



PRACTICAL AND CLINICAL INSIGHT INTO TODAY'S GENERAL DERMATOLOGY ISSUES



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**Feature:
PSORIASIS Update**

- [By Larisa Hubbs, Executive Editor](#)

A look at news and research highlights.

**At-Home UVB Therapy vs. Systemic Therapies
Calculating the Lifetime Cost of Care Compared to Other Therapies**

At-home treatments with ultraviolet type-B (UVB) phototherapy can offer a convenient option for patients with psoriasis. Published studies indicate that efficacy of UVB phototherapy is anywhere from 60% to 90%.

To compare treatment options, researchers developed a payer-perspective model comparing the lifetime costs of methotrexate, efalizumab (Raptiva) etanercept (Enbrel), adalimumab (Humira) and home UVB phototherapy.

TREATMENT	ADMINISTRATION	DOSE	TREATMENT FREQUENCY	LABS
Home UVB	N/A	6 minutes	Every Other Day	None
PUVA	Oral	40 mg	30 Treatments Per Year	None
Methotrexate	Oral (Tablet)	15 mg	Weekly	CBC and LFT Eight Times a Year
Acitretin	Oral	25 mg	Daily	Lipids and LFT Four Times a Year
Alefacept	Intramuscular (In Office)	15 mg	18 Treatments a Year	CD4 Count w/ Each Injection
Efalizumab	Subcutaneous	75 mg	Weekly	CBC Six Times a Year
Adalimumab	Subcutaneous	40 mg	Every Other Week	PPD at Initiation
Etanercept	Subcutaneous	50 mg	Weekly	PPD at Initiation

Only direct costs (not the time commitment associated with some therapies) of home phototherapy were included. These costs included the price of the unit, bulb replacement and administration costs (if applicable), laboratory monitoring and follow-up visits. After gathering and analyzing the data, researchers concluded that phototherapy treatment, "and that they should encourage physicians to "make greater use of home UVB phototherapy. Here were some specific findings:

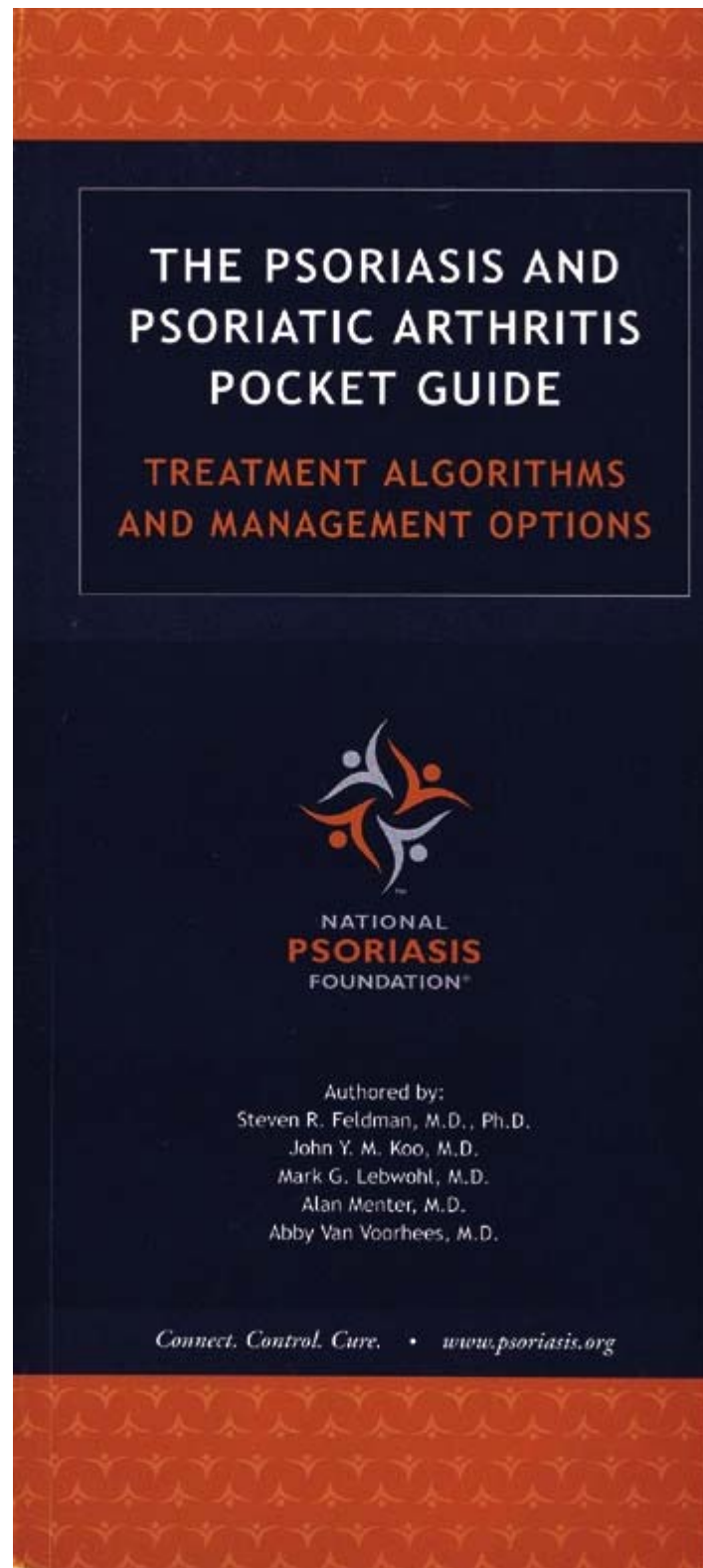
- Home UVB monotherapy cost about \$7,100 for a 30-year course of treatment.
 - The cost of methotrexate was \$19,100.
 - PUVA therapy came in around \$37,600.
 - Acitretin monotherapy cost about \$75,100.
 - Treatment with biologic therapies ranged from \$171,900 to \$319,356.
- For more details on cost comparisons, see Table Two: "How the Treatments Com

TABLE 2

HOW THE TREATMENTS COMPARE

TREATMENT	ANNUAL DRUG COST	ANNUAL TREATMENT ADMINISTRATION & OTHER	ANNUAL LABORATORY
Home UVB	None	\$2,150	None
Methotrexate	\$398	\$412	\$241
PUVA	\$816	\$1,410	None
Acitretin	\$4,471	None	\$137
Efalizumab	\$10,702	None	\$73
Etanercept	\$16,198	None	\$9
Adalimumab	\$17,818	None	\$9
Alefacept	\$17,910	\$406	\$1,597

Authors: CB Yelverton, AS Kulkarni, R Balkrishnan, SR Feldman.



Free Treatment Guide

Looking for a tool to better help you develop a treatment strategy for your psoriasis? Developed by an expert panel of clinicians, the guide is designed to do the following:

- Define the severity of psoriasis and psoriatic arthritis and develop an appropriate treatment plan.
- Differentiate psoriasis from other diseases with similar looking lesions.
- Diagnose patients who have moderate or severe disease and determine which treatment options are most appropriate.

- Discuss therapeutic options and appropriate doses that correspond to a patient's condition.
- Authors of the book include Dr. Steven Feldman, Dr. John Koo, Dr. Mark Lebwohl

To order your free guide, contact the National Psoriasis Foundation at physicians@psoriasis.org

3-Year Study Results for Efalizumab

At this year's winter American Academy of Dermatology meeting, final results were announced for the 3-year study of efalizumab. "This is the longest continuing dose trial with a biologic for the treatment of psoriasis with biologics."

In addition, Dr. Leonardi said that this study represents the first time that a biologic has been used in a long-term study. Data from the 36-month, Phase IIIb open-label study of patients with moderate-to-severe plaque psoriasis are as follows:

At 33 months, 151 patients remained in the study and continued to receive weekly efalizumab.

- 75% of these patients had a 75% or greater improvement on the Psoriasis Area and Severity Index (PASI).
- 41% of patients achieved PASI-90.

At 36 months, 113 patients remained in the study and were still receiving weekly efalizumab.

- 73% of patients achieved PASI-75.
- 40% of patients achieved PASI-90.

In addition to studying patients taking efalizumab alone, a small number of patients were also studied taking efalizumab with phototherapy. Patient response rates were similar to those of patients taking efalizumab alone.

Study Authors: CL Leonardi, KB Gordon, TK Hamilton, I Caro, P Kwon, R Chastain

Anti-Interleukin-12 and Interleukin-23 Show Promise

At the Society for Investigational Dermatology meeting this past May in St. Louis, Missouri, a new biologic, ixekicimab, is in Phase II trials under the aegis of Centocor, Inc. Ixekicimab is a human monoclonal antibody that targets interleukin-12 and interleukin-23.

A double-blind, placebo-controlled Phase II study of 321 patients with moderate-to-severe plaque psoriasis was conducted. Patients received a single dose, 50-mg weekly for 4 weeks (200 mg total), 100-mg weekly for 4 weeks (400 mg total), or 200-mg weekly for 4 weeks (800 mg total).

Patients were assessed at 12 weeks for achievement of PASI-75, and the results are as follows:

- 50-mg dose: 51.6% of patients undergoing treatment vs. 1.6% receiving placebo
- 100-mg dose: 59.4% of patients undergoing treatment vs. 23.4% receiving placebo
- 200-mg dose: 67.2% of patients undergoing treatment vs. 29.7% receiving placebo
- 400-mg dose: 81.3% of patients undergoing treatment vs. 43.8% receiving placebo

PASI-90 was achieved in 51.6% of patients in the entire treatment group vs. 1.6% in the placebo group. However, most adverse events were not serious. Serious adverse events were experienced by 1.6% of patients in the entire treatment group.

Study Authors: R Langley, M Lebwohl, C Leonardi, N Yeilding, C Guzo, Y Wang, L Dooley, GG Kreuger.

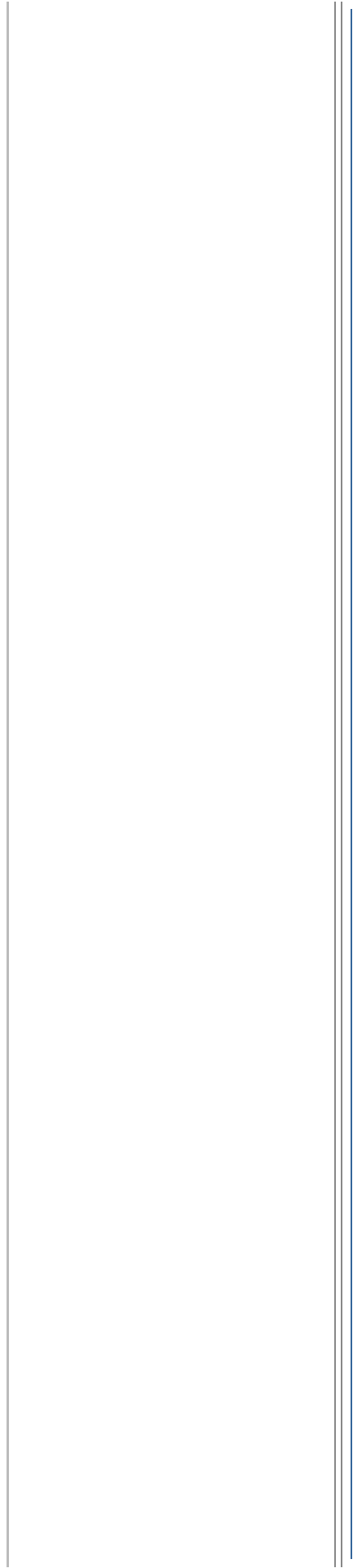
Recalcitrant Hand and Foot Psoriasis: One Successful Patient

A 54-year-old mechanic with a 7-year history of hand and foot psoriasis presented with severe disease. He had failed treatment with cyclosporine and acitretin. However, after 3 months of this combination therapy, he achieved PASI-90.

Past Treatment Successes and Failures

The first treatment he'd received was with acitretin and topical psoralen-UVA (PUVA). The dosage of acitretin was 25 mg daily and the frequency of PUVA treatments was increased from once to twice weekly. However, the treatment failed to have an effect and was discontinued after 10 weeks. The patient then underwent treatment with cyclosporine and topical corticosteroids. However, the cyclosporine was discontinued after 10 weeks due to hypertension and malaise. Next, the patient received therapy with etanercept (Enbrel) and topical corticosteroids. However, the etanercept was discontinued after 10 weeks due to malaise.







This patient's uncontrolled psoriasis (top) responded only minimally to treatment with etanercept, cyclosporine, and methotrexate.

Another Try

In March 2004, the patient began therapy with efalizumab (Raptiva) at a dose of 1 mg/kg weekly. By 8 weeks, the patient's hand and foot psoriasis had dramatically improved and cleared. He was treated with efalizumab weekly plus a lowered dosage of acitretin (25 mg every other day). See the "after" images. Fifteen months after this patient began therapy with efalizumab, his disease remained in remission.

Case Study Author: J Crowley.

Etanercept Approved for Expanded Indication for Psoriatic Arthritis

Etanercept (Enbrel), which was granted approval to treat psoriatic arthritis in 2005 — the first drug to obtain this expanded indication. For more details of this approval, see the article below.
