Taking a New Look at Psoriatic Arthritis and Its Comorbidities Through the Lens of TYK2 Inhibition

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Goals for Today

During this presentation, we will learn that …

- TYK2 inhibition addresses key unmet needs in PsA by targeting its pathophysiology and comorbidities
- Identifying patients with PsA for TYK2 inhibition is guided by efficacy and safety evidence
- Personalized PsA management benefits from a team-based approach and shared decision-making

The PsA Care Gaps: Challenges and Opportunities

- **Complex disease presentation:** PsA's heterogeneity delays accurate diagnosis and tailored treatment
- **Targeting remission:** Difficulties in assessing disease activity and achieving sustained remission
- **Comorbidities matter:** Navigating the impact of associated conditions on patient outcomes
- **Refractory disease:** Treating patients unresponsive to current therapies
- **Innovating treatment:** The need for novel, more effective therapeutic strategies

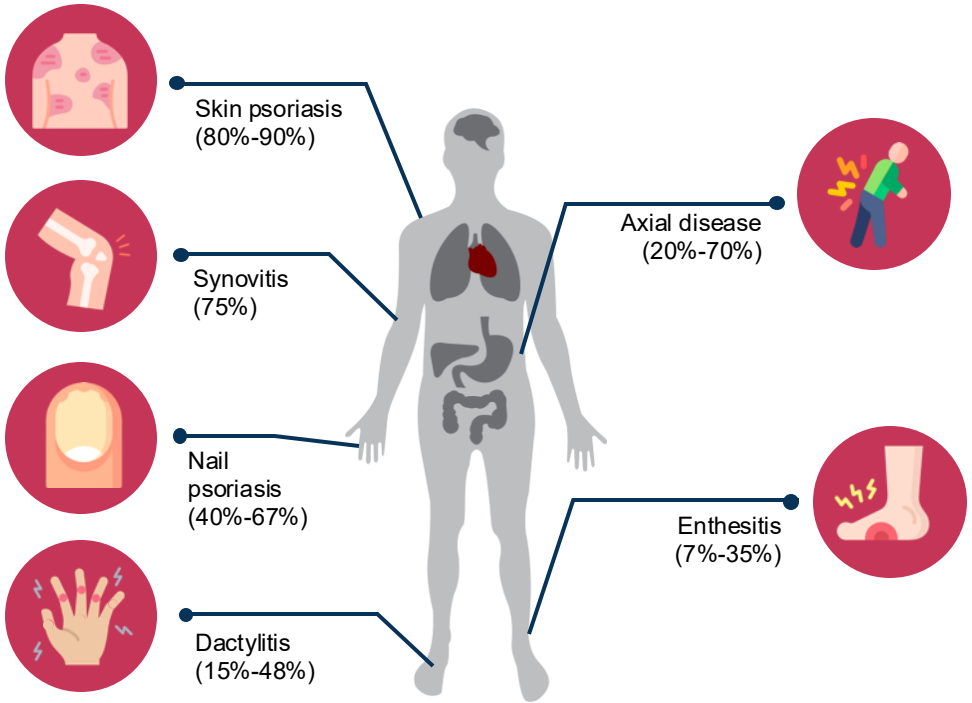


To improve outcomes in PsA, we must confront its complexity with earlier diagnosis, personalized treatment strategies, and continued innovation in care

Illuminating a New Pathway in Psoriatic Arthritis

Revealing TYK2's Central Role in Disease Pathogenesis and the Importance of Early Diagnosis

Psoriatic Disease Affects the Whole Person[1-13]



- PsA presents with a broad spectrum of symptoms, including peripheral arthritis, axial disease, enthesitis, dactylitis, and skin/nail PsO
- Clinical presentation varies significantly between patients, often involving multiple musculoskeletal and dermatologic domains
- Heterogeneity complicates diagnosis and management, requiring a comprehensive, multidisciplinary assessment approach

1. Coates LC et al. *Nat Rev Rheumatol.* 2022;18:465-479. 2. Walsh JA et al. *Joint Bone Spine.* 2023;90:105534. 3. Rendon A, Schäkel K. *Int J Mol Sci.* 2019;20:1475. 4. Byun SK et al. *Ann Dermatol.* 2016;28:94-97. 5. www.the-rheumatologist.org/article/case-report-a-psoriatic-arthritis-patient-with-dactylitis-enthesitis. 6. Pustake M et al. *Cureus.* 2021;13:e16966. 7. Freeston JE et al. *Arthritis Care Res (Hoboken).* 2014;66:432-439. 8. Celis R et al. *Front Med (Lausanne).* 2019;6:14. 9. de Hooge M et al. *RMD Open.* 2023;9:e002994. 10. Thudium CS et al. *BMC Musculoskelet Disord.* 2020;21:789. 11. López-Medina C et al. *RMD Open.* 2021;7:e001450. 12. Zaid FE. *J Rheum Dis Treat.* 2021;7:089. 13. Armstrong AW, Read C. *JAMA*. 2020;323:1945-1960.

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Clinical Spectrum of Psoriatic Disease: Skin, Joints, and Beyond[1-4]













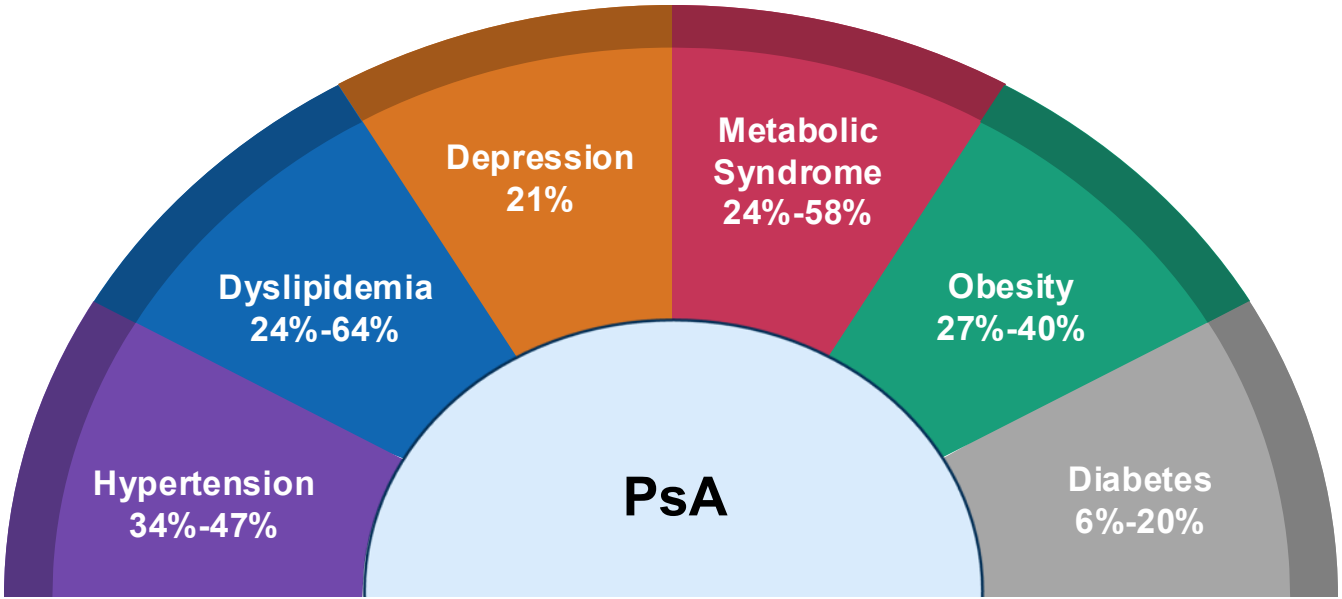
1. Byun SY et al. *Ann Dermatol*. 2016;28:94-97. 2. Kim TG et al. *BMB Rep*. 2014;47:60-68. 3. Kivelevitch D et al. *Biologics*. 2014;8:169-182.
4. Dogra A, Arora AK. *Indian J Dermatol*. 2014;59:319-33.

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Most Common Comorbidities Associated With PsA[1-9]

Patients with comorbidities report:

- More severe disease
- Poorer quality of life
- Increased discontinuation of treatment



1. Ogdie A et al. *Curr Opin Rheumatol*. 2015;27:118-126. 2. Gupta S et al. *Rheumatol Int*. 2021;41:275-284. 3. Shah K et al. *RMD Open*. 2017;3:e000588. 4. Russu E et al. *Folia Med (Plovdiv)*. 2025;67:e153667. 5. Siebert S et al. *Joint Bone Spine*. 2025;92:105904. 6. Andreasson S, Södergren A. *Clin Rheumatol*. 2025;10:3787-3799. 7. Ishchenko A et al. *Arthritis Care Res (Hoboken)*. 2024;76:231-240. 8. Perez-Chada LM, Merola JF. *Clin Immunol*. 2020;214:108397. 9. Campanholo CB et al. *J Rheumatol*. 2023;50:426-432.

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Measures of Assessing PsA Activity and Therapeutic Response[1]

Core Domain Set (GRAPPA)

Mandatory
- Musculoskeletal
- Skin disease
- Pain
- Patient global
- Systemic inflammation
- Physical function
- HRQOL
- Fatigue

Recommended
- Economic cost
- Emotional well-being
- Participation
- Structural damage

Measures of LDA and Remission

MDA
- Tender joints (≤1)
- Swollen joints (≤1)
- Skin PsO (PASI ≤1) or BSA (≤3%)
- LEI (≤1)
- Pain (≤15)
- Patient global (≤20)
- HAQ (≤0.5)

LDA: 5/7
Remission: 7/7

DAPSA
- Tender joints
- Swollen joints
- Pain
- Patient global
- CRP

LDA: 5 to ≤14
Remission: ≤4

Imaging Measures

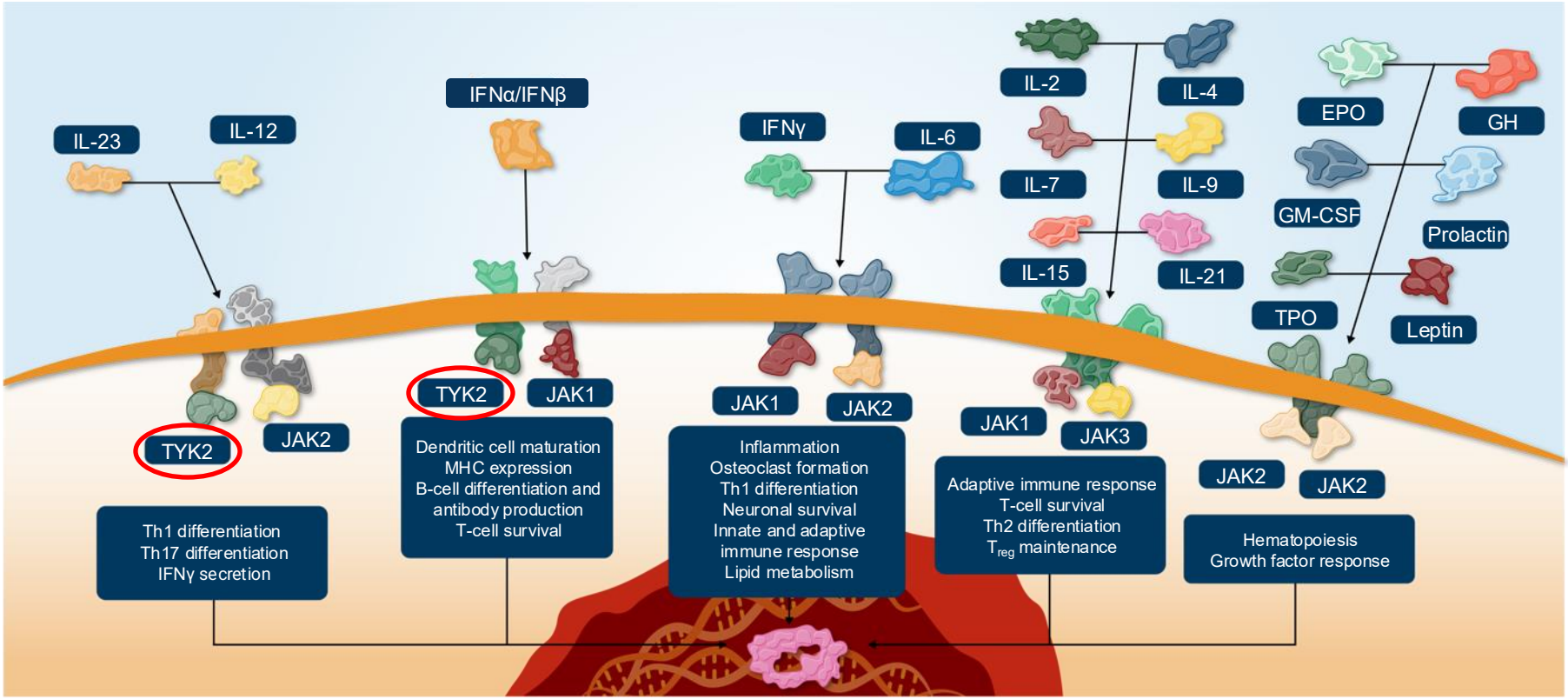
Joint radiographs to assess damage (every 2 y for first 10 y)

MRI and US imaging to measure inflammation

1. Lopez-Medina C et al. *Arch Rheumatol.* 2024;39:159-171.

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Overview of the JAK-STAT Signaling Pathways and the Specific Role of TYK2-Associated Signaling[1-4]

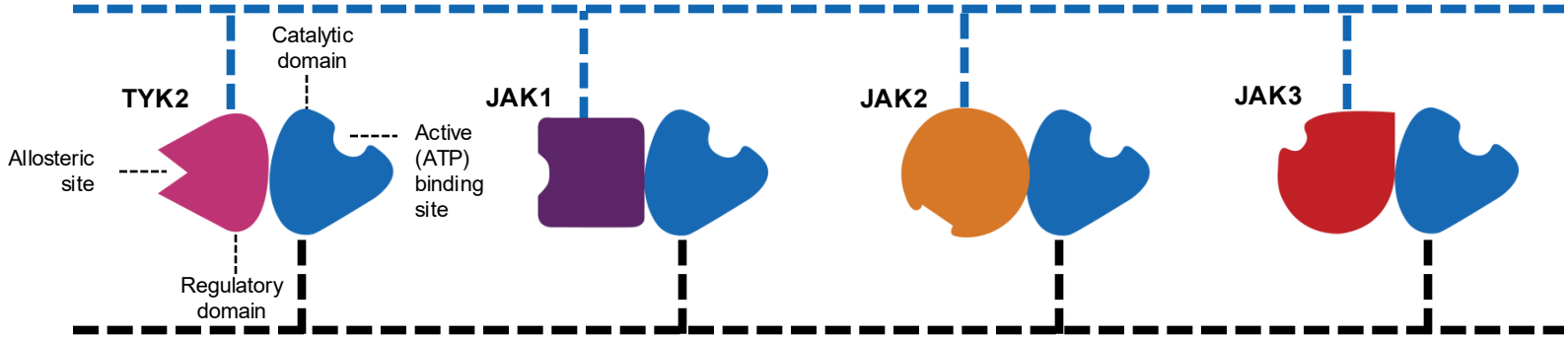


1. Baker KF, Isaacs JD. *Ann Rheum Dis*. 2018;77:175-187. 2. Gillooly K et al. ACR/ARHP 2016. Abstract 11L. 3. Jiang L et al. *J Biol Chem*. 2008;283:28066-28073.
4. Xie J et al. *J Biol Chem*. 2002;277:14020-14030.

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TYK2 and JAK1/2/3 Are Structurally Different From Each Other[1,2]

The regulatory, or pseudokinase, domains of TYK2, JAK1, JAK2, and JAK3 are <u>different</u> from each other



ATP binding on the catalytic (active) domain is **similar** across family members

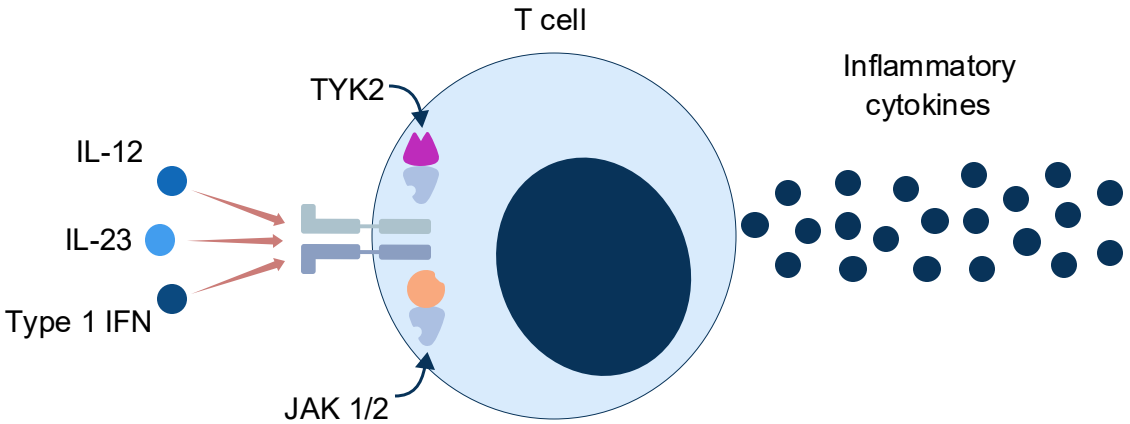
- Typically, **JAK1, JAK2, and JAK3 inhibitors bind to the ATP-binding site of the catalytic domain** of the JAK, resulting in competitive inhibition of the kinase; however, the ATP-binding domain shows high sequence homology among the different JAKs, reducing the selectivity of such a therapeutic approach
- **Deucravacitinib binds to the regulatory domain** and thus inhibits TYK2 via an allosteric mechanism

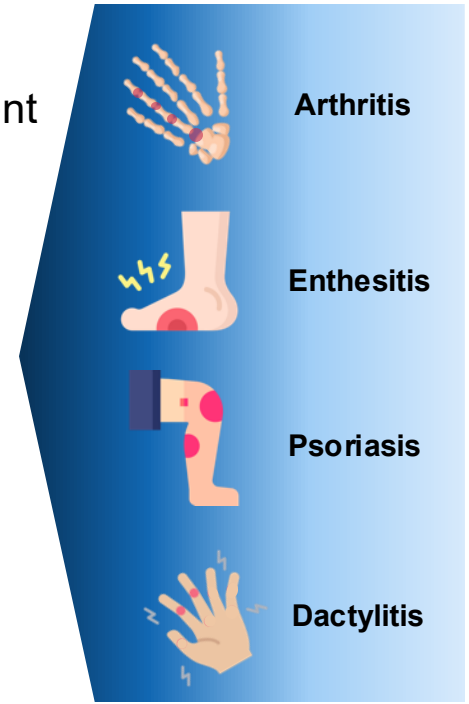
1. Tokarski J et al. *J Biol Chem*. 2015;290:11061-11074. 2. Danese S, Peyrin-Biroulet L. *Inflamm Bowel Dis*. 2021;27:2023-2030.

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The Role of the TYK2 Pathway in PsA[1-6]

- **TYK2 mediates signaling** from IL-12, IL-23, and type 1 IFNs—key drivers of PsA pathogenesis
- **Activation of the TYK2 pathway promotes Th1 and Th17 cell responses**, fueling inflammation, joint damage, and skin involvement





1. Ghoreschi K et al. *J Dtsch Dermatol Ges*. 2021;19:1409-1420. 2. Rusiñol L, Puig L. *Int J Mol Sci.* 2023;24:3391. 3. Zhou Y et al. *Front Immunol.* 2022;13:884399. 4. Stober C. *Best Pract Res Clin Rheumatol*. 2021;35:101694. 5. Ritchlin CT et al. *N Engl J Med.* 2017;376:957-970. 6. Burke JR et al. *Sci Transl Med.* 2019;11:eaaw1736.

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Interrogating the Evidence

How Do the Data Guide Us in Selecting Appropriate Patients for TYK2 Inhibition?

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Where do you think TYK2 inhibitor therapy will fit most prominently within the PsA treatment algorithm?

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TYK2 Inhibitors for PsA: Agents With Completed or Ongoing Phase 2 or 3 Trials[1,2]

Agent	PsA Trial Status	Regulatory Status
Deucravacitinib	• Positive phase 2b results • Phase 3 POETYK PsA series ongoing with positive results	• **First-in-class TYK2 inhibitor FDA approved for PsO since 2022** • **Recently approved for PsA in 2026** • Also investigational for SjD and SLE
Zasocitinib	• Positive phase 2b results • Phase 3 LATITUDE-PsA series ongoing	• Investigational for PsA, PsO, IBD, HS, and vitiligo
Socrodeucitinib (HS-10374)	• Phase 2 preliminary data coming in	• Investigational in China for PsA and PsO

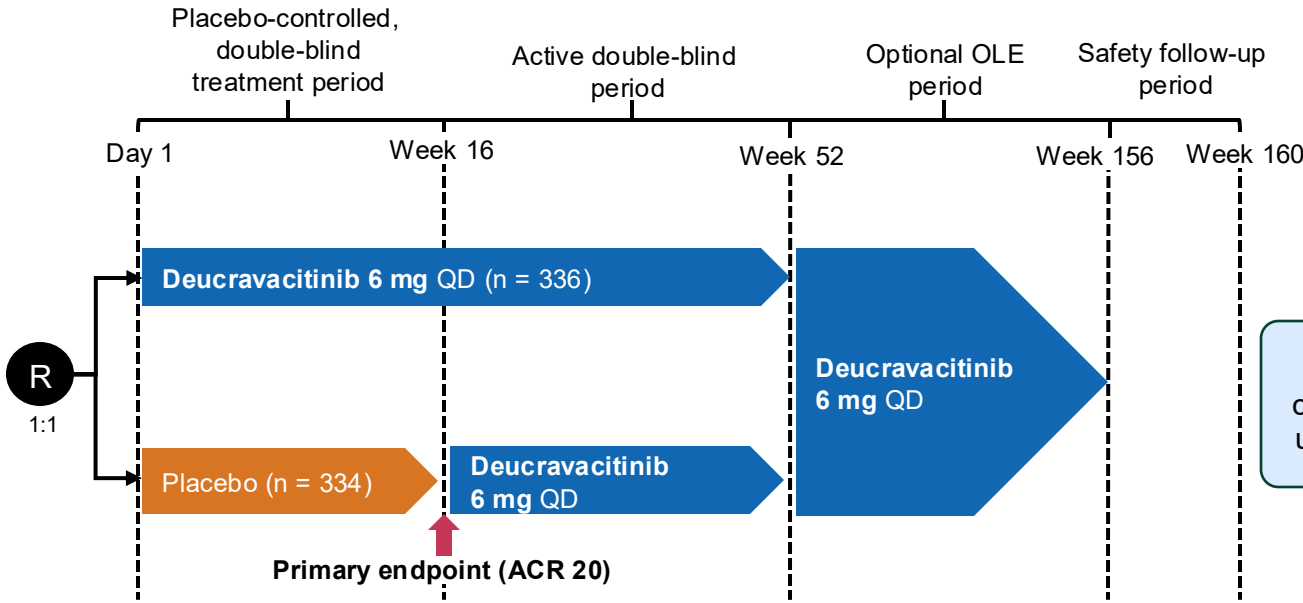
1. https://clinicaltrials.gov. 2. Sotyktu (deucravacitinib) Prescribing Information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/214958s006sdn685lbl.pdf.

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POETYK PsA-1: Phase 3 Study in bDMARD-Naïve Patients[1]

Key Eligibility Criteria

- Adults with active PsA
  - ≥3 swollen joints
  - ≥3 tender joints
  - hsCRP ≥3 mg/L
  - ≥1 PsA-related hand or foot erosion on imaging
- bDMARD naïve



Prior csDMARD use ~70%

Primary Endpoint

- ACR 20 (wk 16)

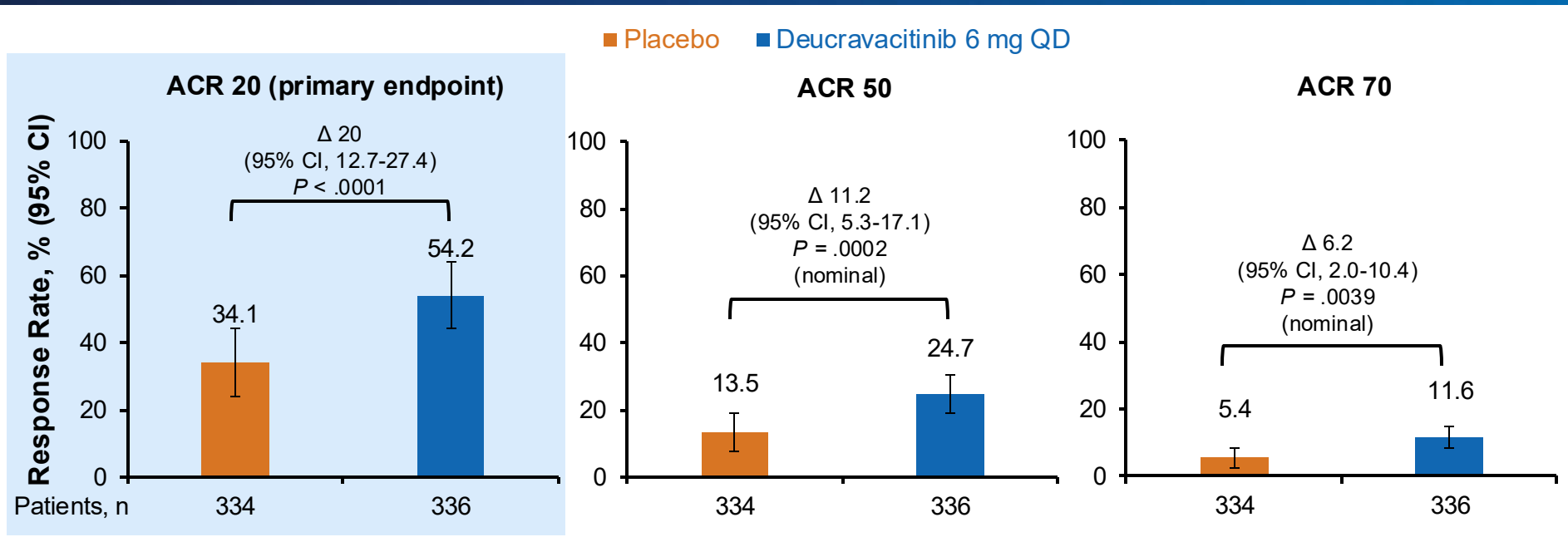
Key Secondary Endpoints

- CfB in HAQ-DI, SF-36 PCS, mSvdH, FACIT-Fatigue, and DAS28-CRP
- PASI 75
- MDA
- Enthesitis (LEI) resolution
- Dactylitis resolution

1. van der Heijde D et al. *Ann Rheum Dis*. 2026:S0003-4967(26)00340-7.

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Primary Endpoint of ACR 20 Was Met at Week 16 and ACR 50/70 Rates Were Higher With Deucravacitinib in POETYK PsA-1 Trial[1,a]



Primary endpoint of ACR 20 was met at week 16

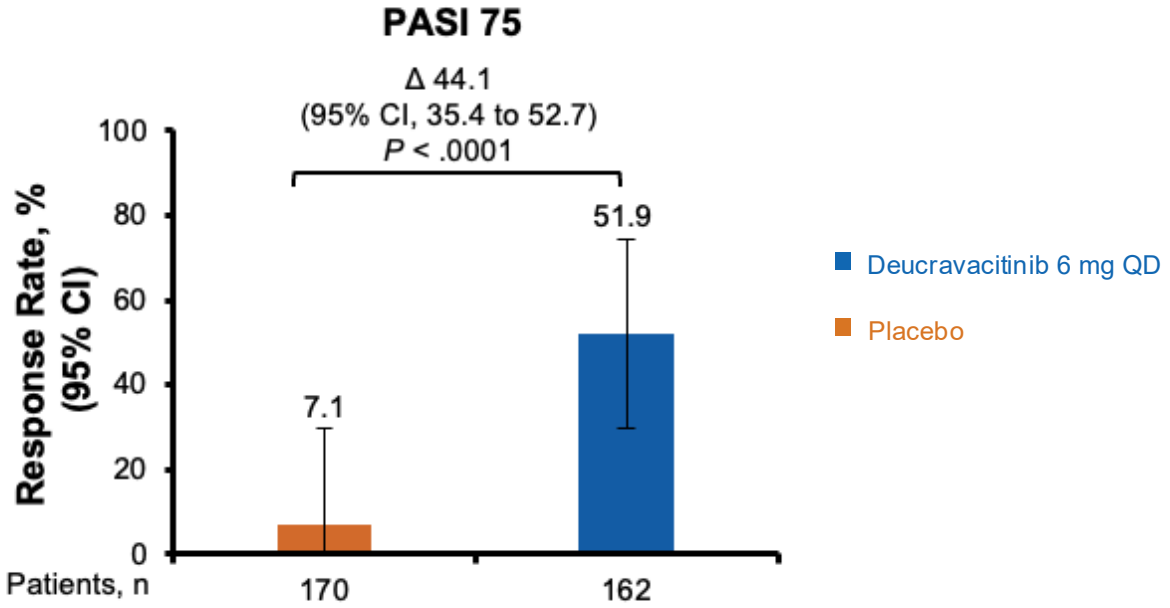
ACR 50/70 rates were higher with deucravacitinib vs placebo

[a] ACR 20 responses were consistent, regardless of concomitant use of csDMARDs or hsCRP level at baseline.

1. van der Heijde D et al. *Ann Rheum Dis*. 2026:S0003-4967(26)00340-7.

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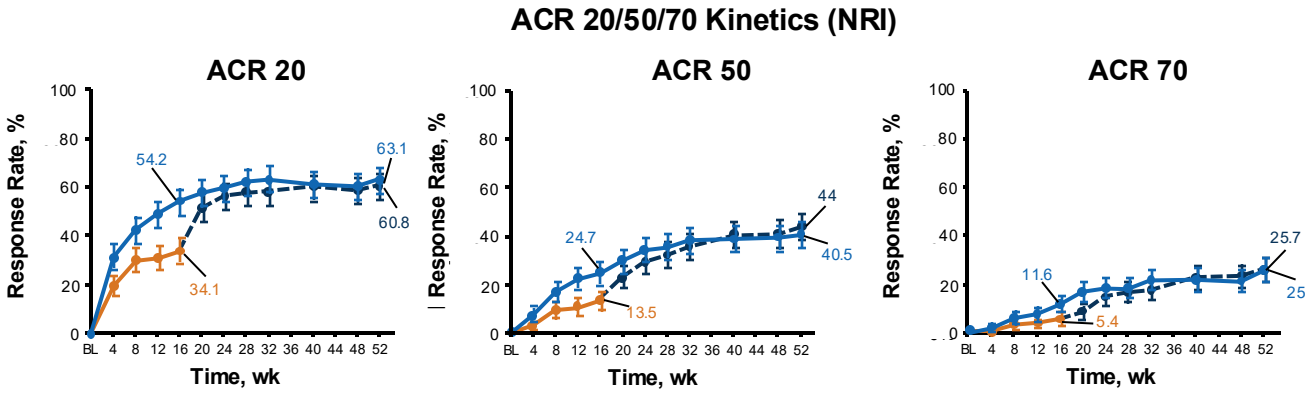
Key Dermatologic Secondary Endpoints Improved With Deucravacitinib at Week 16 in POETYK PsA-1 Trial[1]

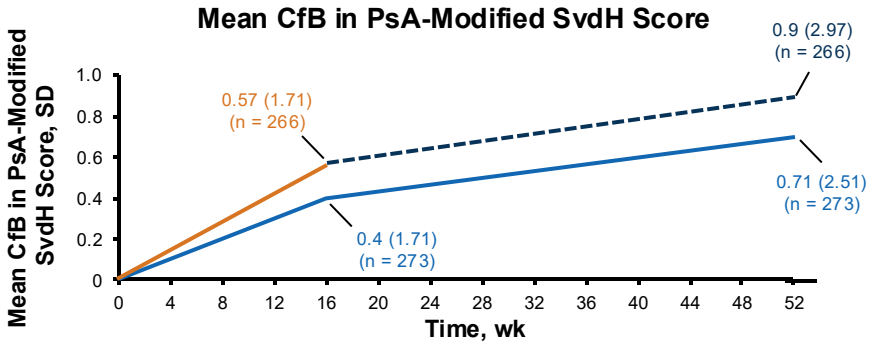


1. van der Heijde D et al. *Ann Rheum Dis*. 2026:S0003-4967(26)00340-7.

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Clinical Response Improved and Was Maintained From Weeks 16 to 52 With Deucravacitinib in POETYK PsA-1 Trial[1]





Clinical responses, PROs, and inhibition of radiographic progression continued to improve after week 16 and were durable through week 52

1. van der Heijde D et al. *Ann Rheum Dis*. 2026:S0003-4967(26)00340-7.

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AEs Consistent With Known Safety Profile of Deucravacitinib in POETYK PsA-1 Trial[1]

AE Category	Placebo → Deucravacitinib 6 mg QD (n = 306)	Deucravacitinib 6 mg QD → Deucravacitinib 6 mg QD (n = 332)
	n (%)	n (%)
Any AEs	206 (67.3)	262 (78.9)
Serious AEs	17 (5.6)	26 (7.8)
AEs leading to discontinuation	10 (3.3)	18 (5.4)
Deaths	0	0
Most common AEs (≥5%)		
Upper respiratory tract infection	33 (10.6)	46 (13.9)
Nasopharyngitis	26 (8.5)	30 (9)
Hypertension	14 (4.6)	26 (7.8)
COVID-19	9 (2. 9)	24 (7.2)
Urinary tract infection	7 (2.3)	19 (5.7)

AEs were consistent with the known safety profile of deucravacitinib

No safety signals related to MACE, VTE, opportunistic infections, or malignancy were observed

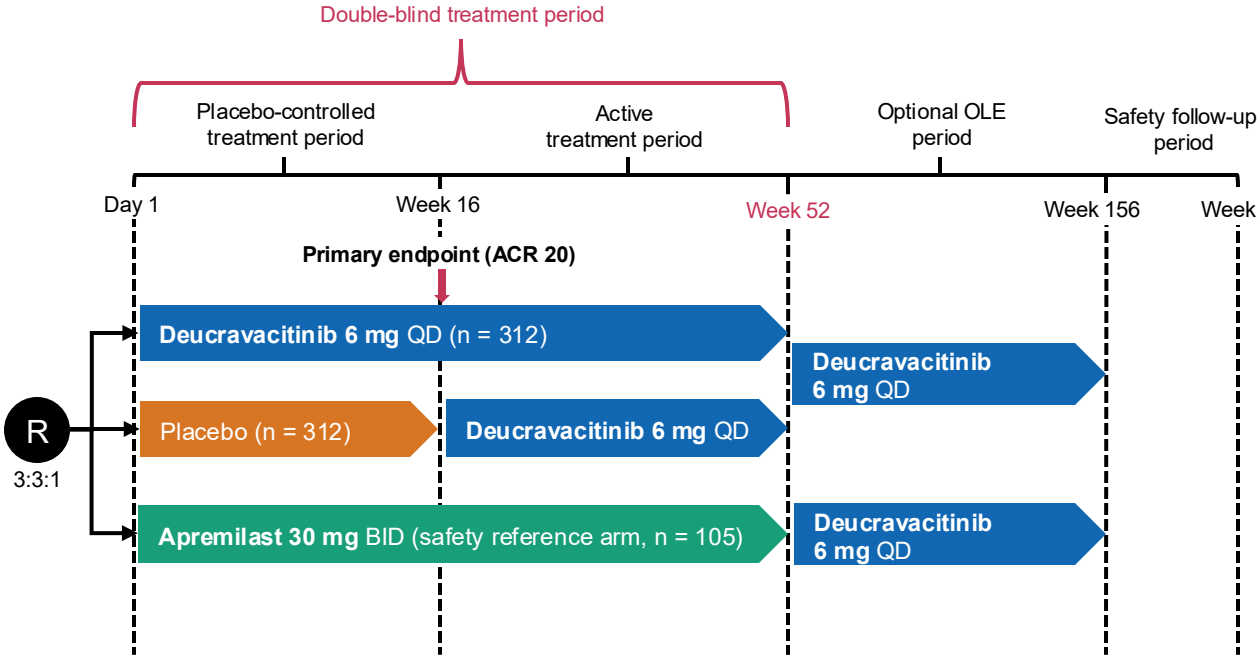
1. van der Heijde D et al. *Ann Rheum Dis*. 2026:S0003-4967(26)00340-7.

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POETYK PsA-2: Phase 3 Study in bDMARD-Naïve or TNFi-Experienced Patients[1,2]

Key Eligibility Criteria

- Met CASPAR classification for PsA
- Active or documented history of PsO
- Active disease
  - ≥3 swollen joints
  - ≥3 tender joints
  - hsCRP ≥3 mg/L
- bDMARD-naïve or TNF-IR



Prior TNFi use ~13.4%

Prior csDMARD use ~63%

Primary Endpoint

- ACR 20 (wk 16)

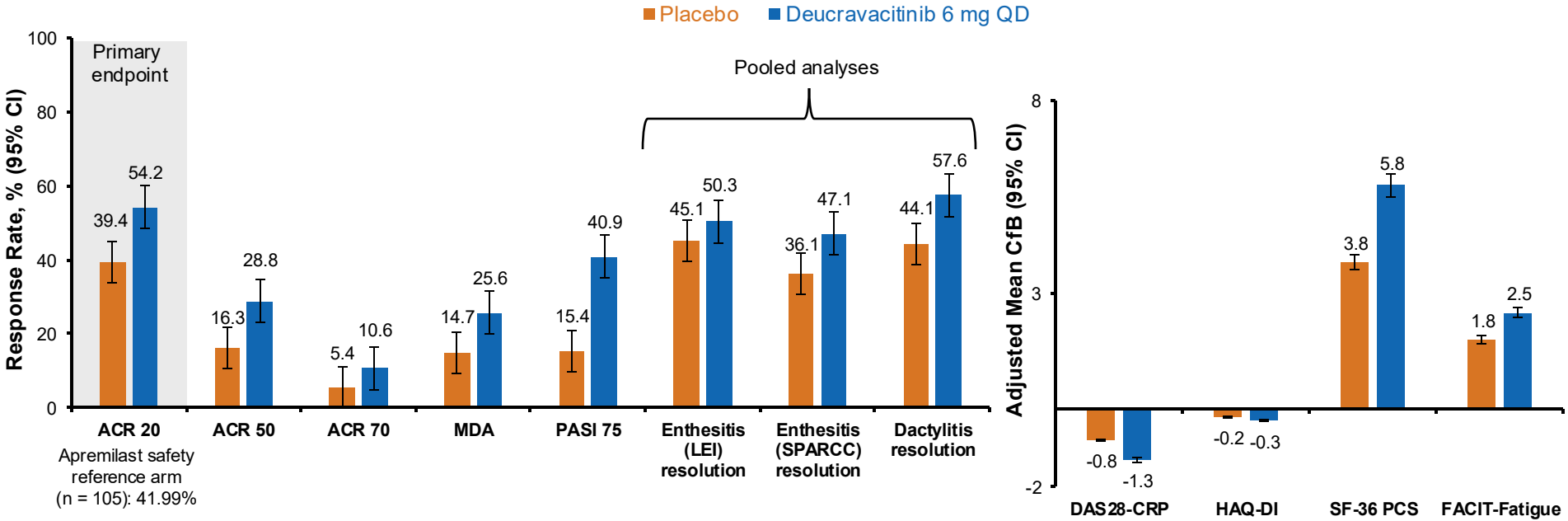
Key Secondary Endpoints

- CfB in HAQ-DI, SF-36 PCS, mSvdH, FACIT-Fatigue, and DAS28-CRP
- PASI 75
- MDA
- Enthesitis (LEI) resolution
- Dactylitis resolution

1. Mease PJ et al. *Arthritis Rheumatol.* 2026. Epub ahead of print. 2. Mease PJ et al. EULAR 2025. Presentation OP0095.

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Primary Endpoint of ACR 20 Was Met With Deucravacitinib at Week 16 in POETYK PsA-2 Trial[1,2]

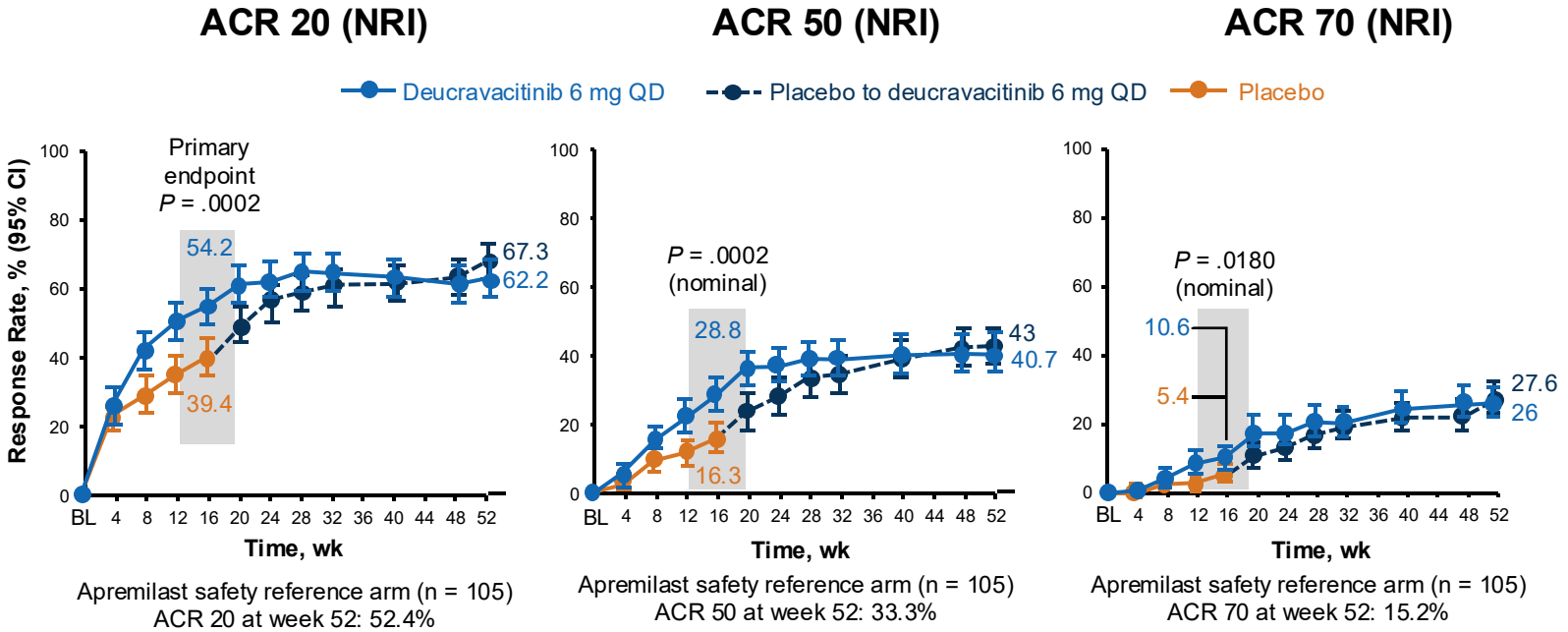


Primary endpoint of ACR 20 was met at week 16 regardless of TNFi experience; baseline use of NSAIDs, GCs, csDMARDs, or MTX; or disease severity

1. Mease PJ et al. *Arthritis Rheumatol.* 2026. Epub ahead of print. 2. Mease PJ et al. EULAR 2025. Presentation OP0095.

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ACR Responses Increased With Deucravacitinib and Maintained Through Week 52 in POETYK PsA-2 Trial[1,2]

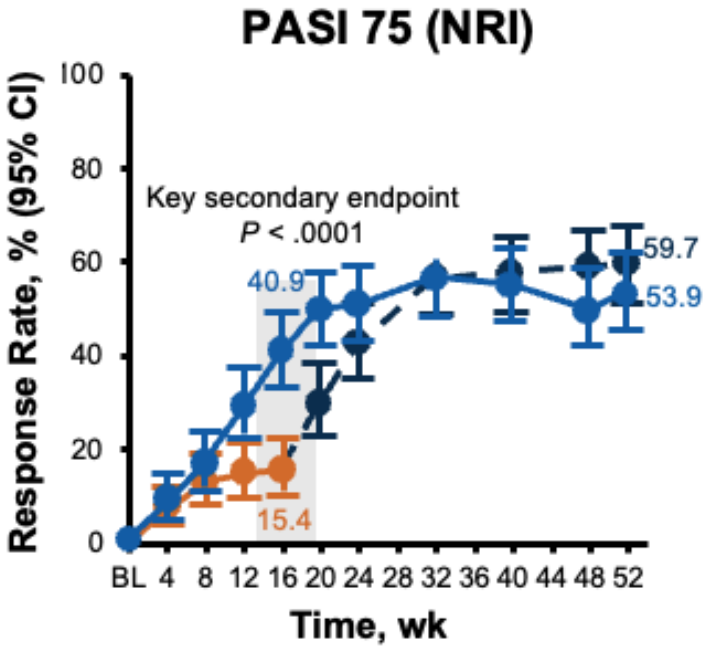


Proportion of patients with ACR responses increased through week 28 and were maintained through week 52

1. Mease PJ et al. *Arthritis Rheumatol.* 2026. Epub ahead of print. 2. Mease PJ et al. EULAR 2025. Presentation OP0095.

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Key Dermatologic Secondary Endpoints Improved With Deucravacitinib at Week 16 in POETYK PsA-2 Trial[1,2]



Deucravacitinib 6 mg QD

Placebo to deucravacitinib 6 mg QD

Placebo

Clinical responses were greater with deucravacitinib vs placebo at week 16, and results were maintained through week 52

1. Mease PJ et al. *Arthritis Rheumatol.* 2026. Epub ahead of print. 2. Mease PJ et al. EULAR 2025. Presentation OP0095.

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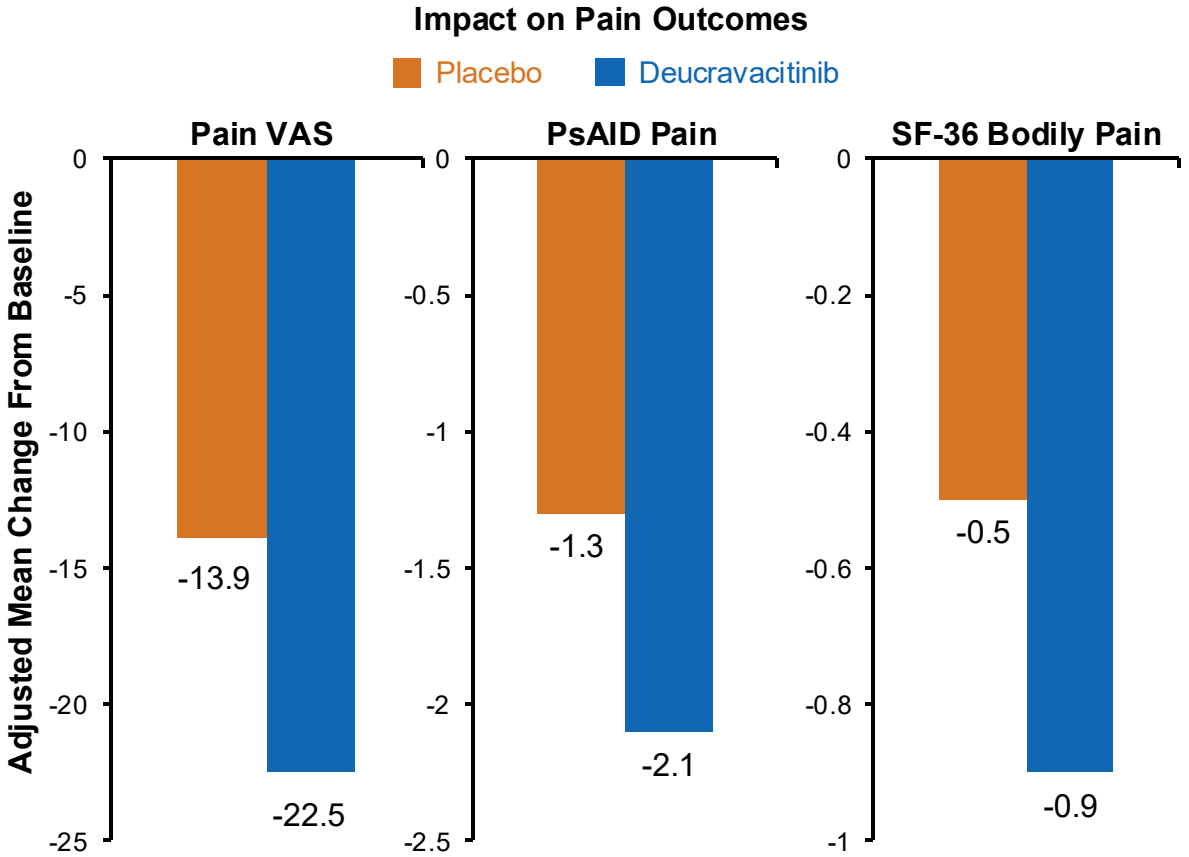
Safety Summary of Weeks 0-52 With Deucravacitinib in POETYK PsA-2 Trial[1,2]

AE Category	Placebo → Deucravacitinib 6 mg QD (n = 292)	Deucravacitinib 6 mg QD → Deucravacitinib 6 mg QD (n = 312)	Apremilast 30 mg BID → Apremilast 30 mg BID (n = 105)
	n (%)	n (%)	n (%)
Any AEs	199 (68.2)	252 (80.8)	92 (87.6)
Serious AEs	13 (4.5)	18 (5.8)	10 (9.5)
AEs leading to discontinuation	8 (2.7)	15 (4.8)	13 (12.4)
Deaths	0	0	0
Most common AEs (≥ 5%)			
Nasopharyngitis	36 (12.3)	35 (11.2)	8 (7.6)
COVID-19	29 (9.9)	41 (13.1)	13 (12.4)
Upper respiratory tract infection	28 (9.6)	38 (12.2)	11 (10.5)
Urinary tract infection	5 (1.7)	11 (3.5)	7 (6.7)
Diarrhea	6 (2.1)	21 (6.7)	20 (19)
Nausea	8 (2.7)	12 (3.8)	9 (8.6)
Mouth ulceration	9 (3.1)	16 (5.1)	0
Hypertension	8 (2.7)	15 (4.8)	7 (6.7)
Psoriatic arthropathy	13 (4.5)	10 (3.2)	7 (6.7)
Headache	4 (1.4)	16 (5.1)	13 (12.4)

1. Mease PJ et al. *Arthritis Rheumatol.* 2026. Epub ahead of print. 2. Mease PJ et al. EULAR 2025. Presentation OP0095.

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Pooled Analysis From POETYK PsA Phase 3 Trials: Deucravacitinib Resulted in Pain Relief and Improved PsA-Associated Biomarkers[1,2]



Impact on Biomarkers

- Deucravacitinib reduced key PsA-related biomarkers (eg, IL-17A, CRP, NLR)
- Patients with higher baseline inflammatory biomarkers showed greater improvements in disease activity and radiographic progression with deucravacitinib vs placebo at week 16

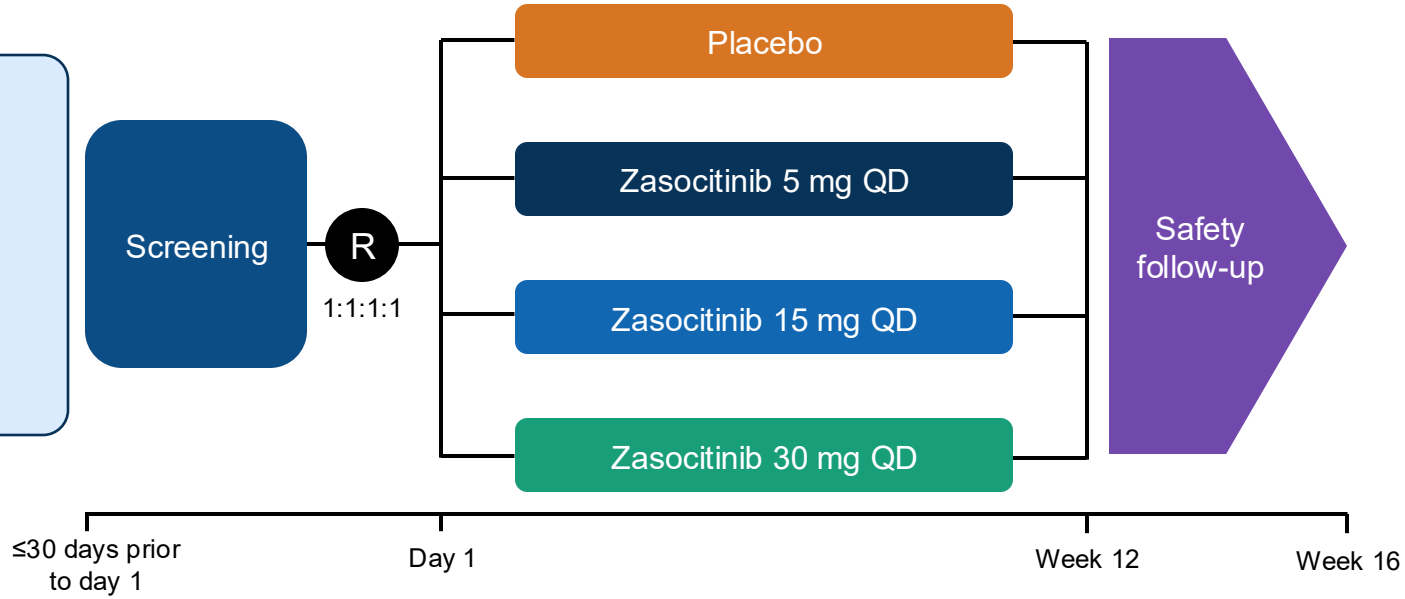
1. Eder L et al. ACR 2025. Abstract 0455. 2. Chandran V et al. ACR 2025. Abstract 0590.

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Zasocitinib Phase 2b Study: Treatment-Experienced Patients With PsA[1-3]

Key Eligibility Criteria

- Adults with active PsA
  - ≥3 swollen joints
  - ≥3 tender joints
- Active symptoms despite prior tx with NSAIDs (≥4 wk), cDMARDs (≥3 mo), or TNFi (≥3 mo)



Primary Endpoint

- ACR 20 (wk 12)

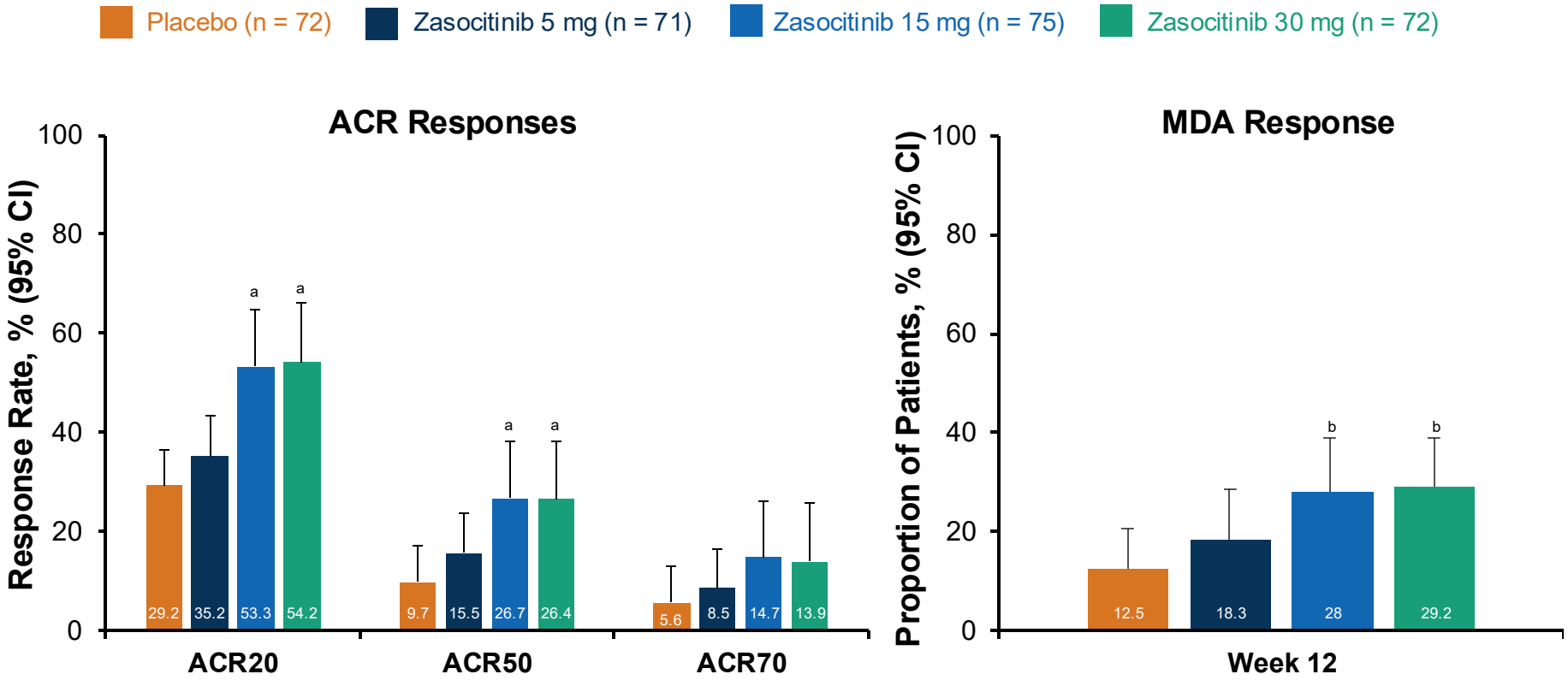
Key Secondary Endpoints

- ACR50, ACR70
- MDA
- Tender joint count
- Swollen joint count
- HAQ-DI
- PGA-PsA
- Enthesitis (LEI) resolution
- Dactylitis resolution

1. Kivitz A et al. *Ann Rheum Dis.* 2025;84:1660-1674. 2. Gotlieb A et al. EULAR 2025. Abstract POS0107. 3. https://clinicaltrials.gov/study/NCT05153148.

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Zasocitinib Phase 2b Study: Efficacy in PsA at Week 12[1,2]

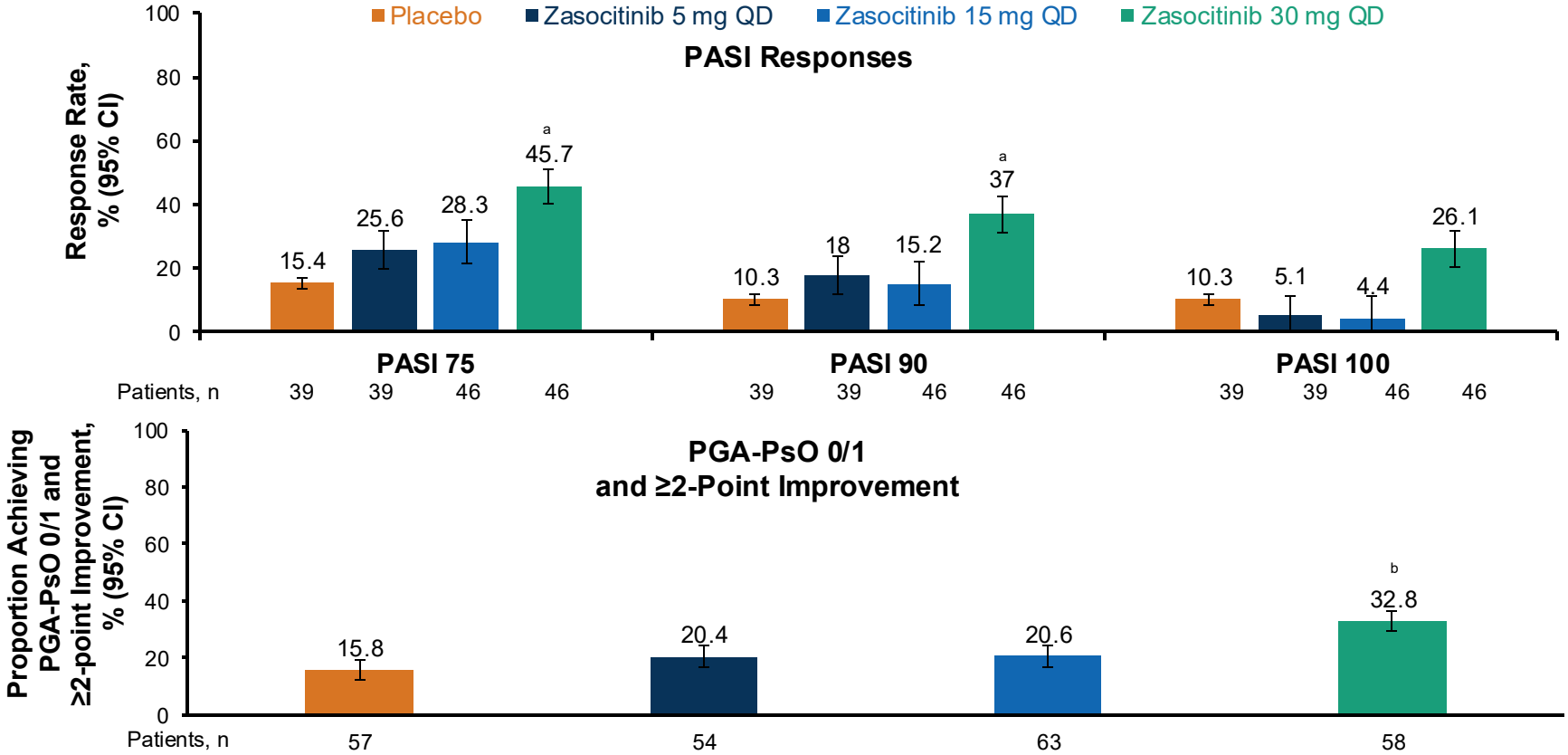


[a] $P \leq .01$. [b] $P \leq .05$.

1. Kivitz A et al. *Ann Rheum Dis*. 2025;84:1660-1674. 2. Gotlieb A et al. EULAR 2025. Abstract POS0107.

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Zasocitinib Phase 2b Study: Key Dermatologic Secondary Endpoints at Week 12[1]



[a] $P \leq .01$. [b] $P \leq .05$.

1. Kivitz A et al. *Ann Rheum Dis*. 2025;84:1660-1674.

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Zasocitinib Phase 2b Study: Safety Summary at Week 12[1]

AE Category, n (%)	Placebo (n = 72)	Zasocitinib 5 mg (n = 71)	Zasocitinib 15 mg (n = 75)	Zasocitinib 30 mg (n = 72)
Any TEAEs	39 (54.2)	42 (59.2)	45 (60)	56 (77.8)
Serious AEs	4 (5.6)	4 (5.6)	3 (4)	2 (2.8)
Discontinuation due to AEs	1 (1.4)	0	3 (4)	5 (6.9)
Deaths	0	0	0	0
Most common AEs (≥5% in any arm)				
Nasopharyngitis	3 (4.2)	6 (8.5)	7 (9.3)	7 (9.7)
Upper respiratory tract infection	2 (2.8)	8 (11.3)	3 (4)	7 (9.7)
Headache	3 (4.2)	2 (2.8)	6 (8)	4 (5.6)
Rash	0	3 (4.2)	6 (8)	4 (5.6)
Dermatitis acneiform	0	0	2 (2.7)	6 (8.3)
Psoriatic arthropathy	5 (6.9)	0	2 (2.7)	1 (1.4)
Aphthous ulcer	0	0	1 (1.3)	6 (8.3)
Dermatitis allergic	0	1 (1.4)	1 (1.3)	4 (5.6)
Rash maculopapular	0	0	2 (2.7)	4 (5.6)

1. Kivitz A et al. *Ann Rheum Dis.* 2025;84:1660-1674.

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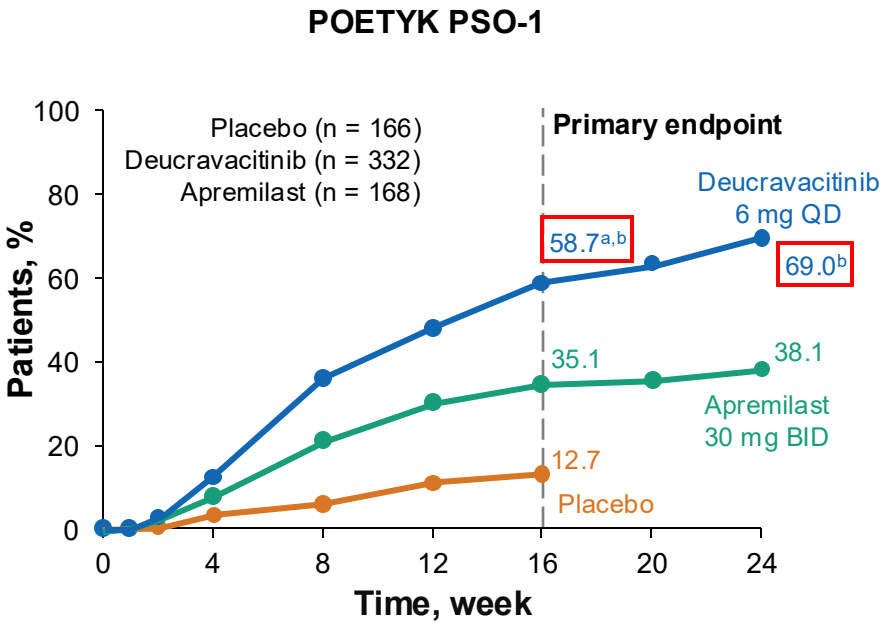
Based on findings from the POETYK PSO clinical trial program, deucravacitinib efficacy was...

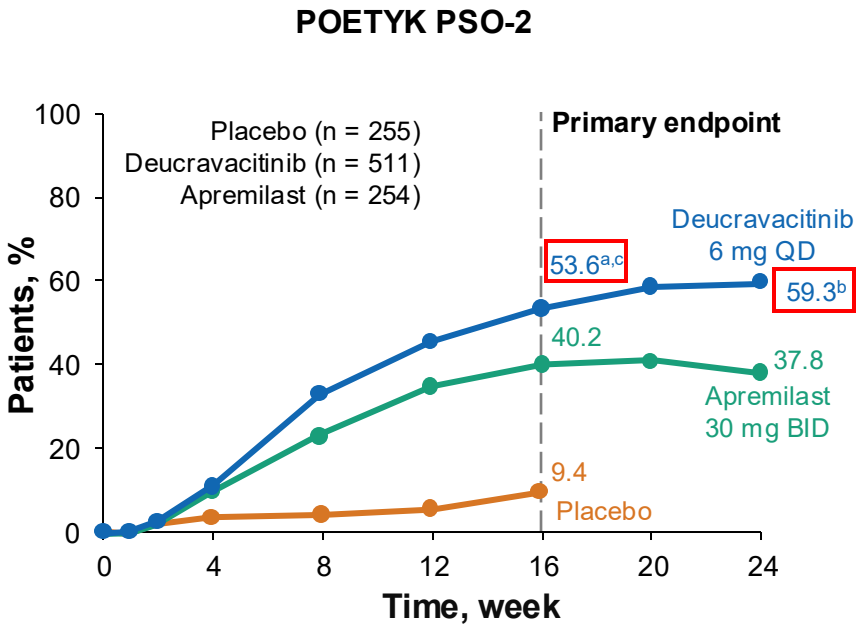
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Deucravacitinib Demonstrated Superior Efficacy to Apremilast in POETYK PSO-1 & PSO-2 Phase 3 Studies[1]

PASI 75 Response at Week 16 (Coprimary Endpoint) and Through Week 24 (NRI) in Two Global Phase 3 Studies





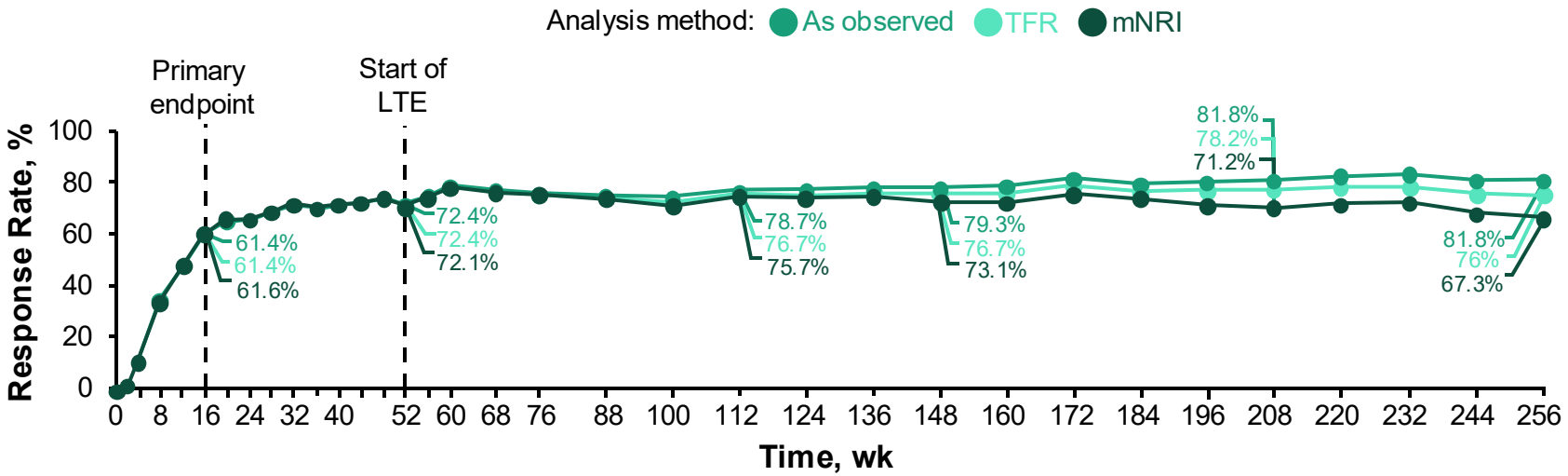
- 82.5% (PSO-1) and 81.4% (PSO-2) of deucravacitinib patients who achieved PASI 75 at week 24, and continued treatment, maintained response at week 52

[a] $P < .0001$ vs placebo. [b] $P < .0001$ vs apremilast. [c] $P = .0003$ vs apremilast.

1. Armstrong AW et al. AAD VMX 2021. Session S033.

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PASI 75 Response Rates in Patients on Continuous Deucravacitinib Treatment Durable Through 5 Years[1]



No. at Risk

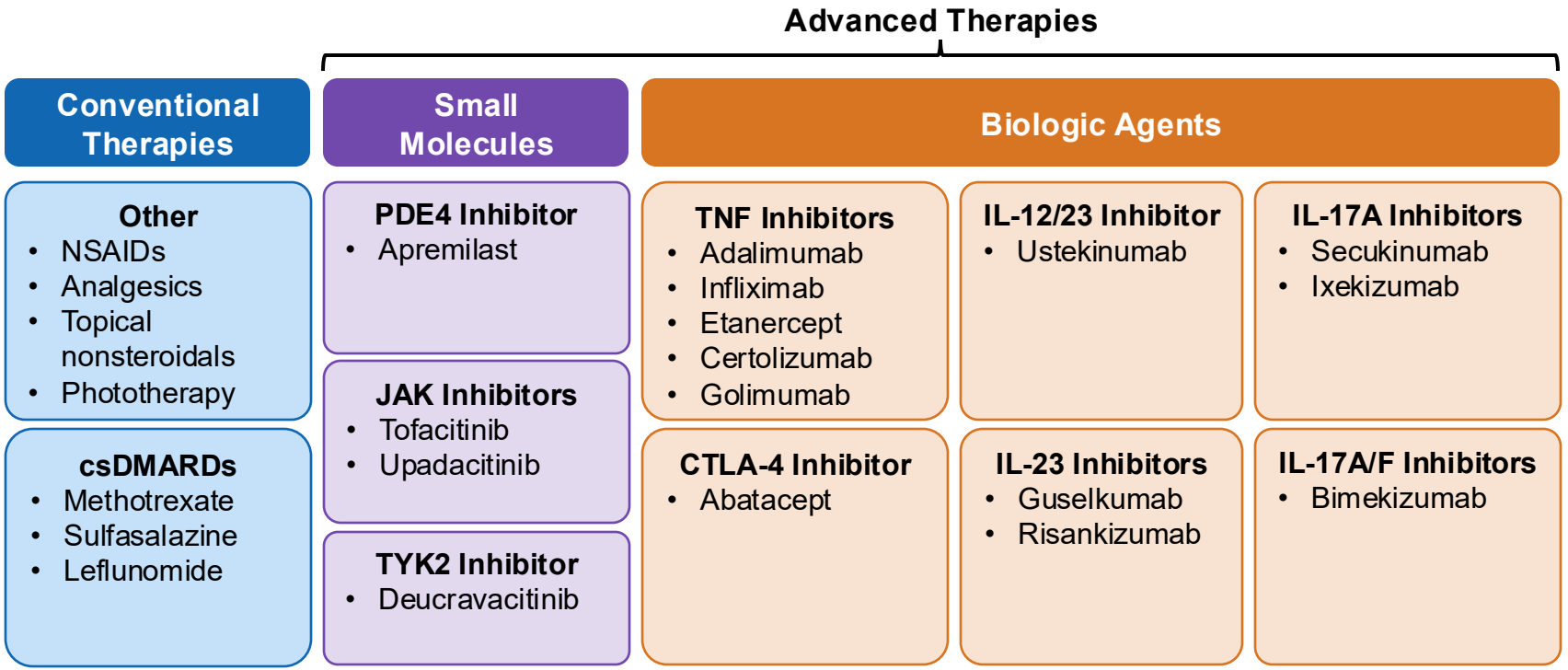
As observed	513	510	505	506	495	511	490	482	486	463	450	436	426	412	391	364	350	345	332	324	320	312	300	275
TFR	513	510	505	506	495	511	490	485	490	469	457	447	437	424	404	378	364	360	347	339	336	331	321	296
mNRI	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485	485

1. Armstrong AW et al. *J of Skin*. 2025;9:s532.

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Constructing Personalized PsA Treatment Plans in the TYK2 Era Through a Case-Based Exploration

Current Treatment Landscape for PsA[1-4]



1. Coates LC et al. *Nat Rev Rheumatol*. 2022;18:465-479. 2. Singh JA et al. *Arthritis Rheumatol.* 2019;71:5-32. 3. Gossec L et al. *Ann Rheum Dis.* 2020;79:700-712.
4. Lee BW, Moon SJ. *Int J Mol Sci.* 2023;24:11662.

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The Role of Methotrexate in PsA[1,2]

MIPA

Phase 4 RCT: MTX vs placebo in patients with PsA

Results

- MTX not statistically significantly better than placebo for PsARC, ACR20, or DAS-28 at 6 mo
- No improvement in TJC/SJC, CRP/ESR, HAQ, or pain
- MTX did show modest benefits in global scores and skin scores

SEAM-PsA

Phase 3 RCT: MTX vs etanercept vs combination in biologic- and MTX-naïve patients with PsA

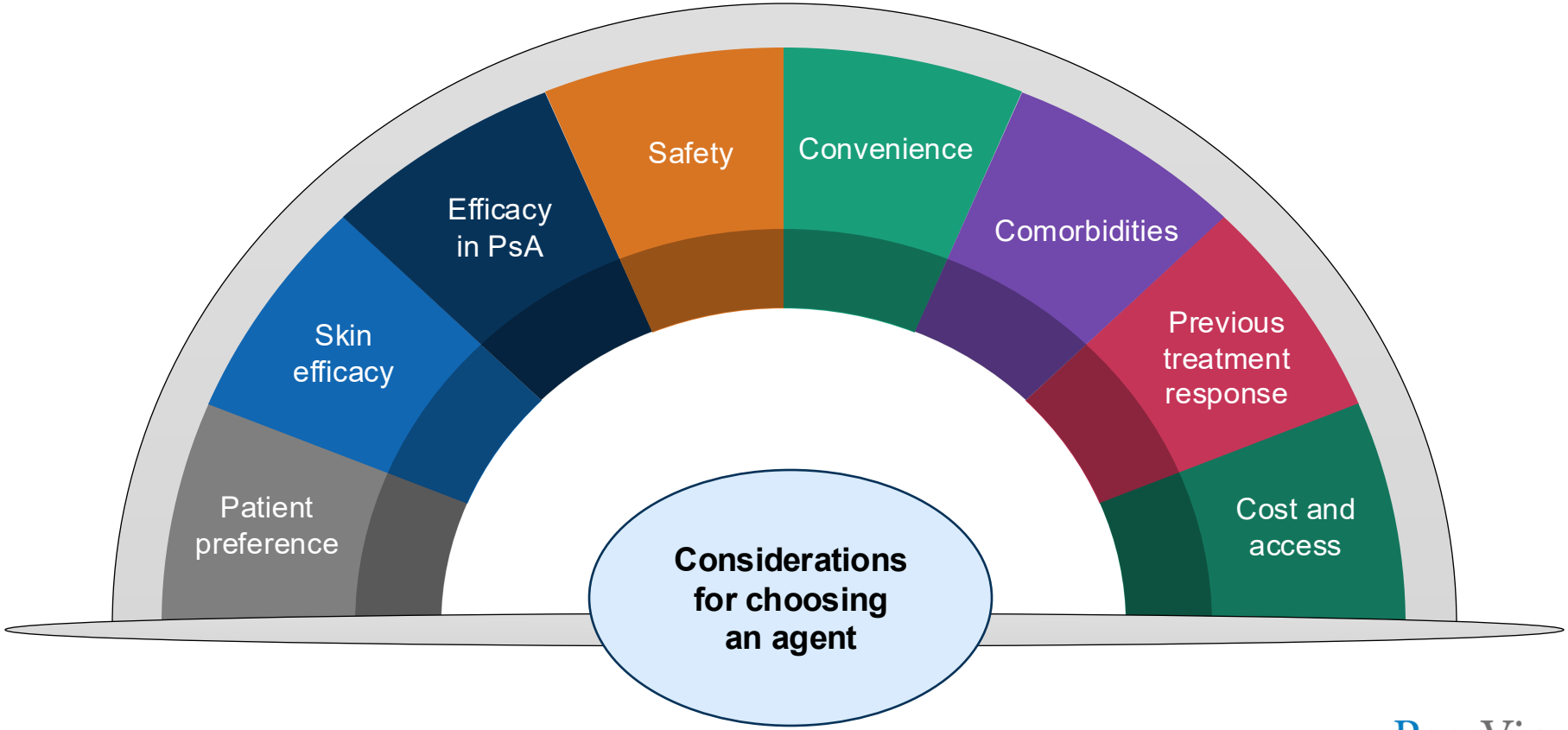
Results

- MTX monotherapy: good efficacy across joint and skin domains; inferior to etanercept for most outcomes
- Etanercept ± MTX not superior to etanercept alone, but better efficacy than MTX alone
- No placebo group included

1. Mease PJ et al. *Arthritis Rheumatol.* 2019;71:1112-1124. 2. Kingsley GH et al. *Rheumatology (Oxford).* 2012;51:1368-1377.

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Factors to Consider When Selecting a Specific Therapy



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with a history of PsO and new symp of joint pain consistent with PsA. Her has been treated with topical steroids wi mild success. She has a history of hypothyroidism and depression and a family history of RA, skin cancer, obesity, HTN, and dyslipidemia. Her exam reveals PsO plaques on her elbows, knees, and scalp, onycholysis on two fingernails, swelling/tenderness of five to seven joints, and dactylitis of one toe. What initial therapy would you consider to

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Meet Mariana: A 41-Year-Old, History of PsO and New Symptoms of Joint Pain



Mariana

- **HPI: 14-year H/O plaque PsO, new-onset joint pain; referred by dermatology**
  - Pain/swelling in small joints of hands and feet
  - Morning stiffness 45 minutes
  - Getting harder to go for morning runs
  - Back pain not a major issue
  - Experiencing more fatigue affecting work
- **Current PsO treatment**
  - Clobetasol propionate 0.05% ointment

- **Other PMH:** hypothyroidism, depression
- **SHx**
  - Works in high-stress marketing firm
  - Exercises 5 days per week
- **FHx**
  - Mother: RA, skin cancer
  - Father: obesity, HTN, dyslipidemia

Meet Mariana: A 41-Year-Old, History of PsO and New Symptoms Consistent With PsA[1]

Mariana

- **PE Findings**
  - Vitals: 128/76 mmHg, HR: 72, BMI 25.3 kg/m^2
  - Skin: erythematous plaques with silvery scale over bilateral elbows, knees, and scalp; onycholysis noted on 4th and 5th fingernails (L hand)
  - MS: swelling/tenderness of DIP joints of L 4th and 5th fingers, L wrist, L ankle (mild effusion), dactylitis of R 3rd toe





1. Anne LJ et al. *BMC Rheumatology*. 2021;5:10.

symptoms despite 12 weeks with M[illegible] mg weekly and NSAIDs PRN (using regularly). He has a PMH of HTN, dyslipidemia, and obesity; he smokes and works in construction; and he has a family history of CVA (mother) and ASCVD (father died from MI at 52 years of age). He has PsO plaques on his elbows and knees, nail pitting, 8-10 swollen/tender joints on his hands and wrists, and right Achilles enthesitis. What next step would you consider for Matthew's therapy? Add



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Meet Matthew: A 54-Year-Old With PsA, Naïve to bDMARDs

Matthew

- **HPI: 3-year history of PsA, here for first follow-up**
  - Started MTX at the last "new patient" visit 3 months ago
  - Reports some improvement in pain (6/10 to 4/10) but still has swelling in hand joints
  - "Mechanical"-sounding back pain; patient suspects this to due to highly physical job
- **Treatment history**
  - MTX 20 mg QW x 12 wk (current)
  - NSAIDs used regularly

- **Other PMH:** HTN, dyslipidemia, obesity
- **SHx**
  - Endorses 10-pack-year H/O smoking; currently smokes 5-10 cigarettes/day
  - Works in construction
  - Does not exercise regularly outside of work activity
- **FHx**
  - Mother: HTN, CVA at 72 years
  - Father: died of MI at 52 years

Meet Matthew: A 54-Year-Old With PsA, Naïve to bDMARDs[1]

Matthew

- **PE Findings**
  - Vitals: 132/84 mmHg, HR: 76, BMI 33 kg/m^2
  - Skin: psoriatic plaques over bilateral elbows and knees, nail pitting+
  - MS
    - Swollen/tender joints: bilateral MCP 2-3, PIP 2-4 on R hand, PIP 2-3 on L hand; bilateral wrists
    - No dactylitis, but L Achilles enthesitis







1. Bagel J, Schwartzman S. *Am J Clin Dermatol.* 2018;19:839-852.

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with uncontrolled PsA despite mul… DMARD trials (currently on risankizu… and meloxicam; previously on MTX, adalimumab, and secukinumab). She has a history of PsO, obesity, and depression and a family history of obesity and basal cell carcinoma. Objective findings include: PsO with a BSA ~5%, mild nail pitting, 9-12 swollen/tender joints, and reduced grip strength. Her PsA is negatively impacting her mood and functionality. What strategy would you consider as a next step for Rhoahe?



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Meet Phoebe: A 36-Year-Old With Uncontrolled PsA Despite bDMARD Therapy

Phoebe

- **HPI: 10-year history of PsA**
  - Returning for follow-up visit with concerns about ongoing PsA symptoms
  - Persistent stiffness/pain in hands, wrists, knees, and ankles
  - PsA impacts mood and ability to take care of her young children (3 and 6 years old)
- **Treatment History**
  - Risankizumab (current)
  - Meloxicam 15 mg daily (current)
  - Prior: MTX, adalimumab, secukinumab

- **Other PMH:** PsO, obesity, depression
- **SHx**
  - Never smoker, occasional EtOH (one glass of wine), no illicit substances
  - Currently stay-at-home mom
  - Does not feel able to exercise regularly due to stress and pain
- **FHx**
  - Mother: PsO, PsA, obesity
  - Father: basal cell carcinoma

Meet Phoebe: A 36-Year-Old With Uncontrolled PsA Despite bDMARD Trials[1]

Phoebe

- **PE Findings**
  - Vitals: 124/72 mmHg, HR: 68, BMI 37.1 kg/m^2
  - Skin: plaques on elbows, trunk, and scalp (BSA ~5%); nail pitting+; no onycholysis
  - MS
    - Swollen/tender joints: TJC: 6/68, SJC: 3/66, LEI: 3
    - Reduced grip strength
    - No dactylitis
    - No axial or SI joint tenderness
  - Mental status: tearful during parts of visit





1. Ikumi N et al. *J Cutan Immunol Allergy*. 2024;7:1-3.

Revisiting Phoebe After Deucravacitinib Treatment[1]

Before



48 Weeks After Deucravacitinib



1. Ikumi N et al. *J Cutan Immunol Allergy*. 2024;7:1-3.

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Revisiting Phoebe After Deucravacitinib Treatment[1]

Before

Bone erosion in right third distal interphalangeal joint at baseline



2 Years After Deucravacitinib

Bone erosion 2 years after treatment



1. Ikumi N et al. *J Cutan Immunol Allergy*. 2024;7:1-3.

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TYK2 Inhibitors Do Not Have the Serious Safety Concerns Associated With the JAK Inhibitor Class[1]

Boxed warnings applied class wide with JAK inhibitors

- ❑ Serious infections
- ❑ All-cause mortality
- ❑ Malignancies
- ❑ MACE
- ❑ Thrombosis



Safety profile of TYK2 inhibitors

TYK2 inhibitors have a favorable safety profile relative to JAK inhibitors based on available evidence

No boxed warnings have been applied to deucravacitinib

1. https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-warnings-about-increased-risk-serious-heart-related-events-cancer-blood-clots-and-death.

For All of Our Cases, How Would You Facilitate Streamlined, Patient-Centered Team-Based Care?



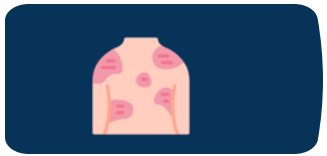
Key Takeaway Messages



A need remains for safe, effective, and convenient oral treatments for PsA



TYK2 is a key mediator in cytokine signaling (IL-12, IL-23, type 1 IFNs) driving inflammation in psoriatic disease



Deucravacitinib is a first-in-class, oral allosteric TYK2 inhibitor approved by the FDA for the treatment of PsO (2022) and PsA (2026)



Emerging TYK2 inhibitors (eg, zasocitinib) show promise in phase 2 trials, potentially expanding oral options



A personalized and team-based approach to care is vital to align treatment with individual needs

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Audience Q&A

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Ask Your Questions Now!



- *In what patients should deucravacitinib be prioritized?*
- *How should clinicians manage patients switching from biologics/other DMARDs/ JAK inhibitors to deucravacitinib?*
- *In what ways can TYK2 inhibition potentially address systemic inflammation that contributes to both musculoskeletal and extra-articular manifestations?*

Complete and submit your evaluation

Scan below or visit us at **PeerView.com/PsoriaticArthritis-Survey-TEA**

Thank you for joining us!

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Abbreviations

ACR: American College of Rheumatology
BCC: basal cell carcinoma
bDMARD: biologic DMARD
BID: twice daily
CD: cluster of differentiation
cDMARD: conventional DMARD
CfB: change from baseline
COVID19: coronavirus disease 2019
CRP: C-reactive protein
csDMARD: conventional synthetic DMARD
CTLA: cytotoxic T-lymphocyte–associated protein
DAPSA: disease activity in psoriatic arthritis
DAS28: 28-joint disease activity score
DIP: distal interphalangeal
DMARD: disease-modifying anti-rheumatic drugs
EPO: erythropoietin
ESR: erythrocyte sedimentation rate
ETN: etanercept
FACIT-Fatigue: Functional Assessment of Chronic Illness Therapy-Fatigue
FHx: family history
GC: glucocorticoid
GRAPPA: Group for Research and Assessment of Psoriasis and Psoriatic Arthritis
H/O: history of
HAQ: Health Assessment Questionnaire
HAQ-DI: HAQ-Disability Index
HPI: history of present illness
HRQOL: health-related quality of life
HTN: hypertension
IFNβ: interferon beta
IFNγ: interferon gamma
IL: interleukin
INFα: interferon alpha
JAK: Janus kinase
JAKi: JAK inhibitor
LDA: low disease activity
LEI: Leeds enthesitis index
LTE: long-term extension
MACE: major adverse cardiovascular event
MASLD: metabolic dysfunction-associated steatotic liver disease
MCP: metacarpophalangeal
MDA: minimal disease activity
mNRI: modified nonresponder imputation
MTX: methotrexate
NMSC: nonmelanoma skin cancer
NRI: nonresponder imputation
OA: osteoarthritis
OLE: open-label extension
PASI: Psoriasis Area and Severity Index
PCS: physical component summary
PDE: phosphodiesterase
PE: physical examination
PGA: Physician's Global Assessment
PIP: proximal interphalangeal
PMH: prior medical history
PRO: patient-reported outcome
PsA: psoriatic arthritis
PsAID: Psoriatic Arthritis Impact of Disease questionnaire
PsO: psoriasis
PT: physical therapist
QD: once daily
QW: every week
RA: rheumatoid arthritis
SHx: social history
SI: sacroiliac
SJC: swollen joint count
SjD: Sjögren's disease
SLE: systemic lupus erythematosus
SpA: spondyloarthritis
STAT: signal transducer and activator of transcription
SvdH: Sharp/van der Heijde
T2D: type 2 diabetes
TEAE: treatment-emergent adverse event
TFR: treatment failure rules
Th: helper T cell
TJC: tender joint count
TNF-IR: TNF incomplete response
TNFα: tumor necrosis factor alpha
TNFi: TNF inhibitor
tsDMARD: targeted synthetic DMARD
TYK2: tyrosine kinase 2 inhibitor
URTI: upper respiratory tract infection
US: ultrasound
VAS: visual analog scale