Defining Unmet Need to Optimize Management of Adults and Adolescents with Psoriasis: Development of a Global Multistakeholder Survey

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Key Takeaways

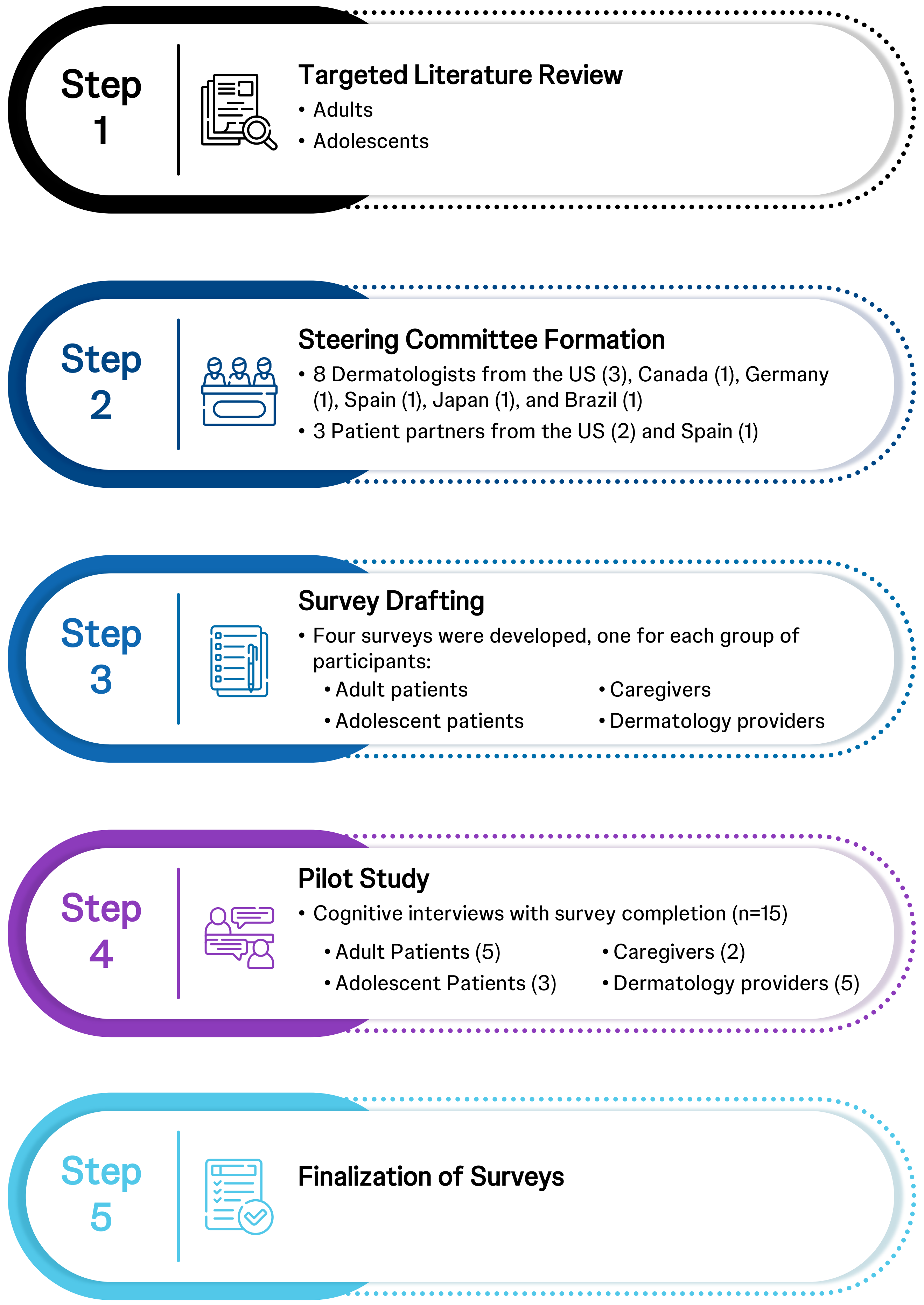
- ✓ Understanding psoriasis unmet treatment needs for adults, adolescents, and caregivers, in relation to dermatology provider prescribing practices, is essential for the development of personalized treatment strategies and therapeutic innovations to enhance patients' QoL.
- ✓ The next steps in study development will employ a mixed-methods approach, combining quantitative surveys and qualitative interviews to thoroughly understand participant experiences and unmet needs. This integrated approach enhances data richness and reliability, enabling targeted interventions that effectively address the specific concerns of individuals with psoriasis, their caregivers, and their dermatology providers.
- ✓ The adult study will include patients and dermatology providers across North America, Europe, Latin America, and the Asia-Pacific region.
- ✓ The adolescent study will focus on 12- to 17-year old patients, their caregivers, and dermatology providers in the US.

Background

- Globally, psoriasis affects 1% to 3% of adults[1] and approximately 0.5% to 1.2% of children and adolescents,[2] with "confidence in treatment" and "to regain control of the disease" among the most important unmet needs.[3]
- Understanding these needs is essential for the development of personalized treatment strategies and therapeutic innovations, as well as for optimizing healthcare systems to improve patient outcomes and overall quality of life (QoL).
- Examining the perspectives of patients and dermatology providers is crucial for identifying unmet needs in psoriasis treatment, as these views may differ. Adolescents suffering from psoriasis may have different concerns than their caregivers or adult patients.
- A targeted literature review was conducted, a Steering Committee formed, and surveys developed and piloted to gather insights from adults and adolescents with psoriasis, their caregivers, and dermatology providers to inform a global survey and interview study to address the following primary objectives:
  - To characterize treatment experience (current and most recent) in adults, adolescents, and caregivers to adolescents with psoriasis who are candidates for systemic therapy.
  - To quantify unmet needs with current therapy options, stratified by cohorts defined by the treatment received, such as advanced treatment naïve and advanced treatment experienced.

Methods (Figure 1)

Figure 1. Stepwise Methodology



Step 1 — **Targeted Literature Review**
- Adults
- Adolescents

Step 2 — **Steering Committee Formation**
- 8 Dermatologists from the US (3), Canada (1), Germany (1), Spain (1), Japan (1), and Brazil (1)
- 3 Patient partners from the US (2) and Spain (1)

Step 3 — **Survey Drafting**
- Four surveys were developed, one for each group of participants:
  - Adult patients
  - Caregivers
  - Adolescent patients
  - Dermatology providers

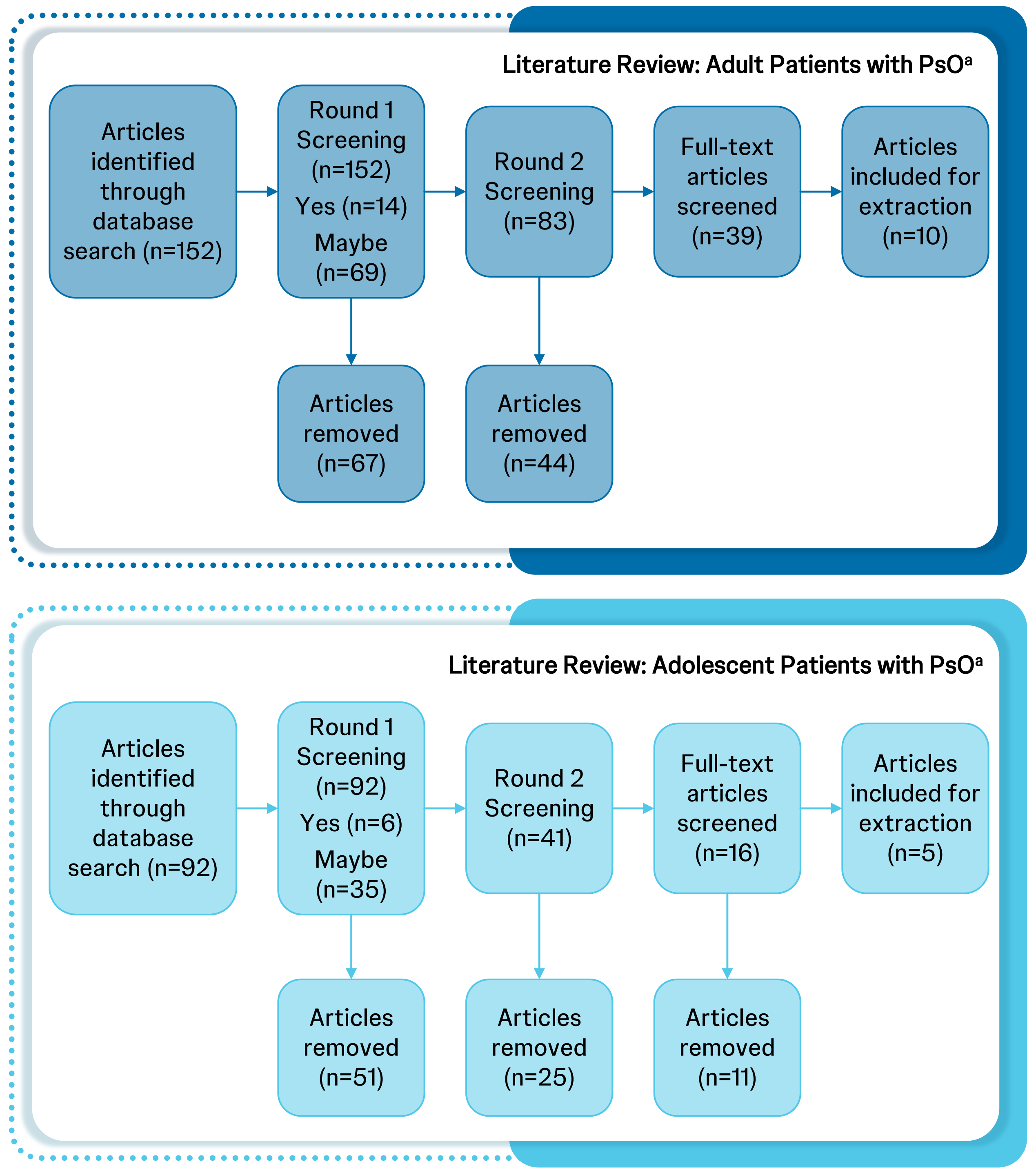
Step 4 — **Pilot Study**
- Cognitive interviews with survey completion (n=15)
  - Adult Patients (5)
  - Caregivers (2)
  - Adolescent Patients (3)
  - Dermatology providers (5)

Step 5 — **Finalization of Surveys**

Methods (Cont.)

- This study utilized a stepwise methodology for survey development:
  - **Step 1:** A targeted literature review was conducted to find studies on patient/clinician perceptions of unmet treatment needs and patient preferences in adult and adolescent populations within the US and globally (**Figure 2**).

Figure 2. Targeted Literature Review Screening Process



Literature Review: Adult Patients with PsO[a]

Articles identified through database search (n=152) → Round 1 Screening (n=152) Yes (n=14) Maybe (n=69) → Round 2 Screening (n=83) → Full-text articles screened (n=39) → Articles included for extraction (n=10)

Round 1 Screening → Articles removed (n=67)

Round 2 Screening → Articles removed (n=44)

Literature Review: Adolescent Patients with PsO[a]

Articles identified through database search (n=92) → Round 1 Screening (n=92) Yes (n=6) Maybe (n=35) → Round 2 Screening (n=41) → Full-text articles screened (n=16) → Articles included for extraction (n=5)

Round 1 Screening → Articles removed (n=51)

Round 2 Screening → Articles removed (n=25)

Full-text articles screened → Articles removed (n=11)

[a] Exclusion criteria included: specific PsO treatments, epidemiological studies, protocol/methods papers, treatment pattern papers, dose-finding studies, healthcare cost/utilization studies, quality of healthcare delivery studies, economic modeling studies, efficacy and/or safety studies, studies excluding outcome of interest (perceptions of treatment)

Methods (Cont.)

- **Step 2:** A Steering Committee, composed of three patient partners (from the US and Spain) and eight dermatologists (from the US, Canada, Germany, Spain, Japan, and Brazil), was established to provide clinical and research guidance, input on study design and survey development to ensure scientific rigor and clinical relevance. The committee also oversees the study's direction and contributes to data interpretation and dissemination. Insights were shared through virtual meetings and email correspondence throughout the planning and development phases.
- **Step 3:** Following the targeted literature review and Steering Committee input, four surveys were designed for the four discrete participant groups: adults and adolescents (12–17 years) suffering from psoriasis, caregivers of adolescents, and dermatology providers.
- **Step 4:** A pilot study was conducted to test the surveys among adults, adolescents, caregivers to adolescents, and dermatology providers (n=15 total) in the US (**Table 1**).
- **Step 5:** Pilot study findings were analyzed and presented to the Steering Committee, which provided modifications and recommendations to finalize the survey design and begin the next phase of the study.

Table 1. Pilot Study Participant Demographics

Participant	Age	Gender	BSA%	Current Treatment	High-impact Sites
Adult 1	44	Female	<2%	Topical treatment (Satisfied)	Nails, hands, feet
Adult 2	25	Female	≥10%	Phototherapy	Nails, face, scalp
Adult 3	56	Male	7%–9%	Oral, phototherapy	Hands, nails, face, scalp
Adult 4	52	Male	<2%	Topical treatment (not satisfied), oral	None
Adult 5	51	Female	5%–6%	Topical treatment (not satisfied)	Hands, feet, scalp, skin folds
Adolescent 1	14	Female	≥10%	Topical treatment (not satisfied)	Hands, nails
Adolescent 2	17	Female	<2%	Topical treatment (satisfied)	Hands, nails
Adolescent 3	12	Female	5%	Topical treatment (not satisfied)	Scalp, genitals
Caregiver 1 (Dyad — Adolescent 1)	39	Female			
Caregiver 2 (Dyad — Adolescent 2)	47	Female			
Participant				**Credential**	**Practice Setting**
HCP 1				MD	Hospital based
HCP 2				MD	Community based
HCP 3				MD	Not captured
HCP 4				Physician's assistant	Community based
HCP 5				Nurse practitioner	Community based

Abbreviations: BSA = body surface area; HCP = healthcare provider

Results

- Key patient and clinician perceptions of unmet treatment needs identified from the literature review for adults and adolescents included treatment safety and side effects, efficacy and symptom reduction, mode of administration and systemic treatment usage, and insurance coverage.
- Loss of efficacy was most important to adults[3,4] while convenience[5] was a key concept for adolescents. Healthcare providers reported that adolescents were likely undertreated with advanced systemic agents/biologics, with topical and conventional systemic agents being predominantly prescribed.[6-8]
- Key concepts identified by the Steering Committee included factors related to treatment selection, treatment goals, and treatment experience.
- Based on the pilot study, participants understood the questions and response options of the survey. Pilot findings also prompted the addition of questions to the patient surveys regarding location of symptoms, seasonality, treatment side effects, and social and emotional aspects of psoriasis.
- The surveys were finalized to assess participants' unmet needs for psoriasis after integrating data from the targeted literature review, Steering Committee insights, survey development, and pilot testing and refinement (**Table 2**).

Table 2. Survey Domains by Respondent Type

Survey Domains: Adults, Adolescents, Caregivers
Clinical Questions
Past Treatment Experience
Symptoms/Burden
Current Treatment Experience
Treatment Satisfaction
Treatment Attributes
Treatment Adherence
Treatment Goals
Unmet Needs of Current Treatment Options
Healthcare Provider Communications
PsO Impacts
DLQI & Children's DLQI
PROMIS Pediatric/Parent Proxy Stigma – Skin
Sociodemographics
Survey Domains: Dermatology Providers
Clinical Questions
Diagnosis and treatment of PsO
Current treatment prescribing practices
Treatment Satisfaction
Unmet needs of current therapy options
Advantages and disadvantages of different classes of therapies and modes of administration
Advantages and disadvantages of currently available treatments
Key considerations for candidates of systemic therapy, including BSA levels and high-impact sites
Sociodemographics

Abbreviations: BSA = body surface area; DLQI = Dermatology Life Quality Index; PROMIS = Patient-Reported Outcomes Measurement Information System; PsO = psoriasis

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