CARE™ PERSPECTIVES
DERM & RHEUM FALL REPORT 2021
Informed by IFPA World Psoriasis and Psoriatic Arthritis Conference

NOVEMBER 2021
INTRODUCTION

The 6th annual IFPA World Psoriasis and Psoriatic Arthritis Conference (WPPAC) provided updates on news and developments in the field. The WPPAC is a cross-specialty forum and explores content and perspectives from dermatology and rheumatology. The theme of this year’s conference was “Connected, informed, and united to improve multidisciplinary care for people with psoriasis & psoriatic arthritis.”

This report will focus on:

- Identification of biomarkers
- Psoriasis and Psoriatic Arthritis relationship
- Comorbidities
- Current and new therapeutic modalities
- Patient centric research
- COVID-19

We are pleased to have representatives from both dermatology and rheumatology review conference content and provide insight from a Canadian Perspective:

Dr. Philip Baer  
Ontario Medical Association  
Scarborough, ON

Dr. Louis Bessette  
CHU de Québec  
Québec City, QC

Dr. Geeta Yadav  
Skin Science Dermatology  
Toronto, ON

The content in this report is drawn from the oral and poster presentations made during the 2021 WPPAC. Please see the conference program for full abstract content and more information on the conference: https://mymeeting.se/wppac-2021/

See the end of this report for parting comments from the Faculty and a request to participate in ongoing CARE™ Education Programs in Rheumatology and Dermatology.
KEY NEWS FROM WPPAC 2021

What follows is a review of select trial activity from IFPA WPPAC 2021 and is augmented with additional perspectives from CARE™ Dermatology and Rheumatology Faculty.

Identification of Biomarkers

O1. Identification of serum protein biomarkers at baseline to distinguish radiographic progressors from non-progressors in patients with active Psoriatic Arthritis (PsA).

Orla Coleman et al.

**Trial Highlights**

Identifying which patients might progress radiographically has been recognized by the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) as a key area of unmet need within PsA.

- Biomarkers for radiographic joint damage will help in patient stratification so that those with greater likelihood of poor outcomes may be treated more aggressively

Using two complimentary proteomic approaches and a combination of univariate and machine learning statistical analysis, 103 biomarker peptides corresponding to 69 proteins that can potentially discriminate PsA patients who progress to radiographic damage from those who do not were identified.

- These potential candidate protein biomarkers require further evaluation in future studies

**CARE™ Canadian Perspective**

Biomarkers and personalized medicine remain an area of research interest. Sophisticated artificial intelligence resources as used in this study may be helpful. However, the promise of biomarkers for everyday clinical use remains unfulfilled.

P5. Targeted Metabolomic Profiling and Prediction of Cardiovascular Events: A Prospective Study of Patients with Psoriasis and Psoriatic Arthritis.

Keith Colaco et al.

**Trial Highlights**

Metabolites comprise biomarkers that may add predictive value over traditional CV risk factors.

During a mean follow-up of 7.1 years, 70 (7.2%) patients developed incident CVEs.

Using NMR metabolomics profiling, a variety of metabolites associated with a lower and higher risk of developing CVEs in patients with PsD were identified:

- Alanine, tyrosine, degree of unsaturation, high-density lipoprotein (HDL) cholesterol, and medium and large HDL particles were significantly associated with decreased CV risk.
- Glycoprotein acetyl, apolipoprotein B, remnant cholesterol, very low-density lipoprotein (VLDL) cholesterol, and very small VLDL particles were associated with an increased CV risk.

**CARE™ Canadian Perspective**

This study does not demonstrate whether these biomarkers have a different impact in psoriatic arthritis and psoriasis compared with the general population. Further studies on the underlying association with CVEs are needed to clarify the clinical utility of these biomarkers to guide CV risk assessment and the effect of the treatments on these biomarkers.

BIOMARKERS AND PERSONALIZED MEDICINE REMAIN AN AREA OF RESEARCH INTEREST.
Psoriasis and Psoriatic Arthritis relationship

OS. Changes in Patient Perceptions of Psoriatic Arthritis From 2012 to 2020: Results From the UPLIFT Survey
Alexis Ogdie et al.

Trial Highlights
Patients with psoriatic arthritis (PsA) experience a wide range of disease burden and comorbidities that negatively impact quality of life (QoL).

The aim of this study was to examine PsA treatment characteristics and patient-reported disease burden of patients surveyed in UPLIFT and MAPP.

- UPLIFT was a multinational online survey conducted from March 2 to June 3, 2020 in the USA, Canada, UK, France, Germany, Italy, Spain, and Japan. The MAPP survey was conducted in the same countries, except Japan.

While a greater proportion of patients in the 2020 UPLIFT survey received current treatment than in the 2012 MAPP survey, there remains a substantial proportion of patients reporting their disease as moderate or severe.

- 78% of UPLIFT patients were receiving some form of PsA treatment, nearly 75% characterized their PsA as moderate or severe (vs 88% in MAPP)

CARE™ Canadian Perspective
These results suggest that, although the number of available treatment options has increased since MAPP, an unmet need for PsA patient care remains.

The need for greater and more efficient access to approved innovative options in Canada is evident and is necessary to drive further improvement in patient outcomes.

Comorbidities

O2. Immune checkpoint inhibitors in patients with preexisting psoriasis associated with manageable disease exacerbations and excellent tumor outcomes.
Briana Halle et al.

Trial Highlights
Immune checkpoint inhibitors (ICIs) are approved to treat multiple cancers.

- The goal of this study was to further define the safety profile and effectiveness of ICIs in patients with preexisting psoriasis.

Of 76 patients studied, 51 patients (67%) received anti-PD-L antibodies, 8 (11%) anti-CTLA-4 antibodies, and 17 (22%) combination PD-1/CTLA-4 blockade.

43 of these patients (57%) experienced a psoriasis flare of cutaneous or extracutaneous disease. Median time from ICI start to psoriasis flare was 44 days.

- Only 5 patients (7%) required immunotherapy discontinuation for psoriasis flare.

Progression free survival (PFS) and overall survival (OS) were significantly longer in patients with a psoriasis flare versus those without a flare (median PFS 39 vs. 5.5 months, p=0.034; median OS not reached vs. 29.3 months, p=0.045, respectively), although longer time on therapy was associated with presence of psoriasis flare (p=0.035).

ICI therapy was associated with exacerbations of preexisting psoriasis, although most flares were manageable with topical treatment, few patients required discontinuation, and presence of psoriasis flare was associated with improved PFS and OS.

CARE™ Canadian Perspective
ICI are increasingly used in cancer therapy with promising outcomes. Immune-related adverse events (IRAEs) are common. This study showed that flare in patients with psoriasis were easily managed, and actually associated with better survival. ICI therapy should be maintained whenever possible in such patients.
Current And New Therapeutic Modalities

O6. Deucravacitinib (DEUC), an Oral, Selective Tyrosine Kinase 2 (TYK2) Inhibitor, Compared With Placebo and Apremilast (APR) in Moderate to Severe Plaque Psoriasis: Efficacy and Safety Results From the Phase 3 POETYK PSO-1 and POETYK PSO-2 Trials.

April Armstrong et al.

Trial Highlights

Deucravacitinib (DEUC) is a novel, oral, selective inhibitor that acts via binding to the unique TYK2 regulatory domain. 666 and 1020 patients were randomized in PSO-1 and PSO-2, respectively.

The coprimary endpoints (PASI 75 and sPGA 0/1 response vs PBO at Week 16) were achieved; additionally, statistical significance was met for DEUC vs PBO and APR for multiple ranked secondary endpoints.

Significantly greater proportions of patients in the DEUC vs PBO and APR arms achieved PASI 75 (PSO-1: P<0.0001; PSO-2: P≤0.0003) and sPGA 0/1 (both trials: P<0.0001) responses at Week 16 (Figure 1).

- DEUC responses increased beyond Week 16 and were also superior to APR at Week 24 in both trials (P<0.0001 for all comparisons)

The most common AEs (≥5% in any arm [pooled safety data]) were nasopharyngitis (8.6% [PBO]/9.0% [DEUC]/8.8% [APR]), upper respiratory tract infection (4.1%/5.5%/4.0%), headache (4.5%/4.5%/10.7%), diarrhea (6.0%/4.4%/11.8%), and nausea (1.7%/1.7%/10.0%).

DEUC was superior to PBO and APR across multiple efficacy endpoints and was well tolerated in patients with plaque psoriasis in the Phase 3 POETYK PSO-1 and PSO-2 trials.

CARE™ Canadian Perspective

Oral therapies are welcomed by patients with psoriasis. Two JAK inhibitors are already approved in Canada for psoriatic arthritis. Deucravacitinib has the potential to become an efficacious, well-tolerated treatment of choice for patients with moderate to severe plaque psoriasis.
Take a Look at the Recent Work from the CARE™ Rheumatology & Dermatology Faculty

Including video content from Dr. Philip Baer on the state of access and innovation in Canada

P20. Bimekizumab versus Secukinumab for Moderate to Severe Plaque Psoriasis: Comparison of Absolute PASI Thresholds in the BE RADIANT Phase 3b Trial.

Luis Puig et al.

**Trial Highlights**

BE RADIANT (NCT03536884) is the first phase 3 trial to directly compare inhibition of both interleukin (IL)-17A and IL-17F with bimekizumab versus (vs) inhibition of IL-17A alone with secukinumab.

Absolute Psoriasis Area and Severity Index (PASI) thresholds (e.g. PASI≤2) represent relevant treatment targets for patients (pts) with psoriasis.

Higher and more durable rates of skin clearance were observed with bimekizumab compared with secukinumab (Table).

High levels of response were observed at Week 48 with both bimekizumab maintenance dosing regimens.

**Related Trial of Interest:**

P37 - Psoriasis Symptoms and Impacts Measure Responses from a Phase 3b Trial with Bimekizumab (BE RADIANT).

Alice B. Gottlieb et al.

**CARE™ Canadian Perspective**

Through 48 weeks, more patients reported marked clinically meaningful improvements in itch, pain, and scaling with bimekizumab vs secukinumab. Response with bimekizumab was consistent with both maintenance regimens.

**Table 1.** Percentage of patients achieving absolute PASI thresholds at Wk48 (maintenance set;* NRI)

<table>
<thead>
<tr>
<th></th>
<th>Bimekizumab</th>
<th>Bimekizumab</th>
<th>Secukinumab</th>
<th>Bimekizumab</th>
<th>Bimekizumab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>320mg</td>
<td>320mg</td>
<td>320mg</td>
<td>Q4W</td>
<td>Q8W</td>
</tr>
<tr>
<td>N=147</td>
<td>N=215</td>
<td>N=147</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PASI=0</td>
<td>73.5</td>
<td>66.0</td>
<td>48.3</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PASI&lt;1</td>
<td>83.0</td>
<td>80.5</td>
<td>62.4</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PASI&lt;2</td>
<td>86.4</td>
<td>86.5</td>
<td>76.0</td>
<td>0.007</td>
<td>0.002</td>
</tr>
</tbody>
</table>

*Includes pts who received ≥1 dose of study treatment at Wk16 or later;

†Pts received bimekizumab 320mg dosed Q4W through Wks 0-16 and were re-randomized at Wk16 to bimekizumab 320mg dosed Q4W or Q8W. NRI: non-responder imputation; PASI: Psoriasis Area and Severity Index; pts: patients; Q4W: every 4 weeks; Q8W: every 8 weeks; wk: week.
P24. Efficacy and Safety of Guselkumab, a Monoclonal Antibody Specific to the p19-Subunit of Interleukin-23, Through 2 Years: Results from a Phase 3, Randomized, Double-blind, Placebo controlled Study Conducted in Biologic-naïve Patients with Active Psoriatic Arthritis.

May Shawi et al.

Trial Highlights

GUS demonstrated efficacy for joint & skin symptoms, inhibition of structural damage progression and safety in this population in the DISCOVER-2 trial.

- This study aimed to assess GUS efficacy & safety through 2 years

Among 739 randomized pts, 97% cont’d GUS at W24; 93% at W52; 88% completed W100.

ACR20 responses (NRI*) continued to increase after W24 and at W100 were 76% (Q4W), 74% (Q8W).

- Response continued to increase (See Table 1 for ACR 50 and 70 as well as other efficacy results reported)

GUS benefits for joint & skin symptoms, physical function, & low rates of radiographic progression persisted through 2 years.

Joint efficacy was maintained through 2 years regardless of baseline skin disease severity.

Through W112, incidences of AEs, SAEs, AEs leading to d/c, infections, serious infections & ISRs were generally consistent with PBO-controlled period & through 1 year.

CARE™ Canadian Perspective

Guselkumab is the first IL-23 inhibitor licensed in Canada for psoriatic arthritis (PsA). Extended follow-up of patients in the DISCOVER-2 study showed comprehensive disease control was maintained with an acceptable safety profile.

Table 2: Efficacy Through W100 (NRI)

<table>
<thead>
<tr>
<th>Analysis set, n</th>
<th>GUS Q4W</th>
<th>GUS Q8W</th>
<th>PBO → GUS Q4W</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>W24</td>
<td>W52</td>
<td>W100</td>
</tr>
<tr>
<td>W24</td>
<td>245</td>
<td>248</td>
<td>246</td>
</tr>
<tr>
<td>ACR 50</td>
<td>33</td>
<td>46</td>
<td>56</td>
</tr>
<tr>
<td>ACR 70</td>
<td>13</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>BL HAQ-DI ≥0.35</td>
<td>n</td>
<td>228</td>
<td>228</td>
</tr>
<tr>
<td>Improvements ≥0.35*</td>
<td>56</td>
<td>59</td>
<td>63</td>
</tr>
<tr>
<td>BL &gt;3% BSA psoriasis + IGA &gt;2, n</td>
<td>184</td>
<td>176</td>
<td>183</td>
</tr>
<tr>
<td>IGA0/1</td>
<td>69</td>
<td>80</td>
<td>76</td>
</tr>
<tr>
<td>PASI75</td>
<td>78</td>
<td>87</td>
<td>83</td>
</tr>
<tr>
<td>PASI90</td>
<td>61</td>
<td>77</td>
<td>74</td>
</tr>
<tr>
<td>PASI100</td>
<td>45</td>
<td>58</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* every missing value was categorized as ‘non-response’.

Other Supporting GUS Abstract of Interest

P64. Low Incidence of Gastrointestinal-related and Overall Serious Adverse Events Among Guselkumab-treated Patients: Pooled Analyses of VOYAGE 1 & 2 and DISCOVER 1 & 2 Through 1-Year.

Philip J. Mease et al.

Conclusion: A low incidence of GI-related and overall SAEs was observed in GUS-treated patients through 1-year follow up in VOYAGE 1 and 2, DISCOVER 1 and 2 trials Baseline skin disease characteristics were similar across treatment groups within the pooled (Table 3).

Table 3. Skin Disease Characteristics at Baseline of Treated Patients in Pooled VOYAGE 1 and 2 and DISCOVER 1 and 2 trials

<table>
<thead>
<tr>
<th>VOY 1&amp;2</th>
<th>DISC 1&amp;2</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSA, %</td>
<td></td>
</tr>
<tr>
<td>PBO</td>
<td>GUS q8w</td>
</tr>
<tr>
<td>(n=422)</td>
<td>(n=823)</td>
</tr>
<tr>
<td>27.1 (16.3)</td>
<td>28.4 (16.7)</td>
</tr>
<tr>
<td>PASI score, 0-72</td>
<td></td>
</tr>
<tr>
<td>21.1 (8.3)</td>
<td>22.0 (9.1)</td>
</tr>
<tr>
<td>IGA score</td>
<td></td>
</tr>
<tr>
<td>Cleared (0)</td>
<td>0</td>
</tr>
<tr>
<td>Minimal (1)</td>
<td>0</td>
</tr>
<tr>
<td>Mild (2)</td>
<td>0</td>
</tr>
<tr>
<td>Moderate (3)</td>
<td>322</td>
</tr>
<tr>
<td>Severe (4)</td>
<td>100 (23.7)</td>
</tr>
</tbody>
</table>

Data are presented as mean (SD), except for IGA score which is presented as number of pts (%). BSA, body surface area; DISC, DISCOVER; GUS, guselkumab; IGA, Investigator’s Global Assessment; PASI, Psoriasis Area and Severity Index; PBO, placebo; q4w, every 4 weeks; q8w, every 8 weeks; SD, standard deviation; VOY, VOYAGE.

06 CARE™ PERSPECTIVES
P25. Efficacy and Safety of Risankizumab in Patients With Active Psoriatic Arthritis After Inadequate Response or Intolerance to DMARDs: 24-Week Results From the Phase 3, Randomized, Double-Blind KEEPsAKE 1 Trial.

Lisa Barcomb et al.

**Trial Highlights**

Risankizumab (RZB) is a humanized immunoglobulin G1 monoclonal antibody that specifically inhibits interleukin 23 by binding to its p19 subunit. The primary endpoint of this study was the proportion of patients achieving 20% improvement in American College of Rheumatology score (ACR20) at week 24.

964 patients (RZB, N = 483; PBO, N = 481) were evaluated at week 24.

A significantly greater proportion of RZB- vs PBO-treated patients (57.3% and 33.5%, respectively) achieved the primary endpoint of ACR20 at week 24 (P < 0.001)

Serious adverse events were reported for 2.5% and 3.7% of RZB- and PBO-treated patients, respectively

- There was 1 death in the RZB group.

**CARE™ Canadian Perspective**

More information continues to be presented on IL23 inhibitors in psoriasis and psoriatic arthritis. These 2 studies demonstrated acceptable safety and efficacy of two new agents that are now available in Canada (guselkumab in PsA and PSO and risankizumab for PsA only).

---

**P26. Efficacy and safety of tildrakizumab, a high-affinity anti-interleukin-23p19 monoclonal antibody, in patients with active psoriatic arthritis.**

Stephen J Rozzo et al.

**Trial Highlights**

Tildrakizumab (TIL), a high-affinity anti-interleukin-23p19 monoclonal antibody.

In this Phase 2b study 391 were randomized and received 1 dose of drug.

At W24, 71.4%–79.5% patients in TIL arms vs 50.6% in the PBO arm achieved ACR20 (P <0.01 TIL arms vs PBO).

- At W52, ACR20 response rates were maintained for the TIL 200 mg Q4W (79.5%), 200 mg Q12W (72.2%), and 100 mg Q12W (67.5%) arms and further increased for the TIL 200 mg Q12W (78.2%) and PBO→TIL 200 mg Q12W (77.2%) arms.

TEAEs and serious TEAEs occurred in 64.5% and 3.3% of patients, respectively.

TIL improved joint and skin manifestations of PsA through W52 and was well tolerated among all treatment arms.

**CARE™ Canadian Perspective**

Psoriatic arthritis continues to see the development of multiple new biologic agents, particularly in the IL23 inhibitor group. All studies of these agents have shown impressive efficacy on both skin and joints, as seen in this study of tildrakizumab. The comparative efficacy and safety of IL23i versus other available treatment options would be important in determining the place of these therapies in the therapeutic algorithm.

"COMPARATIVE EFFICACY AND SAFETY OF IL23I VERSUS OTHER AVAILABLE TREATMENT OPTIONS WOULD BE IMPORTANT IN DETERMINING THE PLACE OF THESE THERAPIES IN THE THERAPEUTIC ALGORITHM"

Page 07
P27 - High levels of efficacy are well maintained over 5 years of treatment with tildrakizumab 100 mg in European patients who achieved PASI≤3 response at week 28: pooled analysis from reSURFACE 1 and reSURFACE 2 phase 3 trials.
Matthias Augustin et al.

**Trial Highlights**

Tildrakizumab (TIL) is a high-affinity anti-interleukin-23p19 monoclonal antibody approved for the treatment of plaque psoriasis.

Post-hoc pooled analysis of adult patients with moderate-to-severe plaque psoriasis from two 3-part, parallel-group, double-blinded, randomised controlled trials: reSURFACE 1 (64W) and reSURFACE 2 (52W)

- At W28, 118 European patients who were PASI <3 responders to TIL 100 mg continued with the same dose.
- At W52, after two additional doses of TIL, 95.7% of patients maintained a PASI <3 response.

Tildrakizumab 100 mg has demonstrated high levels of efficacy that were maintained throughout 5 years in patients who achieved PASI <3 at W28.
- After 5 years of treatment, at W244, 92.7% of patients had a PASI <3

Tildrakizumab also had a favourable long-term safety profile over 5 years.

P28. Improvement in Absolute Psoriasis Area and Severity Index Through 5 Years of Continuous Treatment with Guselkumab in the VOYAGE 1 Trial.
Luis Puig et al.

**Trial Highlights**

VOYAGE 1 is a Phase 3 trial comparing guselkumab with adalimumab (ADA) in patients with psoriasis.

Continuous treatment with GUS was well tolerated and provided robust and durable skin responses based on absolute PASI through 5 years

- In the GUS group, the proportions of patients with PASI≤1, PASI≤2, PASI≤3, and PASI≤4 were 66.0%, 81.2%, 88.9%, and 92.3% at Week 52 (n=468) and 69.8%, 84.4%, 89.5%, and 91.3% at Week 252 (n=391), respectively.
- In the ADA→GUS group, corresponding proportions were 36.2%, 50.2%, 63.8%, and 68.1% at Week 52 (n=279) with ADA treatment and 64.6%, 80.1%, 87.0%, and 92.3% at Week 252 (n=246) after switching to GUS at Week 52.

No new safety concerns were reported.

P41 - Tapinarof Cream 1% Once Daily for Plaque Psoriasis: Patient-reported Outcomes from Two Pivotal Phase 3 Trials
Robert Bissonnette et al.

**Trial Highlights**

Tapinarof is a novel therapeutic aryl hydrocarbon receptor modulating agent (TAMA) in development for treatment of psoriasis and atopic dermatitis.

Tapinarof cream 1% QD demonstrated rapid, statistically significant, and clinically meaningful improvements in patient-reported outcomes and was well tolerated, consistent with previously reported significant clinical efficacy and good tolerability.

CONTINUOUS TREATMENT WITH GUSELKUMAB WAS WELL TOLERATED AND PROVIDED ROBUST AND DURABLE SKIN RESPONSES BASED ON ABSOLUTE PASI THROUGH 5 YEARS
**COVID-19**

**P87. Incidence and prognosis of COVID-19 in psoriasis patients on biologic therapy: a multicenter retrospective cohort study.**

Jorge R. Georgakopoulos et al.

**Trial Highlights**

Current guidelines recommend continuing biologic therapy in dermatologic patients who have not tested positive for or exhibited signs/symptoms of COVID-19 and postponing biologic therapy in patients who have tested positive for or exhibited signs/symptoms of COVID-19.

This multicenter retrospective cohort study was undertaken at two tertiary academic hospitals and four community practices.

- Data was obtained from Patient Support Program Case Managers of all major biologic suppliers and patient reported clinical documentation.
- Incidence of COVID-19 was highest in those treated with interleukin (IL)-12/23 inhibitors (3/443, 0.7%) and IL-17a inhibitors (5/667, 0.7%), compared to IL-23 inhibitors (2/799, 0.2%) and tumor necrosis factor-alpha (TNF-α) inhibitors (0/738, 0%).
- Patients with moderate-to-severe psoriasis on a biologic agent have a similar or perhaps even lower incidence of COVID-19 compared to the general public (1.8%, reported Canada-wide rate as of January 15, 2021).

This supports current evidence that psoriasis patients should not discontinue their biologic therapy out of risk or fear of contracting COVID-19.

- Interruption of biologic therapy should be reserved for clinically unwell patients, as symptoms for COVID-19-positive psoriasis patients on a biologic were mild and no patients required supplemental oxygenation or hospitalization.

**CARE™ Canadian Perspective**

This was a very reassuring study on the safety of biologics in psoriasis patients, showing a very low frequency of COVID-19 infection in patients treated with a wide variety of biologics. Patients with psoriasis who require biologic therapies should receive them during the pandemic, and also be counselled to receive the full series of COVID-19 vaccinations.
CARE™ Program Update - Rheumatology Needs Assessment Results: Managing patients with Inflammatory Arthritis in 2021

Gaining insights on the education needs/wants of Canadian physicians (the target demographic of many CARE™ programs) helps CARE™ deliver highly valuable programing to Canadian physicians on a consistent basis.

CARE™ Rheumatology Faculty conducted a needs assessment to investigate current perspectives on controversies/challenges with treating inflammatory arthritis and education needs that exist in Canada. The topics explored in the assessment include:

- Satisfaction with current therapies, approval, and funding
- Comorbidities, PROs, and other factors impacting treatment choice
- Post-COVID considerations
- Emerging areas of interest related to inflammatory arthritis

Select Highlights from response:

**Readily available therapy options may be less effective for specific manifestations**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>6%</td>
<td>29%</td>
<td>55%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

**The benefits of innovative new therapies warrant their higher cost**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>26%</td>
<td>29%</td>
<td>26%</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

**Approximately what percent of your inflammatory arthritis patients present with comorbidities?**

- 0 - 25%: 3%
- 26 - 50%: 6%
- 51 - 75%: 13%
- 75 - 100%: 77%

80% of responders indicated that over half of their patients present with comorbidities.

**Do patient comorbidities impact choice of therapy?**

87% of responders agree that patient comorbidities impact choice of therapy.

Has your clinic, centre, or association instituted new policies/approaches in response to the COVID-19 Pandemic?

100% of responders answered yes.

If yes, which new policies will carry forward?

- 26%: Triaging adjustments for in-person appointments
- 24%: Treatment and monitoring strategies that minimize contact/Exposure are prioritized
- 24%: Ongoing increased stocking and use of PPE
- 15%: Preferential use of SC or oral alternatives
- 8%: Avoiding switching stable patients from one therapy to another
- 3%: Other

Do you believe there are adequate evaluations in place to measure the impact of changes in approach due to the pandemic?

3 in 4 of responders believe there are not adequate evaluations in place to measure the impact of changes in approach due to the pandemic.
Ongoing Assessment: Education Needs in Dermatology

Add your voice by filling out the newest CARE™ Needs Assessment within your specialty. Your feedback is highly valued and will inform future CARE™ programs.

https://form.jotform.com/212774935823060
CARE™ Needs Assessment for Dermatologists
July 2021

PARTING COMMENTS

Identifying which patients might progress radiographically is a key area of unmet need within PsA.

• Research on biomarkers presented at WPPAC 2021 is promising but requires further investigation

Many promising new therapies will soon be approved for PsA, but how and when new agents will be funded in Canada remains an area of speculation.

• Approval and subsequent funding should provide consideration for disease subsets which may particularly benefit from innovative therapies.

Collaboration between dermatologists and rheumatologists should be enhanced to facilitate early referral of patients requiring co-management of psoriasis and psoriatic arthritis.

Psoriasis patients should not discontinue their biologic therapy out of risk or fear of contracting COVID-19.

• Interruption of biologic therapy should be reserved for clinically unwell patients

• Treatment and monitoring strategies that minimize contact/exposure, such as the use of oral and subcutaneous options, should be prioritized at this time

CARE™ Education efforts moving forward will focus on inconsistencies and deficiencies in current processes for approval and funding of novel agents (and the potential downstream effect this has on the overall Canadian landscape), consider the challenges for integrating the plethora of novel options that are now available to us, and explore the continued (and lasting) impact that the COVID-19 pandemic will have on rheumatology and dermatology care.
CARE™ (Community. Academic. Research. Education) Faculty is a Pan-Canadian group of leaders in their field who gather, discuss and address gaps in knowledge, to develop education initiatives that frame news from a Canadian perspective.

The vision of the CARE™ Faculty is to share opinions and update Canadian specialists and allied healthcare providers with news and developments, framed from a Canadian perspective.

The mission of the CARE™ Faculty is to enhance medical education, with the explicit goal of improving patient outcomes.

Learn more at CAREeducation.ca