



# ALIGN PsA OUTCOMES REPORT

Activity Supported by:

Celgene Corporation; Janssen Biotech; Pfizer, Inc.

Accredited by:

Annenberg Center for Health Sciences at Eisenhower

Report Prepared: March 2019



# LEVEL 5 OUTCOMES

# ALIGN PsA: Psoriatic Disease Boot Camp

Supported by independent educational grants from Celgene Corporation, Janssen Biotech, Inc., and Pfizer, Inc



## EDUCATIONAL OVERVIEW

The goal of ALIGN PsA was to provide important clinical data on issues related to the management of psoriatic arthritis to dermatologist and rheumatologist clinicians.

Learning objectives:

- Analyze the roles of the dermatologist and rheumatologist in the treatment of psoriatic disease
- Discuss how to integrate interdisciplinary collaboration into daily clinical practice
- Define PsA under the spondylarthritis umbrella and discuss CASPAR
- Describe the detrimental effects of PsA
- Discuss comorbidities associated with PsA
- Review the new and emerging therapies for PsA
- Demonstrate strategies to incorporate diagnostic and treatment updates into clinical practice



## PARTICIPATION AND REACH

Target Audience: **47 total clinicians** who manage patients with PsA attended a live meeting.

The attendees see, on average, 140 patients per week. Based on 47 participating clinicians, roughly weekly 6500 patients may benefit from improved dermatologist/rheumatologist interactions.

*"You have to tailor-make your treatment regimen to the patient's needs and their perception of their situation. The conference was really helpful about how you have to think your choices through."*



## SATISFACTION

Speaker was knowledgeable of subject matter

100%

Material matched scope of practice

100%

Speaker was effective in content delivery

100%

Content was scientifically sound/free of bias

100%

Speaker responded to questions

100%

The physical environment was conducive to learning

100%

Onsite evaluation results, n = 21



## KNOWLEDGE

Using pre/post onsite evaluations, key knowledge advancement was seen specifically in:

- Recognizing the relationship between psoriasis and CVD events
- Connecting infection risk with TNF inhibitors
- Recognizing the mechanism of action of emerging therapies
- Understanding the progression of skin disease to joint pain in PsA
- Recognizing skin lesions as an indicator of PsA development

In interviews following the program, knowledge retention was seen in:

- Awareness of the pathological association between psoriasis and psoriatic disease and the need to tailor therapy
- Understanding when to refer and when to start biologics
- Reinforcement of treatment goals, therapies, and disease measures

Onsite evaluation results, n = 21, Interview results, n = 5

*"Seeing the data presented for the different biologics and their effects on psoriasis was pretty enlightening because a lot of that we really didn't know about as rheumatology fellows."*



## COMPETENCE

**95%** of participants indicated that this activity enhanced their professional effectiveness in treating patients

**96%** of participants indicated that this activity will result in a change in their practice behavior

**38%** of participants indicated that, as a result of participating in this activity, they will create or revise policies, and/or procedures

**62%** of participants indicated that, as a result of participating in this activity, they will change the management and treatment of their patients

**43%** of participants indicated that they have no barriers in implementing changes learned in this education

Onsite evaluation results, n = 21



## PERFORMANCE

In interviews following the program, performance change was seen in:

- Assessing joint pain in patients with mild psoriasis
- Shifting definitions of treatment success
- Considering biologic use with topical treatment in patients with joint pain
- Making appropriate referrals to manage psoriatic disease

Interview results, n = 5



## CONTINUING EDUCATIONAL NEEDS

Based on responses of interview participants, the following topics are noted as continued needs for future educational activities:

- Continue to detail strategies to incorporate both rheumatology and dermatology perspectives in PsA patient management
- Discussion of disease activity measures in both psoriasis and PsA, the benefits and pitfalls of using each one, and how experts use them in practice
- Continue to provide expert opinion summaries of how to use biologics in psoriasis
- More detailed practical advice to navigate the prior authorization process
- Early detection of subclinical manifestations of PsA via ultrasound imaging
- Practical training on how to do a physical exam of the joint
- Invite primary care providers to these discussions to address managing comorbidities in psoriasis/PsA



## CONCLUSIONS

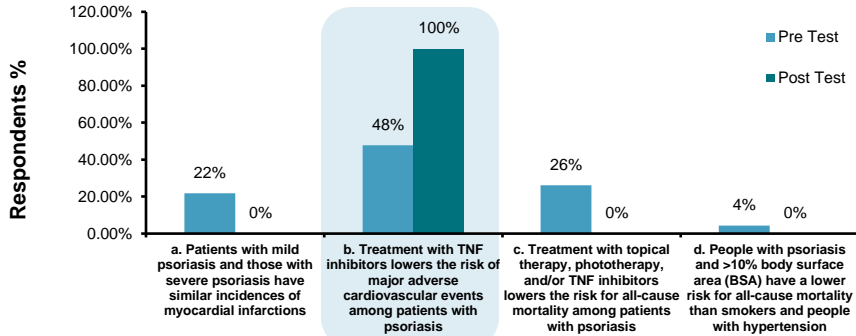
- High participant satisfaction with the content and speakers
- Large knowledge change, specifically in increasing understanding of biologic mechanism of action and use in patients with PsA
- High respondent intent to change practice behavior and patient management
- Barriers to implementing education exist, specifically in developing the relationship between specialists
- Continued need for further education and team-building



# LEVEL 3 OUTCOMES

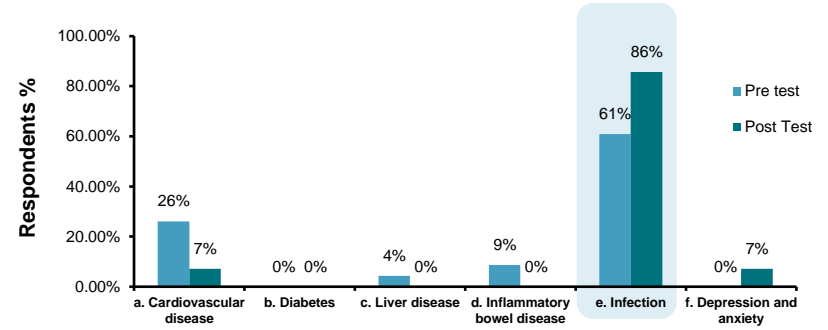
## **PRE- AND POST- ACTIVITY**

What statement accurately reflects the relationship between psoriasis and cardiovascular events?



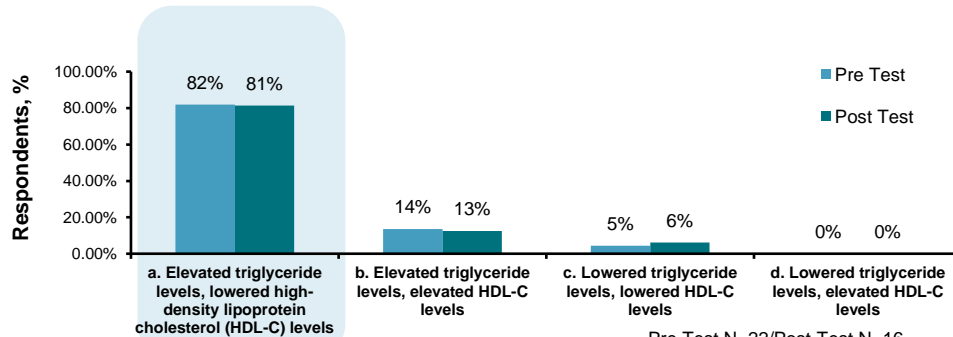
Pre Test N=23/Post Test N=10

What condition is associated with the use of TNF inhibitors?



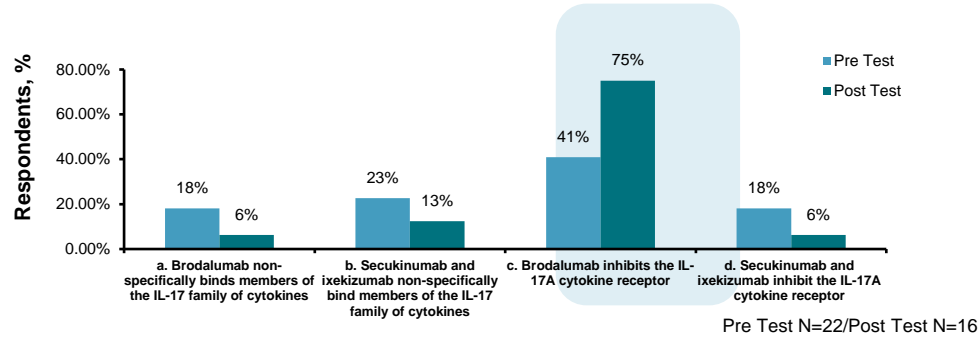
Pre Test N=23/Post Test N=14

What traditional cardiovascular risk factors characterize PsA ?

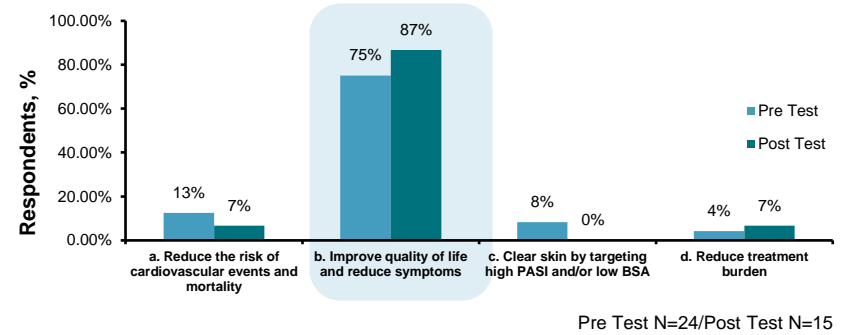


Pre Test N=22/Post Test N=16

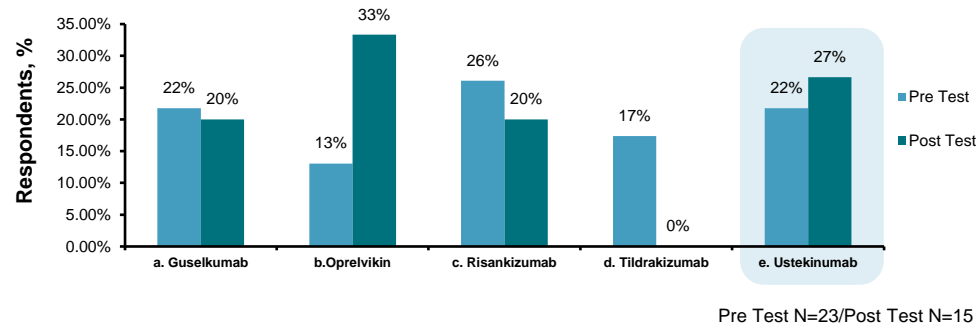
How do the mechanisms of action of secukinumab and ixekizumab differ from that of brodalumab?



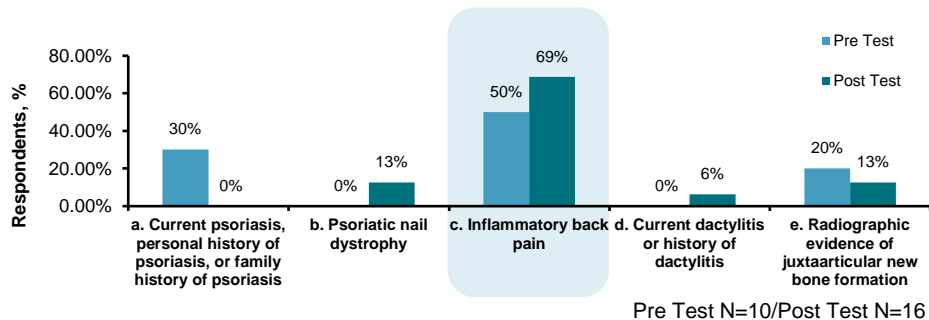
What is currently the main goal of treatment of Psoriatic Disease?



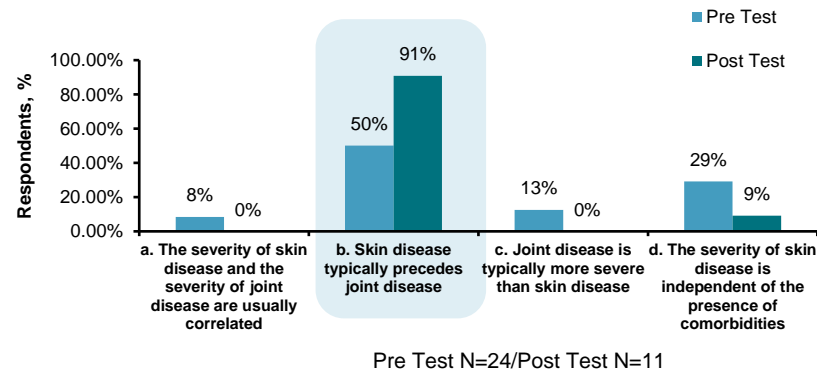
What emerging treatment for PsA targets IL-12 ?



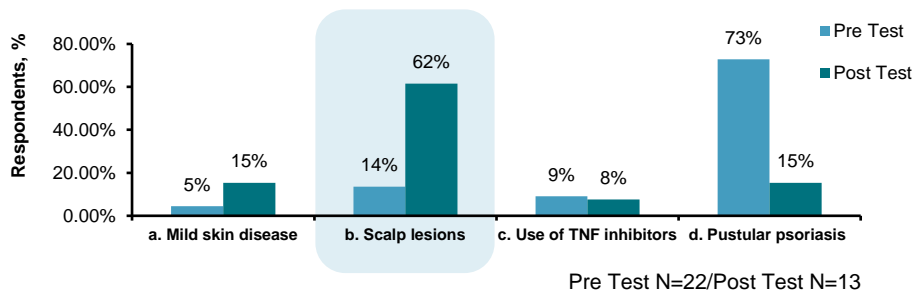
Which of the following is NOT a criterion in CASPAR (Classification Criteria for Psoriatic Arthritis)?



What is true of skin and joint disease in PsA?



What feature among patients with psoriasis is associated with an increased risk of developing PsA?



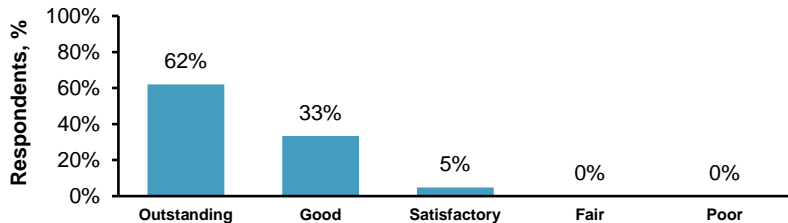


# EVALUATION SUMMARY

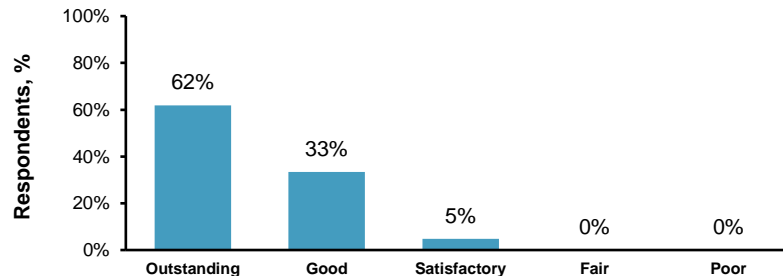


# How well did this activity meet the following learning objective?

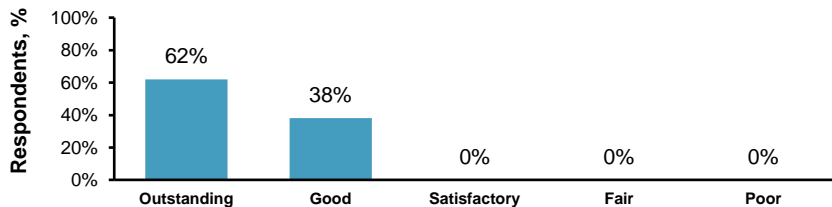
Analyze the roles of the dermatologist and rheumatologist in the treatment of psoriatic disease (PD), including both Psoriasis (PsO) and Psoriatic Arthritis (PsA)



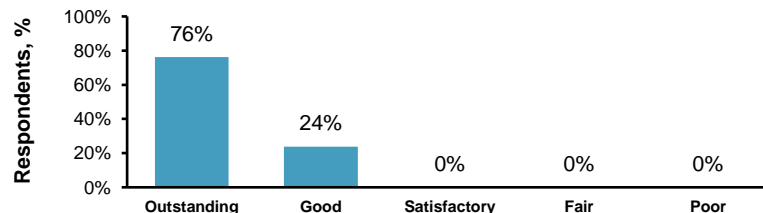
Define PsA under the spondyloarthritis umbrella and discuss CASPAR criteria



Discuss how to integrate interdisciplinary collaboration into daily clinical practice

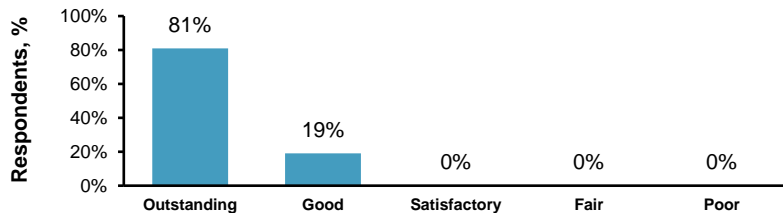


Describe the detrimental effects and comorbidities of untreated psoriatic disease

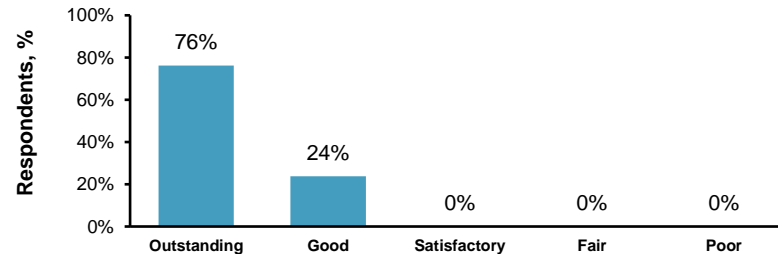


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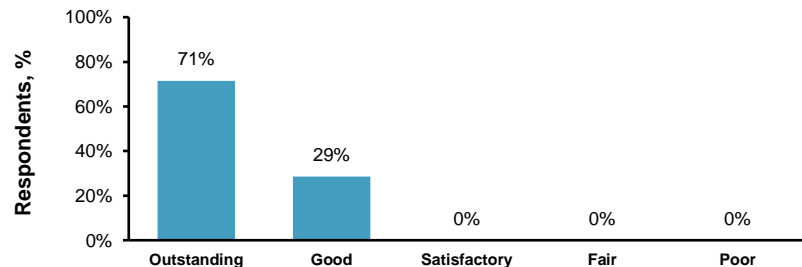
Discuss comorbidities associated with psoriatic disease



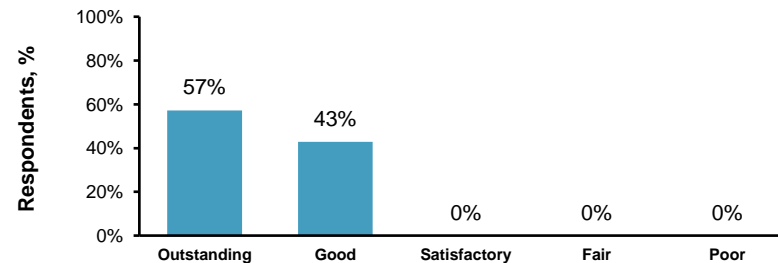
Review data on new and emerging therapies for PD



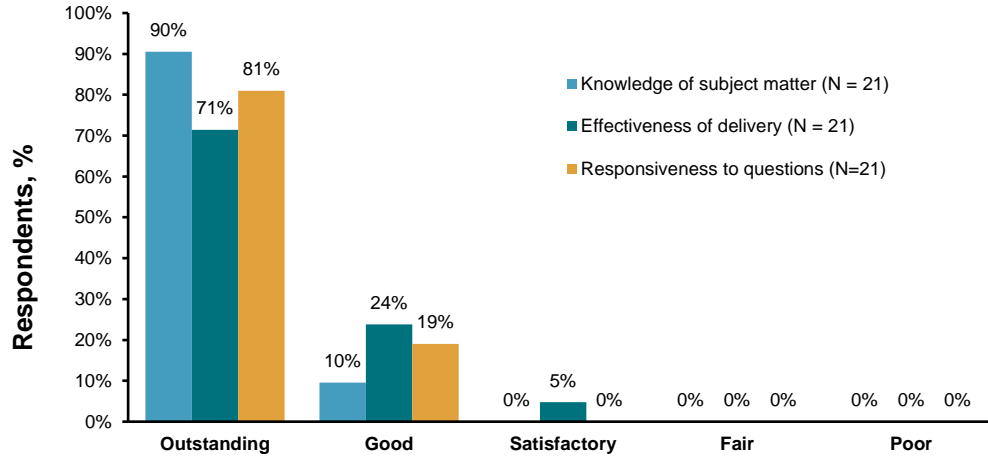
Define the patient centric effects of PD, including aspects that affect quality of life, and recommend techniques to treat the "whole" patient



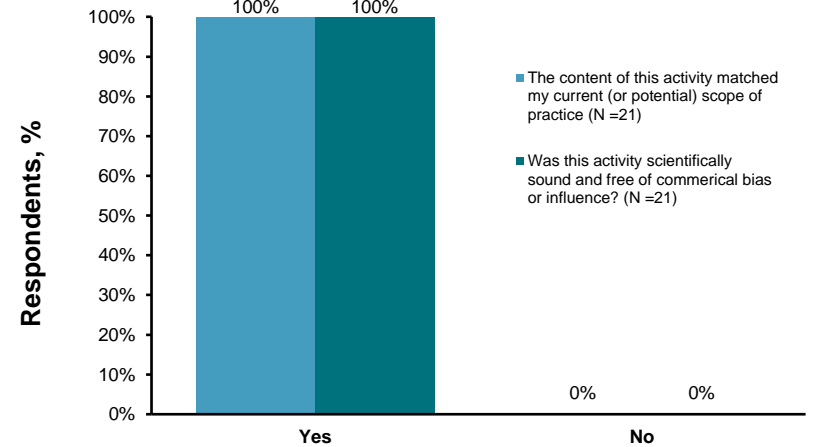
Demonstrate strategies to incorporate diagnostic and treatment updates into clinical practice and how-to tailor treatment to individual cases



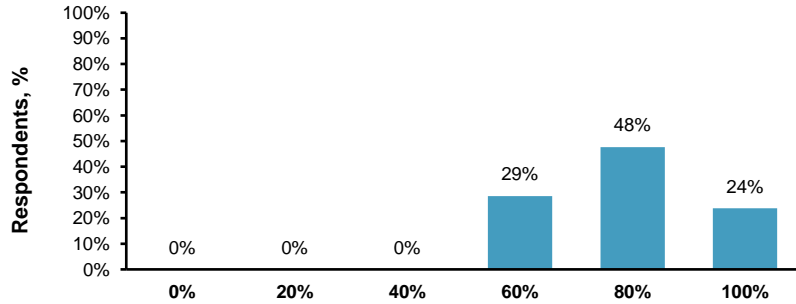
## Speaker Effectiveness



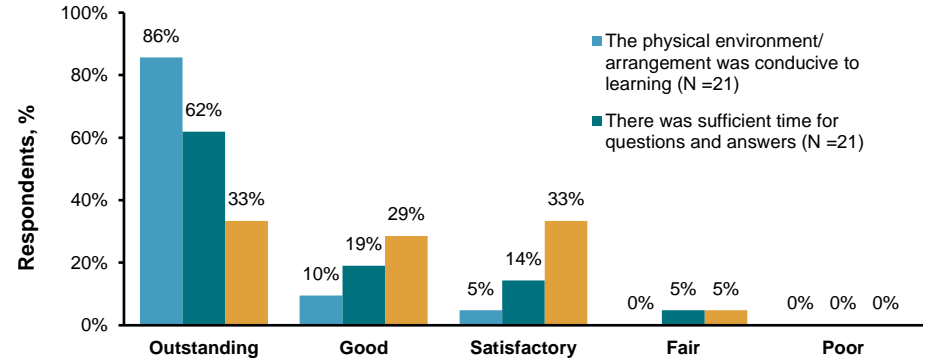
## Scope of Practice/Commercial Bias



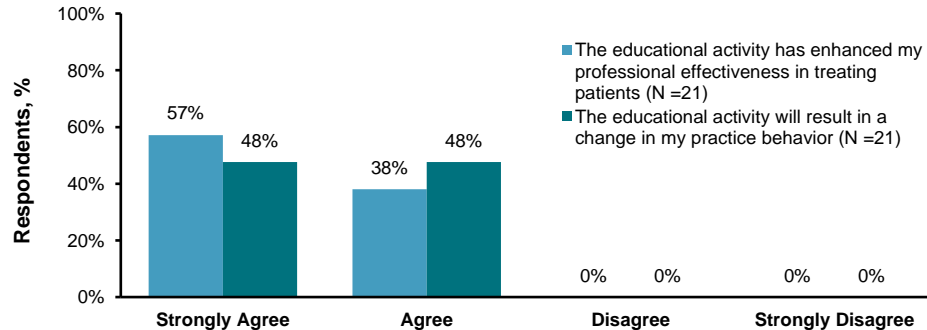
## What percentage of information presented in this activity will be of use to you?



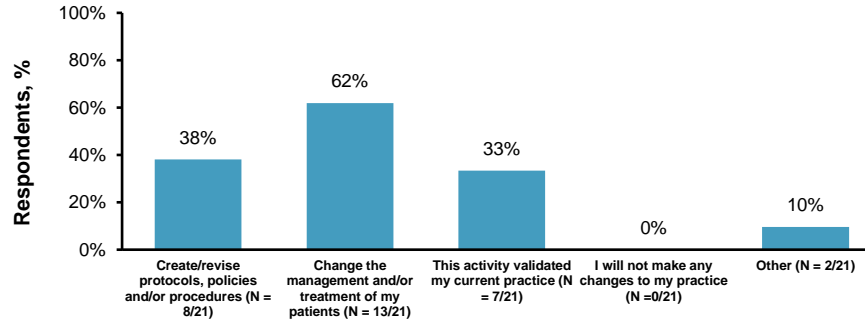
## Logistics



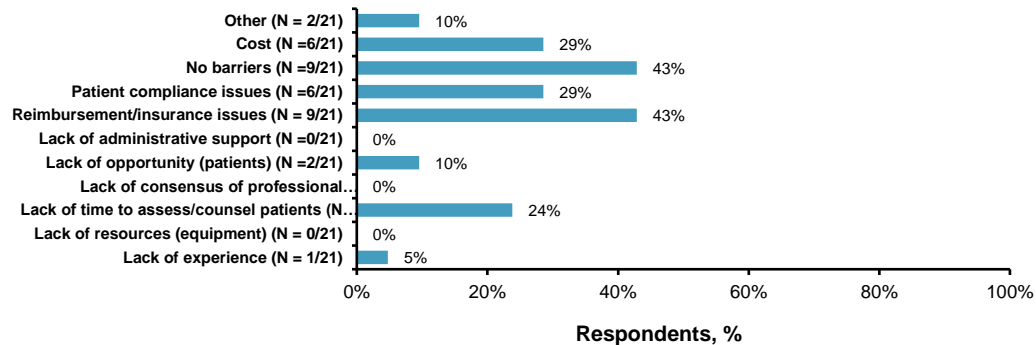
## Professional Effectiveness/Practice Behavior



## How will you change your practice as a result of participating in this activity?



## Please indicate any barriers you perceive in implementing these changes.



\*Includes all respondents who selected at least one box. More than one can be selected.

# Proceedings Journal Supplement

**Proceedings Journal Supplement.** To emphasize the initiative's key educational updates and to sustain the overall educational reach, a proceedings journal supplement was developed and published in the peer-reviewed *Seminars in Cutaneous Medicine & Surgery*. Expert opinions, recent publications, abstracts and presentations from congress meetings were reviewed as part of the journal supplement development process. The supplement was poly-bagged and indexed on PubMed and reached the journal's print circulation of subscribers. In addition, the journal supplement was published in the monthly *Dermatology News* and *Rheumatology News*.

*Outreach breakdown for the Journal Supplement is listed below:*

- Total impact: 22,077
- Print supplement: The total circulation of *Seminars in Cutaneous Medicine and Surgery* is **2,577** (dermatologists, which includes: Dermatologic Surgery, Dermatology, Dermatopathology, Procedural Dermatology)
- Digital supplement:
  - Dermatologists via *Dermatology News*: **15,000**
  - Rheumatologists via *Rheumatology News*: **4,500**