Disease	Uveitis
Targeted Synthetic DMARDs							
Apremilast	✓✓	✓✓	×	✓✓	✓✓	?	
JAKi ^{2,3}	✓✓ (skin) ⁴ ✓ (nails) ⁴	✓✓ ²	✓✓	✓✓	✓✓	✓*	
TYK2i ⁵	✓✓*	?*		?*	?*		
Biologic DMARDs							
TNFi ²	✓✓	✓✓ ²	✓✓	✓✓	✓✓	✓✓ (ETN=?)	✓✓ (ETN=X)
IL-12/23i	✓✓	✓✓	?	✓✓	✓✓	✓✓	?
IL-23i	✓✓	✓✓	?	✓✓	✓✓	✓✓	
IL-17i ²	✓✓	✓✓ ²	✓✓ ⁶	✓✓	✓✓	××	?
CTLA4-Ig		✓		✓	✓		

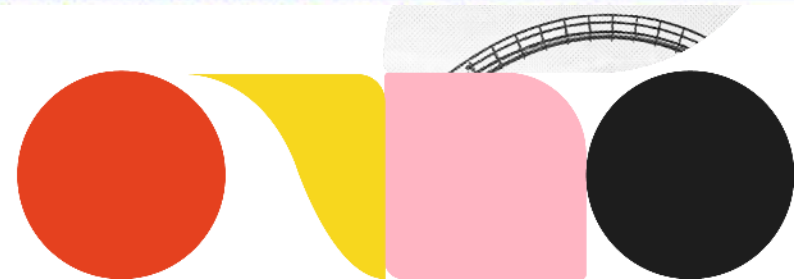


Psoriatic arthritis

Efficacy and safety of guselkumab in biologic-naïve patients with active axial psoriatic arthritis: study protocol for STAR, a phase 4, randomized, double-blinded, placebo-controlled trial

Head-to-head study of bimekizumab, an IL-17A/IL-17F inhibitor, and risankizumab, an IL-23 inhibitor, in patients with active psoriatic arthritis: Study design and rationale of BE BOLD, a phase 3b, randomized, parallel-group study

Joseph F. Merola,¹ Iain B. McInnes,² Philip J. Mease,³ Yoshiya Tanaka,⁴ Alice B. Gottlieb,⁵ Akimichi Morita,⁶ Barbara Ink,⁷ Alexander Marten,⁸ Jason Coarse,⁹ Laure Gossec¹⁰



Association between biological immunotherapy for psoriasis and time to incident inflammatory arthritis: a retrospective cohort study

[Shikha Singla, MD](#) ^a [✉](#) · [Michael Putman, MD](#) ^a · [Jean Liew, MD](#) ^c · [Prof Kenneth Gordon, MD](#) ^b

[Affiliations & Notes](#) [Article Info](#) [Linked Articles \(1\)](#)

THE LANCET
Rheumatology

cumulative incidence of 2.6 cases per 100 person-years. In multivariable regression analyses, the risk of developing inflammatory arthritis was significantly lower in patients prescribed IL-12/23 inhibitors (adjusted HR 0.58, 95% CI 0.43–0.76) or IL-23 inhibitors (0.41, 0.17–0.95) than in patients prescribed TNF inhibitors. We found no significant difference for IL-17 inhibitors (0.86, 0.54–1.38).

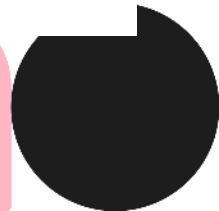
Risk of developing inflammatory arthritis in patients with psoriasis initiating treatment with biologics: A population-based analysis

[Bruce Strober, MD, PhD](#) ^{a,b} [✉](#) · [Ahmed M. Soliman, MS, PhD](#) ^c · [Chao Li, PhD](#) ^c · [Manish Patel, PharmD, MS](#) ^c ·

[Ikenna Unigwe, PharmD, PhD](#) ^c · [Paolo Gisondi, MD](#) ^d

Incidence rates of developing inflammatory arthritis expressed as events/100 person-years were 4.99, 7.29, 6.06, and 9.39 for IL-23, IL-17, IL-12/23, and TNF inhibitors, respectively. Adjusted hazard ratios were significantly higher for patients receiving IL-17 (1.44; $P = .0294$) and TNF (1.90; $P < .0001$) inhibitors when compared with patients receiving IL-23 inhibitors.

Sesgo
protopático?



Cardiovascular Risk in Patients with Psoriasis- Joel M. Gelfand

> J Eur Acad Dermatol Venereol. 2023 Sep;37(9):1841-1847. doi: 10.1111/jdv.19168.
Epub 2023 May 12.

The psoriasis area and severity index is an independent risk factor for cardiovascular events: A prospective register study

A Svedbom ^{1 2}, M Ståhle ^{1 2}

**ACC/AHA STATIN RECOMMENDATIONS FOR ASCVD
PRIMARY PREVENTION**

Borderline 10-year Risk:
5% to <7.5%

Risk enhancers present: FH CVD, CKD, metabolic syndrome, ***Psoriasis RA HIV*** ethnicity:

- Discuss moderate intensity statin

Psoriasis y obesidad- Jennifer Soung, Mark Lebwohl, Richard B Warren

The effect of weight reduction on treatment outcomes in obese patients with psoriasis on biologic therapy: a randomized controlled prospective trial.

Al-Mutairi N, Nour T.

Expert Opin Biol Ther. 2014;14:749-56.


- TNF blocker x 24w; diet vs control
- PASI 75 was achieved by 85.9% in the diet group, and 59.3% in the control group ($p < 0.001$)
- w 24: mean \downarrow wt = 12.9 ± 1.2 kg w diet
 -1.5 ± 0.5 kg control

Comorbid obesity and history of diabetes are independently associated with poorer treatment response to biologics at 6 months: A prospective analysis in Corrona Psoriasis Registry

Enos CW, Ramos VL, McLean RR, Lin TC, Foster N, Dube B, Van Voorhees AS.

J Am Acad Dermatol. 2022;86:68-76.

- 2924 patients on biologics for psoriasis
- BL and 6 month visits
- obesity \downarrow 25% to 30% odds of achieving PASI75 (OR, 0.75; 95% CI, 0.64-0.88) and PASI90 (OR, 0.70; 95% CI, 0.59-0.81)

► Int J Mol Sci. 2024 Feb 20;25(5):2475. doi: [10.3390/ijms25052475](https://doi.org/10.3390/ijms25052475) 

The Effect of a Ketogenic Diet versus Mediterranean Diet on Clinical and Biochemical Markers of Inflammation in Patients with Obesity and Psoriatic Arthritis: A Randomized Crossover Trial

- Medit diet (MD) and ketogenic diet (KD) \rightarrow \downarrow wt. ($p=0.002$, $p<0.001$, respectively)
- KD \rightarrow \downarrow PASI ($p=0.04$)
- KD \rightarrow \downarrow Disease Activity Index of Psoriatic Arthritis (DAPSA) ($p = 0.004$)

Glucagon-Like Peptide 1 Receptor Agonists in Patients With Inflammatory Arthritis or Psoriasis: A Scoping Review.
J Clin Rheumatol. 2024 Jan 1;30(1):26-31.
Karacabeyli D, Lacaille D.

"4 of 5 clinical studies demonstrated significant improvements in Psoriasis Area Severity Index and weight/body mass index with no major adverse events."

Impact of GLP-1 Receptor Agonists on Psoriasis and Cardiovascular Comorbidities: A Narrative Review.
Haran K, Johnson CE, Smith P, Venable Z, Kranyak A, Bhutani T, Jeon C, Liao W.
Psoriasis (Auckl). 2024 Nov 15;14:143-152.

- *"most studies found GLP-1RAs reduced systolic blood pressure, total stroke, and myocardial mortality."*

Ixekizumab Concomitantly Administered With Tirzepatide in Adults With Moderate-to-Severe Plaque Psoriasis and Obesity or Overweight

ID#: [NCT06588283](#)

Age: 18 years - 66+

Study Phase: Phase 3

Recruitment Status: Recruiting



Should dermatologists manage obesity in psoriasis patients?

Article

<https://doi.org/10.1038/s41591-024-03412-w>

Mapping the effectiveness and risks of GLP-1 receptor agonists

GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation

Risks of GLP-1RA by outcome. GLP-1RA use was associated with an increased risk of **abdominal pain** (1.12 (1.10,–1.13)), **nausea and vomiting** (1.30 (1.26–1.33)), **GERD** (1.14 (1.12–1.16)) and **gastritis** (1.10 (1.06–1.14)). GLP-1RA use was also associated with an increased risk of noninfectious **gastroenteritis** (1.12 (1.08–1.18)), **gastroparesis** (1.07 (1.02–1.13)) and **diverticulosis** and diverticulitis (1.08 (1.06–1.11)) (Fig. 6 and Supplementary Table 9).

There was also an increased risk of **hypotension** (1.06 (1.04–1.09)), **syncope** (1.06 (1.03–1.1)), **sleep disturbances** (1.12 (1.10–1.14)), **headaches** (1.10 (1.08–1.13)), **arthritis** (1.11 (1.09–1.13)), arthralgia (1.11 (1.09–1.13)), **tendinitis** and **synovitis** (1.10 (1.07–1.12)), interstitial **nephritis** (1.06 (1.03–1.09)) and **nephrolithiasis** (1.15 (1.12–1.19)). A targeted analysis of **pancreatic disorders** revealed an increased risk



Approach to cutaneous sarcoidosis treatment- William Damsky

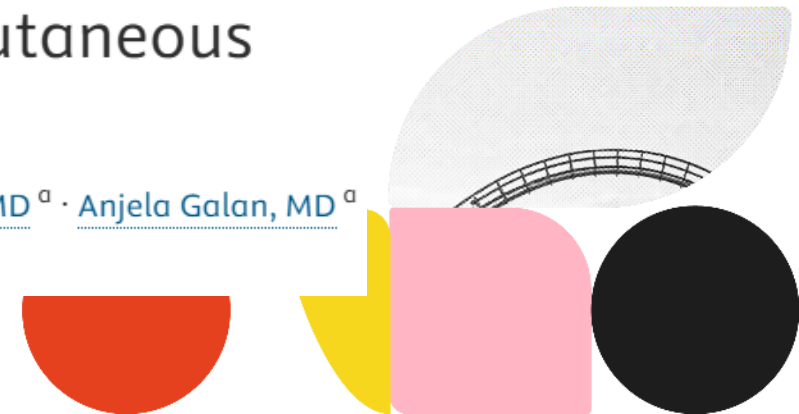
- Solo aprobada prednisona (para afectación pulmonar) FDA
- Local/tópico:
 - Corticoides intralesionales
 - Corticoides tópicos
 - Inh calcineurina
 - JAKi
- Sistémicos:
 - HCQ
 - MTX
 - TNFi
 - JAKi

ORIGINAL ARTICLE · Volume 82, Issue 3, P612-621, March 2020

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Janus kinase inhibition induces disease remission in cutaneous sarcoidosis and granuloma annulare

[William Damsky, MD, PhD](#)   · [Durga Thakral, PhD](#) ^a · [Meaghan K. McGeary, BA](#) ^b · [Jonathan Leventhal, MD](#) ^a · [Anjela Galan, MD](#) ^a
[Brett King, MD, PhD](#)  



Approach to cutaneous sarcoidosis treatment- William Damsky

- Solo aprobada prednisona (para afectación pulmonar) FDA
- Sistémicos:
 - HCQ
 - MTX
 - TNFi
 - JAKi
- Local/tópico:
 - Corticoides intralesionales
 - Corticoides tópicos
 - Inh calcineurina
 - JAKi
- En estudio:
 - Brepocitinib (JAK1/TYK2): fase 2
 - Abrocitinib- open label proof of concept
 - Deucravacitinib- open label proof of concept



Approach to granuloma annulare treatment- William Damsky

- Ningún fármaco aprobado FDA
- Local/tópico:
 - Corticoides intralesionales
 - Corticoides tópicos
 - Inh calcineurina
 - JAKi
- Sistémicos:
 - Fototerapia
 - Apremilast
 - HCQ
 - MTX
 - TNFi
 - JAKi

ATOPIC DERMATITIS AND INFLAMMATORY SKIN DISEASE · Volume 147, Issue 5, P1795-1809, May 2021

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Treatment of granuloma annulare and suppression of proinflammatory cytokine activity with tofacitinib

[Alice Wang, BS^a](#) · [Nur-Taz Rahman, PhD^b](#) · [Meaghan K. McGeary, BA^c](#) · ... · [Richard A. Flavell, PhD^{d,e}](#) · [Brett King, MD, PhD^{a,*}](#) 

[William Damsky, MD, PhD^{a,*}](#) ... [Show more](#)



Approach to granuloma annulare treatment- William Damsky

- Ningún fármaco aprobado FDA
- Local/tópico:
 - Corticoides intralesionales
 - Corticoides tópicos
 - Inh calcineurina
 - JAKi
- En estudio:
 - Tofacitinib 2% tópico: fase 1
 - Abrocitinib- open label proof of concept
 - Deucravacitinib- open label proof of concept

- Sistémicos:
 - Fototerapia
 - Apremilast
 - HCQ
 - MTX
 - TNFi
 - JAKi



JAK Inhibitors for Lichen Planus - *Tiffany Mayo*

LETTER TO THE EDITOR · Volume 145, Issue 6, P1708-1710.E2, June 2020

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Treatment of severe lichen planus with the JAK inhibitor tofacitinib

[William Damsky, MD, PhD^a](#) · [Alice Wang, BS^a](#) · [Brianna Olamiju, BA^a](#) · [Danielle Peterson, MD^a](#) · [Anjela Galan, MD^{a,b}](#) · [Brett King, MD, PhD^a](#) [✉](#)

- Tofacitinib
- Upadacitinib
- Baricitinib
- Ruxolitinib tópico



ORIGINAL ARTICLE | CLINICAL RESEARCH · Volume 142, Issue 8, P2109-2116.E4, August 2022 · [Open Archive](#)

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Ruxolitinib Cream in the Treatment of Cutaneous Lichen Planus: A Prospective, Open-Label Study

[Caitlin M. Brumfiel¹](#) · [Meera H. Patel¹](#) · [Kevin J. Severson¹](#) · ... · [Steven A. Nelson¹](#) · [Mark R. Pittelkow¹](#) · [Aaron R. Mangold¹](#) [✉](#)

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Pyoderma gangrenosum - *Robert Micheletti*

In our cohort of 356 validated cases, 66.9% had an associated medical comorbidity

- Inflammatory bowel disease (41%)
- Inflammatory arthritis (21%)
- Solid organ cancers (6.5%)
- Heme malignancies (5.9%)
- Hematologic disorders (4.8%)

Inflammatory bowel disease more common in patients < age 65

Rheumatoid arthritis, ankylosing spondylitis, cancers, and hematologic disorders all more common in those > 65

*Periestomal: media 23 meses tras ostomía

1. Perform biopsy and tissue culture of violaceous border to rule out other diagnoses
2. Screen for underlying medical conditions with physical exam and ROS (ask about GI, joint symptoms), RF, SPEP, CMP, CBC, colonoscopy; ANCA





First-Line Therapies:

- High-dose steroids (1-1.5mg/kg/ day prednisone equivalent)
 - Shown to be effective in STOP GAP randomized trial
 - Fastest acting, providing immediate clinical feedback
 - Easiest to acquire and administer

Steroids can be used safely in infection

Initiate steroid-sparing agents early, and coordinate treatment selection based on comorbid conditions:

- Clobetasol under occlusion
- Dapsone
- Infliximab (Remicade)
- Methotrexate
- Mycophenolate (Cellcept)
- IVIG
- Cyclosporine
- Others, including investigational...



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Una iniciativa de:



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DE DERMATOLOGÍA
Y VENEROLOGÍA



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Con el patrocinio de:



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