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Pre-screening for psoriasis patients considering biologics treatment in Malaysia

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INTRODUCTION

Psoriasis is a T-cell mediated chronic inflammatory skin disease affecting 2-3% of the general population. Mild cases usually respond to topical treatment, but severe cases may need systemic therapy. Biologics are increasingly used worldwide as a systemic treatment for psoriasis. Although effective, biologics also have their own side effects and complications. Pre-screening patients is important to ensure safety and appropriate selection of patients for biologics treatment.

OBJECTIVE

To analyze the results of the pre-screening evaluation of psoriasis patients considered for biologics in Malaysia.

METHODS

- This is a cross-sectional study conducted using the data from the Malaysian Psoriasis Registry (MPR) from January 2007 to December 2018.
- The MPR is a systematic data collection of patients with psoriasis in Malaysia. This registry is a centralized electronic database, where data are collected voluntarily from 34 participating centers nationwide.
- Details analyzed include medical history, pre-treatment PASI evaluation and pre-screening investigations.
- All statistical analyses were computed using IBM SPSS Statistics 20 (IBM SPSS Statistics for Windows; IBM Corp, Armonk, NY, USA).

RESULTS

There were total of 85 patients considering biologics notified to MPR between January 2007 to December 2018. Mean PASI for patients considering biologics were $15.85 \pm SD16.74$.

Among the screened patients, 3(3.5%) had tuberculosis (TB). For these patients, 1 had latent TB and the other 2 had TB which was not specified. None of the screened patients had history of cancer and neurological disease. Among them, 3 (3.5%) had fatty liver and 3 (3.5%) had ischaemic heart disease. (Table 1).

Mantoux test was positive in 11 (12.9%) of patients). Majority of patients did not undergo IGRA test and those who had it done was negative. One patient (1.2%) had abnormal chest x-ray due to preexisting chronic lung disease. One patient (1.2%) was tested positive with hepatitis B infection, none of the patients were tested positive with hepatitis C or HIV infection (Table 2).

Table 1: Medical history of patients screened

Medical history	n	%
History of Tuberculosis		
Latent tuberculosis	1	1.2
Other types of tuberculosis	2	2.4
No	59	69.4
Missing	23	27.1
History of Cancer		
Yes	0	0.0
No	62	72.9
Missing	23	27.1
History of Neurological disease		
Yes	0	0.0
No	62	72.9
Missing	23	27.1

Table 1 continued

History of Liver disease		
Yes	3	3.5
No	59	69.4
Missing	24	27.1
History of Cardiovascular disease		
Yes	3	3.5
No	59	69.4
Missing	23	27.1

Table 2: Pre-screening investigations

Investigations	n	%
Mantoux test		
Positive	11	12.9
Negative	51	60.0
Missing	23	27.1
Interferon-γ release assay (IGRA)		
Positive	0	0.0
Negative	8	9.4
Missing	77	90.6
Chest X-ray		
Normal	50	58.8
Abnormal	1	1.2
Missing	34	40.0
Hepatitis B status		
Positive	1	1.2
Negative	53	62.4
Missing	31	36.5
Hepatitis C status		
Positive	0	0.0
Negative	53	62.4
Missing	32	37.6
HIV status		
Positive	0	0.0
Negative	49	57.6
Missing	36	42.4

CONCLUSION

- TB is still endemic in Asia and it is imperative that TB screening is done prior to commencing biologics.
- Current guidelines state that it is mandatory to screen for active TB and latent TB prior to commencing biologics.^{1,2,3}
- IGRA may be considered for immunocompetent individuals with a history of BCG vaccination.³
- Current guidelines also recommend performing hepatitis panel prior to the treatment. HIV screening is supported by BAD and EADV but not by the AAD as there is insufficient evidence to recommend routine HIV screening and should be done based on clinical context.^{1,2}
- TNF inhibitors are contraindicated in patient with NYHA class III and IV and should be avoided in patients with history of multiple sclerosis.^{1,4,5}

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TAKE HOME MESSAGE

Physician should be aware of the importance of pre-screening prior to commencing biologic therapy. Screening should include relevant medical history and investigations.