Defining and Treating Moderate Plaque Psoriasis in a Real-World Clinical Setting: A Dermatologist Survey and Prospective 6-Month Chart Review of Patients Treated With Apremilast

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INTRODUCTION
Management of moderate psoriasis remains a significant challenge, with some evidence suggesting patients with moderate disease are often undertreated and experience suboptimal clinical outcomes. However, there is a lack of consensus regarding what defines moderate psoriasis, and no explicit guidelines exist for the treatment of this patient population. Arealilast (APR) is an oral phosphodiesterase 4 inhibitor that is first-line treatment for moderate plaque psoriasis, and is approved by the United States Food and Drug Administration (FDA) as a treatment for adult patients with chronic plaque psoriasis. APR was approved for moderate plaque psoriasis in the United States in 2014. In the real-world clinical setting, widely varying BSA cutoff values are used to identify moderate plaque psoriasis who are candidates for phototherapy or systemic therapy.

METHODS
Dermatologist Survey
• The survey portion of the investigation was conducted between October 2015 and July 2016.
• US dermatologists treating patients with psoriasis were invited to complete an online survey which included:
  - How they typically assess psoriasis severity
  - Whether or not they use APR in their practice
  - Which treatments they commonly prescribe to patients with moderate plaque psoriasis
• Eligible survey participants were US dermatologists who:
  - Treated ≥ 50 adult patients with moderate plaque psoriasis per month, ≥ 1% of whom were to be treated with moderate plaque psoriasis
  - Spent ≥ 25% of practice time in direct patient care
• Prospective 6-Month Patient Chart Review
  - Surrogate dermatologists were also selected to provide chart charts of 280 patients with a diagnosis of moderate plaque psoriasis when they had seen the last 6 months. A 1 patient was treated 6 months after they were enrolled to provide follow-up patient chart information.
  - The patients were required to meet the following criteria:
    - Adult patient (≥ 18 years of age), diagnosed with moderate plaque psoriasis and currently living
    - Moderate disease severity by electronic documentation, treating dermatologist
    - Seen by the dermatologist within the last 6 months before the dermatologist took the survey
    - Using prescription topical and systemic medication for the treatment of moderate plaque psoriasis at the time of the survey

RESULTS
Dermatologist Survey
• A total of 150 dermatologists responded to the survey.
• The majority of dermatologists (95%) reported they assessed disease severity based on the percentage of patients affected body surface area (BSA) at baseline.
• 50% or more of dermatologists responded that they also considered location of the affected area in their assessment of severity.

Prospective 6-Month Patient Chart Review
• Surrogate dermatologists were selected to provide chart charts of 280 patients with a diagnosis of moderate plaque psoriasis when they had seen the last 6 months. A 1 patient was treated 6 months after they were enrolled to provide follow-up patient chart information.
• The patients were required to meet the following criteria:
  - Adult patient (≥ 18 years of age), diagnosed with moderate plaque psoriasis and currently living
  - Moderate disease severity by electronic documentation, treating dermatologist
  - Seen by the dermatologist within the last 6 months before the dermatologist took the survey
  - Using prescription topical and systemic medication for the treatment of moderate plaque psoriasis at the time of the survey

METHODS (cont’d)
- Short stature
- Limited psychosocial characteristics
- Clinical disease characteristics
- Treatment patterns, including treatment shifts and discontinuations
- Effectiveness of treatment
- Safety and tolerability

RESULTS (cont’d)
- At the 6-month chart review, among patients treated with APR at baseline, 30% (21/70) remained on APR. 83 patients were new to APR (Figure 6).
- 62 patients (84%) were receiving APR at their primary therapy
- APR discontinuation occurred in 5 patients for reasons included: lack of efficacy (n=2), poor tolerability (n=1), and noncompliance (n=2).
- The large majority of dermatologists (95%) reported they assessed disease severity based on the percentage of patients affected body surface area (BSA) at baseline.
- 50% or more dermatologists responded that they also considered location of the affected area in their assessment of severity.

CONCLUSIONS
- In the real-world clinical setting, widely varying BSA cutoff values are used to identify moderate plaque psoriasis who are candidates for phototherapy or systemic therapy.
- Based on patient chart review, APR is well tolerated and effective for treatment of moderate psoriasis.

REFERENCES

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