

PATIENT PROFILES AND TREATMENT PATTERNS IN MODERATE-TO-SEVERE PLAQUE PSORIASIS IN POLAND

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RWD187

BACKGROUND

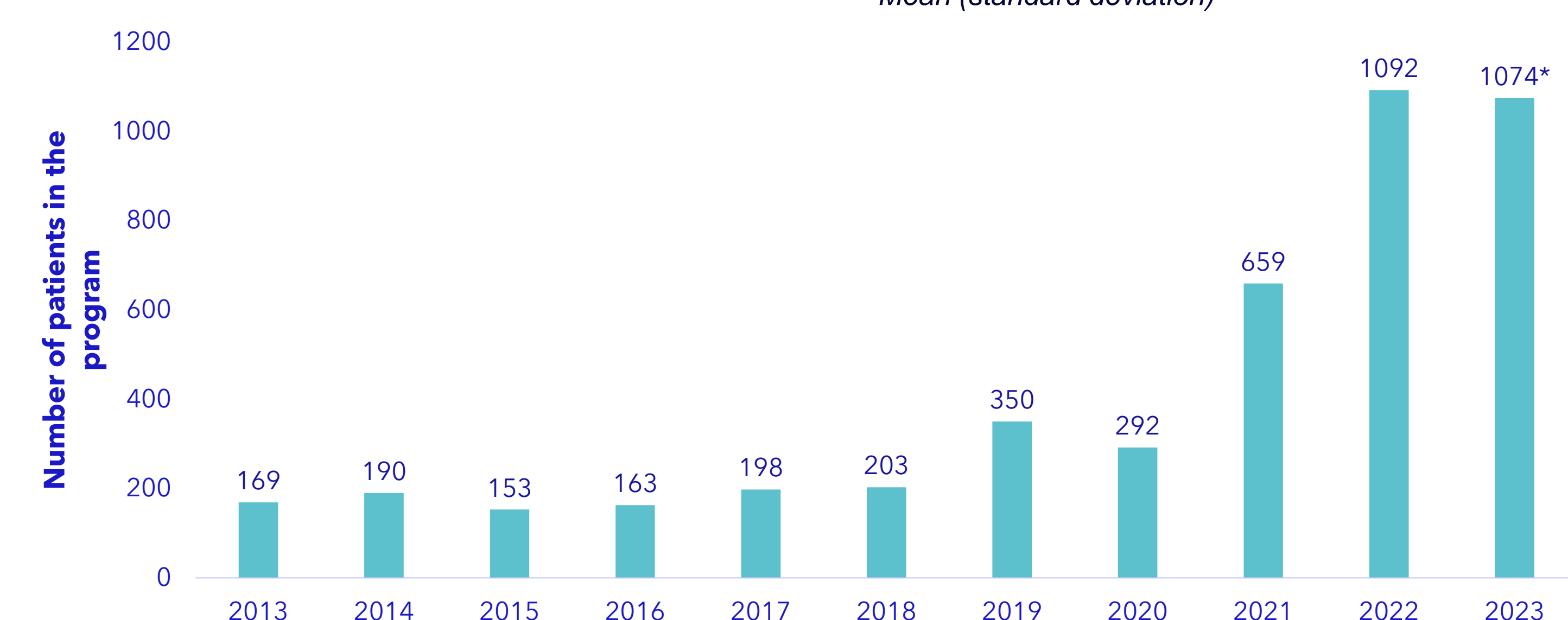
- Psoriasis is a chronic autoimmune dermatological disease characterised by patches of flaky skin. Plaque psoriasis is the most common variant of the disease.¹ The condition can significantly decrease patients' quality of life both because of pain in the affected parts of the body and social exclusion.²
- It is estimated that about 1 million people in Poland suffer from psoriasis, which makes it one of the most common dermatological diseases affecting patients there.³
- Currently available treatments for psoriasis patients in Poland include⁴:
 - Topical treatment
 - Phototherapy
 - Conventional systemic treatment
 - Biological agents
- In Poland, the treatment of moderate-to-severe plaque psoriasis using biological agents is available through participation in a drug program B.47 "Treatment of moderate-to-severe plaque psoriasis (ICD-10: L40.0)".

OBJECTIVE

- The present study aimed to investigate profiles of moderate-to-severe plaque psoriasis patients treated with biological agents in Poland, as well as the patterns of biological treatment over recent years.

METHODS

- The analysis was based on data from a Polish drug program number B.47 "Treatment of moderate-to-severe plaque psoriasis (ICD-10: L40.0)", covering biological treatment of the disease. The program started in 2013 and has continued to the present day. This study focused on data since the beginning of the program in 2013 until 19th of October 2023.



* Data available up to October 2023

Figure 1. Number of patients in the B.47 drug program

- The psoriasis-specific measures used to determine disease severity in the study were Psoriasis Area and Severity Index (PASI), Body Surface Area (BSA) and Dermatology Life Quality Index (DLQI) (Table 1).

Table 1. Psoriasis-specific measures of disease severity

Psoriasis Area and Severity Index (PASI)
Scale assessing both body area affected by the disease and its severity, ranging from 0 to 72 ⁵
Body Surface Area (BSA)
% of body area affected by the disease ⁶
Dermatology Life Quality Index (DLQI)
Dermatology-specific quality of life (QoL) questionnaire, score ranging 0 to 30 with 0 meaning no negative impact of disease ⁷

- The dataset used in this study comprised anonymised data from all participants in the B.47 program since its beginning in 2013 to 19th of October 2023. The patient-level data included age, gender, weight, date of program enrolment, baseline PASI, BSA and DLQI values and repeated measurements collected throughout the participation in the program.
- The inclusion criteria have evolved throughout the course of the program. Initially, patients had to have PASI ≥ 18 , BSA ≥ 10 and DLQI ≥ 10 . However, since March 2023, patients with a PASI score of ≥ 10 have been eligible to participate.

Table 2. Baseline patients' characteristics

CHARACTERISTIC	VALUE
Age ^a	32.4 (12.2)
Male [%]	69
Weight ^a [kg]	86.4 (21.2)
Previous conventional systemic therapy [%]	100
Previous biological therapy [%]	14
PASI ^a	19.4 (8.0)
BSA ^a	28.6 (18.1)
DLQI ^a	20.8 (5.4)

^a Mean (standard deviation)

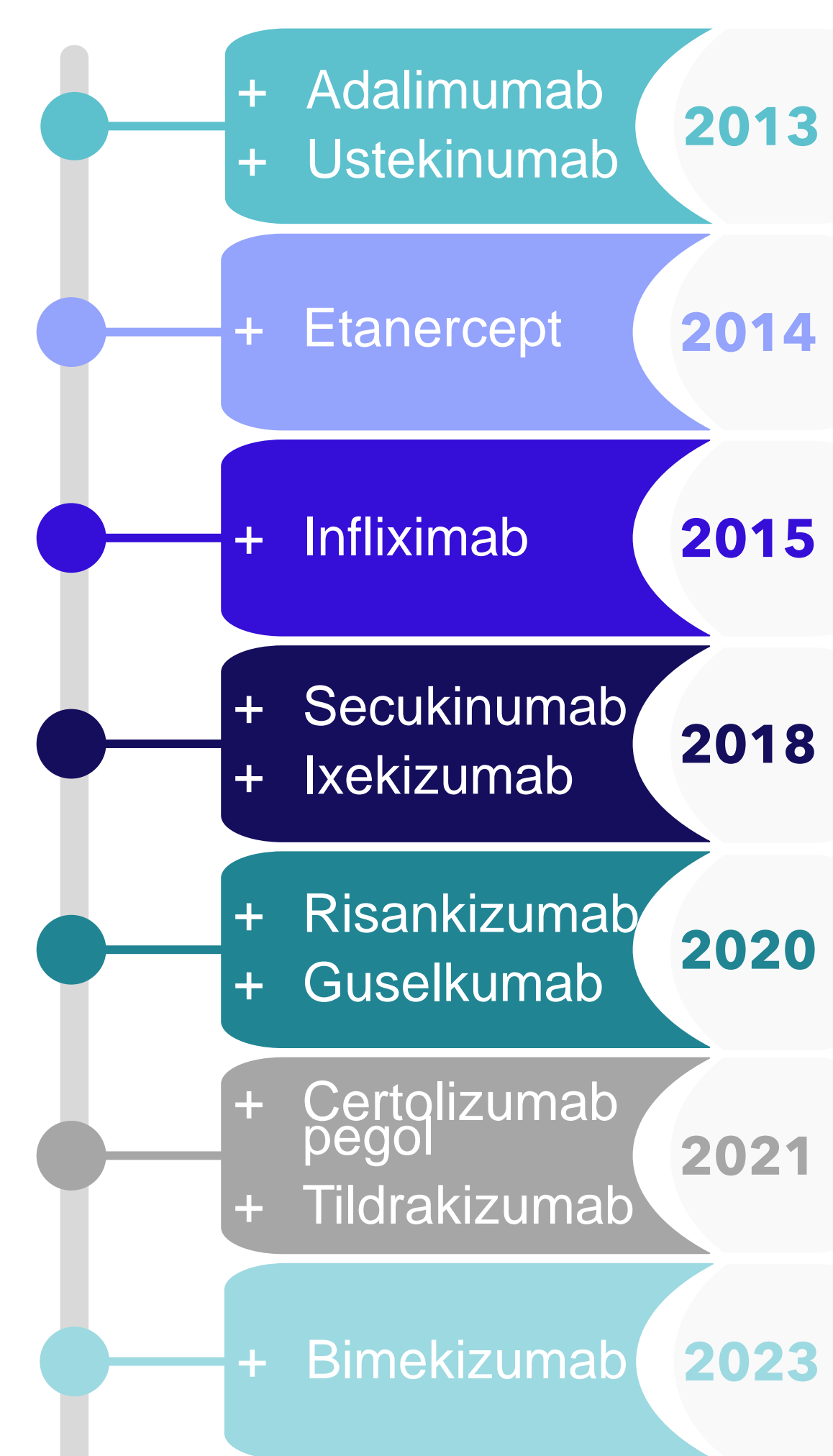


Figure 2. Timeline of changes in the availability of the biologic agents in the B.47 program

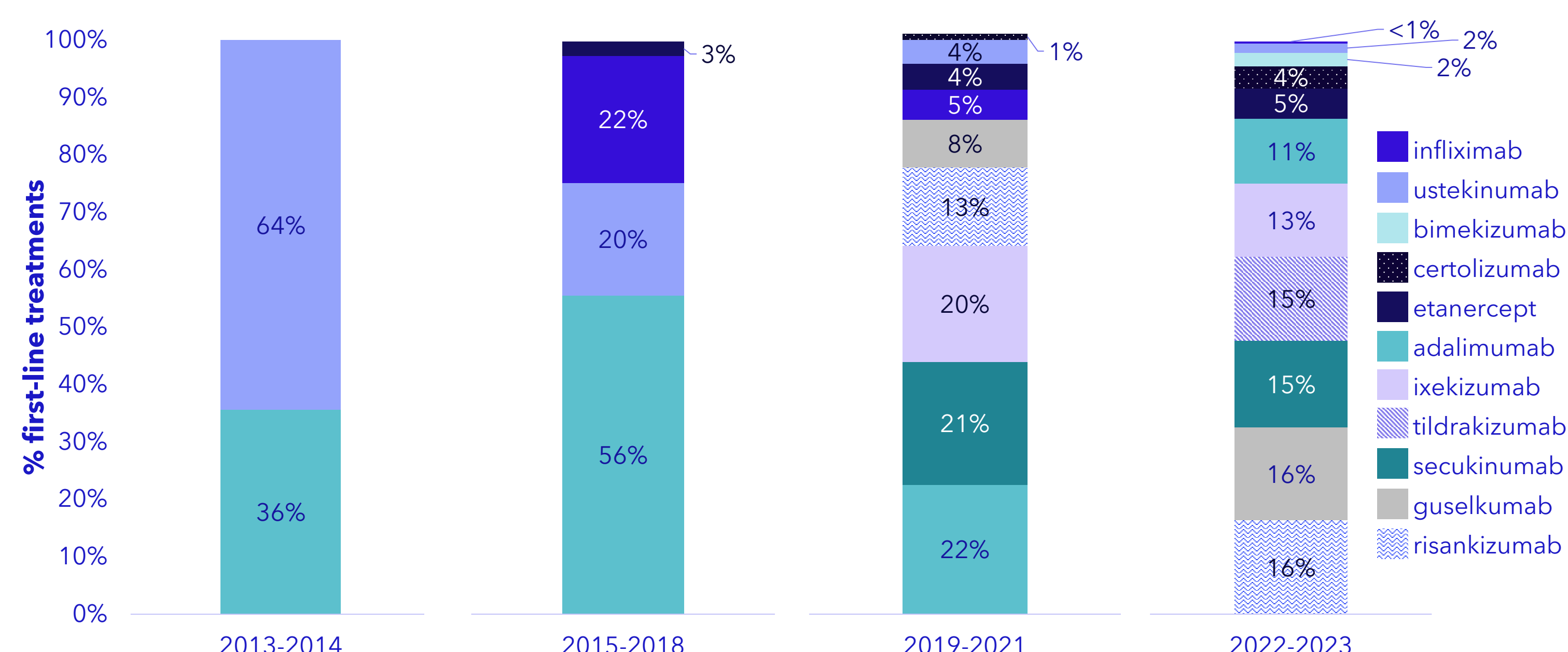


Figure 3. Percentage of drugs used as first-line drugs in the B.47 drug program

RESULTS

- The number of participants has grown in the last few years with 169 participants in 2013 and 1074 in 2023 up to October (Figure 1). The most significant growth has been observed in 2021 and 2022.
- Baseline characteristics of the B.47 program participants were presented in Table 2. All patients had undergone an unsuccessful conventional therapy prior to joining the B.47 program, as it was a key inclusion criterion.
- The average baseline DLQI value of 20.8 was noteworthy, indicating significant impairment of patients' QoL. According to literature, DLQI above 10 indicates very large and DLQI ≥ 21 means extremely large effect on patients' life.⁷

- The number of available therapies has also been evolving. In 2013, adalimumab and ustekinumab were the only biologic agents included in the program. By 2023, the number of available treatment options had increased to 11 drugs. Most recently, in March 2023, bimekizumab was added to the list.
- As the number of available biologics has been changing over time, so has their usage (Figure 3). In 2022-2023, the most common first-line treatments were risankizumab (16% of new program participants) and guselkumab (16%), while the least frequently selected were infliximab (0%) and ustekinumab (2%). Bimekizumab was introduced to the program in March 2023, thus the results for this drug were not informative.

CONCLUSIONS

- Profiles of the patients with moderate-to-severe plaque psoriasis joining the Polish B.47 drug program highlight that the patients experience a substantial decline in their quality of life.
- Over time, an increasing number of patients have been treated with biological agents, reflecting shifts in clinical practice and improved access to these therapies, even for those with less severe disease.
- The range of available therapies has expanded over the years, reaching a total of 11 by 2023.

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