Patients with psoriasis with a positive Psoriasis Epidemiology Screening Tool (PEST): similarities and differences compared to PsA and patients with psoriasis with a negative PEST

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BACKGROUND

- Identifying patients at risk for developing psoriatic arthritis (PsA) may allow for accelerated diagnosis and treatment
- Psoriasis Epidemiology Screening Tool (PEST)[1] can identify patients who may have undiagnosed PsA and may be a useful epidemiologic tool for estimating undiagnosed disease in a registry.
- Additionally, the PEST score may be associated with a higher probability for developing PsA in the future[2] among patients without PsA and may be a useful tool for predicting PsA diagnosis.

OBJECTIVE

- **Objective**: To examine, in a patient-centered psoriasis registry, the characteristics of patients with a positive PEST screen to those with PsA and those with a negative PEST

METHODS

- The **Forward Psoriasis Registry** is a new patient-centered registry collects data directly from patients.
- Physician-diagnosed adult patients with psoriasis were recruited beginning August 2023 from 1) dermatology offices as a part of a national practice group, 2) through a patient support program for deucravacitinib, and 3) online from the Forward registry website. Patients were not required to be on therapy for psoriasis.
- The enrollment questionnaire contains information on psoriasis severity and impact, quality of life, comorbidities, treatment and treatment satisfaction. Participants were age 18 and older and were not required to be on therapy for psoriasis.
- We descriptively report demographics, disease characteristics, current treatments, and comorbidities by EST positivity and patient-reported PsA diagnosis for participants who enrolled on or before June 2024.

CONCLUSIONS

- Among participants in this prospective psoriasis registry, those who were PEST+ were similar to those with a diagnosis of PsA in terms of psoriasis characteristics and comorbidities.
- PEST may serve as a proxy for PsA or PsA risk in longitudinal cohort studies, however some patients may have competing diagnoses or other forms of arthritis.
- The use of PEST as a predictor of PsA will be prospectively tested in this cohort.

REFERENCES

[1]Ibrahim et al. Clin Exp Rheumatol 2009; [2]Ogdie et al. J Am Acad Dermatol 2022

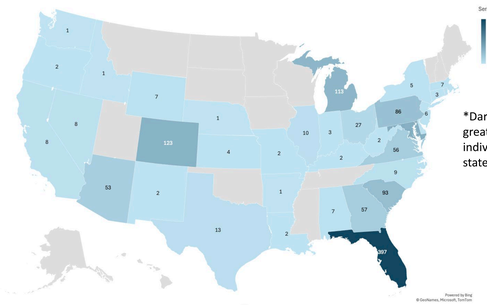
RESULTS

Enrollee demographics and comorbidities

- 1,269 participants, 1,245 completed a PEST survey and among these 349 (28%) reported a diagnosis of PsA

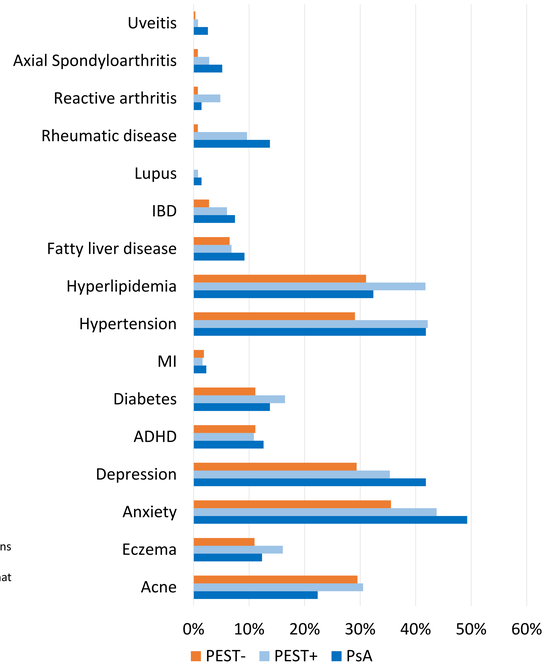
	PsA	PEST+	PEST-
N	349	249	647
Demographics			
Age	53.6 (13.6)	55.8 (13.8)	49.8 (16.1)
Female Sex	243 (71%)	178 (72%)	419 (65%)
BMI	31.3 (7.6)	31.2 (9.1)	29.4 (7)
White	310 (90%)	214 (87%)	555 (86%)
Education Level			
Less than High school	8 (2%)	7 (3%)	4 (1%)
High school	65 (19%)	38 (15%)	80 (12%)
Assoc/Some college	112 (33%)	77 (31%)	147 (23%)
College+	156 (45%)	125 (51%)	406 (63%)
Private insurance	179 (52%)	111 (45%)	370 (57%)

Figure 1. Number of enrollees by state



*Darker color means greater number of individuals from that state

Figure 3. Concomitant conditions and comorbidities



Abbreviations: ADHD, attention-deficit hyperactivity disorder; AxSpA, axial spondyloarthritis; HTN, hypertension; IBD, inflammatory bowel disease; MI, myocardial infarction;

Figure 4. Treatments

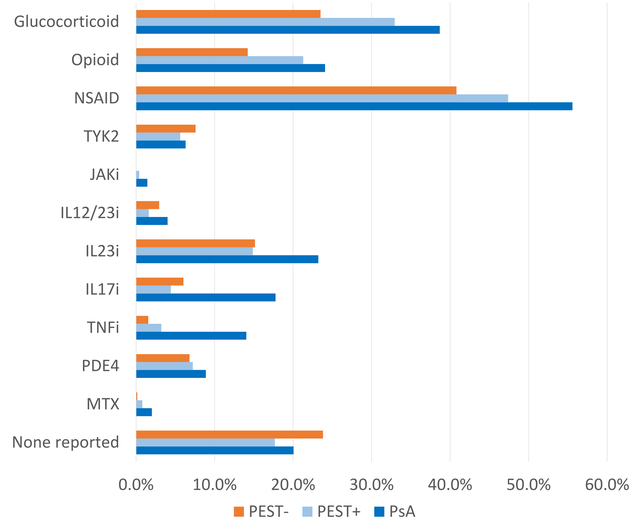
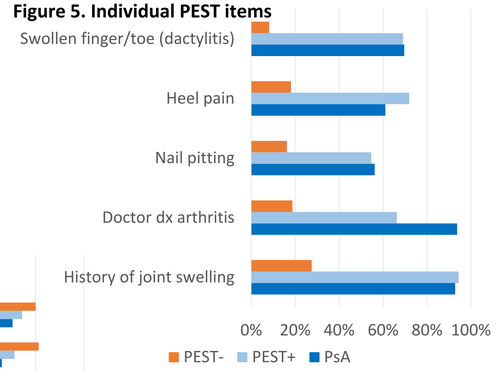
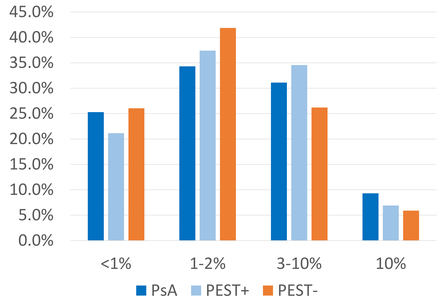


Figure 5. Individual PEST items



Figures 2A&B. Psoriasis severity (A, Body Surface Area) and psoriasis characteristics (B)



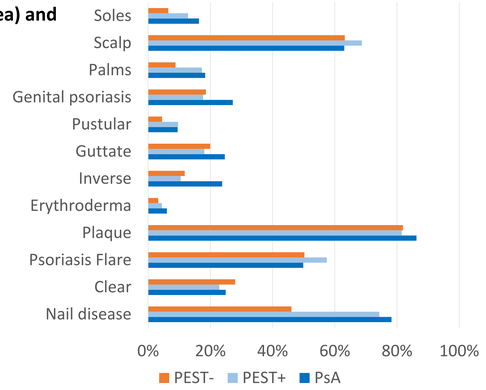
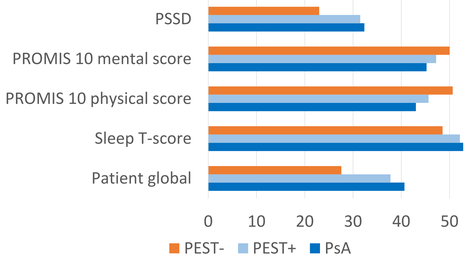


Figure 6. Patient reported outcomes by group



DISCLOSURES

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