In the absence of a molecular test to help guide therapeutic selection, clinicians must make empirical decisions based on personal experience and/or the available population-based evidence, which can lead to delays in disease control and increased cost to the healthcare system. Clinicians would prefer to have a molecular test to help determine the most efficacious drug for individual patients.

Results from this survey can be used to inform clinical studies such as the prospective IDENTITY study, which is currently enrolling patients with psoriasis and atopic dermatitis to use each patient’s molecular data to guide personalized therapeutic selection.

References


Disclosures

The survey was made available to attendees of the Winter Clinical Dermatology 2022 conference. Participation was voluntary and not associated with additional data presentation; respondents that completed the survey were given monetary compensation.

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Factors considered when choosing a first systemic therapy for AD or psoriasis were ranked on a scale from 1 to 5 from most important (1) to least important (5). Ranked results were compiled and Kruskal-Wallis test was used to detect significant differences. "Reported efficacy" was the highest-ranking factor while "molecular mechanism" ranked lower overall in the current decision-making process. (p<.001)

"No symptom improvement" was the top reason reported for patient discontinuation of systemic medications for AD or psoriasis. Additionally, 62.3% (165) of clinicians surveyed estimated that, on average, 2 or more systemic therapies were needed to find one that was efficacious indicating that lack of efficacy for individual patients contributes to switching systemic therapies.

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