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UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Title: An evaluation of current prescribing practices among experts in psoriasis management for patients with severe psoriasis and a malignancy diagnosis.

<https://form.jotform.com/233411444898361>

What are we trying to achieve?

Managing patients with severe psoriasis refractory to or unsuitable for topical treatment or phototherapy can be difficult, particular in the setting of concomitant or previous malignancy. There is a paucity of data available to guide dermatologists and oncologists in the management of these patients. Guidelines from the American Association of Dermatology (AAD), British Association of Dermatology (BAD) and the European EuroGuiDerm are vague and sometimes conflicting. They offer limited guidance for specific cancers at different stages. We hope to explore prescribing practices among experts in psoriasis management for their patients with psoriasis who have been diagnosed with a new malignancy while on a systemic or biologic agent or who have previously been diagnosed with a malignancy but who require a systemic or biologic agent for their psoriasis.

Section 1.

Questions:

1. Which best describes your practice setting
 - a. Dermatologist in academic institution
 - b. Dermatologists in private practice
 - c. Dermatologist in combination of academic and private practice
2. What region do you practice in
 - a. North America
 - b. Central America
 - c. South America
 - d. Europe
 - e. Asia
 - f. Australia
3. How many patients with a diagnosis of psoriasis do you see per week?
 - a. < 10 patients with psoriasis per week
 - b. 10-20 patients per week
 - c. 20-50 patients per week
 - d. >50 patients per week
4. Do you feel the current literature and available guidelines provide clear and instructive advice regarding the management of patients with uncontrolled psoriasis with a diagnosis of malignancy who require systemic or biologic treatment?
 - a. Yes
 - b. No
 - c. Unsure
5. Were you aware of the below guidelines on the management of psoriasis in the setting of malignancy ? Select all those familiar to you:

- a. Joint American Academy of Dermatology/National Psoriasis Foundation Guidelines 2020
 - b. EuroGuiDerm Guidelines 2020
 - c. British Association of Dermatology Guidelines 2017
6. Do you discuss the potential risks of malignancy with all patients before commencing a systemic or biologic agent?
 - a. Always
 - b. Very Often
 - c. Sometimes
 - d. Rarely
 - e. Never
7. Do you check that relevant patients on systemic/biologic agents are up to date with national breast and cervical screening programs at least annually?
 - a. Always
 - b. Very Often
 - c. Sometimes
 - d. Rarely
 - e. Never
8. Do you think there is an increased risk of immunosensitive cancers (lymphoma, squamous cell carcinoma) with any of the systemic and biologic agents used for the treatment of psoriasis? Please select all those that apply.

	Methotrexate	Fumaric Acid Esters	Apremilast	TNF alpha inhibitors	Ustekinumab (anti-IL-12/23 antibody)	Anti -IL-17 antibodies	Anti -IL-23 antibodies
Cause increased risk of immunosensitive cancers							

9. Do you prescribe UVB(TLO1) therapy more frequently in those patients with a diagnosis of malignancy in an attempt to avoid or delay prescribing a systemic agent?
 - a. Always
 - b. Very Often
 - c. Sometimes
 - d. Rarely
 - e. Never
10. Do you contact the patient's oncology team if they have a diagnosis of malignancy within the last 5 years but require systemic or biologic agent for psoriasis?
 - a. Always
 - b. Very Often
 - c. Sometimes

- d. Rarely
- e. Never

Section 2

The following questions explore a number of systemic and biologic agents that may be prescribed in various settings of malignancy for those patients with uncontrolled severe psoriasis where topical agents/phototherapy have failed or are not suitable. The malignancies of breast cancer, melanoma, prostate cancer and lymphoma will be examined. The column to the left describes three clinical scenarios for each malignancy.

Please select every agent that you would feel comfortable or somewhat comfortable prescribing in each of the clinical scenarios for each malignancy.

1. A patient with Stage 1 **breast cancer** also has uncontrolled severe psoriasis, where topical agents/phototherapy have failed or are not suitable, and requires a systemic agent. Please select every agent that you would feel comfortable or somewhat comfortable prescribing:

	Methotrexate	Fumaric Acid Esters	Apremilast	TNF alpha inhibitors	Ustekinumab (anti-IL-12/23 antibody)	Anti -IL-17 antibodies	Anti -IL-23 antibodies
>5 years remission							
1-4 years remission							
Current malignancy							

2. A patient with Stage 1 **melanoma** also has uncontrolled severe psoriasis, where topical agents/phototherapy have failed or are not suitable, and requires a systemic agent. Please select every agent that you would feel comfortable or somewhat comfortable prescribing:

	Methotrexate	Fumaric Acid Esters	Apremilast	TNF alpha inhibitors	Ustekinumab (anti-IL-12/23 antibody)	Anti -IL-17 antibodies	Anti -IL-23 antibodies
>5 years remission							
1-4 years remission							
Current malignancy							

3. A patient with Stage 1 **prostate cancer** also has uncontrolled severe psoriasis, where topical agents/phototherapy have failed or are not suitable, and requires a systemic agent. Please select every agent that you would feel comfortable or somewhat comfortable prescribing:

	Methotrexate	Fumaric Acid Esters	Apremilast	TNF alpha inhibitors	Ustekinumab (anti-IL-12/23 antibody)	Anti -IL-17 antibodies	Anti -IL-23 antibodies
>5 years remission							
1-4 years remission							
Current malignancy							

4. A patient with Stage 1 **lymphoma** also has uncontrolled severe psoriasis, where topical agents/phototherapy have failed or are not suitable, and requires a systemic agent. Please select every agent that you would feel comfortable or somewhat comfortable prescribing:

	Methotrexate	Fumaric Acid Esters	Apremilast	TNF alpha inhibitors	Ustekinumab (anti-IL-12/23 antibody)	Anti -IL-17 antibodies	Anti -IL-23 antibodies
>5 years remission							
1-4 years remission							
Current malignancy							

5. A patient with **metastatic renal cell cancer** also has uncontrolled severe psoriasis, where topical agents/phototherapy have failed or are not suitable, and requires a systemic agent. Please select every agent that you would feel comfortable or somewhat comfortable prescribing:

	Methotrexate	Fumaric Acid Esters	Apremilast	TNF alpha inhibitors	Ustekinumab (anti-IL-12/23 antibody)	Anti -IL-17 antibodies	Anti -IL-23 antibodies
>5 years remission							
1-4 years remission							
Current malignancy							

6. If you would like to give a description of your current practice or if you have any thoughts regarding this clinical situation please comment below: