Scientific Webinar

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Psoriasis management today: What can we now achieve?

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Psoriasis may develop in a susceptible persons under the influence of certain environmental triggers. Nowadays, molecular studies suggest that Th17 cells and varies cytokines play a salient role in the inflammatory process of inducing psoriasis. Medications for psoriasis vary in the mechanism of action, targeting engagement, and bioavailability. For example, current data shows that the IL-23 inhibitor, risankizumab, has the highest affinity for target engagement and a high bioavailability within its group. Such pharmacological properties may translate into clinical efficacy. However, the actual clinical responsiveness may still differ and rarely, immunogenicity may develop against IL-23 inhibitors in a patient. That is why no single class of biologics, so far can totally replace the others in the management of psoriasis. Nevertheless, studies have showed good clinical outcomes for risankizumab, although it does not modify the biological characteristics of the immune system. The PASI score falls gradually after cessation of treatment.

Learning points:

With a better understanding of the molecular basis of psoriasis and advances in pharmaceutical treatment, PASI 100 can now be attained. Th17 cells and various cytokines (e.g. IL-17, IL-23, TNF-α) are important in the inflammatory pathways of inducing psoriasis. Pharmacological properties may determine the clinical effects of a drug, but the actual clinical responsiveness may still differ between patients.