Προκλήσεις στη θεραπεία της μέτριας προς σοβαρή ψωρίαση κατά πλάκας

Παπουτσάκη Μαρίνα

Δερματολόγος - Αφροδισιολόγος, Διευθύντρια, Α' Κλινική Αφροδισίων και Δερματικών Νόσων Ιατρικής Σχολής Ε.Κ.Π.Α., Νοσοκομείο Αφροδισίων και Δερματικών Νόσων «Ανδρέας Συγγρός», Αθήνα

GR-BK-2300008

Σύγκρουση Συμφερόντων

- **Έχω λάβει αμοιβή για ομιλίες και συμβουλευτικές δραστηριότητες από :**

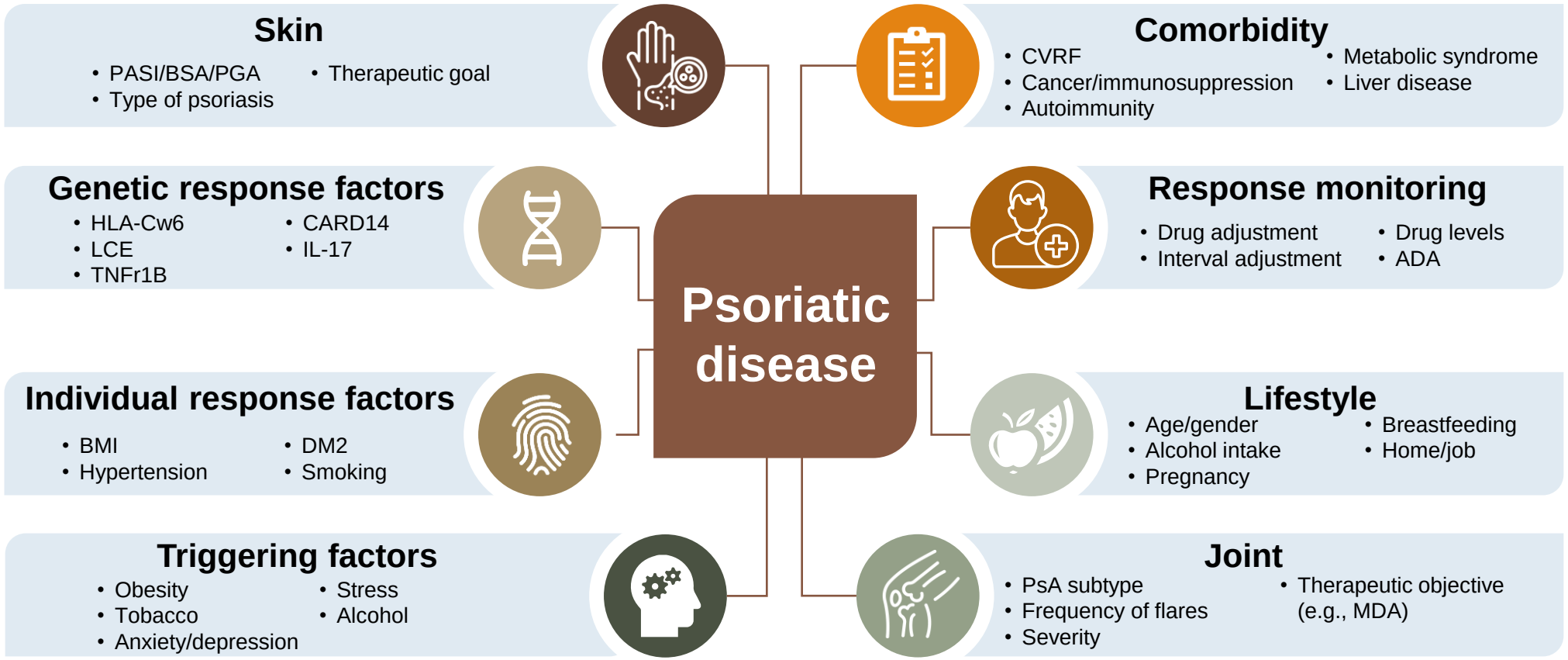
Janssen, LEO, MSD, Genesis pharma, Pfizer, Novartis, Abbvie, UCB, Lilly

- **Ερευνήτρια σε κλινικές μελέτες για:**

Janssen, Pfizer, Novartis, Abbvie, LEO

- ‘Εχω λάβει αμοιβή για την συγκεκριμένη ομιλία

Η σύγχρονη θεώρηση της παθοφυσιολογίας της Ψωρίασης καθιστά τη διαχείριση της πολυεπίπεδη

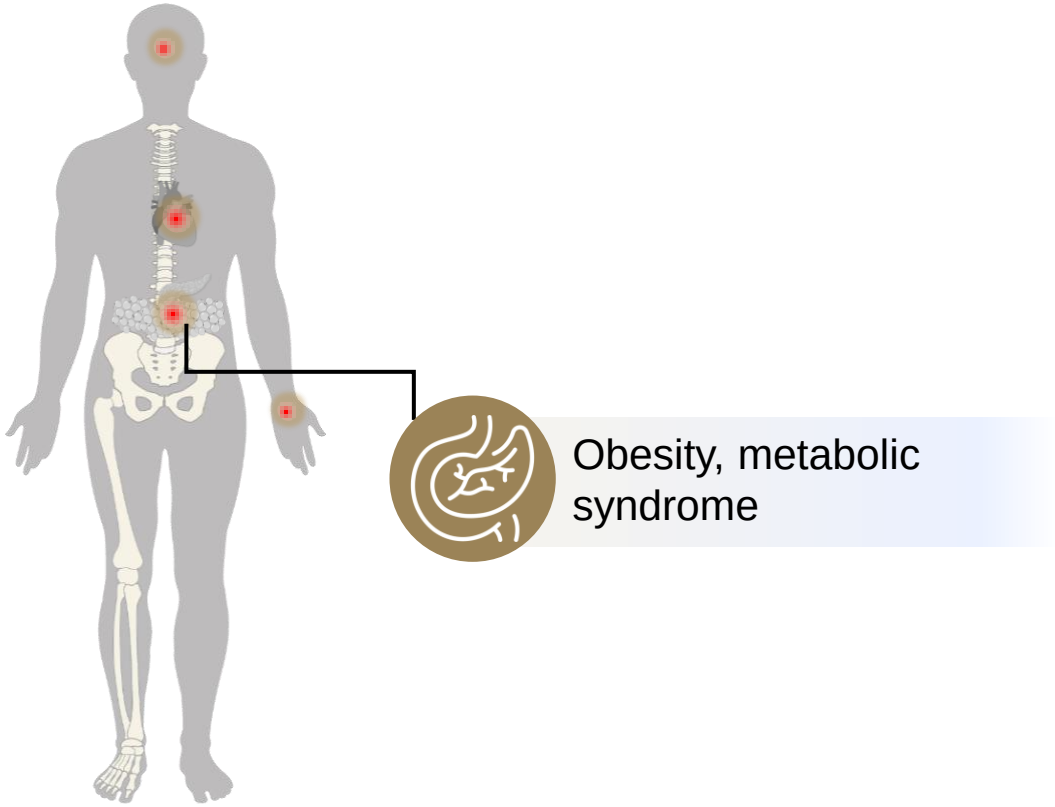


- ADA, anti-drug antibodies; BMI, body mass index; BSA, body surface area; CARD14, CAspase Recruitment Domain family member 14; CVRF, cardiovascular risk factor; DM2, diabetes mellitus 2; IL, interleukin; LCE, late cornified envelope gene cluster; MDA, minimal disease activity; PASI, Psoriasis Area and Severity Index; PGA, physician global assessment; PsA, psoriatic arthritis; TNFr1B, tumor necrosis factor receptor 1B

Queiro R & Coto P. Rheumatology 2017;56:1829–1831

Το μεταβολικό σύνδρομο με τις 4 συνιστώσες του παρουσιάζονται συχνότερα στους ασθενείς με Ψωριασική Νόσο σε σύγκριση με το γενικό πλήθυσμο[1,2]

Comorbidities



Patients with psoriasis vs healthy controls

Obesity[1]: OR 2.23*
95% CI 1.63–3.05

Dyslipidemia[2]: OR 4.35†
95% CI 3.73–5.06

Hypertension[3]: OR 1.58‡
95% CI 1.42–1.76

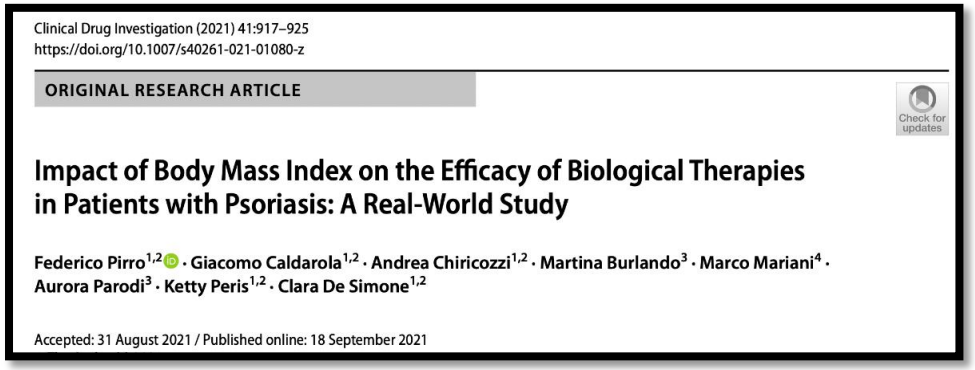
Diabetes[4]: OR 1.59§
95% CI 1.38–1.83

- *16 observational studies with a total of 2.1 million study participants fulfilling the inclusion criteria; †3236 patients with psoriasis vs 2500 control patients; ‡2.7 million study participants fulfilling the inclusion criteria; §22 studies included

CI, confidence interval; OR, odds ratio

1. Armstrong AW, et al. Nutr Diabetes 2012;2:e54; 2. Elmets CA, et al. J Am Acad Dermatol 2019;80:1073—113; 3. Armstrong AW, et al. J Hypertens 2013;31:433–42; 4. Armstrong AW, et al. JAMA Dermatol 2013;149:84–91

Συσχέτιση του Δείκτη Μάζας Σώματος με την αποτελεσματικότητα των βιολογικών παραγόντων



Clinical Drug Investigation (2021) 41:917–925
https://doi.org/10.1007/s40261-021-01080-z

ORIGINAL RESEARCH ARTICLE

Check for updates

Impact of Body Mass Index on the Efficacy of Biological Therapies in Patients with Psoriasis: A Real-World Study

Federico Pirro[1,2] · Giacomo Caldarola[1,2] · Andrea Chiricozzi[1,2] · Martina Burlando[3] · Marco Mariani[4] · Aurora Parodi[3] · Ketty Peris[1,2] · Clara De Simone[1,2]

Accepted: 31 August 2021 / Published online: 18 September 2021

Objectives To evaluate the impact of BMI on the short-term and long-term efficacy of biological therapies in clinical practice and to identify the best therapeutic options in obese patients (BMI ≥ 30 kg/m2)

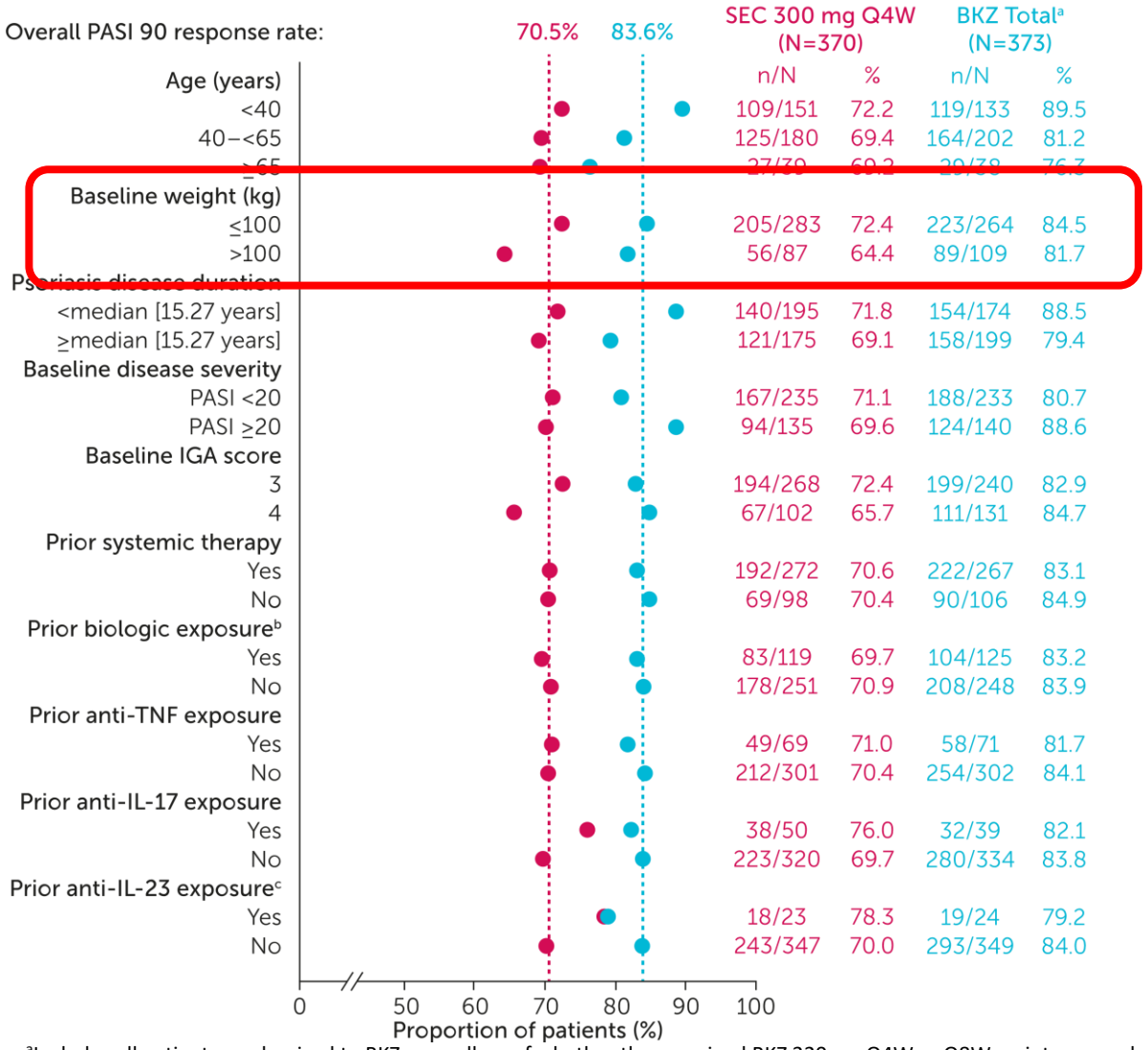
Methods A multicentric retrospective study was conducted in patients who initiated a biological therapy during the period January 2006–December 2019. The proportion of patients achieving a 90% improvement of baseline PASI at weeks 12 and 24 was calculated also recording the 12- and 24-month drug survival as a measure of long- term efficacy, performing multivariate analyses to assess the impact of different variables.

Results Five hundred and four patients with psoriasis were included. After 12 and 24 weeks, the proportion of patients achieving a 90% improvement of baseline PASI response was higher in patients with a BMI < 30 kg/m2 compared with those with a BMI ≥ 30 kg/m2 [54.90% vs 43.45% (p = 0.014) at week 12 and 66.84% vs 56.55% (p = 0.021) at week 24]. The Kaplan–Meier survival curves showed how obese patients had a higher probability of discontinuation due to a lack or loss of efficacy (p = 0.0192) compared with non-obese patients. The drug survival analysis also showed that BMI negatively affected the drug survival of secukinumab (odds ratio 1.27, p < 0.001) and ustekinumab (odds ratio 1.06, p = 0.050), while the long-term efficacy of adalimumab, etanercept, and ixekizumab was not influenced by BMI.

Conclusions Obesity (BMI ≥ 30 kg/m2) negatively affects the clinical response of biological drugs in psoriatic patients

Pirro F et al. Clin Drug Investig. 2021;41:917–925.

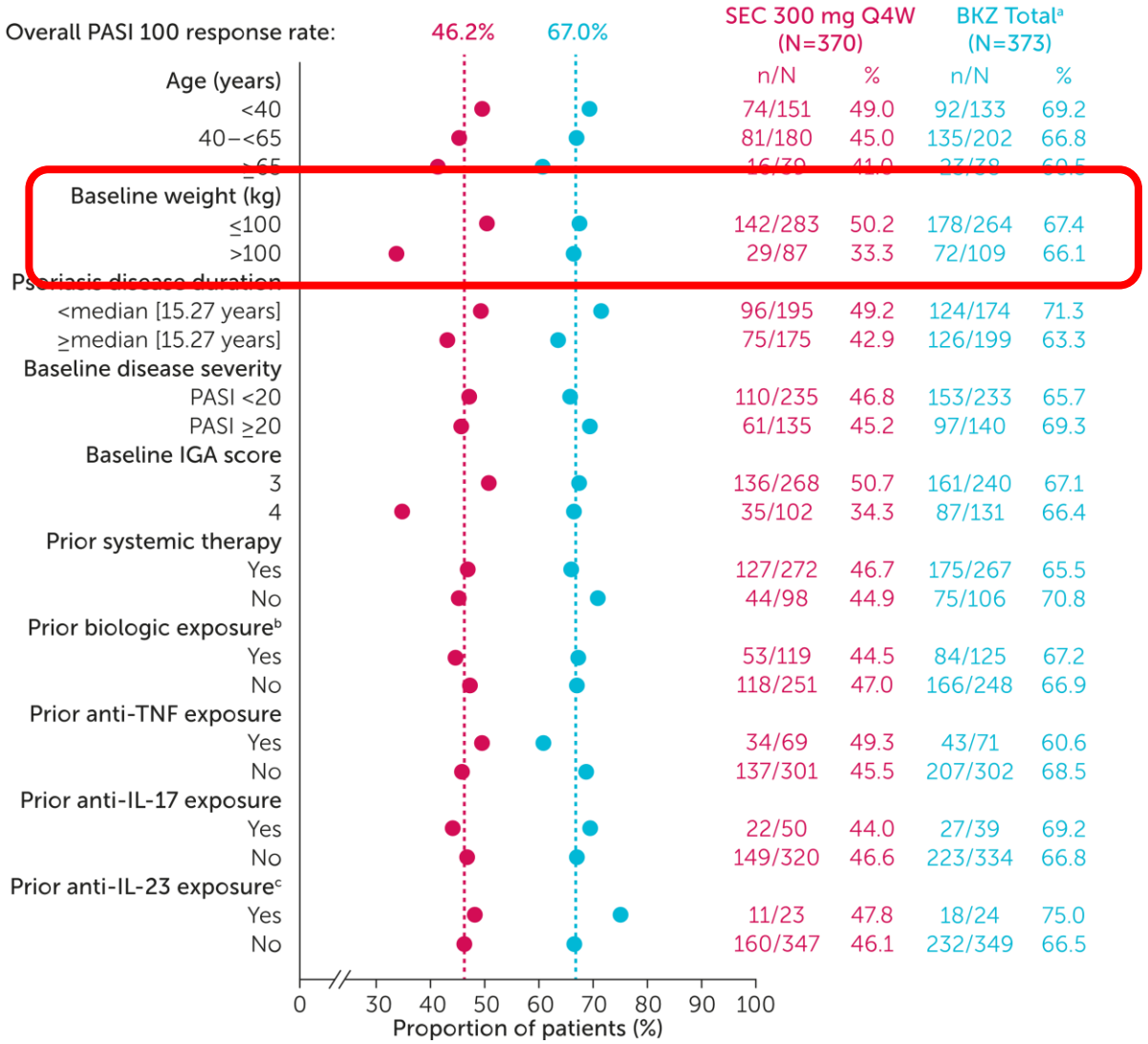
Μελέτη BE RADIANT: Αποτελεσματικότητα Bimekizumab VS Secukinumab σε ειδικές ομάδες την Εβδομάδα 48 PASI 90 (NRI; ITT Population)[1]



- Similar trends across subgroups were seen for PASI 90 responses at Week 48 for BKZ- versus SEC-treated patients

- [a]Includes all patients randomized to BKZ, regardless of whether they received BKZ 320 mg Q4W or Q8W maintenance dosing from Week 16. [b]Includes patients with multiple prior biologic use. [c]Anti-IL-23 category does not include anti-IL-12/23 therapies. BKZ: bimekizumab; IGA: Investigator's Global Assessment; IL: interleukin; ITT: intention-to-treat; NRI: non-responder imputation; PASI: Psoriasis Area and Severity Index; PASI 90, ≥90% improvement in PASI score from baseline; Q4W: every four weeks; Q8W: every eight weeks; SEC: secukinumab; TNF: tumor necrosis factor. 1. Blauvelt et al. EADV 2021;Poster P1406.

Μελέτη BE RADIANT: Αποτελεσματικότητα Bimekizumab VS Secukinumab σε ειδικές ομάδες την Εβδομάδα 48 PASI 100 (NRI; ITT Population)[1]



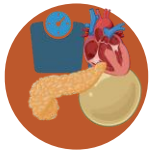
- At Week 48, more BKZ- vs SEC-treated patients achieved PASI 100
- This trend was reflected across patient subgroups, with PASI 100 responder rates ranging from 60.5–75.0% for BKZ compared with 33.3–50.7% for SEC-treated patients

- [a]Includes all patients randomized to BKZ, regardless of whether they received BKZ 320 mg Q4W or Q8W maintenance dosing from Week 16. [b]Includes patients with multiple prior biologic use. [c]Anti-IL-23 category does not include anti-IL-12/23 therapies. BKZ: bimekizumab; IGA: Investigator's Global Assessment; IL: interleukin; ITT: intention-to-treat; NRI: non-responder imputation; PASI: Psoriasis Area and Severity Index; PASI 100, 100% improvement in PASI score from baseline; Q4W: every four weeks; Q8W: every eight weeks; SEC: secukinumab; TNF: tumor necrosis factor. 1. Blauvelt et al. EADV 2021;Poster P1406.

ΚΛΙΝΙΚΟ ΠΕΡΙΣΤΑΤΙΚΟ 1

ΔΗΜΟΓΡΑΦΙΚΑ

- Άρρεν
- 52 ετών
- Ελεύθερος επαγγελματίας



ΣΥΝΝΟΣΗΡΟΤΗΤΕΣ

- Αρτηριακή Υπέρταση
- Υπερχολυστερολαιμία
- Παχυσαρκία

ΣΩΜΑΤΟΜΕΤΡΙΚΑ ΣΤΟΙΧΕΙΑ-ΣΥΝΗΘΕΙΕΣ

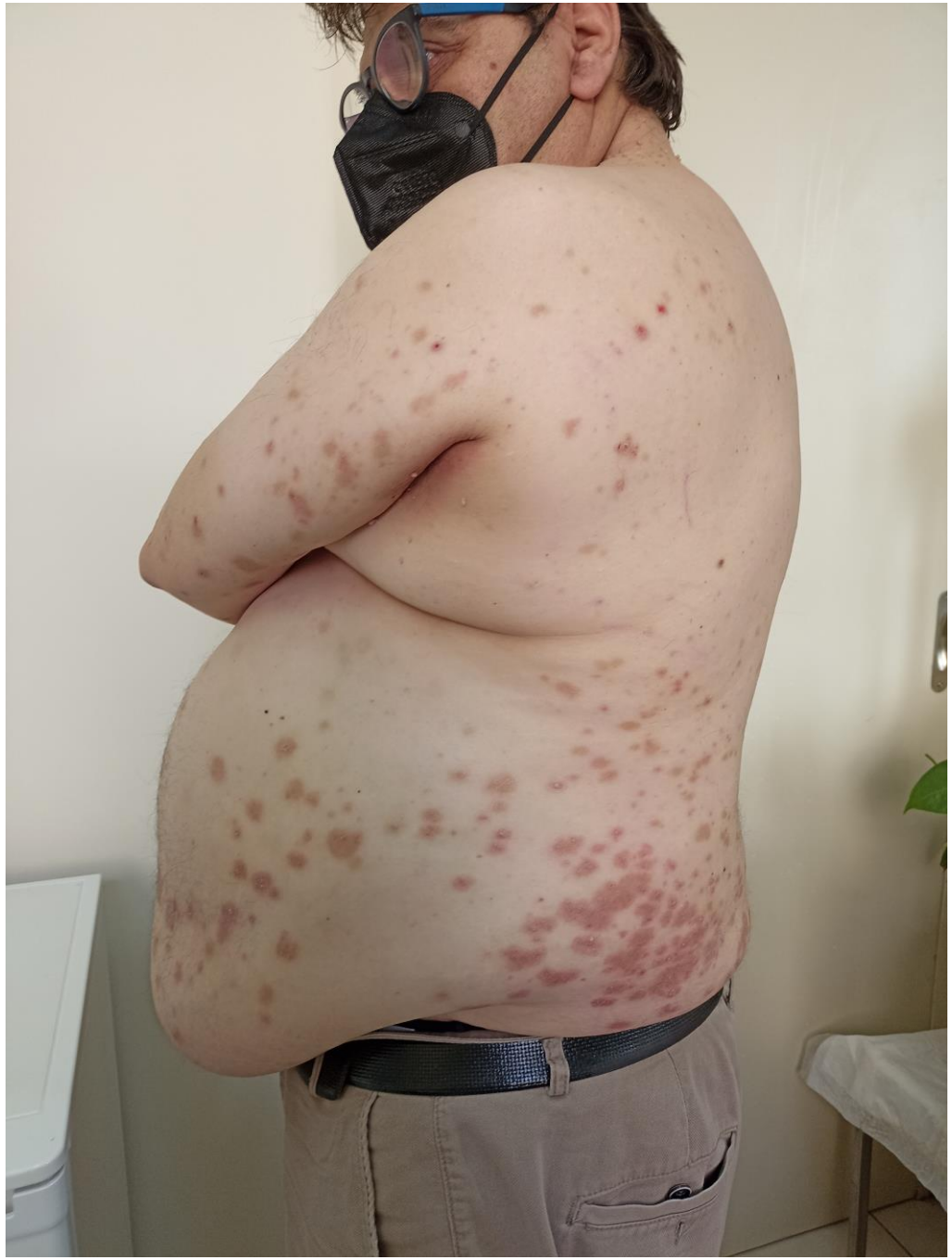
- Ύψος: 165 εκ.
- Βάρος: 120 Kg
- BMI: 44,1
- Κάπνισμα: Ναι
- Αλκοόλ: κοινωνικός πότης

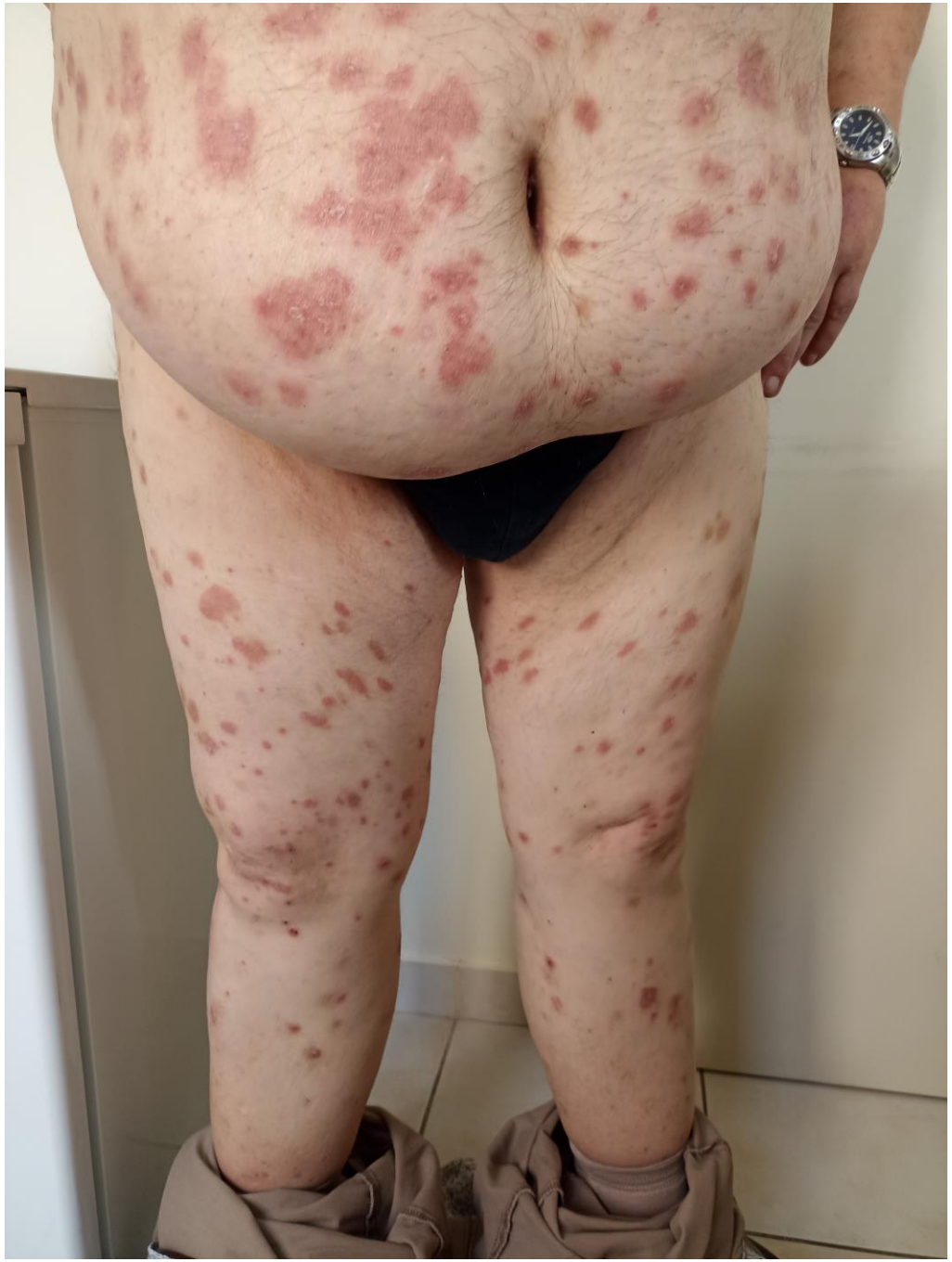
ΙΣΤΟΡΙΚΟ ΨΩΡΙΑΣΙΚΗΣ ΝΟΣΟΥ-ΕΙΔΙΚΕΣ ΕΝΤΟΠΙΣΕΙΣ

- 2000: Ψωρίαση κατά πλάκας
- Μέχρι το 2023 μόνο τοπικές αγωγές
- Απρίλιο 2023 έναρξη αγωγής με bimekizumab

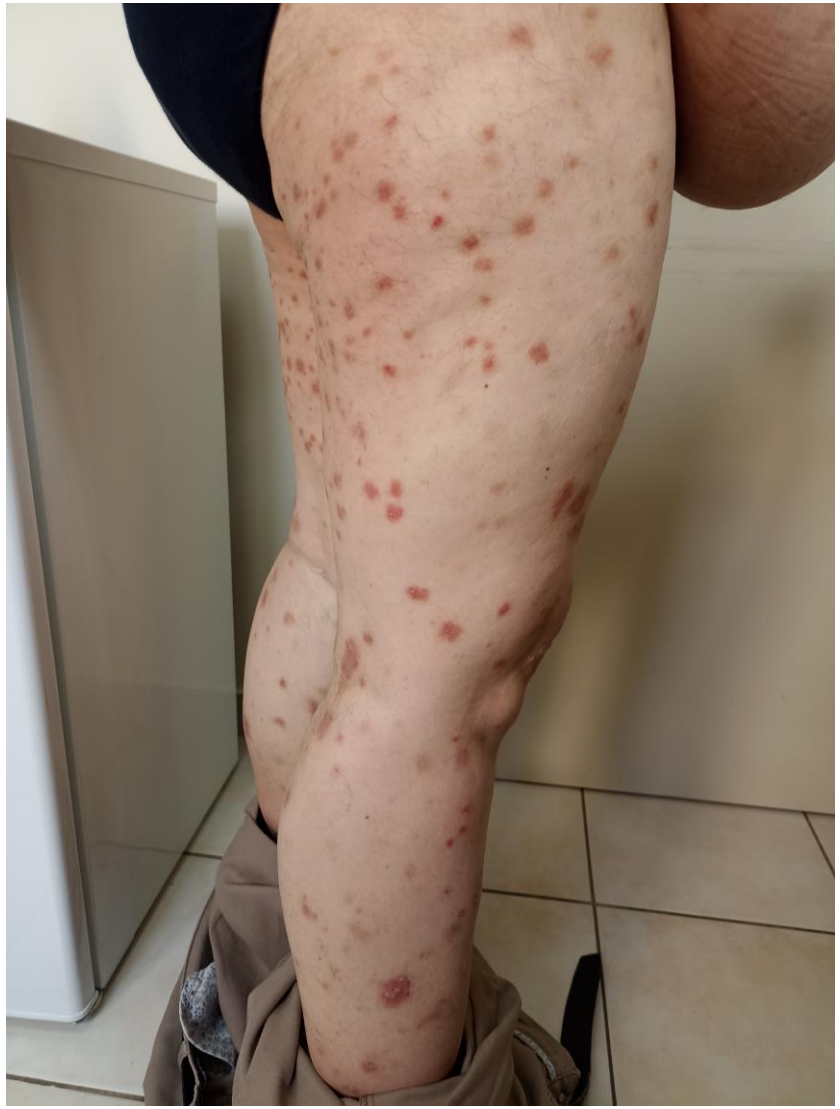
BMI: Body Mass Index

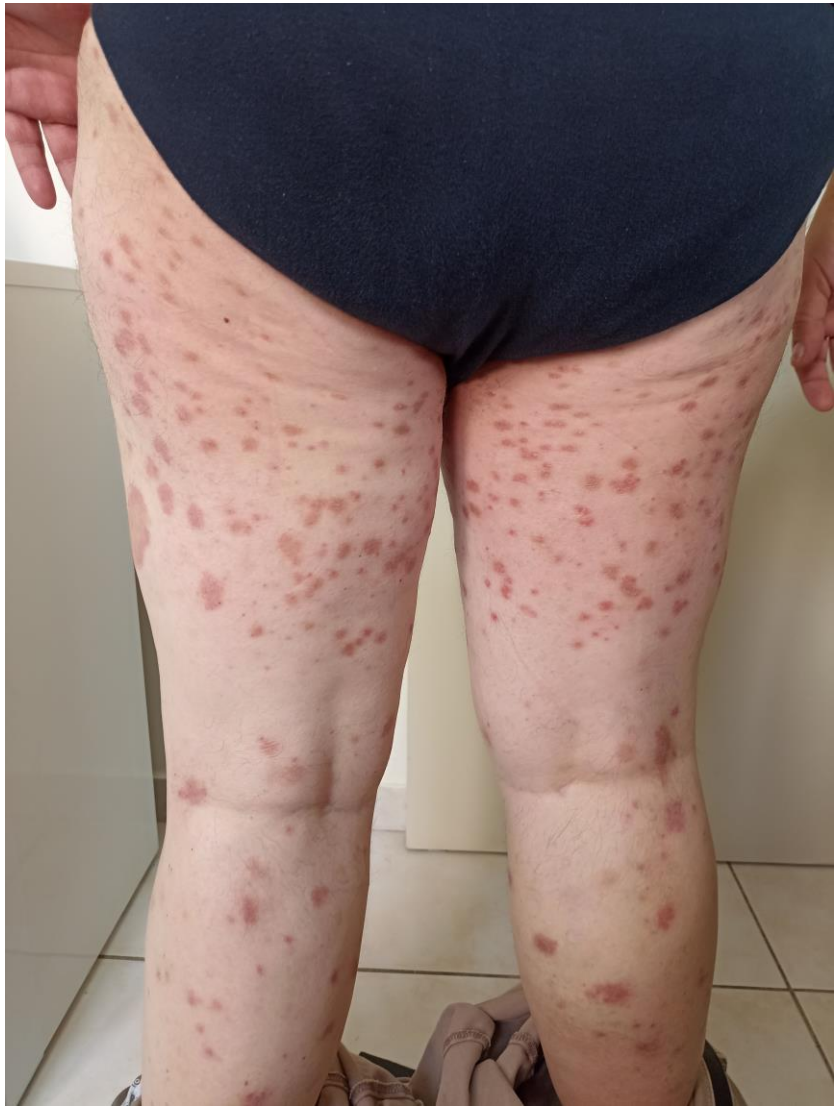
To

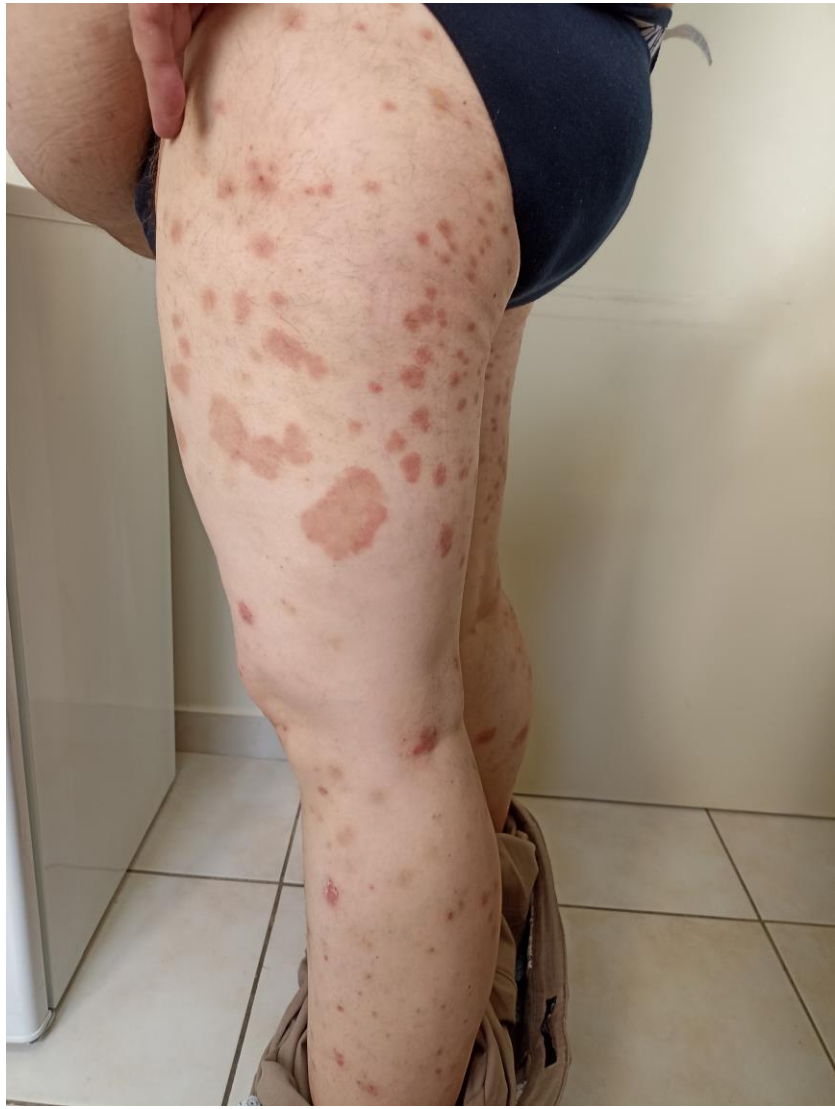




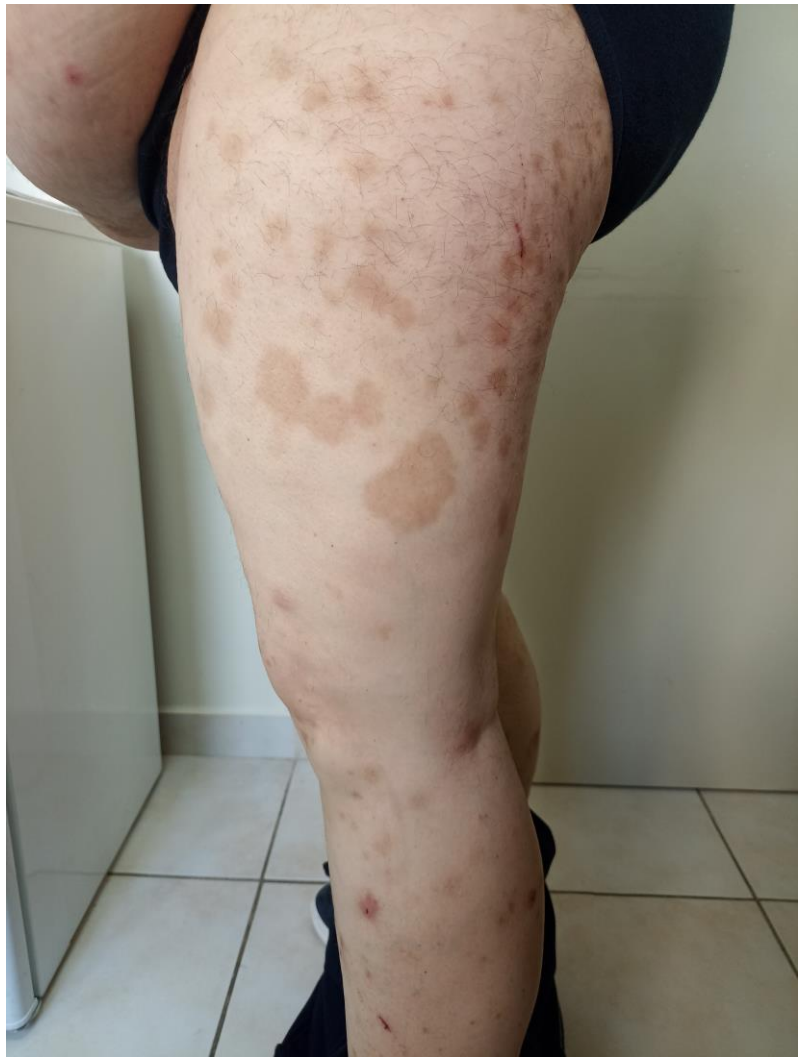
To

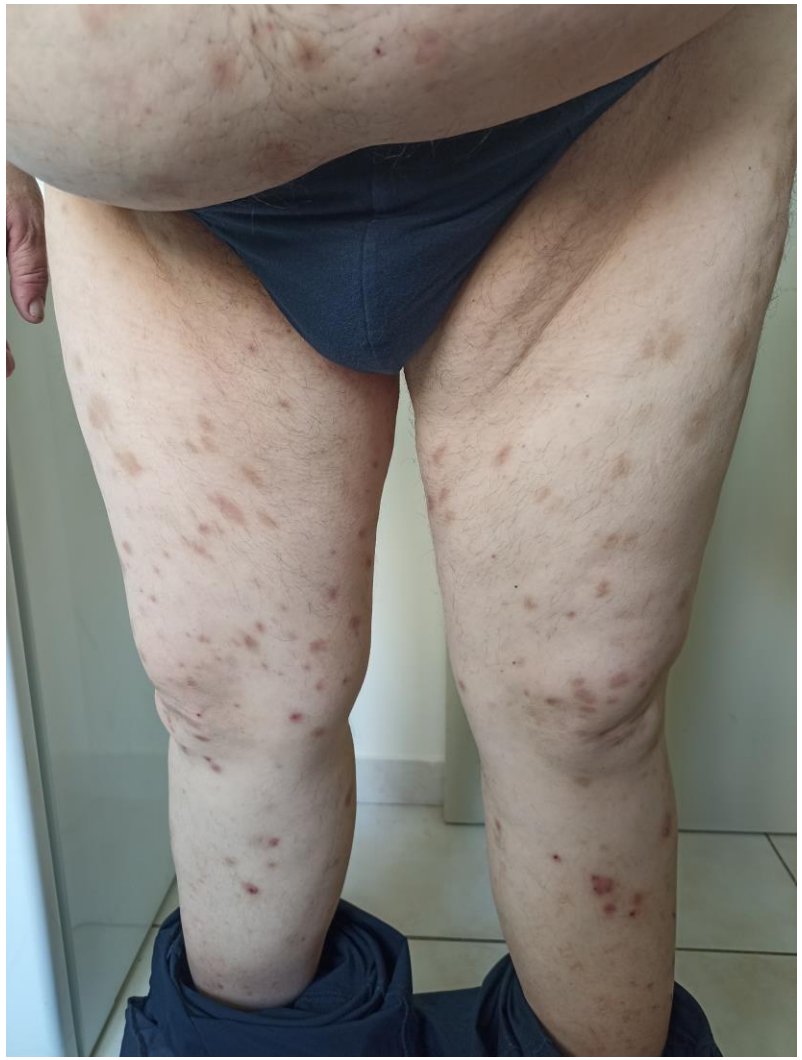


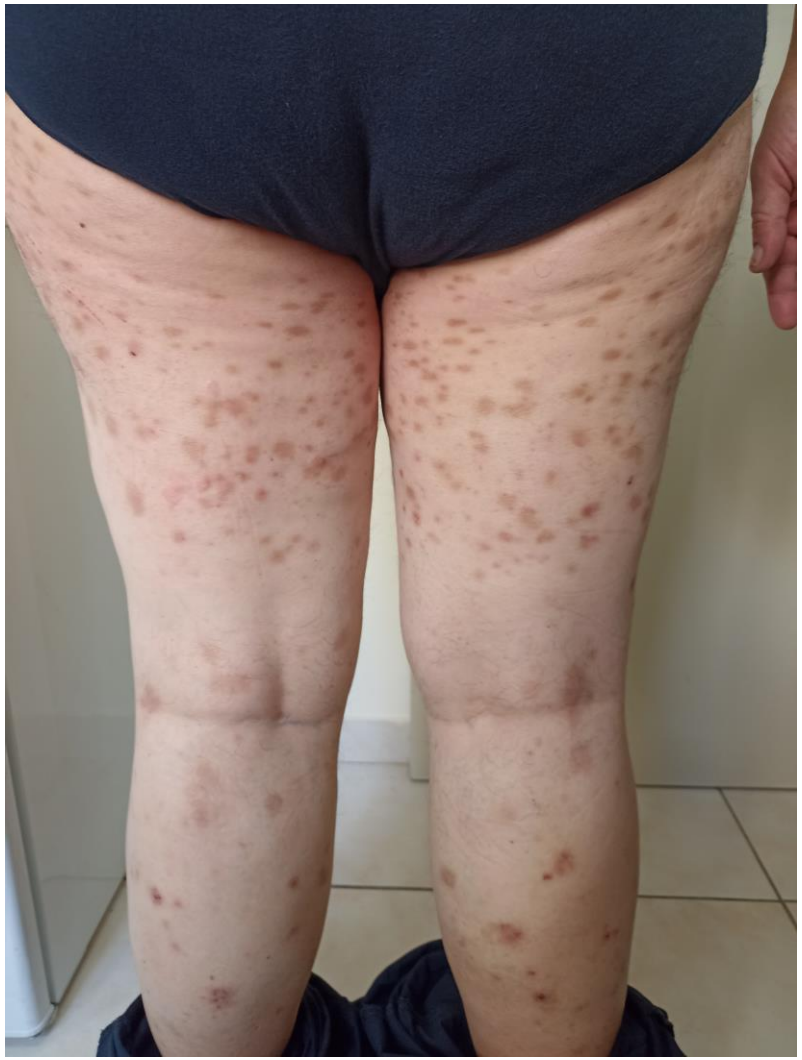




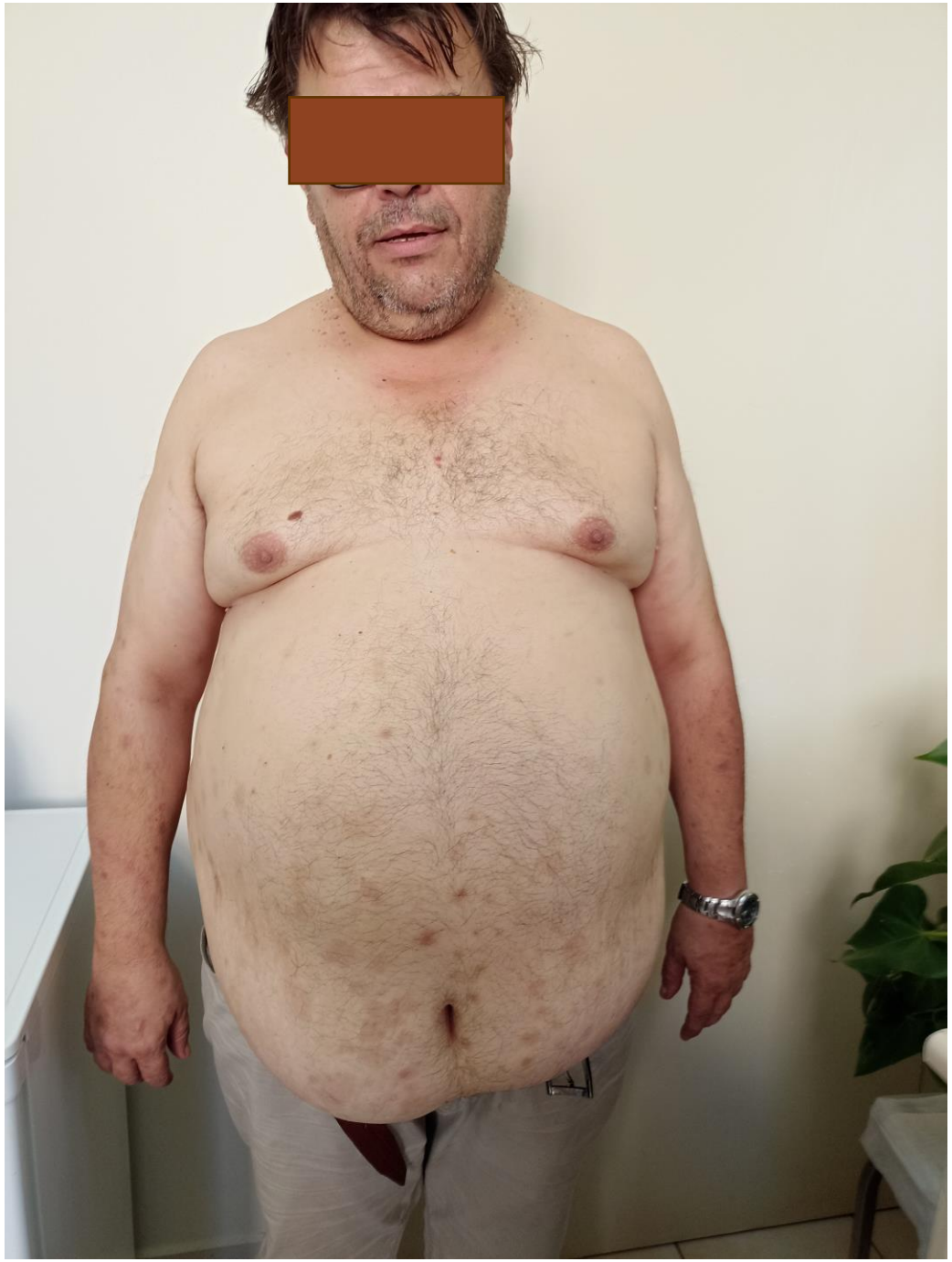
T4

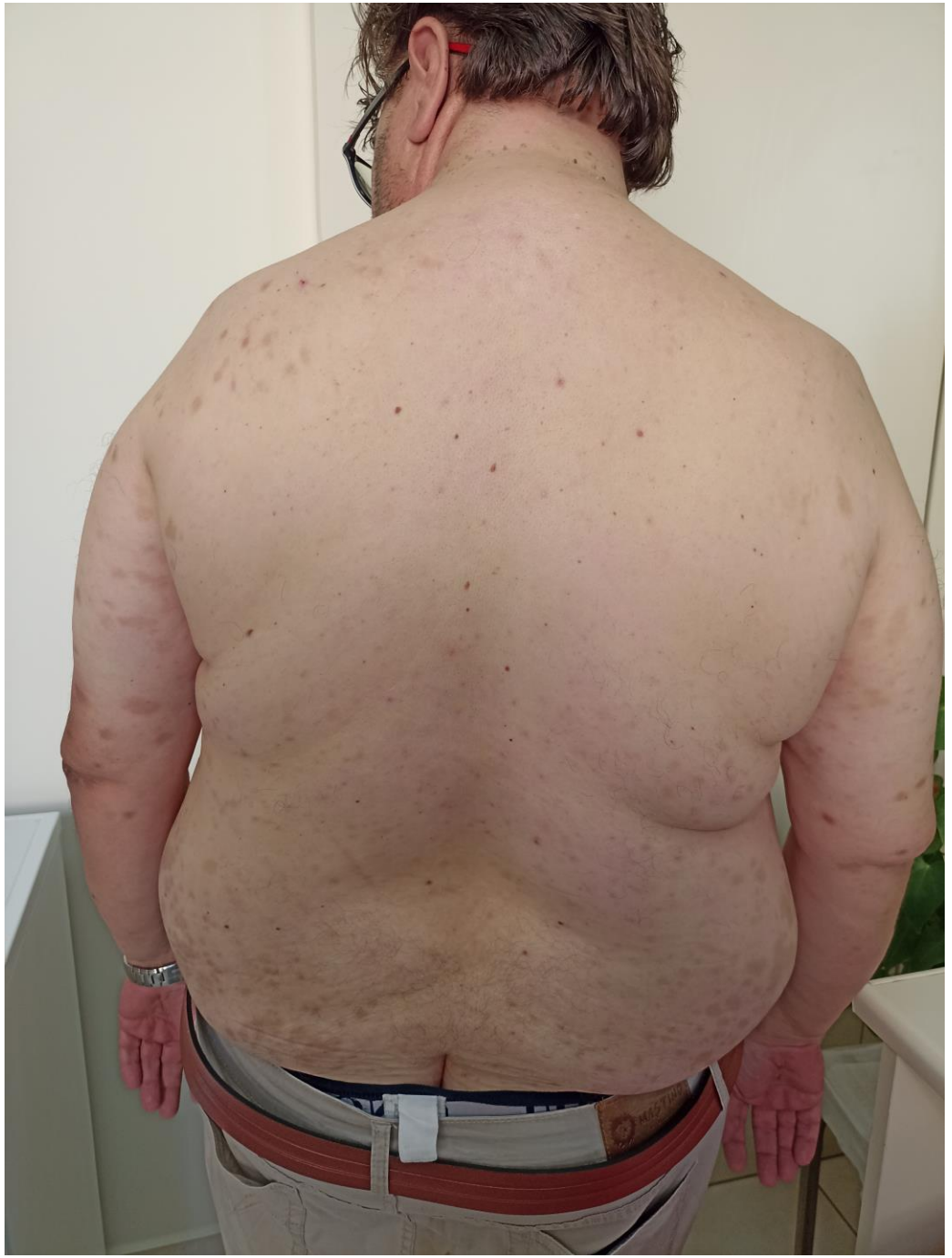






T16





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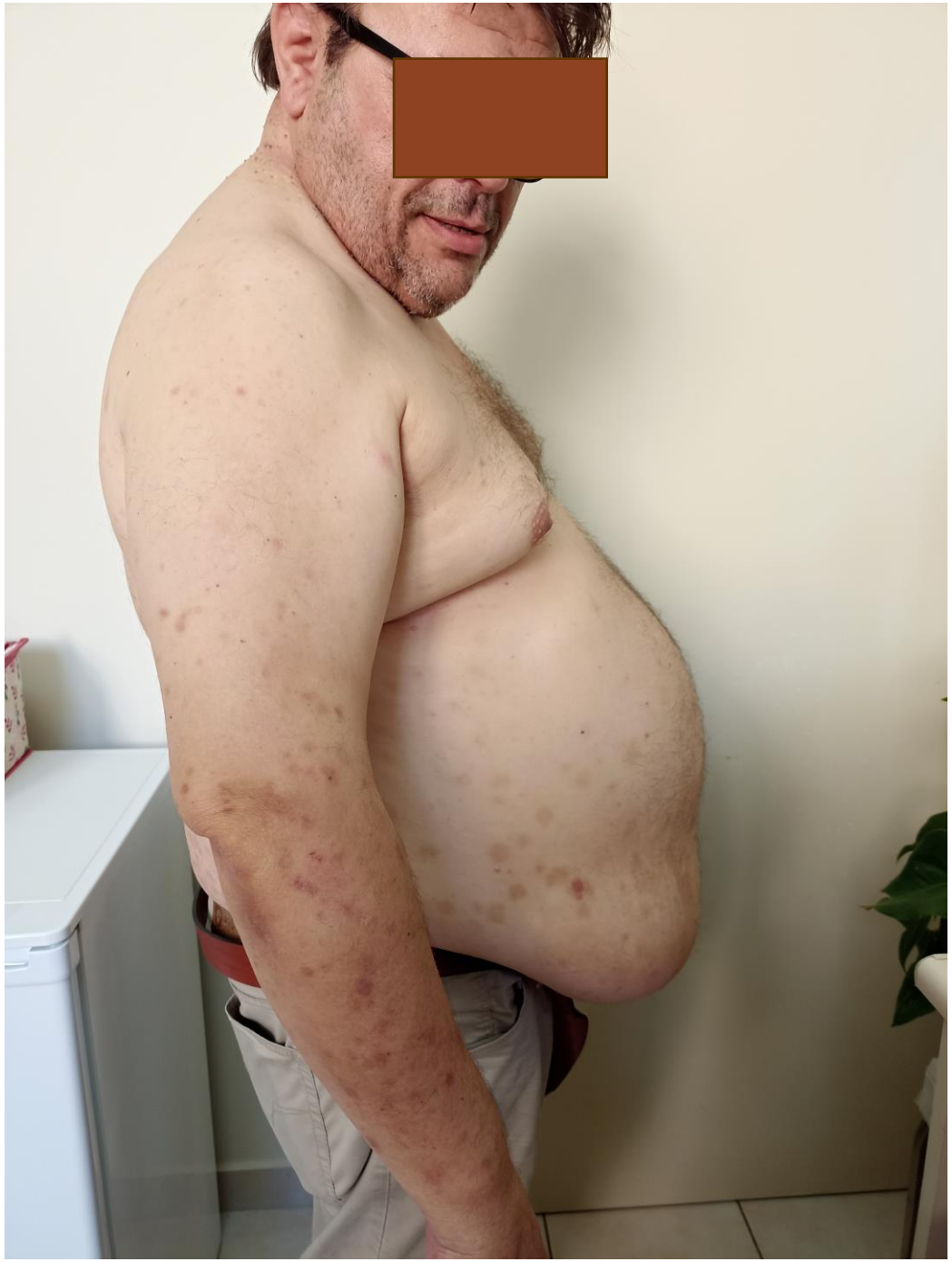
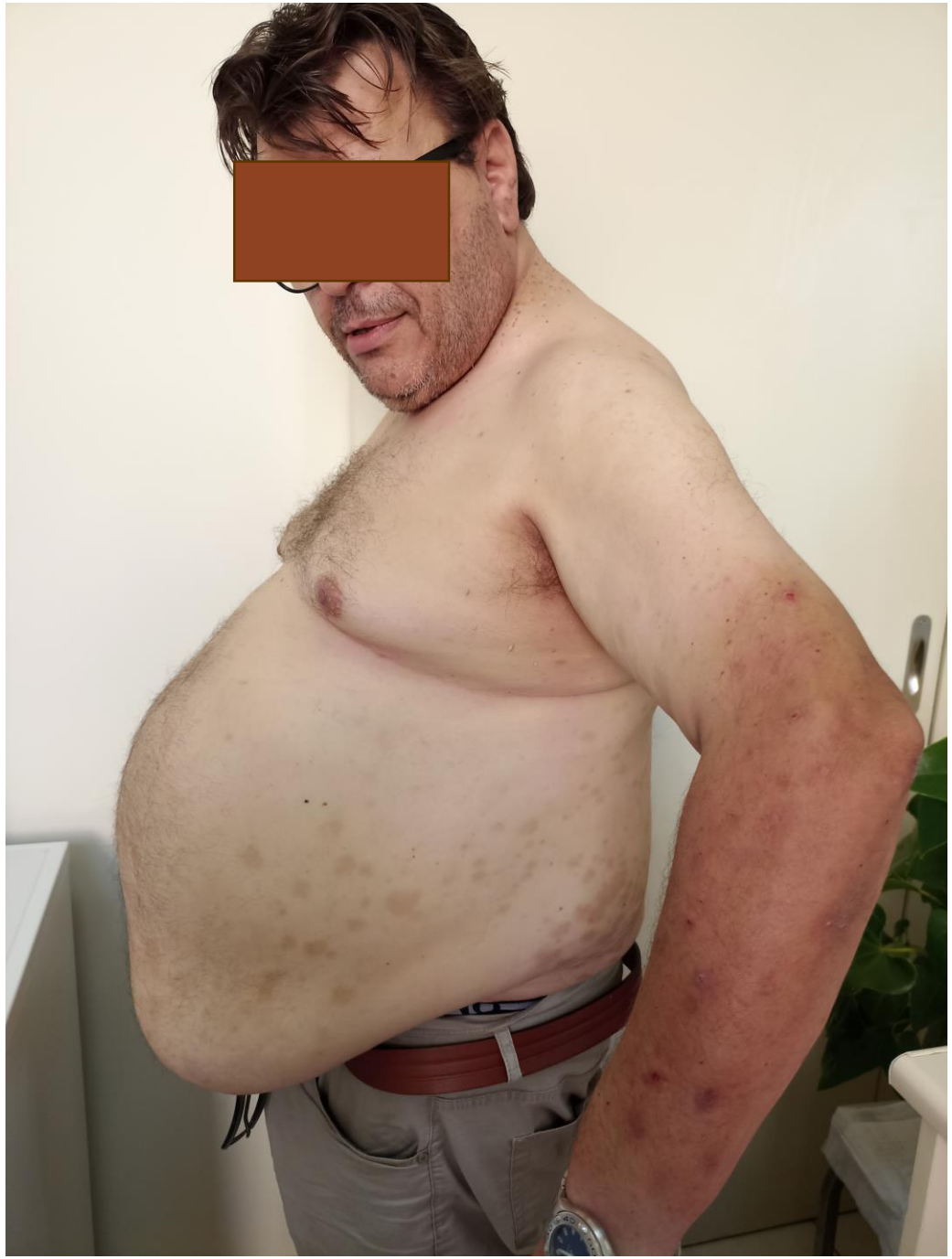


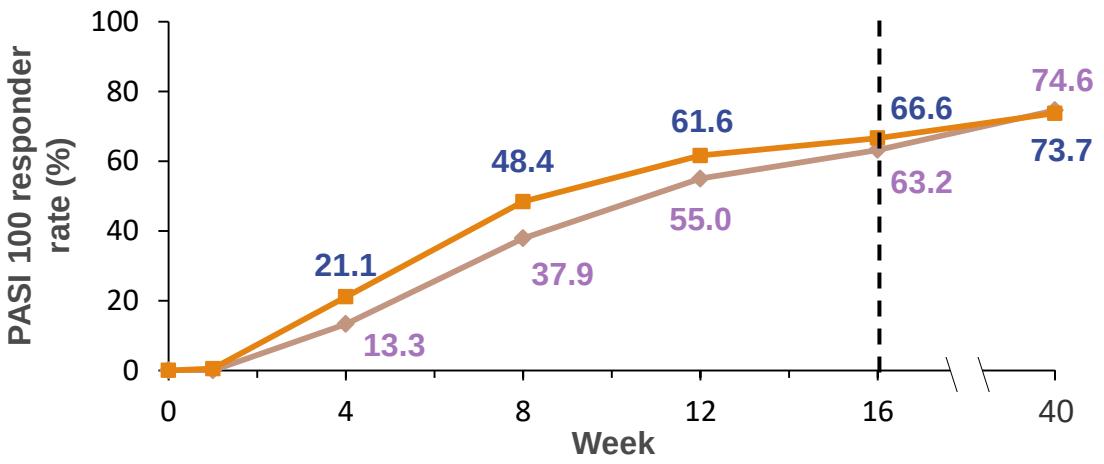


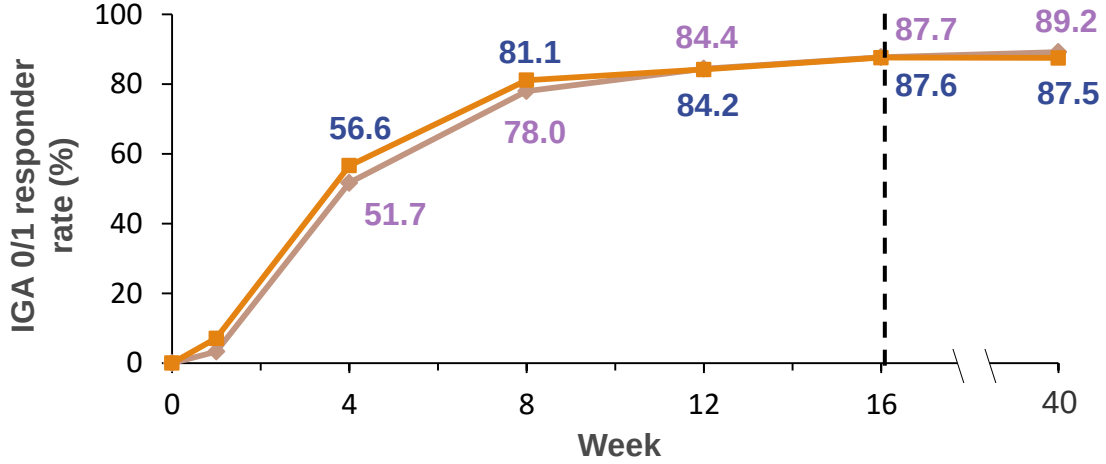
Ποιο ασθενή θα θεωρούσατε πιο δύσκολο να ανταποκριθεί σε μία θεραπεία με βιολογικό παράγοντα?

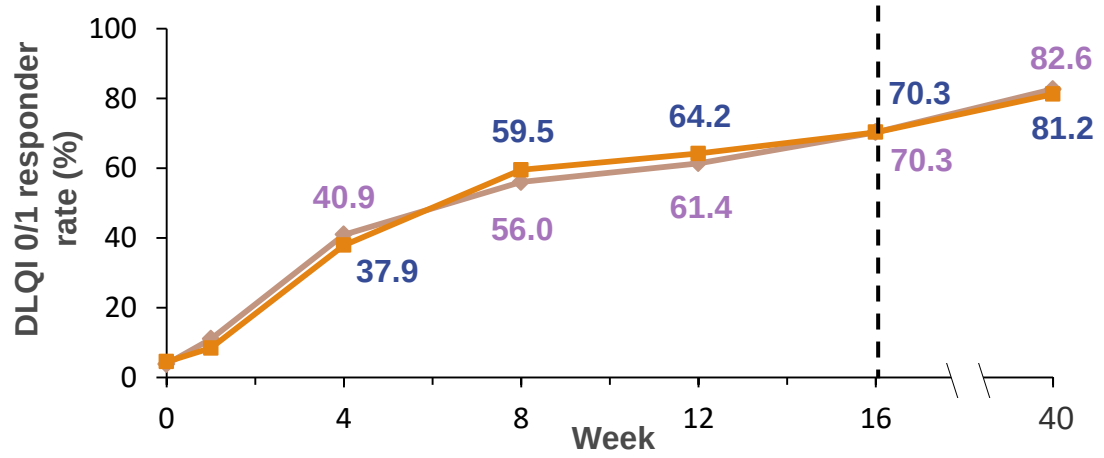
Bio-experienced

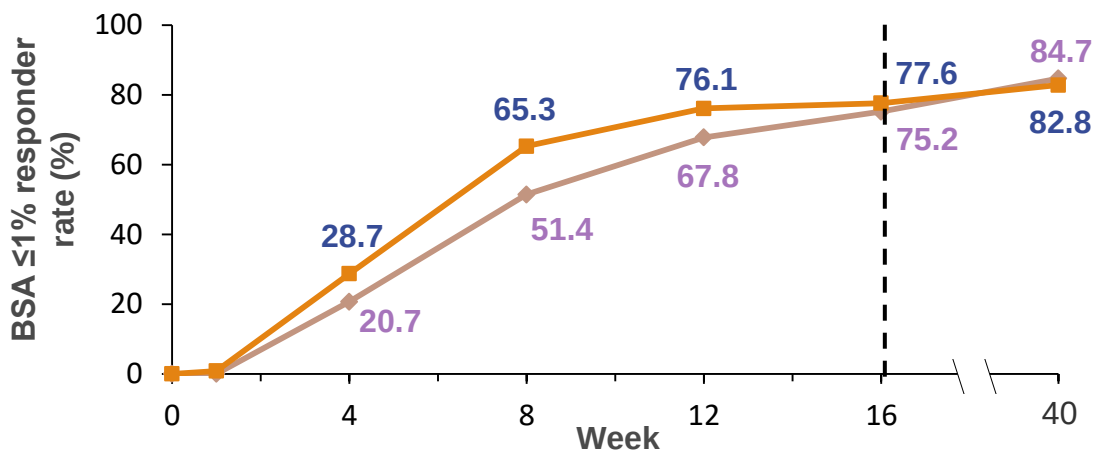
Bio-naive

Η απόκριση με το BKZ ήταν συγκρίσιμη για ασθενείς που είχαν λάβει προηγούμενη συστηματική βιολογική έναντι μη βιολογικής θεραπείας. Pooled BE VIVID, BE READY and BE SURE (NRI)







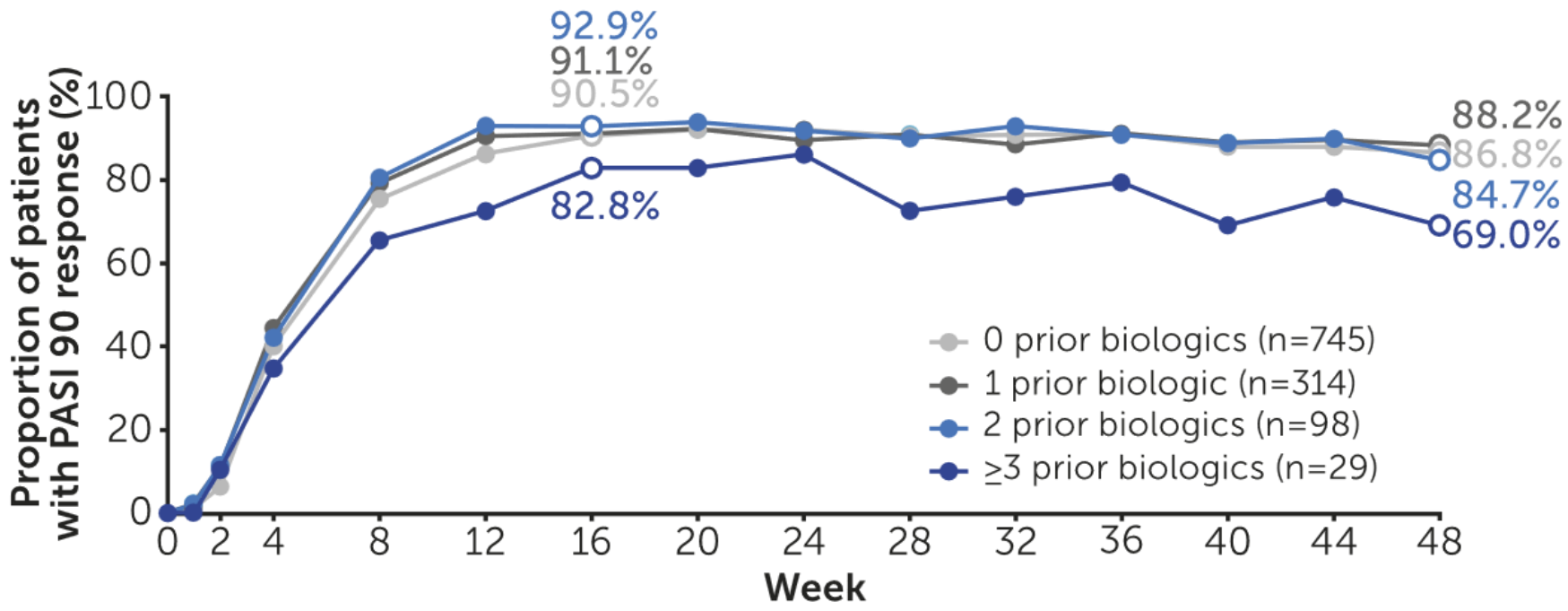


Prior Biologic Treatment
(Week 0–16, N=380; Week 16–40, N=319)

Prior Systemic Treatment and Biologic-Naïve
(Week 0–16, N=391; Week 16–40, N=334)

Data from patients randomized to treatment with BKZ 320 mg Q4W were pooled to Week 16. Data from patients who received ≥1 dose of BKZ at Week 16 or later were pooled after Week 16, and were combined for two BKZ maintenance doses (320 mg Q4W and Q8W). All studies included Q4W maintenance dosing; BE READY and BE SURE also included Q8W maintenance dosing. BSA: body surface area; DLQI: Dermatology Life Quality Index; IGA: Investigator's Global Assessment; NRI: non-responder imputation; PASI 100: 100% improvement from baseline in Psoriasis Area and Severity Index; Q4W: every 4 weeks; Q8W: every 8 weeks. All content on this slide is from Rosmarin et al. AAD 2022; Poster 34320.

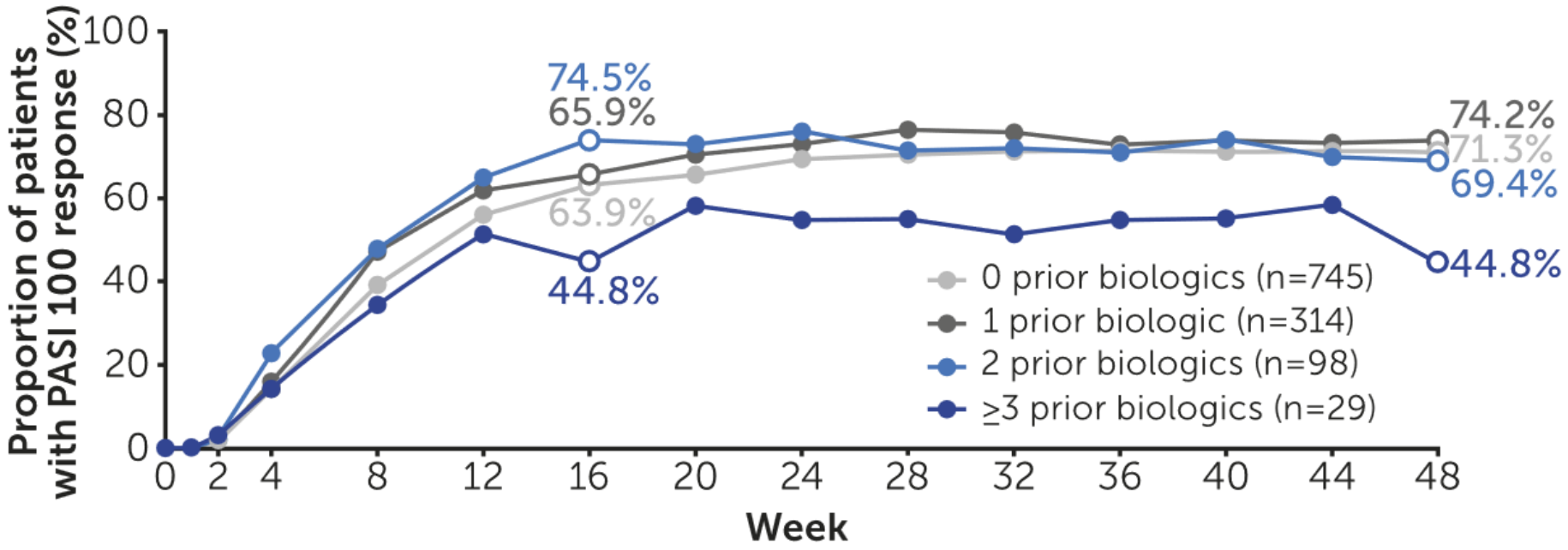
PASI 90 έως την εβδομάδα 48 με βάση τον αριθμό βιολογικών που έχουν ληφθεί στο παρελθόν (NRI)



- At Week 16 and Week 48, PASI 90 responses were consistently high in biologic-naïve patients, as well as in those who had received 1 or 2 prior biologics
- Responses were numerically lower in the subgroup of patients who had received ≥3 prior biologics

- Week 48 was the last common timepoint across the included studies; BE SURE and BE READY ran for 56 weeks, BE VIVID ran for 52 weeks, and BE RADIANT ran for 48 weeks; to pool data across all four studies, data from Weeks 52–56 were not included.
- NRI, non-responder imputation; PASI, psoriasis area and severity index. All content on this slide is from Lebwohl et al. Fall Clinical 2022.

PASI 100 έως την εβδομάδα 48 με βάση τον αριθμό βιολογικών που έχουν ληφθεί στο παρελθόν (NRI)



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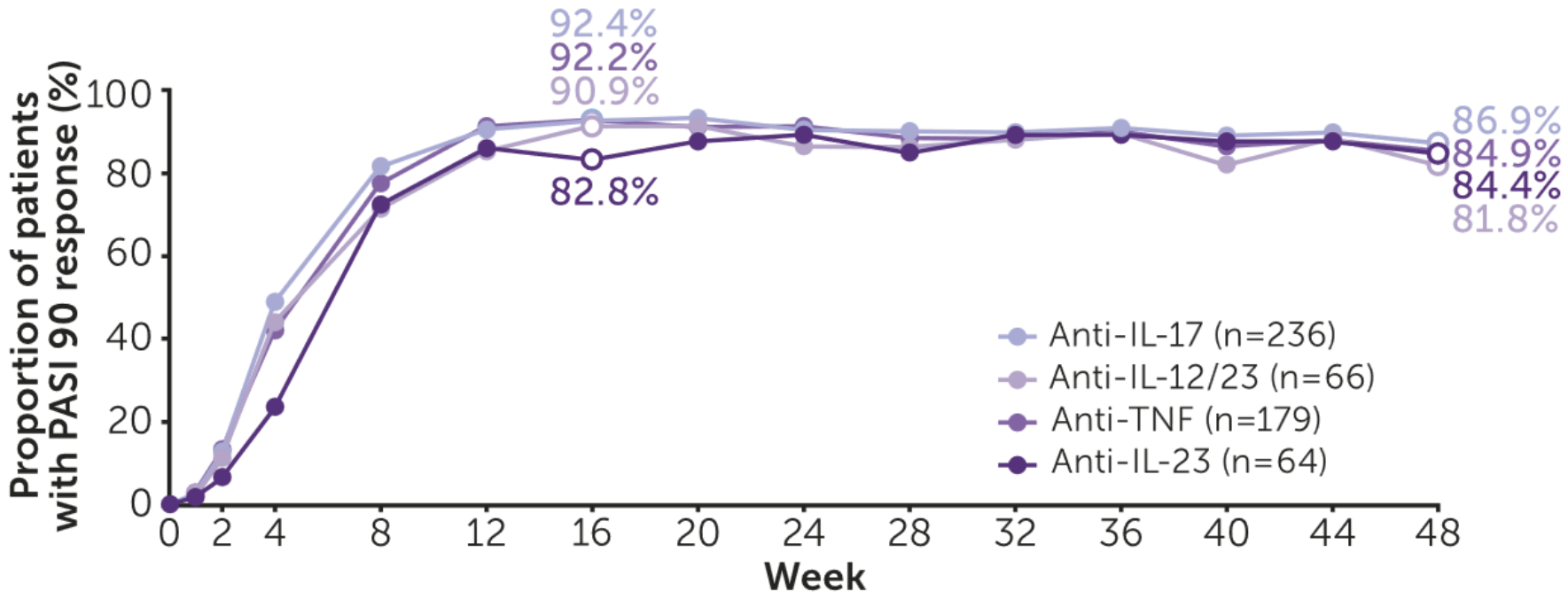
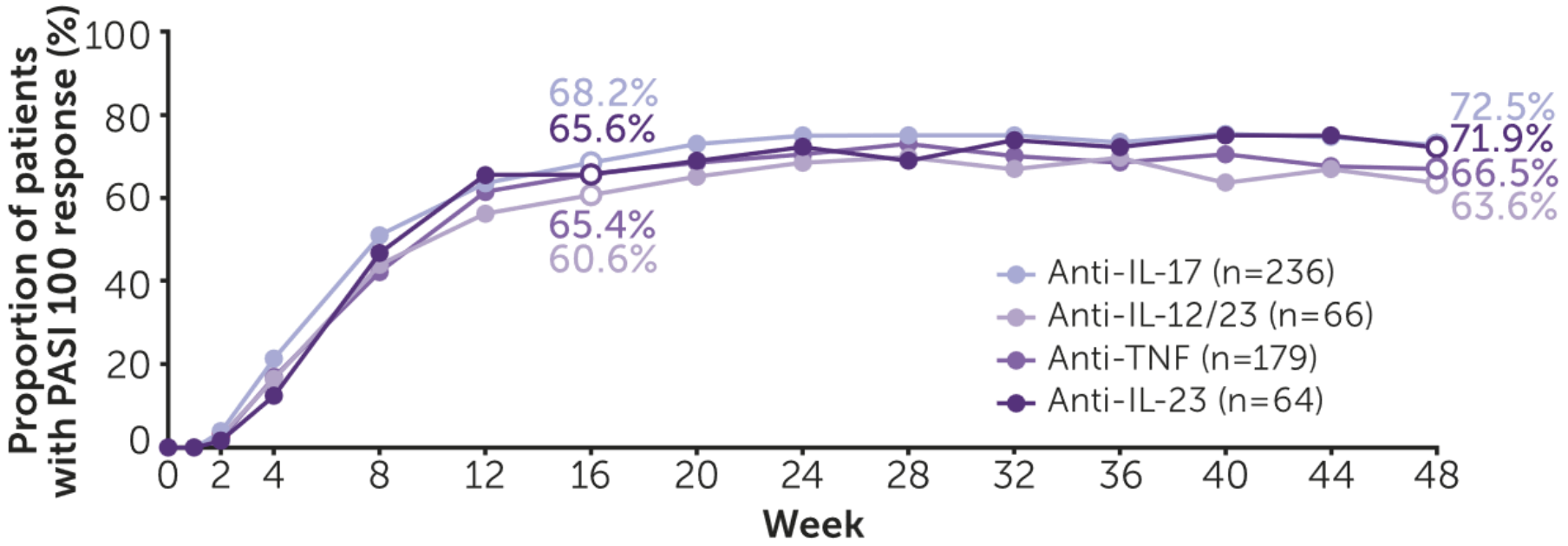
PASI 90 έως την εβδομάδα 48 με βάση την κατηγορία βιολογικού (NRI)



- In biologic-experienced patients, high levels of PASI 90 responses were observed across all subgroups by type of prior biologic

- Week 48 was the last common timepoint across the included studies; BE SURE and BE READY ran for 56 weeks, BE VIVID ran for 52 weeks, and BE RADIANT ran for 48 weeks; to pool data across all four studies, data from Weeks 52–56 were not included.
- IL, interleukin; NRI, non-responder imputation; PASI, psoriasis area and severity index; TNF, tumour necrosis factor. All content on this slide is from Lebwohl et al. Fall Clinical 2022.

PASI 100 έως την εβδομάδα 48 με βάση την κατηγορία βιολογικού (NRI)



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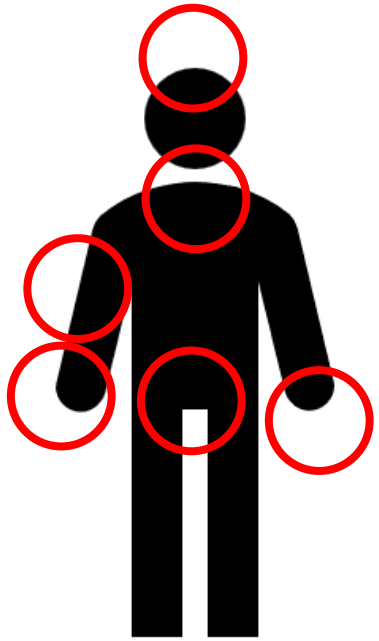
Περιοχές και συσχέτιση με δυσμενή επίδραση στην ποιότητα ζωής HRQoL

In a national cross-sectional study in Germany,* the strongest predictors of reduction in HRQoL related to topology were the following:[1]



- **hands**
- **arms**
- **genitals**
- **neck**
- **scalp**
- **nails**†

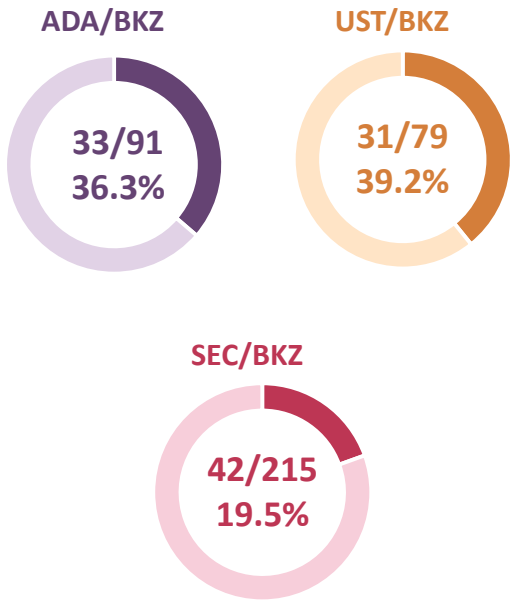
- further predictors of reductions in HRQoL were sex and age (in female patients)[1]
- younger people were also more prone to a lower HRQoL[1]

*Study using data from PsoHealth2 included 2,009 patients with psoriasis. HRQoL, health-related quality of life. † *P*<0.05 for all.

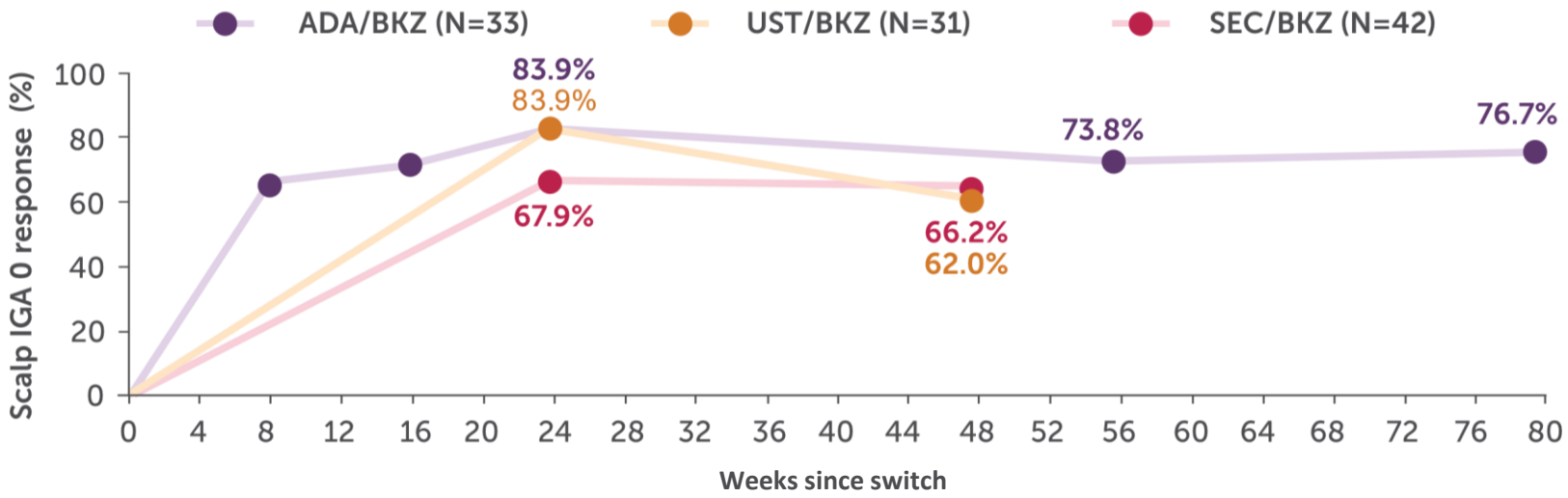
1. Augustin et al. Br J Dermatol. 2019;181(2):358–65.

Ψωρίαση τριχωτού κεφαλής: Ποσοστά επίτευξης πλήρους κάθαρσης μετά από αλλαγή σε BKZ

Ποσοστό ασθενών με αρχικό scalp IGA ≥3 που **δεν πέτυχαν** scalp IGA 0 κατά την αλλαγή σε BKZ (OC):



Proportion of scalp IGA 0 non-responders who achieved scalp IGA 0 after switch to BKZ (mNRI):

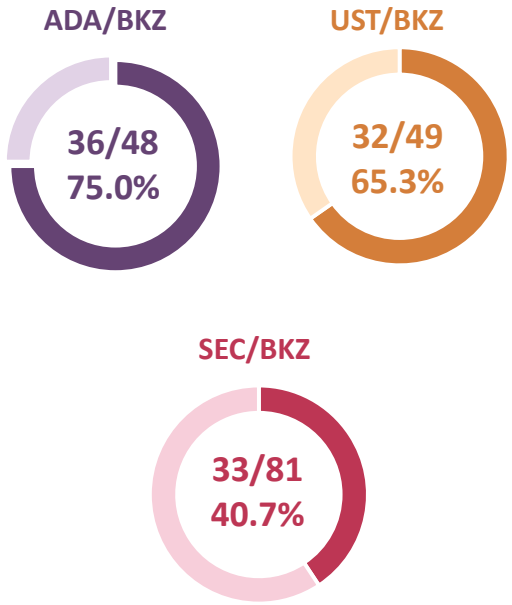


- At switch, mean (range) scalp IGA in non-responders was 1.9 (1.0-4.0), 1.7 (1.0- 4.0), and 1.4 (1.0-3.0)

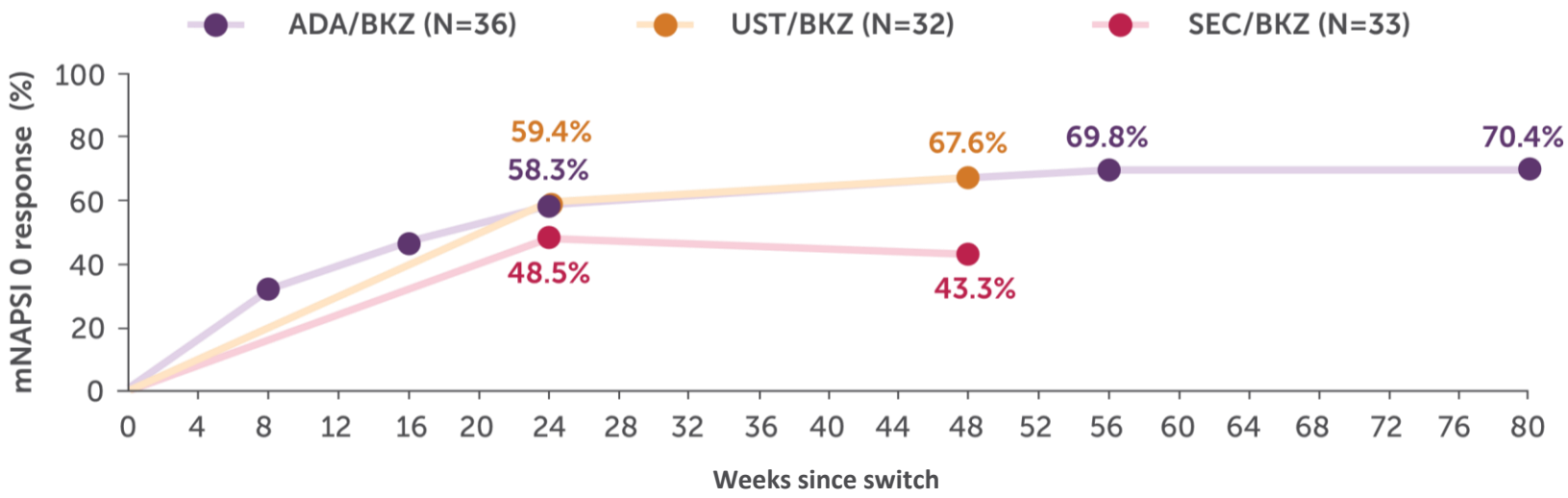
- Data reported for patients with baseline scalp IGA ≥3 (moderate to severe regional involvement) who had not achieved scalp IGA 0 at time of switch to BKZ. Due to differences in scheduling, assessments were performed at different timepoints after switch from ADA, UST, and SEC to BKZ. Long-term data up to 80 weeks after switch from UST and SEC to BKZ are still pending. ADA, adalimumab; BKZ, bimekizumab; IGA, Investigator's Global Assessment; mNRI, modified non-responder imputation; OC, observed case; SEC, secukinumab; UST, ustekinumab. All content on this slide is from Warren et al. EADV 2022; Poster P1478.

Ψωριασική Ονυχία: Ποσοστά επίτευξης πλήρους κάθαρσης μετά από αλλαγή σε BKZ

Proportion of patients with mNAPSI >10 at baseline who **had not achieved** mNAPSI 0 at switch to BKZ (OC):



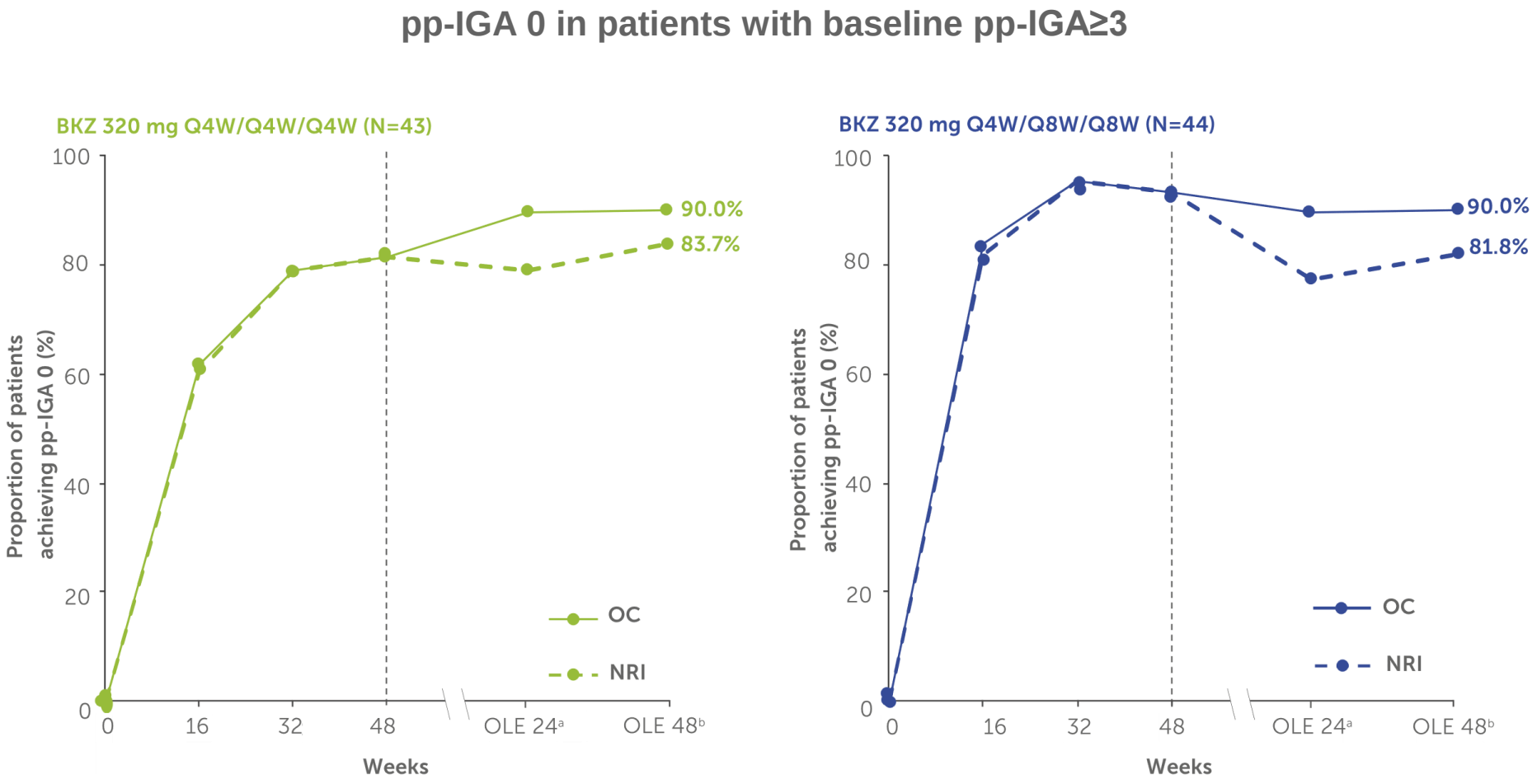
Proportion of mNAPSI 0 non-responders who achieved mNAPSI 0 after switch to BKZ (mNRI):



- At switch, mean (range) mNAPSI in non-responders was 10.6 (1.0-45.0), 12.6 (2.0-35.0), and 10.0 (1.0-40.0)

- Data reported for patients with baseline mNAPSI >10 who had not achieved mNAPSI 0 at time of switch to BKZ. Due to differences in scheduling, assessments were performed at different timepoints after switch from ADA, UST, and SEC to BKZ. Long-term data up to 80 weeks after switch from UST and SEC to BKZ are still pending. ADA, adalimumab; BKZ, bimekizumab; mNAPSI, modified Nail Psoriasis Severity Index; mNRI, modified non-responder imputation; OC, observed case; SEC, secukinumab; UST, ustekinumab. All content on this slide is from Warren et al. EADV 2022; Poster P1478.

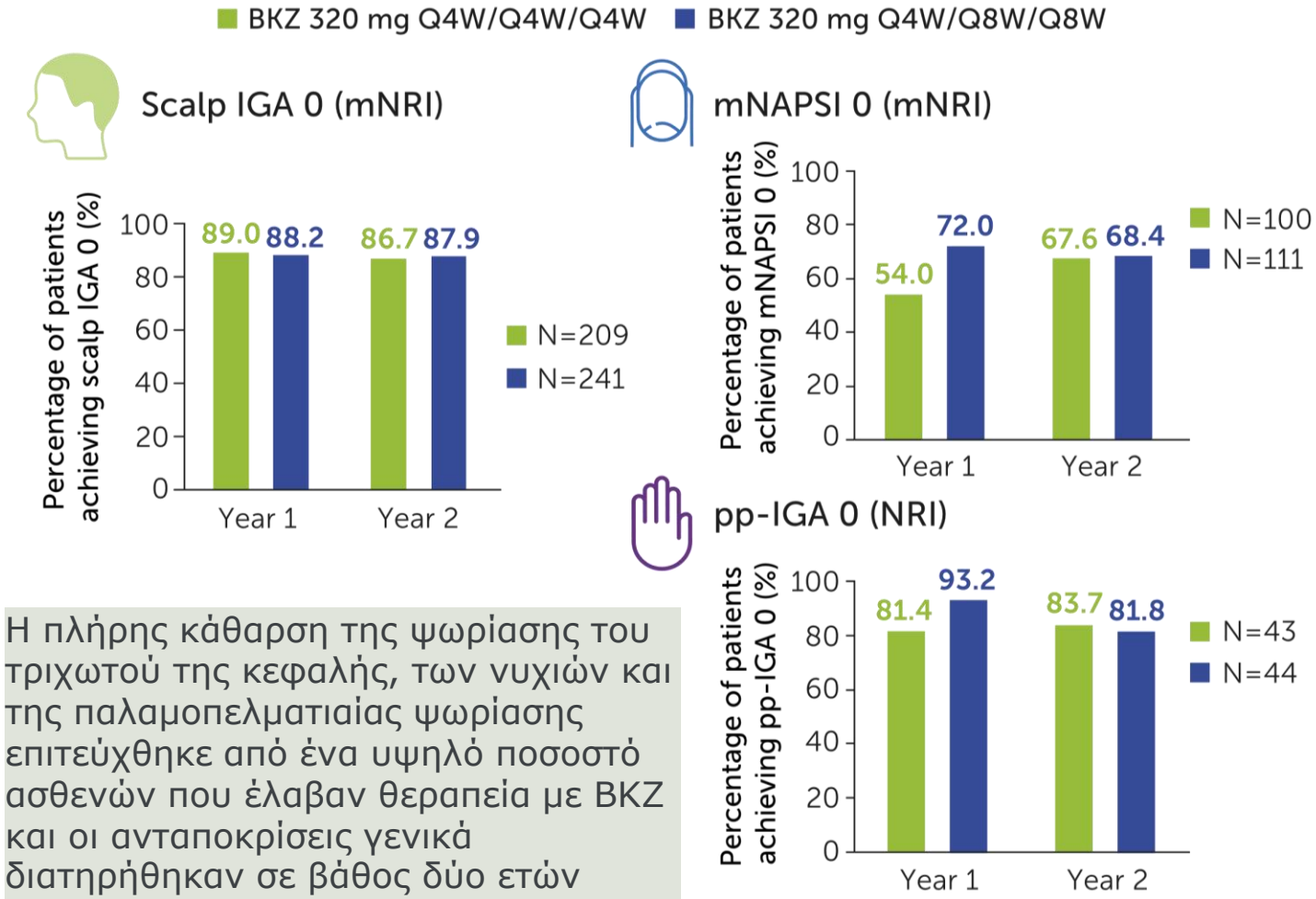
Ψωρίαση Παλαμών Πελμάτων: Ποσοστά επίτευξης πλήρους κάθαρσης στα 2 έτη (NRI, OC)



- Similar trends were observed in the proportions of patients achieving complete palmoplantar clearance among patients with pp-IGA ≥3 at baseline

- There are a high proportion of missing values that do not follow discontinuation due to lack of efficacy and are therefore not classified as non-responders for mNRI. [a]64 weeks' treatment for those entering the BE RADIANT OLE; 80 weeks' treatment for those entering the BE BRIGHT OLE from BE SURE; [b]96 weeks' treatment for those entering the BE RADIANT OLE; 104 weeks' treatment for those entering the BE BRIGHT OLE from BE SURE. BKZ, bimekizumab; IGA, Investigator's Global Assessment; mNRI, modified non-responder imputation; OC, observed case; OLE, open-label extension; pp, palmoplantar; Q4W, every 4 weeks; Q8W, every 8 weeks. All content on this slide is from Merola JF, et al. EADV 2022; Poster P1467.

Πλήρης κάθαρση της ψωρίασης σε δύσκολες θέσεις σε βάθος 2ετίας

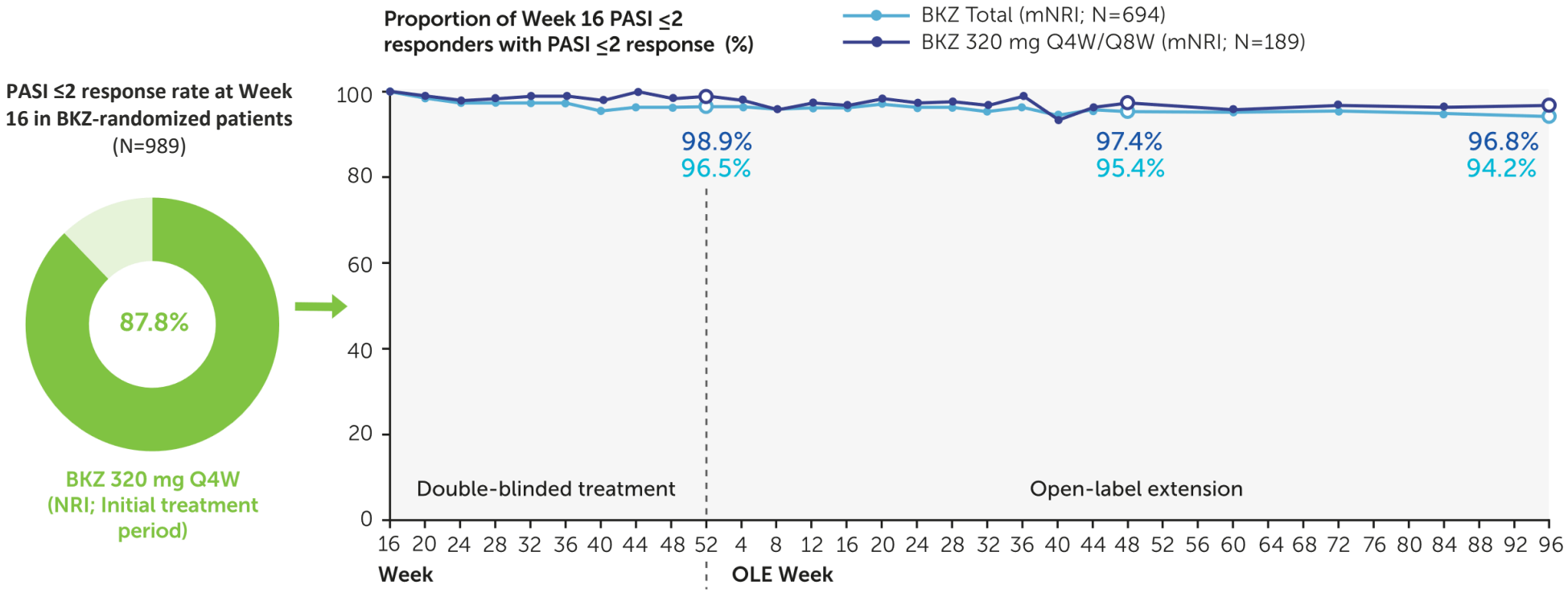


Η πλήρης κάθαρση της ψωρίασης του τριχωτού της κεφαλής, των νυχιών και της παλαμοπελματιαίας ψωρίασης επιτεύχθηκε από ένα υψηλό ποσοστό ασθενών που έλαβαν θεραπεία με BKZ και οι ανταποκρίσεις γενικά διατηρήθηκαν σε βάθος δύο ετών

- BKZ, bimekizumab; IGA, Investigator's Global Assessment; mNAPSI, modified Nail Psoriasis Severity Index; OLE, open-label extension; pp, palmoplantar; Q4W, every 4 weeks; Q8W, every 8 weeks; TNF, tumour necrosis factor.
  All content on this slide is from Merola JF, et al. EADV 2022; Poster P1467.

Διάρκεια – Ασφάλεια – Δοσολογικό Σχήμα

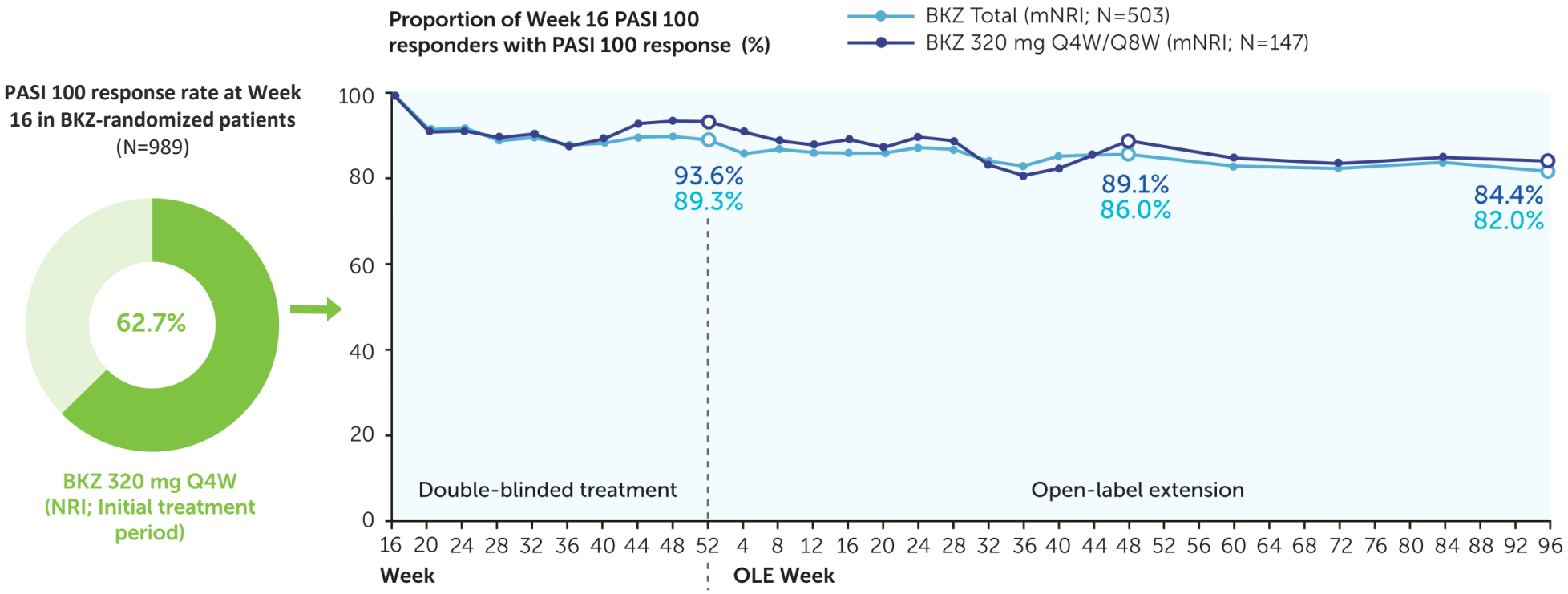
Δεδομένα 3ετίας: Διατήρηση PASI ≤2 στους ασθενείς που επέτυχαν PASI ≤2 την εβδομάδα 16



- 87.8% of the 989 patients randomized to BKZ Q4W at the start of the feeder studies achieved PASI ≤2 at Week 16 (NRI)
- 94.2% of BKZ-treated patients who achieved PASI ≤2 at Week 16 maintained their response at Year 3 (OLE Week 96; mNRI)

- Week 16 responses are shown for all patients randomised to BKZ 320 mg Q4W in the initial treatment period. Due to the differing lengths of feeder studies, Week 56 data for PASI ≤2 response in BE SURE and BE READY are not presented in these pooled analyses. BKZ, bimekizumab; mNRI, modified non-responder imputation; NRI, non-responder imputation; OLE, open-label extension; PASI, Psoriasis Area and Severity Index; Q4W, every 4 weeks; Q8W, every 8 weeks. All content on this slide is from Strober et al. EADV 2022;Poster P1491.

Δεδομένα 3ετίας: Διατήρηση PASI100 στους ασθενείς που επέτυχαν PASI100 την εβδομάδα 16



- 62.7% of the 989 patients randomized to BKZ Q4W at the start of the feeder studies achieved PASI 100 at Week 16 (NRI)
- 82.0% of BKZ-treated patients who achieved PASI 100 at Week 16 maintained their response at Year 3 (OLE Week 96; mNRI)

- Week 16 responses are shown for all patients randomised to BKZ 320 mg Q4W in the initial treatment period. Due to the differing lengths of feeder studies, Week 56 data for PASI 100 response in BE SURE and BE READY are not presented in these pooled analyses. BKZ, bimekizumab; mNRI, modified non-responder imputation; NRI, non-responder imputation; OLE, open-label extension; PASI, Psoriasis Area and Severity Index; Q4W, every 4 weeks; Q8W, every 8 weeks. All content on this slide is from Strober et al. EADV 2022;Poster P1491.

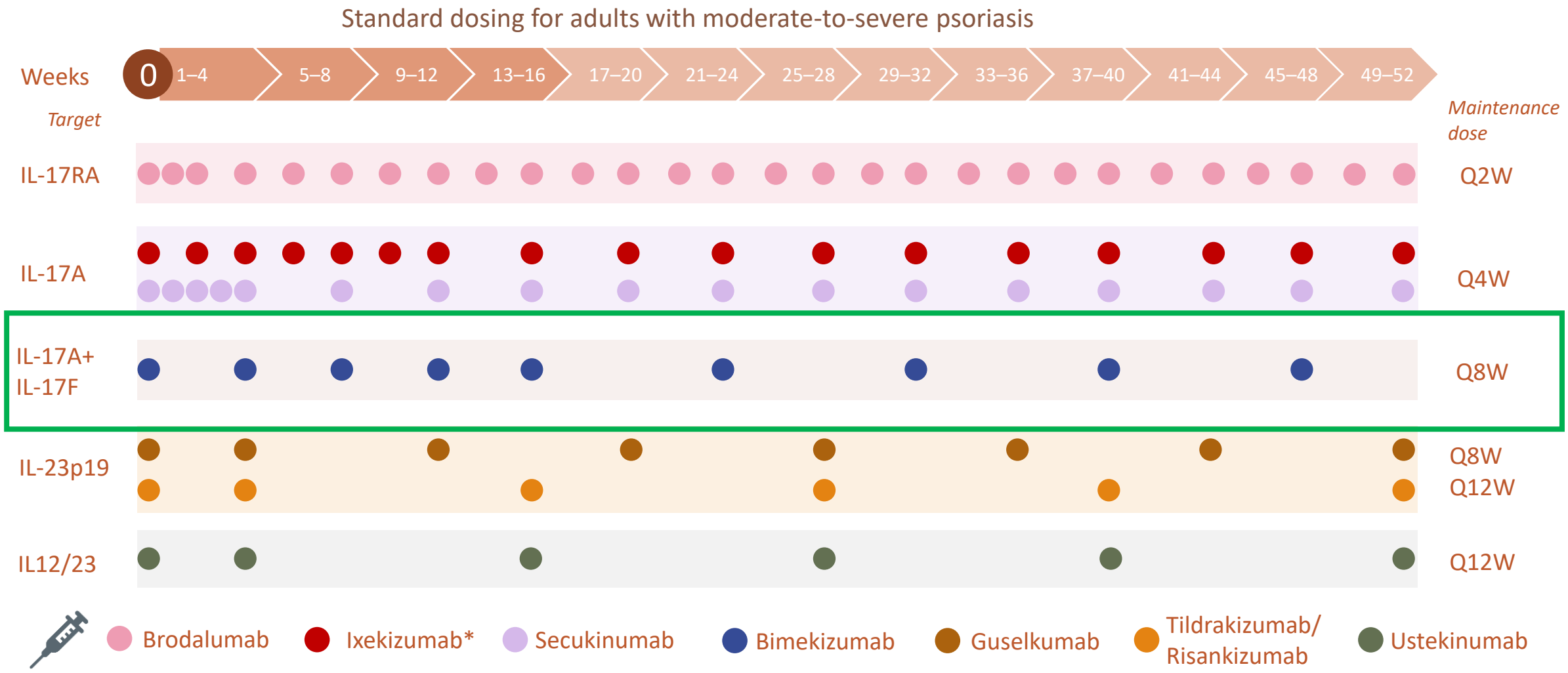
Δεδομένα 3ετίας. Ασφάλεια: TEAEs and most common TEAEs in BKZ-treated patients in the Phase 2 and 3 trials

	TEAEs over two years[1]	TEAEs over three years			
	Phase 2 and 3	Phase 2 and 3	Phase 3		
	BKZ Total[a] N=1,789	BKZ total[a] N=1,789	BKZ 320 mg Q4W N=1,456	BKZ 320 mg Q8W N=1,289	BKZ total[a] N=1,495
Summary of treatment exposure					
Total exposure, PY	3,109.7	4,245.3	1,965.6	1,914.5	3,876.4
Mean exposure ± SD, (days)	608.5 ± 232.6	837.0 ± 365.7	476.2 ± 284.4	536.5 ± 290.8	932.4 ± 317.7
Median exposure (range), (days)	673.0 (1–1,037)	995.0 (1–1,326)	504.0 (23–1,093)	448.0 (1–1,214)	1,058.0 (23–1,326)
Summary of TEAEs, EAIR/100 PY (95% CI)					
Any TEAE	202.4 (192.6, 212.6)	186.1 (177.2, 195.3)	217.9 (205.8, 230.5)	115.6 (108.2, 123.3)	175.5 (166.4, 185.0)
Severe TEAEs	5.4 (4.6, 6.3)	4.9 (4.3, 5.6)	5.3 (4.3, 6.4)	4.2 (3.3, 5.2)	4.5 (3.9, 5.3)
TEAEs leading to discontinuation	3.8 (3.1, 4.6)	3.5 (3.0, 4.1)	3.8 (2.9, 4.7)	2.5 (1.9, 3.3)	3.2 (2.6, 3.8)
Treatment-related TEAEs	35.4 (32.9, 38.0)	29.4 (27.4, 31.5)	42.3 (38.8, 45.9)	21.1 (18.8, 23.5)	28.9 (26.8, 31.1)
Serious TEAEs	5.9 (5.1, 6.9)	5.6 (4.9, 6.4)	6.2 (5.1, 7.4)	5.4 (4.4, 6.5)	5.5 (4.8, 6.4)
TEAEs leading to death	0.4 (0.2, 0.6)	0.4 (0.3, 0.7)	0.4 (0.2, 0.8)	0.4 (0.2, 0.8)	0.4 (0.2, 0.7)
Three most common TEAEs, EAIR/100 PY (95% CI)					
Nasopharyngitis	19.1 (17.4, 20.9)	15.3 (13.9,16.7)	21.1 (18.9, 23.5)	10.0 (8.5, 11.6)	15.0 (13.6, 16.5)
Oral candidiasis	12.6 (11.3, 14.0)	10.2 (9.1, 11.3)	15.9 (14.1, 17.9)	7.1 (5.9, 8.5)	10.1 (9.1, 11.3)
Upper respiratory tract infection	8.9 (7.8, 10.1)	7.1 (6.2, 8.0)	8.9 (7.6, 10.4)	4.9 (3.9, 6.1)	6.5 (5.7, 7.4)

- Safety data observed over three years were consistent with those observed over two years of BKZ treatment;[1] EAIRs did not increase with longer BKZ exposure, and were generally lower in Q8W- vs Q4W-treated patients

- [1] Gordon KB et al. JAMA Dermatol 2022;158(7):735–744. Data are shown as of the data cut-off (two years: 9 Nov 2020; three years: 23 Oct 2021). [a]Patients are included in the relevant BKZ dose group based on the dose most recently received prior to the date of the adverse event or assessment. Patients who received both BKZ 320 mg Q4W and Q8W are included in the population count of both treatment groups, but only once in each BKZ Total group. [1]Gordon et al. JAMA Dermatol 2022;158(7):735–744. BKZ, bimekizumab; CI, confidence interval; EAIR, exposure-adjusted incidence rates; Q4W, every 4 weeks; Q8W, every 8 weeks; PY, patient years; SD, standard deviation; TEAE, treatment-emergent adverse event. All content on this slide is from Gordon et al. EADV 2022;Poster P1569.

Δοσολογικά σχήματα των νεότερων βιολογικών παραγόντων[1–8]



- *Double dose at Week 0. 1. Bimzelx ® EU SmPC. https://www.ema.europa.eu/en/documents/product-information/bimzelx-epar-product-information_en.pdf [Accessed on May 2022]. 2. Kyntheum ® EU SmPC. https://www.ema.europa.eu/en/documents/product-information/kyntheum-epar-product-information_en.pdf [Accessed on May 2022]. 3. Taltz ® EU SmPC. https://www.ema.europa.eu/en/documents/product-information/taltz-epar-product-information_en.pdf [Accessed on May 2022]. 4. Cosentyx ® EU SmPC. https://www.ema.europa.eu/en/documents/product-information/cosentyx-epar-product-information_en.pdf [Accessed on May 2022]. 5. Tremfya ® SmPC. https://www.ema.europa.eu/en/documents/product-information/tremfya-epar-product-information_en.pdf [Accessed on May 2022]. 6. Ilumetri ® SmPC. https://www.ema.europa.eu/en/documents/product-information/ilumetri-epar-product-information_en.pdf [accessed May 2022]. 7. Skyrizi ® SmPC. https://www.ema.europa.eu/en/documents/product-information/skyrizi-epar-product-information_en.pdf [Accessed on May 2022]. 8. Stelara ® SmPC. https://www.medicines.org.uk/emc/product/7639 [Accessed on May 2022].

ΚΛΙΝΙΚΟ ΠΕΡΙΣΤΑΤΙΚΟ 2

ΔΗΜΟΓΡΑΦΙΚΑ

- Άρρεν
- 54 ετών
- Αγρότης

ΣΥΝΝΟΣΗΡΟΤΗΤΕΣ

- Αρτηριακή Υπέρταση
- Υπερχολυστερολαιμία
- Σακχαρώδη διαβήτη
- Ψωριασική ονυχία
- Ψωριασική αρθρίτιδα

ΣΩΜΑΤΟΜΕΤΡΙΚΑ ΣΤΟΙΧΕΙΑ-ΣΥΝΗΘΕΙΕΣ

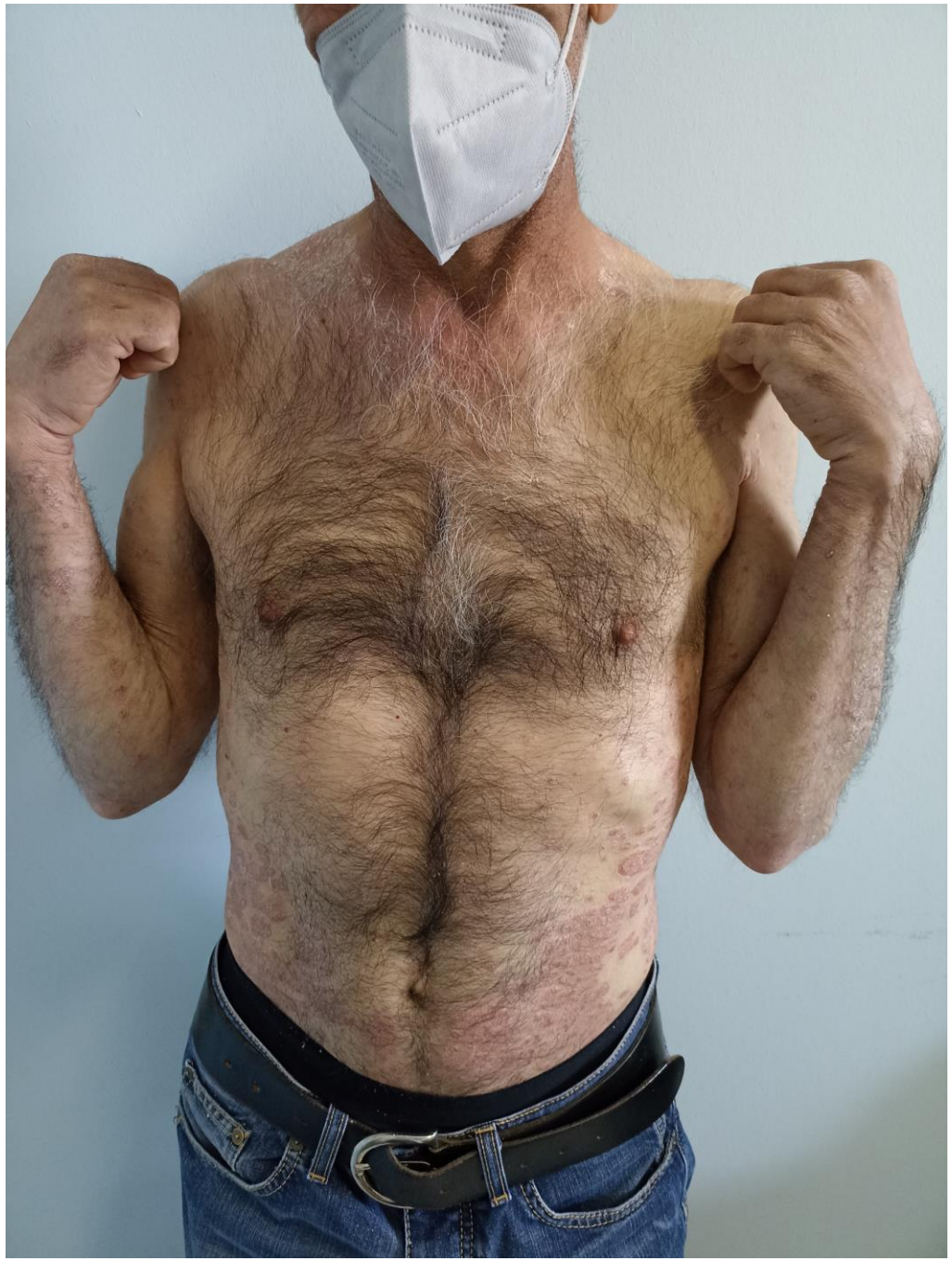
- Ύψος: 165 εκ.
- Βάρος: 65 Kg
- BMI: 23,9
- Κάπνισμα: όχι
- Αλκοόλ: κοινωνικός πότης

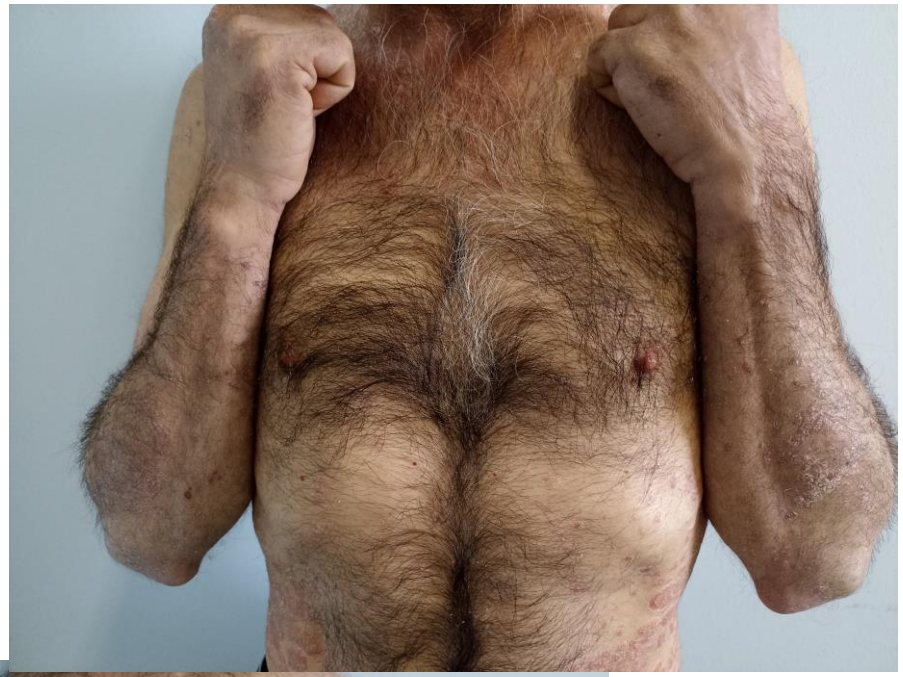
ΙΣΤΟΡΙΚΟ ΨΩΡΙΑΣΙΚΗΣ- ΘΕΡΑΠΕΙΕΣ

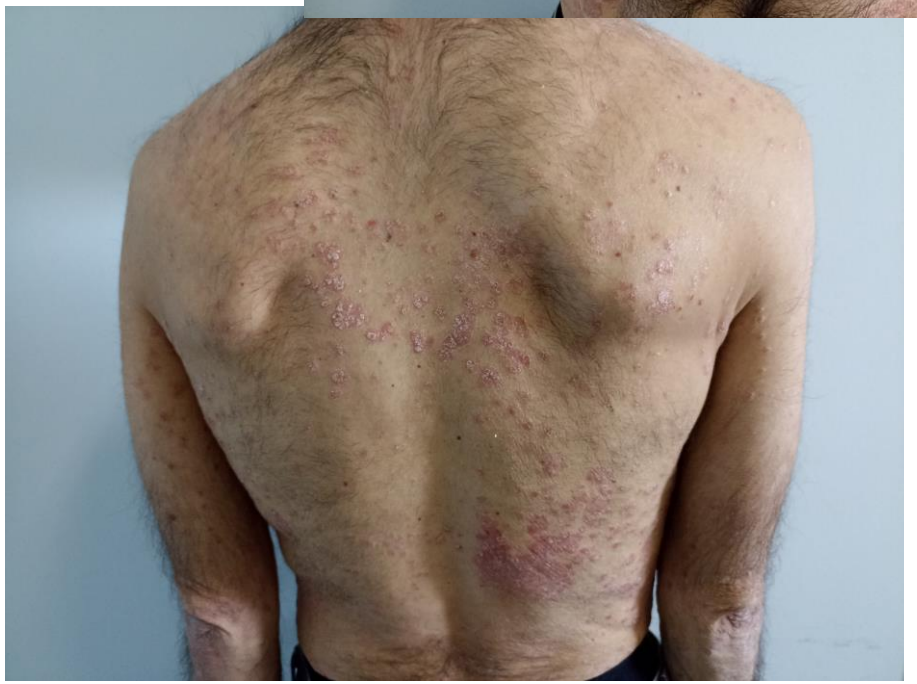
- 2010: Ψωρίαση κατά πλάκας
- 2018 : Ψωριασική αρθρίτιδα
- Μέχρι το 2018 μόνο τοπικές αγωγές
- 2018-2023: apremilast
- Μάρτιο 2023 : έναρξη αγωγής με bimekizumab

BMI: Body Mass Index

To

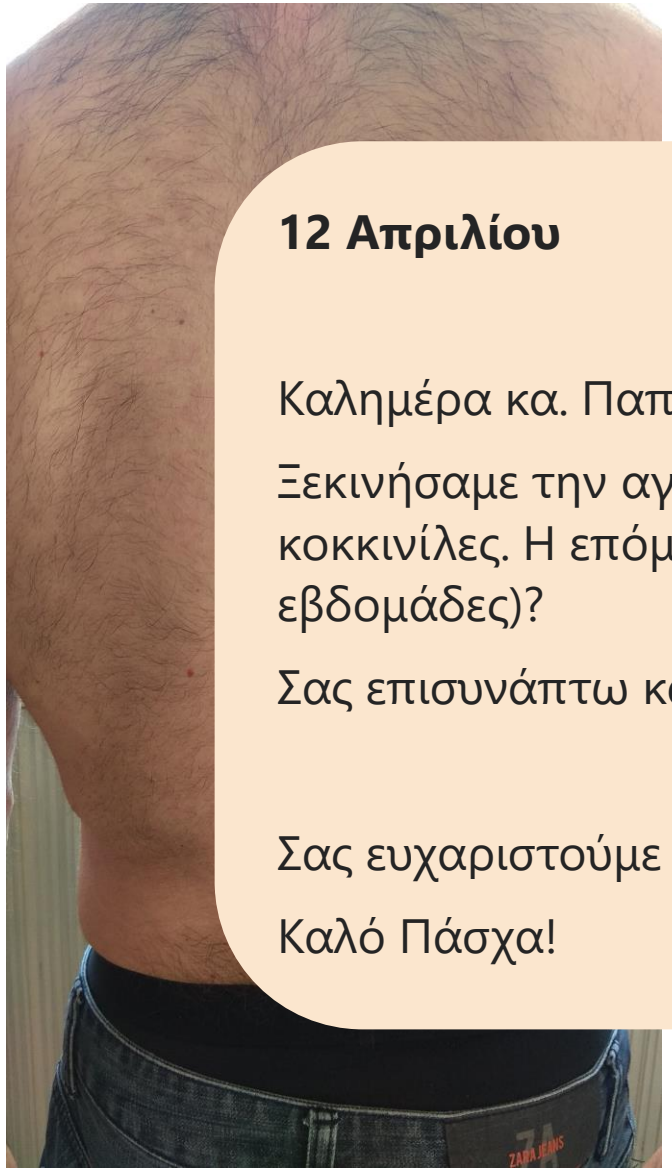


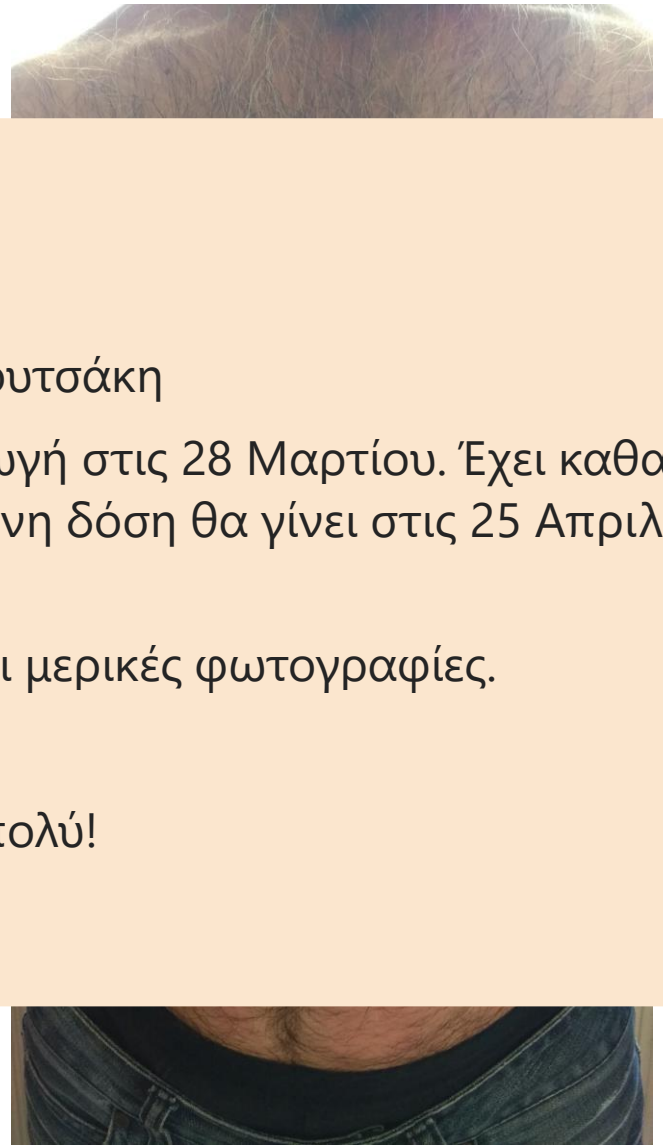


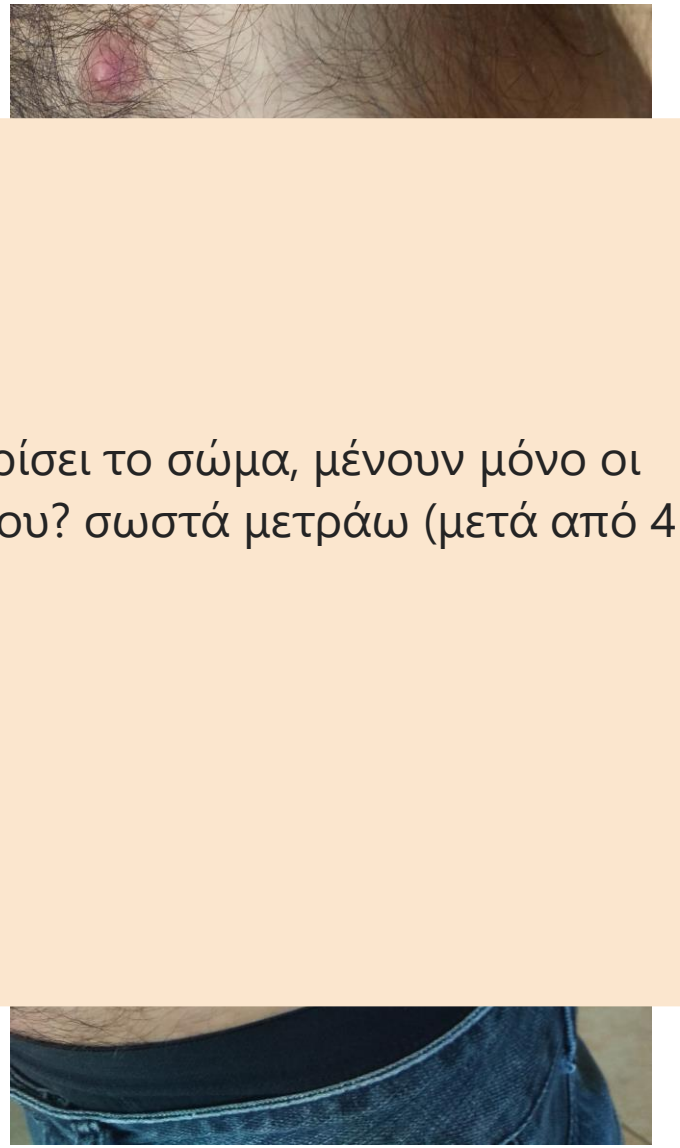


To

T4







12 Απριλίου

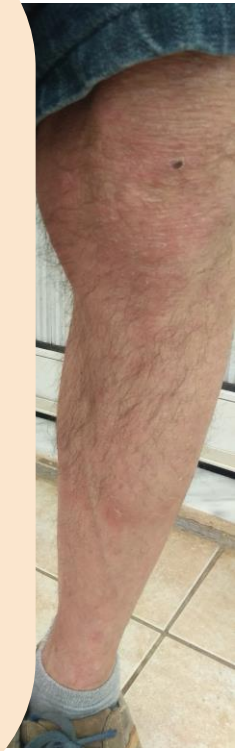
Καλημέρα κα. Παπουτσάκη

Ξεκινήσαμε την αγωγή στις 28 Μαρτίου. Έχει καθαρίσει το σώμα, μένουν μόνο οι κοκκινίλες. Η επόμενη δόση θα γίνει στις 25 Απριλίου? σωστά μετράω (μετά από 4 εβδομάδες)?

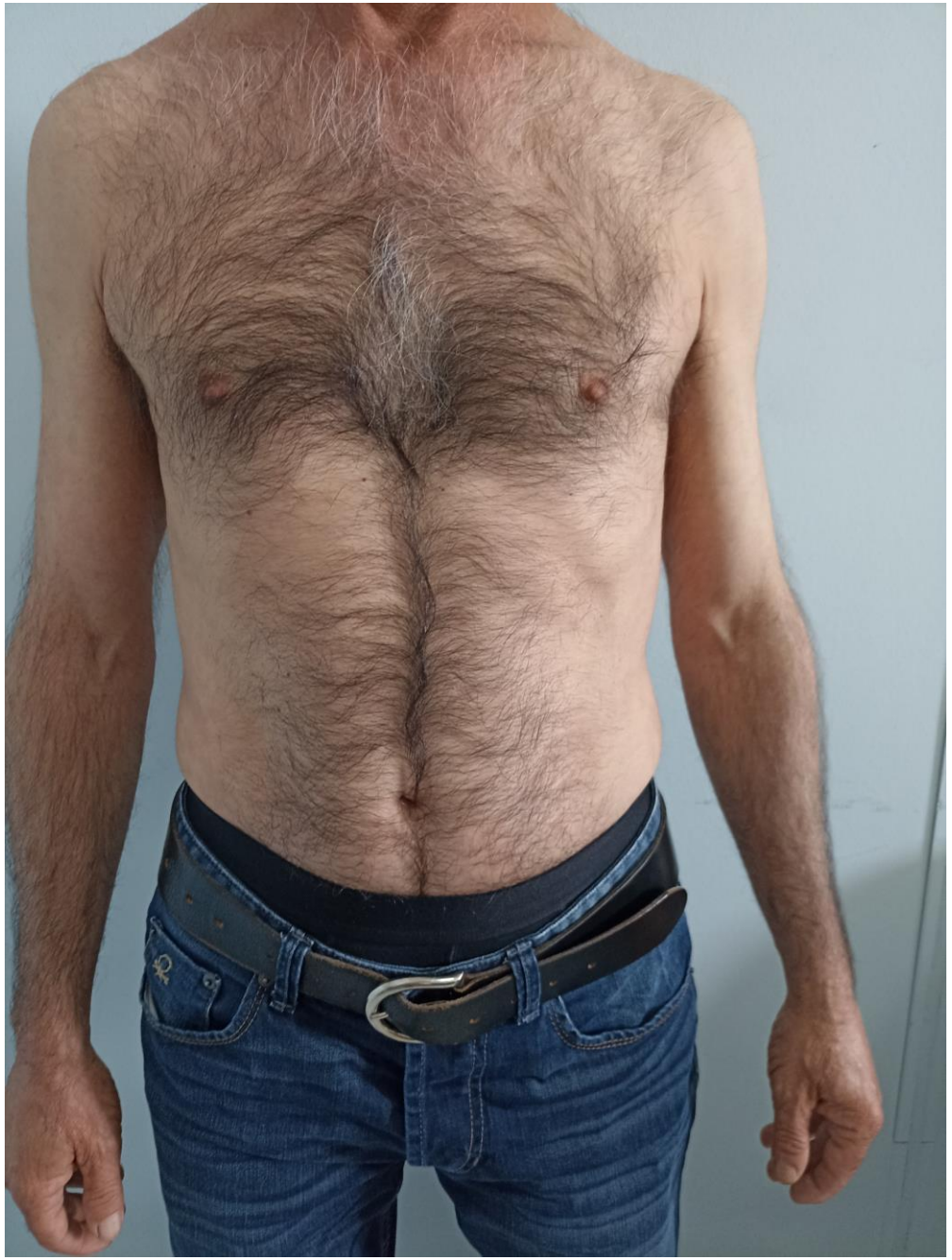
Σας επισυνάπτω και μερικές φωτογραφίες.

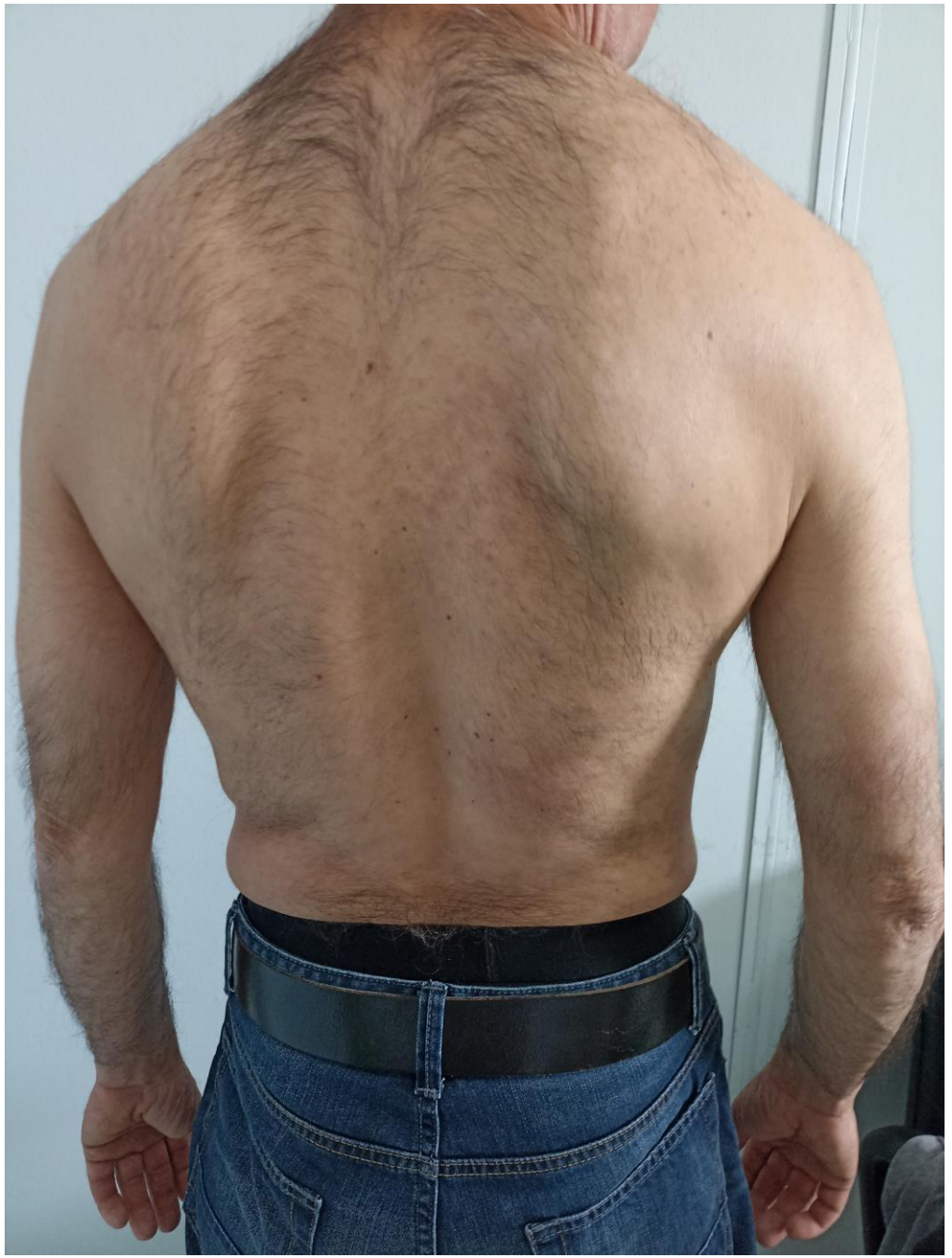
Σας ευχαριστούμε πολύ!

Καλό Πάσχα!

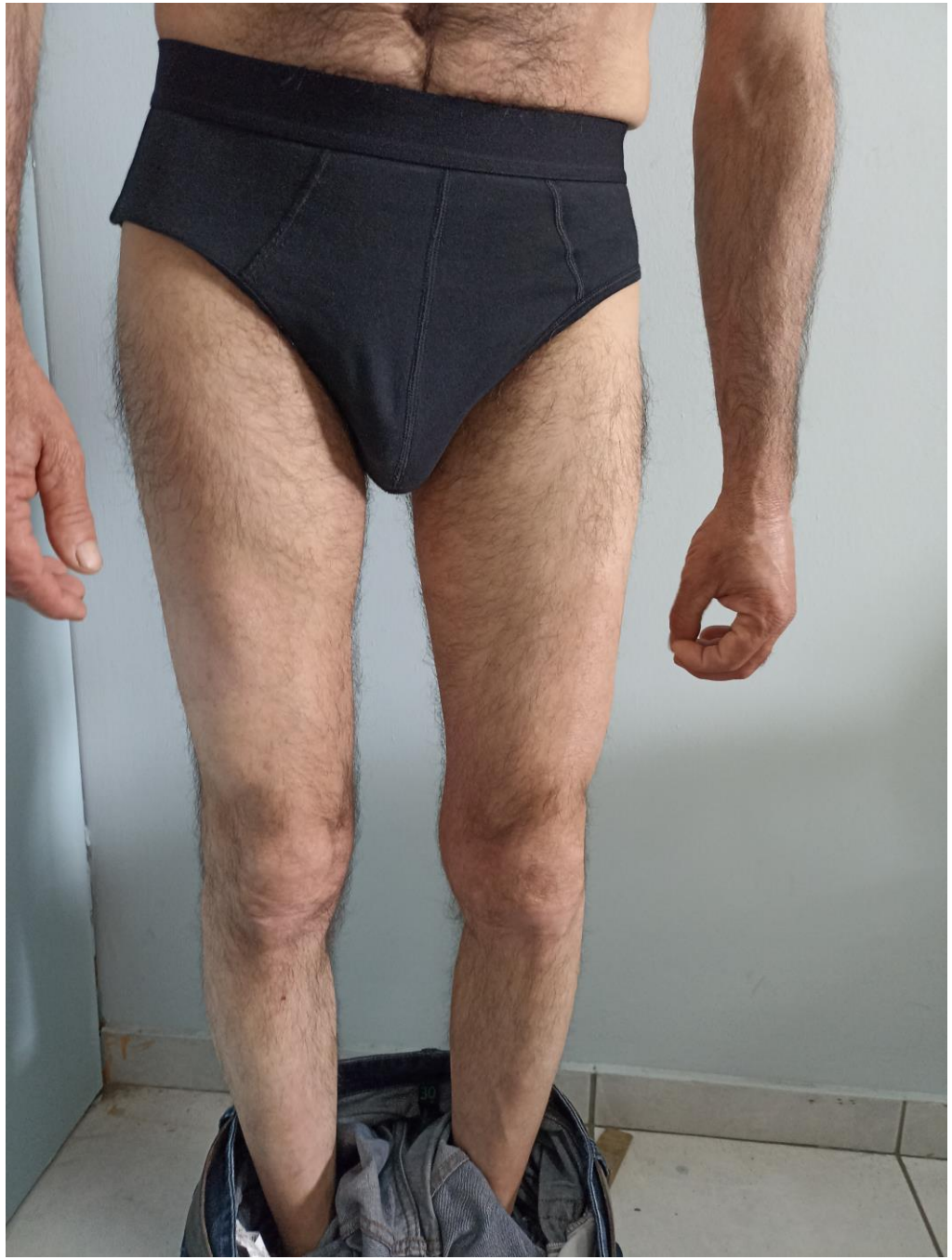


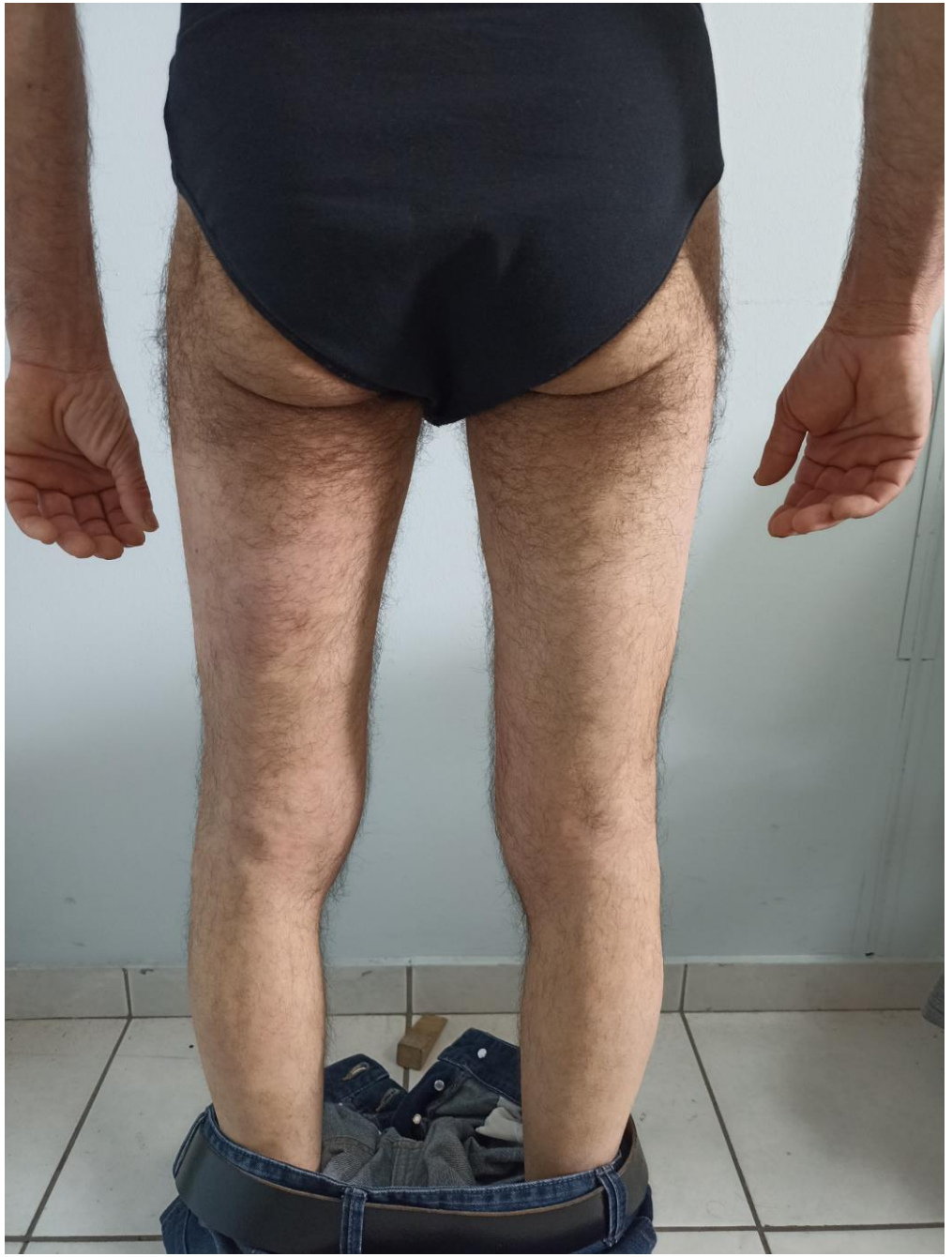
T16





T16





ΣΥΜΠΕΡΑΣΜΑΤΑ

Ειδικές θέσεις

- Υψηλό ποσοστό ασθενών με πλήρη κάθαρση του τριχωτού της κεφαλής και της παλαμοπελματιαίας ψωρίασης για διάστημα δύο ετών
- Ασθενείς που δεν επέτυχαν πλήρη κάθαρση σε ειδικές θέσεις με ADA, USTE,SEC έδειξαν βελτιώση στην πλήρη κάθαρση 24 εβδομάδες μετά τη χορήγηση του BKZ

Μακροχρόνια αποτελεσματικότητα

- Διατήρηση υψηλής αποτελεσματικότητας στην 3ετία

Πορηγηθείσα έκθεση σε βιολογικούς

- Παρόμοια ανταπόκριση ανεξάρτητα κατηγορίας

Ασφάλεια – δεδομένα 3 ετίας καλά ανεκτό προφίλ

Σας ευχαριστώ!