

Refining Treatment Targets for the Management of Psoriasis

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Today's Activity Is Eligible for ABIM MOC Credit and as a CME for MIPS Improvement Activity

Complete your post-test and evaluation at the conclusion of the activity



Be sure to fill in your **ABIM ID number** and **DOB** (MM/DD) on the evaluation so we can submit your credit to ABIM



Over the next 90 days, actively work to incorporate improvements in your clinical practice from this presentation

- Complete the follow-up survey from CME Outfitters in approximately 3 months
- CME Outfitters will send you confirmation of your participation to submit to CMS attesting to your completion of a CME for MIPS Improvement Activity





Learning Objective

Evaluate the role of tyrosine kinase 2 (TYK2) versus Janus kinase 1 (JAK 1), JAK2, and JAK3 signaling pathways in psoriasis (PsO) and their role as emerging treatment targets.

Pathogenesis of Psoriasis

- Although complex and not fully understood, the interleukin (IL)-12 and IL-23 axis is currently considered to be the main pathogenic pathway of PsO
- Monoclonal antibodies (mAbs) target the IL-12/IL-23 axis
 - Ustekinumab

Risankizumab

Secukinumab

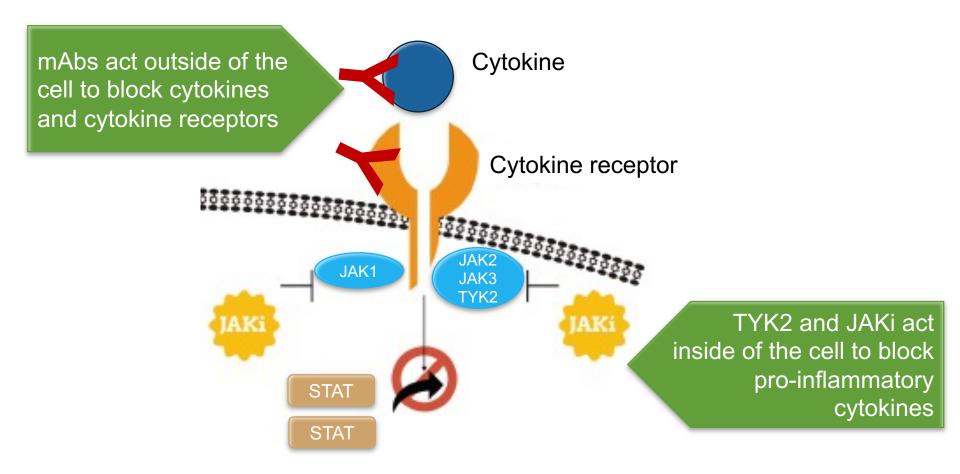
Tildrakizumab

Ixekizumab

Brodalumab

- Guselkumab
- The need for parenteral administration, risk of immunogenicity, potential adverse events, and loss of efficacy merits continued discovery and clinical trials





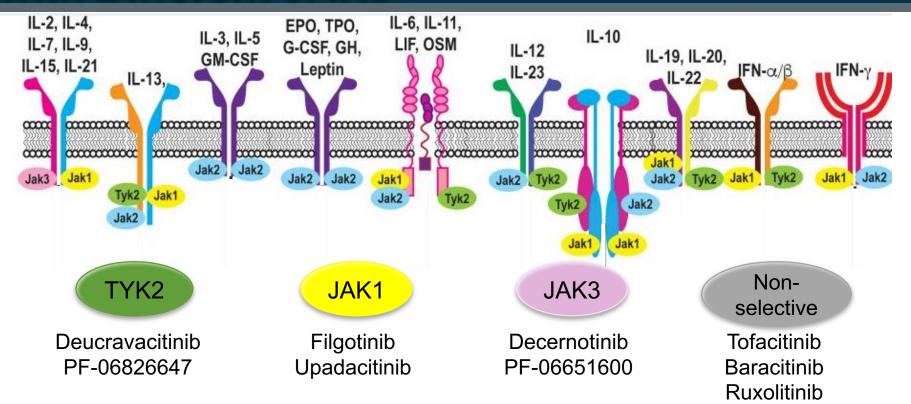


JAK Inhibitors in the Pathogenesis of Psoriasis

- IL-23 receptor relies on a heterodimer of JAK2 and TYK2 for signal transduction highlighting the role of JAKs in the pathogenesis of PsO and the therapeutic potential of JAKs
- JAKi target different members of the JAK family, with some more selective than others
- First generation JAKi target 2 or 3 different JAKs resulting in a broader effect, but may also present more side effects than newer generation selective TYK2 inhibitors that target just one JAK



Different Cytokine Receptors Associate with Different JAKs





PsO-Associated Cytokines and Members of JAK/STAT Families to Which They Relate		
Cytokines	Main JAKs Activated	Main STATs Activated
JAK1, JAK2, JAK3 Dependent Cytokines		
IFN-γ	JAK1, JAK2	STAT1
IL-2	JAK1, JAK3	STAT5
IL-19, IL-20	JAK1, JAK2	STAT1, STAT3
IL-21	JAK1, JAK3	STAT1, STAT3, STAT5
TYK2 Dependent Cytokines		
IFN-∝	JAK2, TYK2	STAT1, STAT2
IL-12	TYK2, JAK2	STAT4
IL-22	TYK2, JAK1	STAT1, STAT3, STAT5
IL-23	TYK2, JAK2	STAT1, STAT3, STAT4
TNF-∝, IL-1, IL-8, IL-17, IL-18, IL-36	Do not directly activate JAK/STAT	

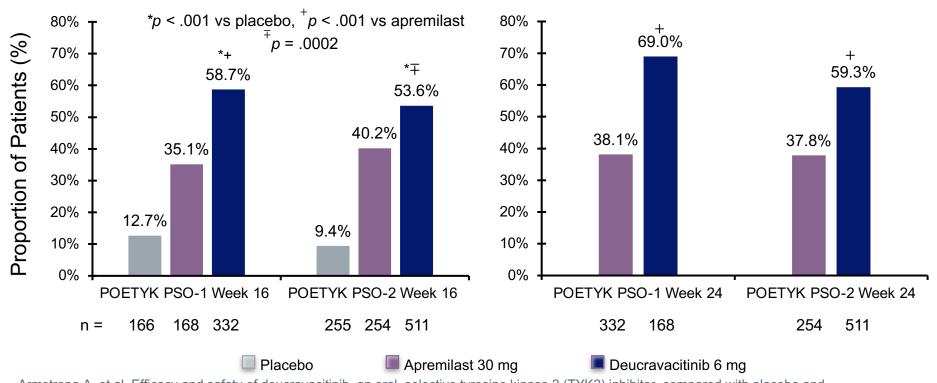


TYK2 Inhibitors and PsO

- Skin infiltration of various immune cells and production of pro-inflammatory cytokines IL-17 and IL-22 are impaired in the absence of TYK2¹
- As knowledge about PsO has evolved, the focus on JAK inhibition has shifted and seems to be moving toward TYK2²



POETYK PSO-1 and POETYK PSO-2: PASI-75 Results at Week 16 and 24

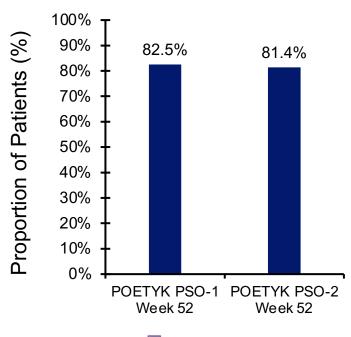


Armstrong A. et al. Efficacy and safety of deucravacitinib, an oral, selective tyrosine kinase 2 (TYK2) inhibitor, compared with placebo and apremilast in moderate to severe plaque psoriasis: results from the phase 3 POETYK PSO-1 Study. AAD Virtual Meeting Experience (VMX); 2021.



POETYK PSO-1 and POETYK PSO-2: PASI-75 Response Maintained at Week 52

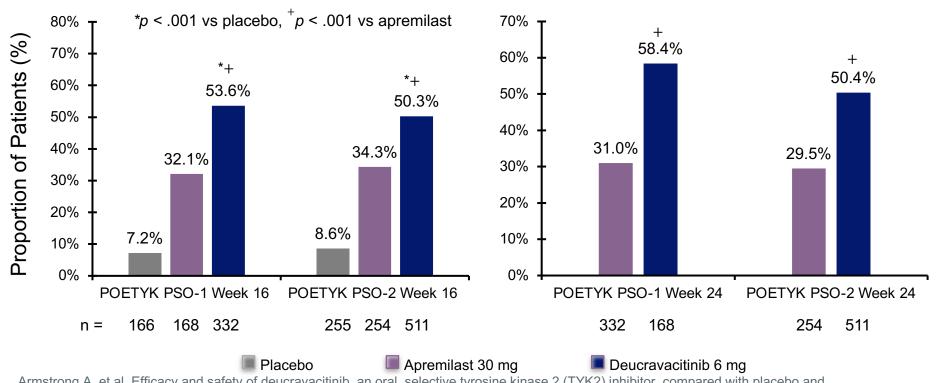
 Among patients who achieved PASI-75 response at Week 24 with deucravacitinib and continued treatment with deucravacitinib, PASI-75 response was maintained at 52-weeks in over 80% of patients



Deucravacitinib 6 mg



POETYK PSO-1 and POETYK PSO-2: Static Physician Global Assessment (sPGA 0/1) at Wk 16 & 24



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Adverse Events

Adverse Events Weeks 0-16

- Adverse events were similar across each arm
- 55.7% with deucravacitinib, 57.6% with apremilast, 49.6% with PBO
- Discontinuation rates: 2.4% with deucravacitinib, 57.6% with apremilast, 49.6% with PBO

Serious Adverse Events

- Serious adverse events: 1.8% with deucravacitinib, 1.2% with apremilast, 2.9% with PBO
- Discontinuation: 2.4% with deucravacitinib, 5.2% with apremilast, 3.8% in PBO
- Exposure-adjusted incidence rate for herpes zoster: 0.9 per 100 patient years with deucravacitinib

Most Common Adverse Events

- Nasopharyngitis, upper respiratory tract infection, headache, diarrhea, and nausea
- One death occurred in each treatment group deemed not to be related to study drugs



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Understanding the pathogenesis of PsO offers insights into efficacy and safety profiles for emerging agents
- Do not paint all JAK inhibitors with a broad brush! Differences in mechanisms of action offer new and effective options for patients with PsO



Snack 1

Why New Treatments are Needed for the Management of Psoriasis



Forecasting a Bright Snack 3 and Clear Tomorrow for Psoriasis Treatment

www.CMEOutfitters.com/dermatology-hub