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Real-world characteristics of patients with psoriasis initiating brodalumab: Findings from the Corrona Psoriasis Registry

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Background: Brodalumab is a fully human anti−interleukin-17 (IL-17) receptor A monoclonal antibody efficacious for the treatment of moderate to severe plaque psoriasis in adults. Limited information on the characteristics of those receiving brodalumab in a real-world setting exists. We describe baseline characteristics of Corrona Psoriasis Registry patients who initiated brodalumab, relative to other biologics for psoriasis.

Methods: This analysis included patients in the Corrona Psoriasis Registry between April 1, 2017, and June 7, 2019, who initiated brodalumab (n = 202) or another biologic agent (tumor necrosis factor inhibitors [n = 685], IL-12/23 or IL-23 inhibitors [n = 1402], or other non-brodalumab IL-17 inhibitors [n = 1422]) at or after enrollment in the registry.

Results: Patients initiating biologics other than brodalumab had a mean age range across non-brodalumab therapy groups of 49.2-51.2 years; 47.0%-54.7% were female, 76.2%-80.7% were white, and 9.5%-11.5% were Hispanic. Patients initiating brodalumab were older (mean age, 52.8 years), more likely to be white (82%), and less likely to be female (42%) or Hispanic (6.5%). The most common reason for initiating any biologic was active disease (range across all therapy groups, 85.5%-87.1%). Patients initiating brodalumab were more biologic experienced (92.1%) than patients initiating other biologics (range across non-brodalumab therapy groups, 36.9%-70.1%). More patients initiating brodalumab had psoriatic arthritis (54.0%) compared with patients initiating other biologics (range across non-brodalumab therapy groups, 30.9%-51.4%).

Conclusions: In this descriptive analysis of real-world data, patients initiating brodalumab were more treatment experienced and had a higher rate of psoriatic arthritis than those initiating other biologics for psoriasis.

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Real-world disease severity of patients with psoriasis initiating brodalumab: Findings from the Corrona Psoriasis Registry

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Background: Brodalumab is a fully human anti−interleukin-17 (IL-17) receptor A monoclonal antibody efficacious for treatment of moderate to severe plaque psoriasis. We describe real-world baseline disease severity of patients initiating brodalumab or other biologic therapies in the Corrona Psoriasis Registry.

Methods: This analysis included patients in the Corrona Psoriasis Registry from April 1, 2017, to June 7, 2019, initiating brodalumab (n = 202) or another biologic agent (tumor necrosis factor [TNF] inhibitors [n = 685], IL-12/23 or IL-23 inhibitors [n = 1402], or other non-brodalumab IL-17 inhibitors [n = 1422]) at or after enrollment. Standardized differences >0.10 suggested meaningful between-group differences.

Results: Brodalumab initiators had longer median duration of psoriatic disease (14 years) compared with patients initiating other biologics (range across non-brodalumab therapy groups, 8-12 years). More brodalumab initiators (28.2%) had investigator's global assessment score of 4 (severe disease) than those initiating other biologics (range across non-brodalumab therapy groups, 16.9%-18.4%). Brodalumab initiators had mean body surface area involvement (15.7%) greater than that in initiators of other IL-17 inhibitors (13.1%) and similar to that in initiators of TNF inhibitors (14.3%) and IL-12/23 or IL-23 inhibitors (14.1%). Prevalence rates of patient-reported history of depression were similar between brodalumab initiators (22.8%) and those initiating IL-12/23 or IL-23 inhibitors (25.7%) or other IL-17 inhibitors (26.7%); prevalence was higher in those initiating TNF inhibitors (31.8%).

Conclusions: Real-world brodalumab initiators had longer duration of psoriatic disease and higher baseline disease severity scores than patients initiating other biologics. Prevalence of patient-reported history of depression at initiation was comparable among initiators of IL-17, IL-12/23, and IL-23 inhibitors.

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Atypical presentation of BAP1-deficient tumors and review of BAP1 tumor predisposition syndrome

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BAP1-deficient tumors (BDTs) are skin-colored to reddish-brown papules which are highly prevalent in BAP1 tumor predisposition syndrome and present at a younger age on average than syndrome-associated malignancies. These melanocytic neoplasms have both characteristic clinical and histologic appearances, and demonstrate loss of BAP1 on immunohistochemical staining. Associated malignancies include uveal and cutaneous melanomas, renal cell carcinoma, and mesothelioma, among others. We present a case of 2 BDTs, one with unusual clinical presentation, found within 1 year on an adolescent with a family history significant for breast cancer, nonmelanoma skin cancer, and dysplastic nevi, prompting pending genetic testing. Current recommendations for screening and management are reviewed.

Commercial disclosure: None identified.

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Acute graft-versus-host disease following liver transplantation mimicking seborrheic dermatitis

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Background: Acute graft-versus-host disease (aGVHD) is a serious and potentially life-threatening complication that most commonly occurs following allogeneic hematopoietic-cell transplantation, but also rarely occurs following solid organ transplantation. Diagnosis can be challenging, since the cutaneous manifestations can mimic a drug eruption, eruption of lymphocyte recovery, or other inflammatory skin disease.

Clinical Findings: We report the case of a 53-year-old African-American man after orthotopic liver transplantation secondary to hepatitis B virus−induced end-stage liver disease who developed low-grade fevers followed by a pruritic dermatitis which started on the face and spread to the trunk within 4 weeks after transplantation. The patient was noted to have good liver allograft function with stable liver enzymes and total bilirubin. He denied nausea, vomiting, or diarrhea. Physical examination revealed scaly hypopigmented macules and early papules with hyperpigmented borders in a seborrheic distribution on the face, faint scaly hyperpigmented macules on the trunk, and multiple erosions of the oral mucosa. Punch and shave biopsies of the back and face demonstrated an interface dermatitis, vacuolar type with sweat duct and follicular involvement associated with scattered necrotic keratinocytes, compatible with aGVHD.

Outcome: The patient was admitted to the hospital and treated with IV methylprednisolone and antithymocyte globulin. He was discharged upon stabilization of symptoms.

Conclusions: Cutaneous manifestations of aGVHD are the most common presenting symptom, making correct identification by dermatologists imperative. This case highlights a presentation of aGVHD that mimicked a subtle dermatitis in a seborrheic distribution in which prompt intervention led to a positive outcome.

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