

# Unmet Needs and Disease Burden: Perspectives from Adults with Psoriasis and Clinicians Treating Psoriasis in the US



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## Conclusions

- ✓ PsO burden extends beyond skin. Itch, sleep disruption, concentration difficulties, and high DLQI scores highlight the profound quality of life impact from PsO, which is compounded by comorbidities such as psoriatic arthritis and depression.
- ✓ Patients prioritize clear skin, itch relief, and long-term control for treatment goals, while HCPs emphasize effectiveness of treatment, potential side effects, and long-term safety.
- ✓ Patients and HCPs prefer oral therapies, and >90% of patients currently on injectables would be willing to switch to a safe and equally effective oral treatment, pointing to an unmet need.

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## Synopsis

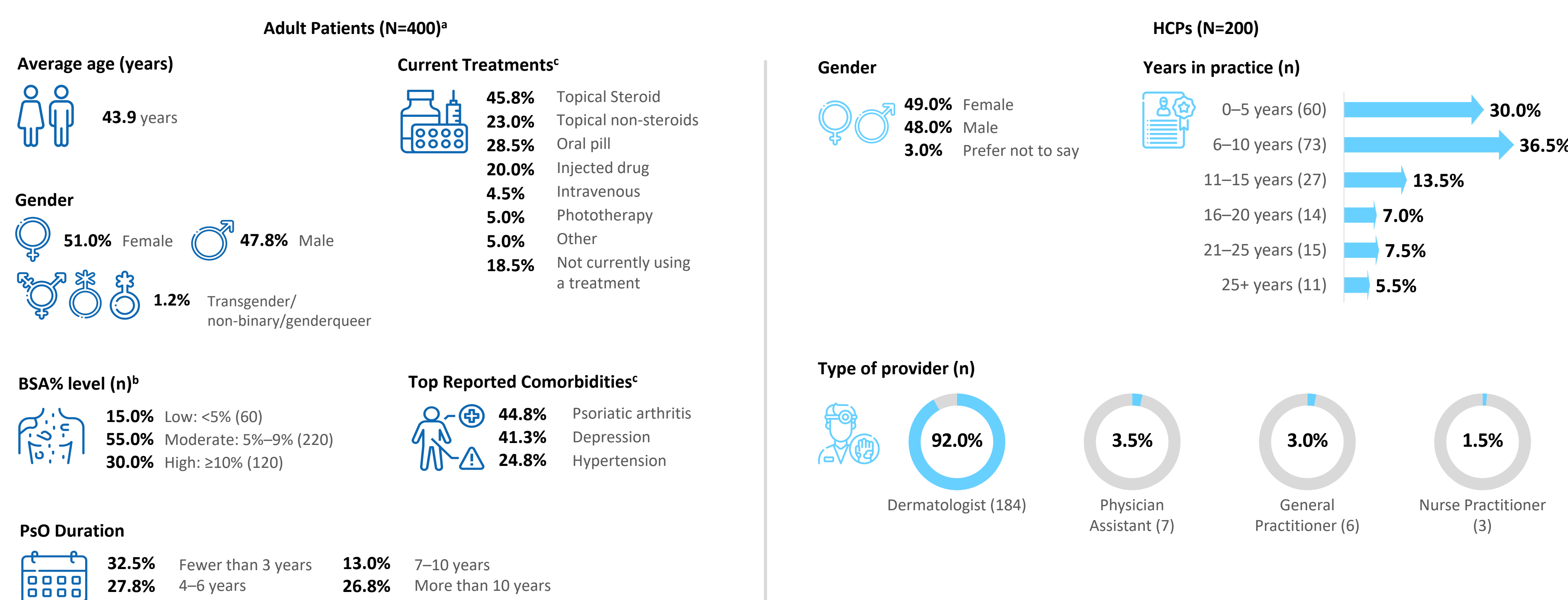
- Psoriasis (PsO) affects approximately eight million people in the US and more than 125 million people worldwide.<sup>1,2</sup>
- Understanding patient and healthcare provider (HCP) perspectives is critical to optimize PsO care.
- This analysis represents the US dataset from the global ENCOMPASS study conducted across 11 countries, to evaluate clinical profiles, disease burden, treatment preferences and goals, and the impact of PsO on patient quality of life (QoL).

## Objectives

- To characterize the treatment experiences of US HCPs and adult patients who are candidates for systemic therapy, with the goal of informing patient-centered treatment strategies and disease management approaches.
- To quantify unmet needs and current treatment preferences in the US.

## Results

Figure 1. Sociodemographic Data for Patients and HCPs



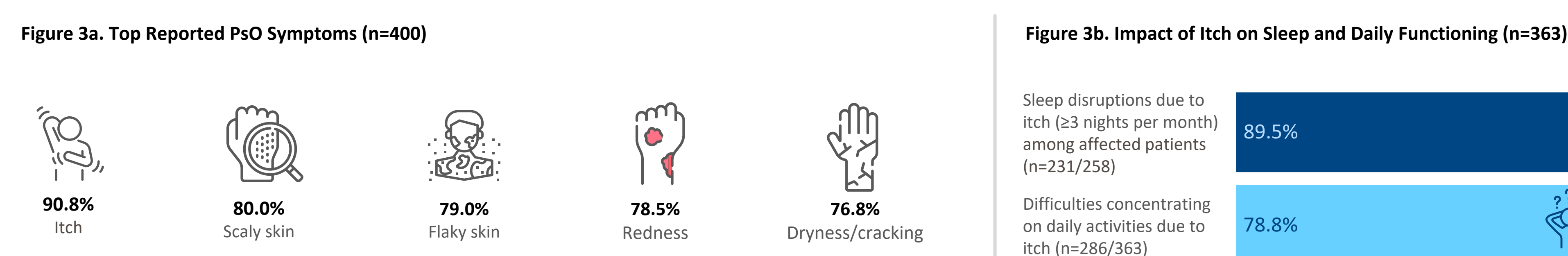
<sup>a</sup>Most patient participants (78%) self-identified as White, followed by Hispanic (14%) and Black (12%). <sup>b</sup>BSA was self-assessed by patients, who were provided a diagram and instructions on how to measure their BSA. <sup>c</sup>Answers not mutually exclusive. <sup>d</sup>Abbreviations: BSA = body surface area; HCP = Healthcare provider; PsO = psoriasis

Figure 2. Adult Patient Top Reported Body Areas<sup>a</sup> and Level of Being Bothered by PsO Location



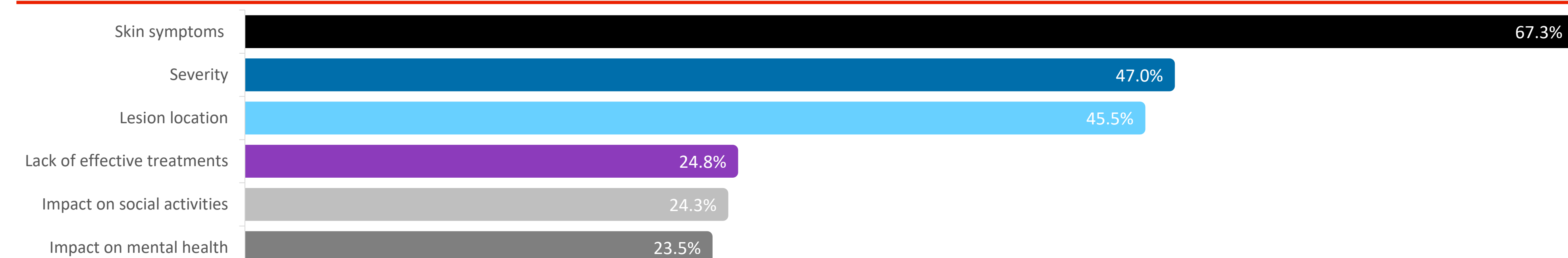
<sup>a</sup>Answers not mutually exclusive; select all that apply out of 14 response options. Abbreviation: PsO = psoriasis

Figure 3. Adult Patient Reported Top PsO Symptoms<sup>a</sup> and Itch-related Impacts during the Past Month



<sup>a</sup>Answers not mutually exclusive; select all that apply out of 13 response options. Abbreviation: PsO = psoriasis

Figure 4. Most Important Factors Contributing to Disease Burden for Adult Patients (n=400)<sup>a</sup>

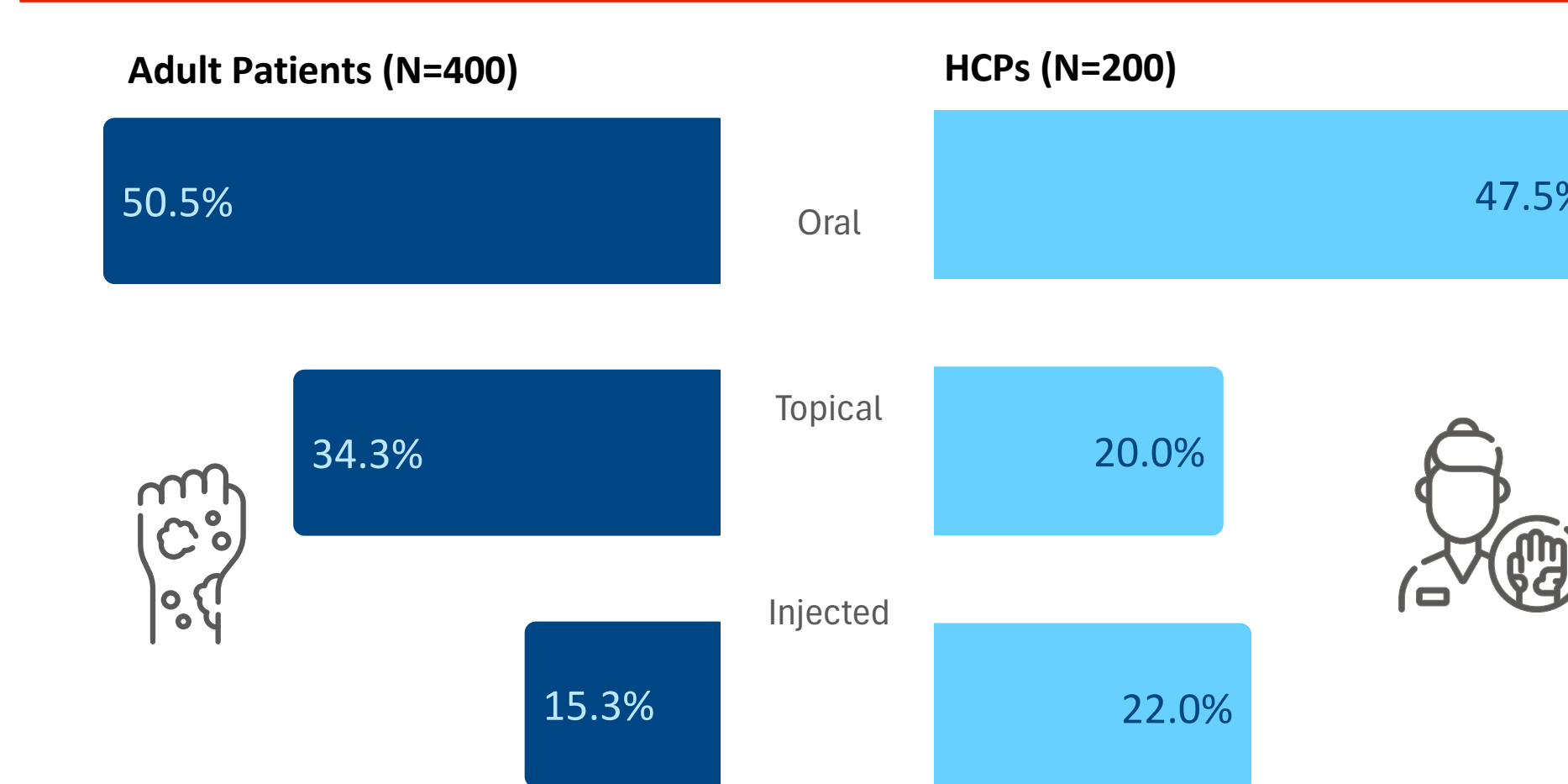


<sup>a</sup>Answers not mutually exclusive; "select up to three" out of 10 response options.

## Methods

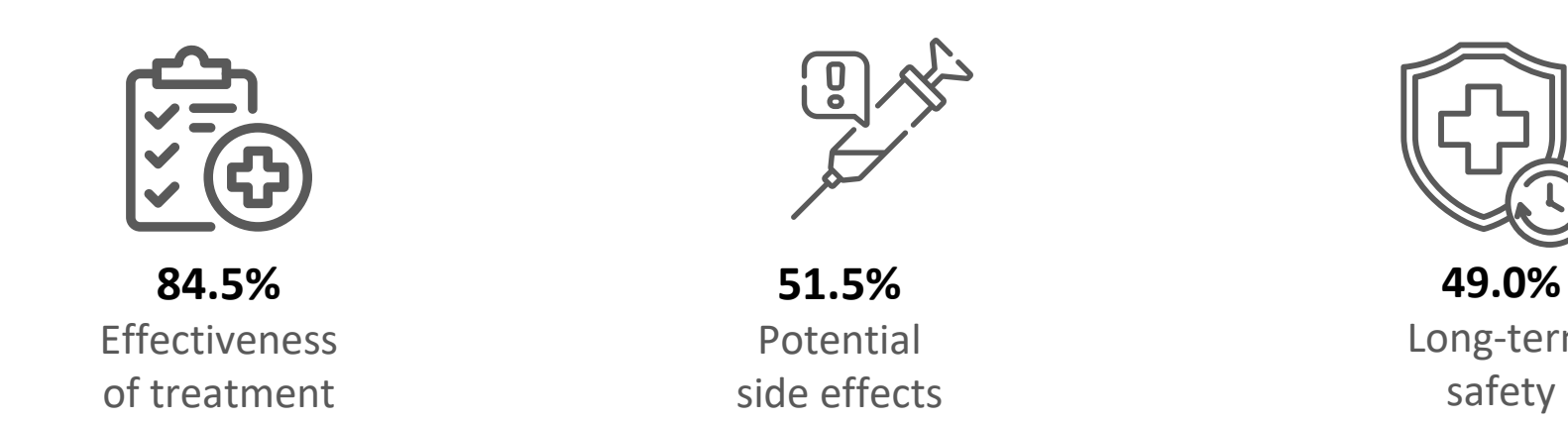
- A web-based US survey (ENCOMPASS) conducted between March and May 2025 among the following groups:
  - **Patients:** US adult patients (≥18 years old) with a diagnosis of PsO eligible for systemic therapy, as defined by one or more of the following three categories specified in the International Psoriasis Council guidelines<sup>3</sup>:
    - PsO lesions on ≥10% of body surface area (BSA)
    - PsO lesions on high-impact sites of the body, e.g., hands/feet, face, genitals, scalp, or nails
    - Topical therapy that failed to control PsO symptoms
  - **HCPs:** US dermatologists and advanced practice providers working in dermatology practices, who dedicated at least 50% of their practice to medical dermatology, and treated PsO cases in the past year.
- The Dermatology Life Quality Index (DLQI) was included only for adults to measure the impact of PsO on their QoL.
- This was a sequential, mixed-methods, non-interventional study employing quantitative surveys and qualitative interviews, with a purposive and quota-based sampling strategy to ensure robust representation of targeted adult PsO patients.

Figure 5. Overall Treatment Preference: Patients and HCPs<sup>a</sup>



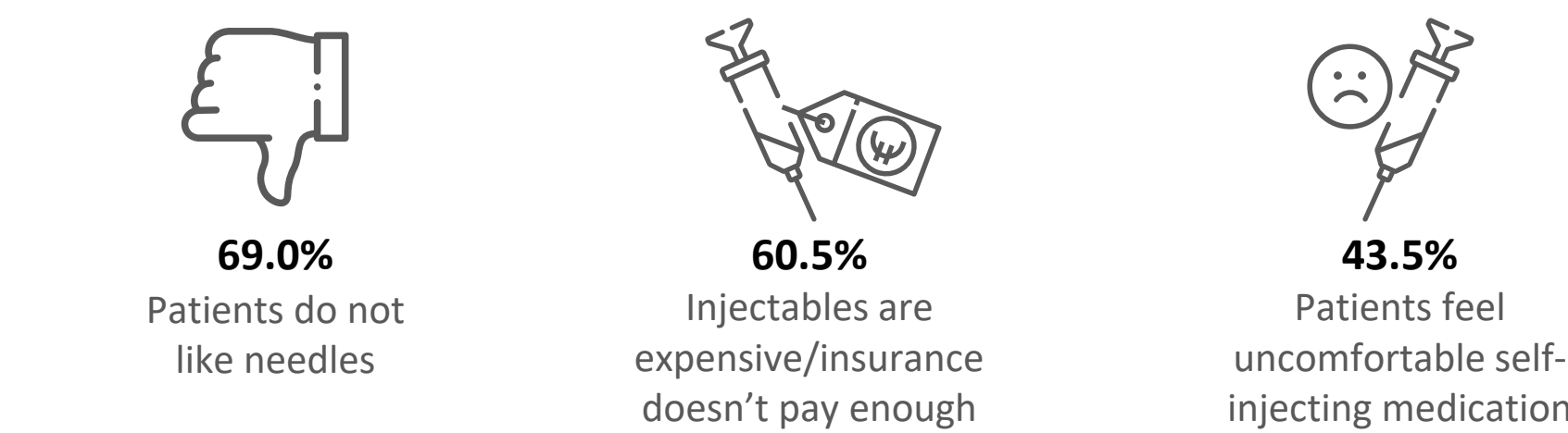
<sup>a</sup>Patient Survey Question: "Overall, would you rather use a treatment that is topical, oral (pill), or injected for your psoriasis? (Select best answer)." HCP Survey Question: "If the efficacy, tolerability, and safety for a given drug were equal (and it was highly effective, safe, and tolerable), would you prefer that it be topical, oral, or injected? (Select best answer)." <sup>b</sup>HCPs were also offered the response option "mode of administration does not matter to me," chosen by 10.5%. Abbreviation: HCP = Healthcare provider

Figure 7. HCP Top Three Factors for Consideration When Selecting Treatment for Adult Patients (n=200)<sup>a</sup>



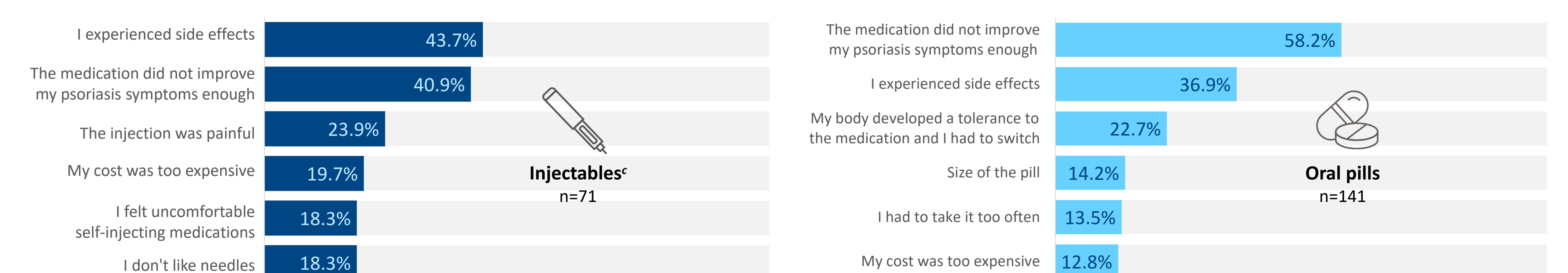
<sup>a</sup>Answers are not mutually exclusive; "select up to three" out of 9 response options. Abbreviation: HCP = Healthcare provider

Figure 9. HCP-reported Top Three Concerns Regarding Injectables (n=200)<sup>a</sup>



<sup>a</sup>Answers are not mutually exclusive; "select up to three" out of 11 response options. Abbreviation: HCP = Healthcare provider

Figure 11. Adult Patient-reported Key Reasons<sup>a</sup> for Discontinuing Past Treatment: Injectables vs. Orals<sup>b</sup>



<sup>a</sup>Answers are not mutually exclusive; "select up to three" out of 13 response options for both injectables and oral pills.

<sup>b</sup>The top six most frequently selected responses are presented for each of the two past treatment categories: injectables and oral pills. Past treatment refers to treatments taken within the previous 5 years (2019–2024).

<sup>c</sup>Injectables refers to subcutaneous treatment only.

## Limitations

- A purposive, and quota-based sampling strategy was used to ensure adequate representation of adult patients with significant BSA involvement (BSA>5%). Therefore, the findings may not reflect the experiences of the broader US PsO populations, especially adolescents or individuals with mild BSA involvement.
- This study included only participants from the US; treatment experiences and unmet needs may differ among adult patients and HCPs in other countries.