

Reports on Scientific Meetings

Scientific Dinner Symposium

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The practical role of biologics in treating psoriasis with real case study

Speaker: Prof. Christopher Griffiths
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According to the National Institute of Clinical Excellence Guidelines, psoriasis patients with Psoriasis Area and Severity Index (PASI) >10 or body surface area >10% are considered as criteria for starting systemic therapy. Biologics have become more widely used as systemic therapy. The current available biological treatments have been shown to provide good PASI 75/90 response together with a satisfactory 5-year safety profile. From the literature, etanercept was shown to have a less favourable efficacy but better evidence for the use in children. Ustekinumab was listed as second choice in the British Association of Dermatology Guidelines published in 2009 because of limited safety data. The speaker suggested that it could

be considered as a first-line biologic because of the availability of more safety data nowadays. Stopping biologics may result in flare in most cases but if they are stopped for financial reasons for example, the same biologics will still lead to a good response if they are restarted. If the efficacy drops because of antibody formation, another biologic can be used. However, it would be better to switch to another class of biologics if it has shown that the drug level of the original one is adequate. During switching, the washout period between the two biologics should not be too long to prevent a major flare. The future of biologics may lie on stratified medicine whereby tests can select patients who will respond well to a particular class of biologic. For example, positive HLA-Cw0602 was found to be associated with good response to ustekinumab and the presence of anti-nuclear antibody may be associated with loss of response to biologics of anti-TNF α class.

Learning points:

There are still many questions on the use of biologics. Stratified medicine in future may aid in selecting the right treatment for the patient.