Real-World Treatment Patterns Among Special Populations in Canada With Psoriasis Involving High-Risk Sites

RWD 185

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INTRODUCTION

- Plaque psoriasis is an immune-mediated, chronic, systemic, inflammatory skin condition that affects the skin and affects 2–3% of Canadians[1,2]
- Psoriasis involvement in high-risk/impact areas, such as the scalp, face, genitals, and intertriginous sites, is associated with reduced quality of life and depression, even when psoriasis involves ≤10% of the overall body surface area[3]
- Topical corticosteroids are commonly prescribed for the treatment of psoriasis[4]; however, their use in high-impact sites is complicated by limitations on duration of use and restrictions on potency because of side effects and systemic absorption, as well as the presence of hair in certain intertriginous areas[5,6]
- Globally, there are unclear and inconsistent definitions of and criteria for "topical treatment failure," specifically in relation to body surface area affected (BSA), high-impact site involvement, and to when systemic therapy (including biologics) should be initiated[6]
- A review of electronic health records was conducted to assess treatment patterns with biologic therapies among individuals in Canada with psoriasis affecting high-impact sites

METHODS

- A retrospective chart review was performed from 30 June 2025 to 30 May 2026 using DERMAID, a Canadian electronic health record database; patients had an active psoriasis diagnosis, clinician visits, and documented prescription of biologic therapy (index date) during this period, with no biologic use in the preceding 3 months
- Data were extracted using DARWEN™, a validated curation engine that extracts unstructured clinical data from electronic health records; variables assessed in this study were validated against manual chart review
- Any occurrence of high-impact site involvement (ie, scalp, face, genitals, and intertriginous areas; not mutually exclusive) at index was recorded, along with BSA, benefit coverage data, and the initiation of biologic treatment(s) specific to plaque psoriasis
  - BSA scores closest (but prior) to index were recorded, and the highest values were used if multiple values were identified; the insurance record closest to index was recorded

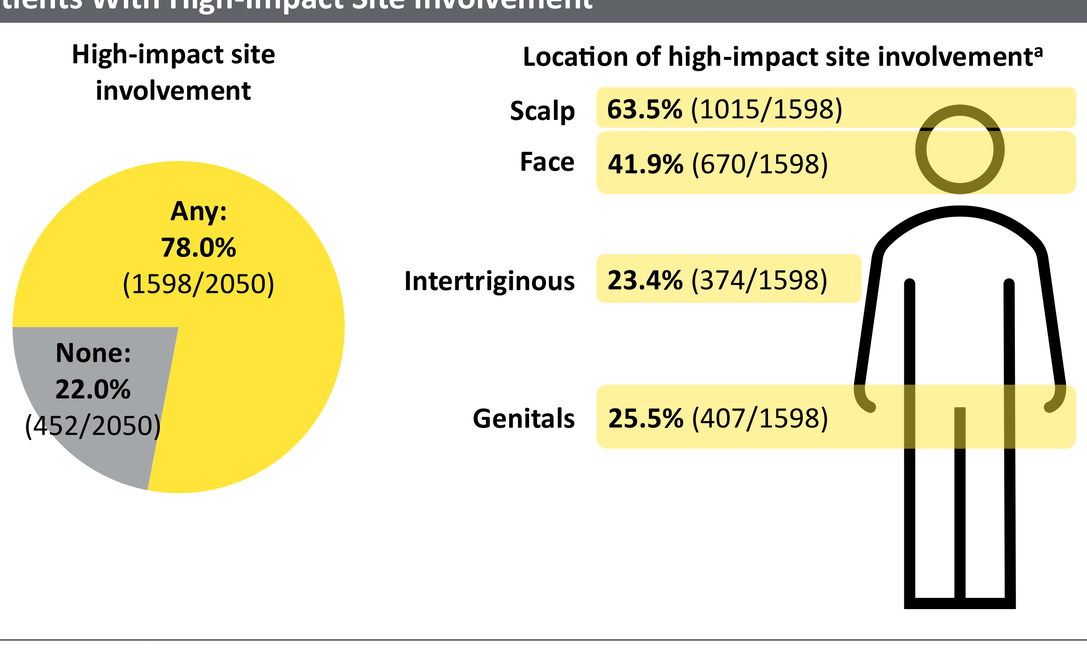
RESULTS

- The search identified 2050 individuals with plaque psoriasis who initiated biologic therapy in the defined period
- 78.0% of patients who initiated biologic therapy had plaque psoriasis present in ≥1 high-impact site
- Among 1598 patients with high-impact site involvement, most presented with scalp involvement (63.5%), followed by the face (41.9%), genitals (25.5%), and intertriginous areas (23.4%); 473 (29.6%) had documented BSA data
- Of the patients with high-impact site involvement, with BSA data, and who initiated a biologic, 246/473 (52.0%) had BSA <10%
- Among 285 patients with high-impact site involvement and available data on insurance provider, public insurance (40.4%) was the most frequently recorded
  - Among patients with high-impact site involvement and public insurance, 17/115 (14.8%) had BSA <10%

Patient Demographics and Baseline Disease Characteristics

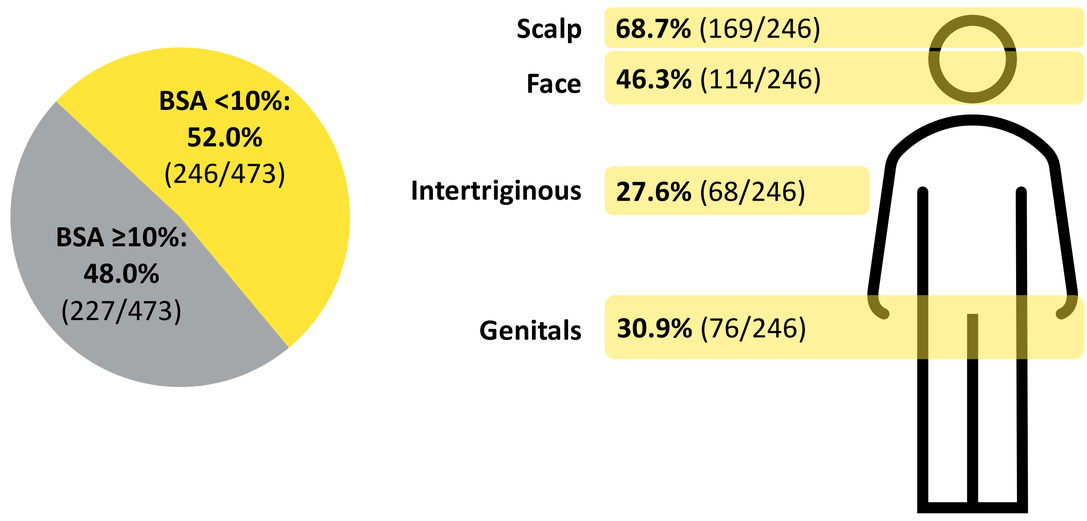
Patients, n (%)		Patient records identified in DERMAID (n=2050)
Age group, years	<12	5 (0.2)
	12–17	23 (1.1)
	18–49	883 (43.1)
	50–69	819 (40.0)
	≥70	268 (13.1)
	Missing	52 (2.5)
Sex	Male	1015 (49.5)
	Female	983 (48.0)
	Missing	52 (2.5)
BSA	Mild (<3%)	33 (1.6)
	Moderate (≥3% to <10%)	248 (12.1)
	Severe (≥10%)	264 (12.9)
	Missing	1505 (73.4)

Patients With High-Impact Site Involvement



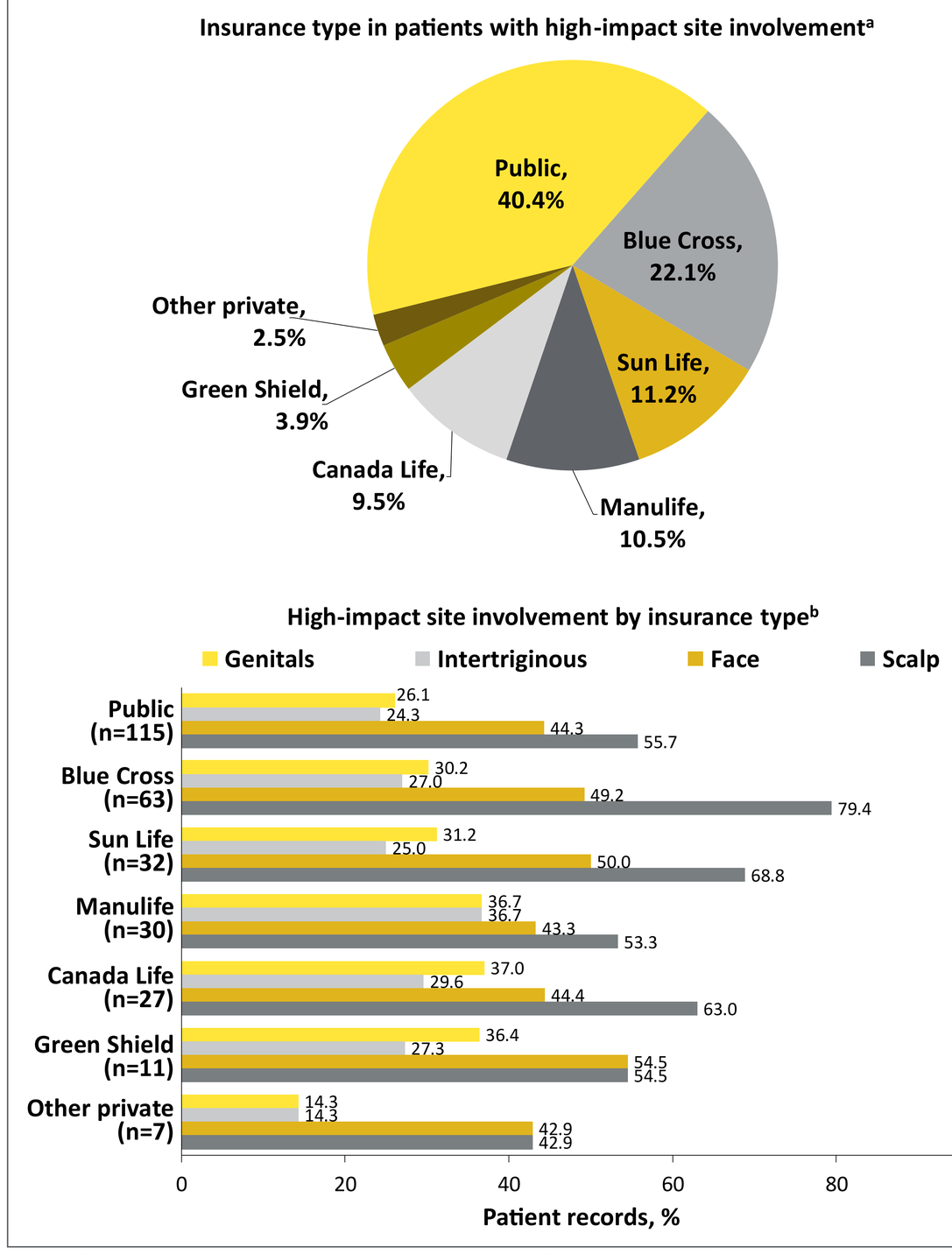
[a]Site location is not mutually exclusive; proportions will add to >100%.

Patients Who Had High-Impact Site Involvement and Initiated a Biologic[a]



[a]Among patients with documented BSA. [b]Site location is not mutually exclusive; proportions will add to >100%.

Insurance Coverage for Patients With High-Impact Site Involvement



[a]Calculated from patients with ≥1 high-impact site involved and available data on type of insurance provider (n=285). [b]Calculated with total patients who have that insurance type as the denominator.

DISCUSSION AND CONCLUSIONS

- Over 75% of patients in Canada who initiated biologic therapy for plaque psoriasis from June 2025 through May 2026 had high-impact site involvement
- Among patients with high-impact site involvement who initiated biologic therapy and had BSA data available, 52.0% had BSA <10%, which is one of the criteria that indicates a patient may be a candidate for topical therapy[7]
  - Additional research is needed to understand if incomplete data for BSA, prior treatment response, and/or rationale for starting a biologic play a role in selection bias and impact interpretations
- Public insurance coverage was the most frequently used coverage for patients with high-impact site involvement who initiated a biologic
- Innovative topical treatments specifically indicated for high-impact sites provide an important treatment option for patients and payers alongside consideration of biologic therapy
  - However, further research is needed to evaluate the role of advanced targeted topical therapies in patients with high-impact site involvement, including placement in treatment sequencing and effect on patient outcomes

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DISCLOSURES

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REFERENCES

1. Eder L, et al. *Arthritis Care Res (Hoboken).* 2019;71:1084–1091. 2. Papp KA, et al. *Dermatol Ther (Heidelb).* 2021;11:1053–1064. 3. Blauvelt A, et al. *J Psoriasis Psoriatic Arthritis*.2023;8:100–106.
4. Canadian Dermatology Association. Psoriasis. Accessed September 14, 2026. https://dermatology.ca/public-patients/diseases-conditions/skin-conditions/psoriasis/. 5. Elmets CA, et al. *J Am Acad Dermatol*. 2021;84:432–470.
6. Strober BE, et al. *J Am Acad Dermatol*. 2026;94:372–375. 7. Strober B, et al. *J Am Acad Dermatol.* 2020;82:117–122.

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