The burden and management of flares among pregnant patients with generalized pustular psoriasis (GPP): Real-world evidence (RWE) from the global SCRIPTOR study

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Conclusions

- This analysis, based on RWE from SCRIPTOR, shows the challenges of managing GPP flares during pregnancy, which include potential complications and management options that primarily comprise off-label therapies, some of which may be contraindicated during pregnancy
- These findings may help inform risk–benefit analyses and treatment decision making in this population of patients with GPP

Aim

- To evaluate real-world GPP flare management during pregnancy

Introduction

- GPP is a serious, chronic, systemic, neutrophilic inflammatory skin disease, with a heterogeneous and unpredictable clinical course[1–4]
- Patients typically experience GPP flares several times per year, often resulting in hospitalization due to potentially life-threatening complications[1,3,5]
- GPP flares can be triggered or exacerbated by pregnancy, but there are limited data on GPP management during pregnancy[1–4]

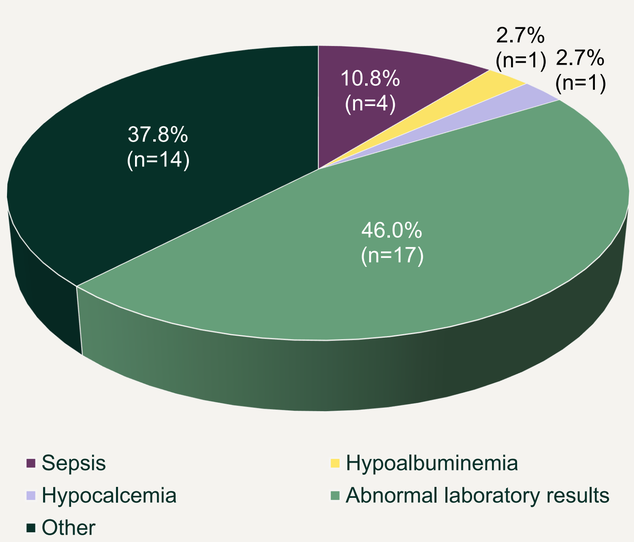
Methods

- **SCRIPTOR was an international, retrospective, non-interventional chart review of patients with GPP, conducted between September 2021 and August 2024 to describe treatment patterns and clinical burden**
  - Patients diagnosed with GPP after 2011 were eligible for inclusion
  - Participating dermatologists from recognized GPP treatment centers identified eligible patients within their clinical practice
  - Medical chart data were evaluated retrospectively between the dates of GPP diagnosis and enrollment in the study
  - Pregnant patients were identified, and flare and treatment data from enrollment to the end of follow-up were extracted from their medical records

Study population

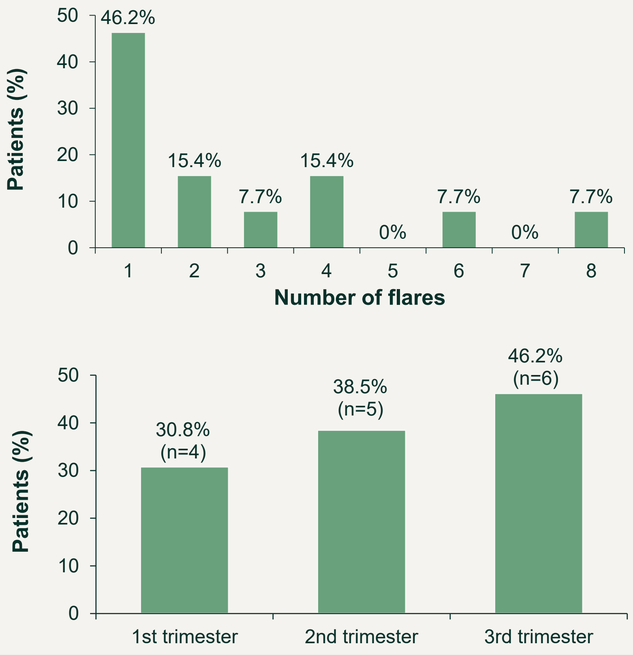
- A total of 418 patients from France (25%), Malaysia (13%), Korea (12%), Taiwan (12%), Brazil (11%), Germany (11%), the UK (7%), Italy (5%), Tunisa (4%), and the Netherlands (1%) were enrolled in the study
- **15 of the 253 female patients were pregnant and included in this analysis, which included all flares experienced during follow-up; pregnancy outcomes were not recorded in the SCRIPTOR data**

GPP complications during follow-up



- 9/15 patients (60%) experienced a total of 37 complications due to GPP during follow-up
- Mean ± SD of 4.1 ± 3.5 complications per patient
- Of the 37 complications, 17 (46%) were due to abnormal laboratory results; **four (11%) were due to sepsis**

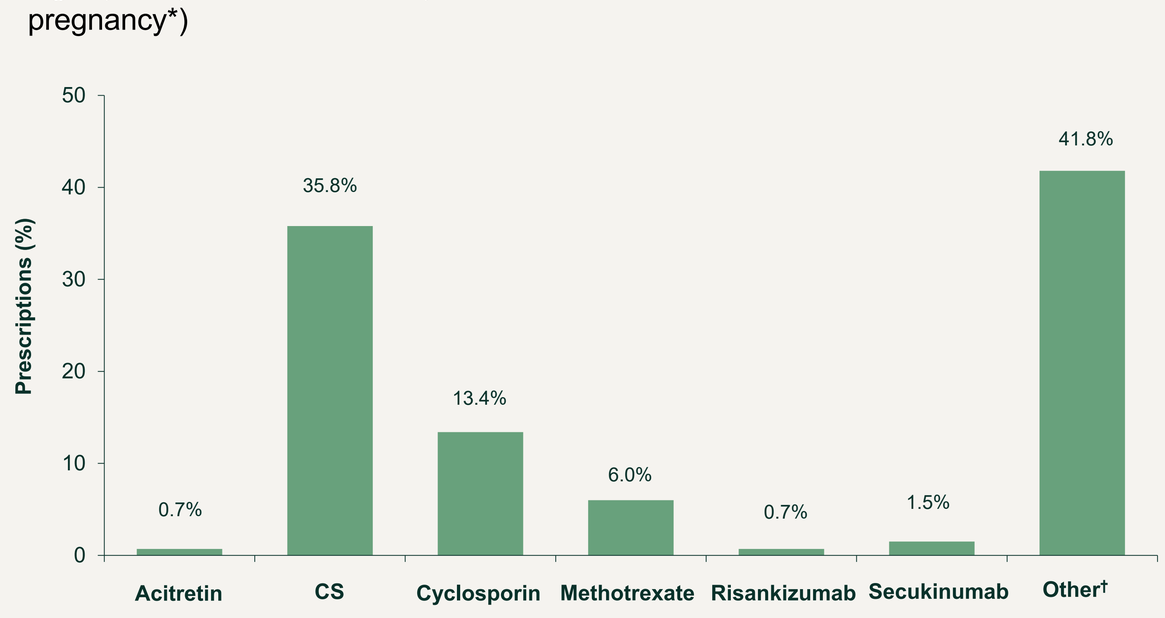
GPP flares during follow-up



- 13/15 patients (86.7%) experienced 35 flares during follow-up, with 15/35 flares recorded during pregnancy
- 2/15 patients experienced no flares
- 7/13 patients (53.8%) experienced more than one flare
- The median (min, max) duration of a flare was 2.4 (0.4, 209.7) weeks
- Almost half of patients (6/13; 46.2%) who experienced a flare during pregnancy did so during their third trimester

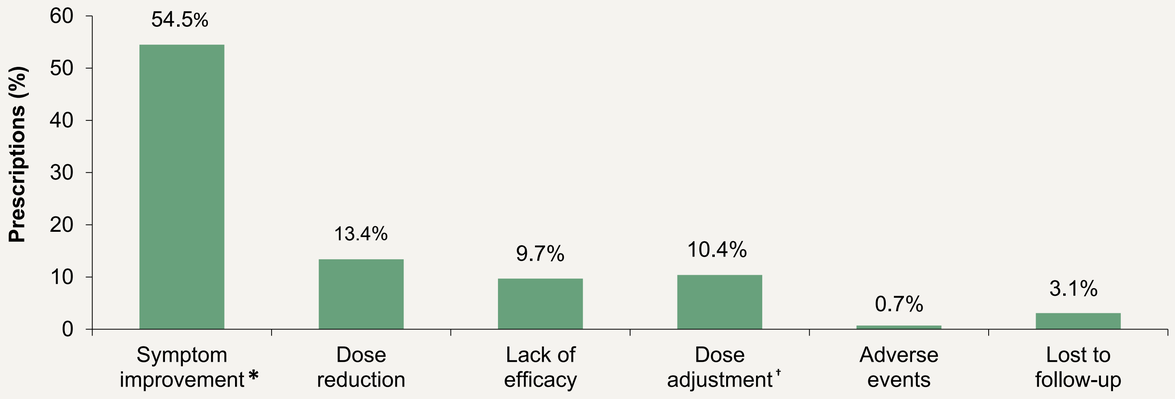
GPP treatment during follow-up*

- There were **134 prescriptions** for treatments to manage the 35 flares that occurred during follow-up, including 48 (35.8%) for corticosteroids, 18 (13.4%) for cyclosporin, and eight (6.0%) for methotrexate (methotrexate and acitretin are both contraindicated during pregnancy*)



*The SCRIPTOR data do not provide further information on definitions and time periods for treatment used in pregnancy. Hence the presented data cannot be assigned specifically to the time when the patient was pregnant.
†Other treatments (n=56) were not recorded by therapeutic class, but the most frequently prescribed were potassium permanganate n=16, chlorphenamine n=9, cefuroxime n=7, paracetamol n=4, folic acid n=3.

- The mean ± SD duration of medication use was **94.3 ± 203.4 days**; the median (min, max) duration was **9 (1, 1,475) days**
- Symptom improvement or end of treatment (73/134, 54.5%) was the most common reason for **prescription termination**, followed by dose reductions (18/134, 13.4%), dose adjustment (14/134, 10.4%), and lack of efficacy (13/134, 9.7%)



*Includes symptom improvement or resolution and end of treatment.
†Includes dose decrease and formulation change.

Abbreviations CS, corticosteroids; GPP, generalized pustular psoriasis; RWE, real-world evidence; SD, standard deviation.

Acknowledgements The authors meet criteria for authorship as recommended by the ICMJE. The authors did not receive payment related to the development of the poster. Paul Littlebury, PhD, of Bioscript Group, provided writing, editorial support and formatting assistance, which was contracted and funded by Boehringer Ingelheim and LEO Pharma A/S. Boehringer Ingelheim and LEO Pharma A/S were given the opportunity to review the poster for medical and scientific accuracy as well as intellectual property considerations. The study was supported and funded by Boehringer Ingelheim and LEO Pharma A/S. We thank all investigators for their contributions to study implementation.

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Disclosures **LM** reports honoraria from AbbVie, Almirall, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Fresenius-Kabi, Janssen-Cilag, LEO Pharma, Lilly, Novartis, Pfizer, and UCB for consultant, speaker, investigator, scientific officer, steering committee member, and/or advisory board member activities. **DJ** reports honoraria from AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Fresenius-Kabi, Janssen-Cilag, LEO Pharma, Lilly, Medac, MSD, Novartis, Pfizer, Sanofi, Sandoz, and UCB for consultant, speaker, investigator, scientific officer, steering committee member, and/or advisory board member activities. **MV** reports receiving research grants from Janssen Cilag, consulting fees from Nordic Pharma, Janssen, Bristol Myers Squibb, AbbVie, Galderma, Leo Pharma, Medac, Boehringer Ingelheim, Almirall, and Lilly, and honoraria and/or travel support from Nordic Pharma, Janssen Cilag, AbbVie, Medac, Boehringer Ingelheim, and UCB. **RBW** reports receiving research grants from AbbVie, Almirall, Amgen, Celgene, Janssen, Lilly, Leo, Novartis, Pfizer and UCB; and consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, DiCE, Galderma, GSK, Immunocore, Janssen, Lilly, Leo, Meiji Pharma, Nektar Therapeutics, Novartis, Pfizer, RAPT Pharmaceuticals, Sanofi, Sun Pharma, Takeda, UCB and UNION. **CEMG** has received honoraria and/or travel or research grants from AbbVie, Almirall, Amryt, Anaptysbio, Artax, Boehringer Ingelheim, Boots UK, Bristol Meyers Squibb, Evelo Bioscience, GSK, Inmagene, Johnson & Johnson, Eli-Lilly, Novartis, Nxera, Sun Pharma and UCB. **LRS** has received honoraria for serving as speaker and/or advisor for AbbVie, Beiersdorf, Boehringer Ingelheim, DKSH, Galderma, Glenmark, GSK, Hyphens, Johnson & Johnson, Loreal, Menarini, Novartis, Pfizer, Sanofi, Taisho, and ZP Therapeutics. **AMA** has received honoraria for serving as a speaker and/or advisor for AbbVie, Beiersdorf, Boehringer Ingelheim, DKSH, Galderma, Glenmark, GSK, Hyphens, Johnson & Johnson, Livemed, Loreal, Menarini, Novartis, Pfizer, Sanofi, Taisho, and ZP Therapeutics. **RM** reports receiving grants for clinical trials and/or honoraria for advisory board or speaker activities from AbbVie, J&J, Novartis, BMS, UCB, Boehringer-Ingelheim, Galderma, Lilly, Pfizer, La Roche Posay. **AT** has received honoraria from AbbVie, Boehringer Ingelheim, Eli Lilly, Johnson & Johnson, Novartis and BMS for advisory board, consultant, speaker and investigator activities, from Leo Pharma, UCB Biopharma, and Sun Pharma for advisory board, consultant and speaker activities, Pfizer for speaker and advisory board activities and Sanofi for speaker activities. **SM** declares paid consulting activities for Boehringer Ingelheim. **WHC** has no conflicts of interest to declare. **TFT** reports conducting clinical trials for or receiving consulting fees/honoraria from Abbvie, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Eli-Lilly, Galderma, GSK, Janssen-Cilag, Leo Pharma, Merck Sharp and Dohme, Novartis International, Pfizer, PharmaEssentia, Sanofi, and UCB Pharma.

BL, NP, SAK, and RSS are employees of Boehringer Ingelheim. **MGL** is an employee of Mount Sinai and receives research funds from AbbVie, Amgen, Arcutis, Avotres, Boehringer Ingelheim, Cara therapeutics, Dermavant Sciences, Eli Lilly, Incyte, Inozyme, Janssen Research & Development, LLC, Ortho Dermatologics, Pfizer, Sanofi-Regeneron, and UCB; and is a consultant for Almirall, AltruBio Inc., AnaptysBio, Apogee, Arcutis, Inc., AstraZeneca, Atomwise, Avotres Therapeutics, Brickell Biotech, Boehringer Ingelheim, Bristol Myers Squibb, Castle Biosciences, Celltrion, Corevitas, Dermavant Sciences, EPI, Evommune, Inc., Facilitation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Galderma, Genentech, Incyte, LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Sanofi-Regeneron, Seanergy, Strata, Takeda, Trevi, and Verrica. **XG** has received personal fees for acting as an advisor, consultant and lecturer for Eli Lilly, GlaxoSmithKline, Janssen, LEO Pharma, Novartis, Pfizer, Pierre Fabre, Regeneron Pharmaceuticals Inc. and Sanofi; has acted as a consultant/advisory board member for AbbVie, Boehringer Ingelheim, Novartis, Pfizer and Sanofi; and has acted as an investigator for AbbVie, AstraZeneca, Bristol Myers Squibb, Eli Lilly, Huarun, JiaLan, LEO Pharma, Pfizer, Puqi and Sanofi.

Presented at ISPOR Europe 2025, November 9–12, 2025, Glasgow, Scotland, UK