New Psoriasis Treatments Boast Ease, Convenience

BY PATRICE WENDLING
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PHOTOS COURTESY DR. ALEXA B. KIMBALL

An abdominal psoriatic plaque is shown at baseline (left) and after 4 weeks (middle) and 12 weeks of twice daily treatment with topical Psorent solution.

CHICAGO — A topical coal-tar solution that doesn't smell, a user-friendly hydrogel patch, and supraerythemogenic phototherapy were among the innovative approaches to psoriasis discussed at the American Academy of Dermatology Academy's 2008 meeting.

The NeoStrata Co. has launched Psorent, a steroid-free topical coal-tar solution that uses a novel, lightly occlusive liquid wax vehicle to reduce the odor and staining that caused traditional coal-tar solutions to fall out of favor. It contains 15% liquor carbonis distillate, equivalent to 2.3% coal tar, is available without a prescription, and features a dab-on applicator that avoids touching the solution or plaques.

In an ongoing NeoStrata-supported trial of patients with moderate plaque psoriasis, significantly more patients (30% of 23) randomized to twice-daily Psorent had at least a 75% reduction in Psoriasis Area and Severity Index (PASI) scores at 12 weeks, compared with none of the 25 patients randomized to twice-daily calcipotriol cream 0.005% (Dovonex).

Patients rated Psorent as "very easy" or "extremely easy" to use and its scent and staining near neutral. Treatment-related adverse events were comparable for both groups, according to interim results for 48 patients reported in a poster by principal investigator Dr. Alexandra B. Kimball of Massachusetts General and Brigham and Women's hospitals, Boston, and associates.

In a psoriasis symposium at the meeting, Dr. Jerry Bagel discussed a second study comparing narrow-band UVB phototherapy three times a week for 12 weeks plus twice-daily Psorent or placebo. At week 4, 75% of patients treated with Psorent plus phototherapy were clear or almost clear, whereas it took 7 weeks to clear with placebo plus phototherapy.

"This may be an effective modality to add on to phototherapy to decrease the amount of treatments, co-pays, and now the cost of driving to psoriasis centers," said Dr. Bagel, a dermatologist in private practice in East Windsor, N.J.

Dr. John Koo said the Envela (Teikoku Pharma USA Inc.) hydrogel occlusion patch might finally make occlusion therapy feasible for psoriasis.

The dressing is composed of a hydrogel layer on a very thin and flexible, skin-colored, gas- and water-impermeable urethane backing. Unlike other patches, Saran wrap, or tapes, Envela appears to be both reasonably priced and user friendly, he said.

In an open-label study in 120 patients with mild to severe plaque psoriasis, twice-daily dressing with Envela alone produced some improvements, but noticeably enhanced efficacy and penetration when combined with hydrocortisone 1% cream, tacrolimus, and halobetasol, said Dr. Koo, professor and director of the Psoriasis and Skin Treatment Center, University of California, San Francisco.

Although the treatment was recently approved by the U.S. Food and Drug Administration, Envela's launch has been delayed for internal reasons, Ms. Mia Maslanka of Teikoku product development said in an interview.

Dr. Koo also discussed the potential of supraerythemogenic phototherapy. Traditional phototherapy is limited by its ability to deliver only a minimal erythema dose (MED) to avoid burning healthy skin at the margins of psoriasis. Supraerythemogenic phototherapy uses fiber optic–targeted application of narrow-band UVB to deliver many times the MED to plaques in a single treatment session. This makes phototherapy more aggressive, but healthy skin is spared because the application targets only plaques, which are more tolerant to high-dose UVB and don't burn, he said.

Patients might be cleared in only 10 treatments instead of the traditional 30-40 treatments, making phototherapy much easier to do, Dr. Koo added.

Dr. Kimball is a study investigator for Psorent and has participated in an advisory board meeting for NeoStrata. Dr. Bagel had no conflicts of interest in regards to Psorent. Dr. Koo has been an investigator for Teikoku but was not compensated. ■

Black Box on Efalizumab's Label Warns of Infection Risk

BY ELIZABETH MECHCATIE
Senior Writer

The label of the immunomodulator efalizumab will soon have a black box warning describing the potential risks of progressive multifocal leukoencephalopathy and other life-threatening infections, because of postmarketing reports of these serious infections, the Food and Drug Administration announced last month

Some cases have required hospitalization and some have been fatal, according to a statement issued by the FDA. In addition to progressive multifocal leukoencephalopathy (PML), the boxed warning will list bacterial sepsis, viral meningitis, invasive fungal disease, and other opportunistic infections as risks associated with efalizumab (Raptiva).

The FDA has also requested that Genentech, the manufacturer of efalizumab, submit plans for a risk evaluation and mitigation strategy. Under legislation passed in 2007, the agency can require manufacturers to make safety labeling changes, and to plan a strategy for evaluating and managing a drug's risks, to ensure that the benefits of a drug outweigh its risks, when a safety issue is identified.

"Doctors and other prescribers should carefully evaluate and weigh the risk/benefit profile of Raptiva for patients who would be more susceptible to these risks," Dr. Janet Woodcock, the director of the FDA's Center for Drug Evaluation and Research, said in the statement.

In a letter sent to health care professionals, Genentech described a case of PML in a patient treated with efalizumab for psoriasis, the first confirmed case associated with the immunosuppressive human monoclonal antibody.

The patient is a 70-year-old man, who had been treated with efalizumab for chronic plaque psoriasis for more than 4 years. He is currently hospitalized, a spokesperson for Genentech said.

PML is a rare, often fatal progressive disorder that affects the central nervous system. It is caused by activation of the JC virus, which is latent in more than 80% of healthy adults and usually causes disease only in immunocompromised patients.

"Physicians should consider PML in any patient treated with Raptiva who presents with new onset neurologic manifestations" and should also consider a brain MRI, lumbar puncture, and consultation with a neurologist, the letter advises. Efalizumab should be stopped in any patient who develops PML, and antiviral therapy and other appropriate treatments should be considered, the letter adds. ■

Cardiac Issues Go Unrecognized In Many Patients With Psoriasis

BY KERRI WACHTER
Senior Writer

PARIS — Patients with moderate to severe psoriasis are at increased risk for cardiovascular disorders and diabetes, which often go undiagnosed, according to an analysis of three clinical trials.

"There was a substantial number of psoriasis patients with previously undiagnosed cardiovascular risk factors in this psoriasis clinical trial population," wrote Dr. Alexandra B. Kimball and her colleagues in a poster presented at the annual congress of the European Academy of Dermatology and Venereology.

Of 2,316 psoriasis patients, 27% had a diagnosis of hypertension at baseline; another 13% met the criteria for hypertension but were undiagnosed. Likewise, 20% had a diagnosis of hyperlipidemia at baseline; another 6% met the criteria but were undiagnosed. Last, 11% were diagnosed with diabetes at baseline; another 6% met the criteria but were undiagnosed, wrote Dr. Kimball of the department of dermatology at Harvard Medical School, Boston.

The researchers examined the medical histories of patients with moderate to severe psoriasis in one phase II and two phase III trials investigating the efficacy and safety of ustekinumab. They were enrolled in either the phase II C0379T04 trial (320), the phase III PHOENIX II trial (766), or the phase III PHOENIX III trial (1,230).

Body mass index was used to evaluate the proportion of patients who were overweight (BMI of 25-29 kg/m^2) or obese (BMI of 30 or greater).

Diabetes was defined by a fasting plasma glucose level of at least 7.0 mmol/L. Hypertension was defined as systolic blood pressure of at least 140 mm Hg or diastolic blood pressure of at least 90 mm Hg. Hyperlipidemia was defined as a total cholesterol level of at least 6.2 mmol/L.

Half of the patients were obese (49%) and a third (33%) were overweight. In addition, a third (32%) smoked, a quarter (27%) had hypertension, 20% had hyperlipidemia, and 11% had diabetes.

Patients with moderate to severe psoriasis were 56% more likely to be diabetic than the general U.S. population (prevalence ratio [PR], 1.6). Psoriasis patients were 50% more likely to be obese (PR, 1.5), 37% more likely to smoke (PR, 1.37), 18% more likely to be overweight (PR, 1.18), and 11% more likely to have hyperlipidemia (PR, 1.11).

The study was supported by Centocor Inc., which is developing ustekinumab. Two of Dr. Kimball's coauthors are employed by the company. ■