

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-psoriasis/uv-b-phototherapy-for-psoriasis-comparing-home-based-and-office-based-treatment/26302/>

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UV-B Phototherapy for Psoriasis: Comparing Home-Based and Office-Based Treatment

Announcer:

Welcome to *On the Frontlines of Psoriasis* on ReachMD. On this episode, Dr. Joel Gelfand will dive into his research comparing home-based and office-based narrowband UV-B phototherapy for patients with psoriasis. Dr. Gelfand is the Medical Director of the Psoriasis and Phototherapy Treatment Center and Professor of Dermatology and Epidemiology at the University of Pennsylvania. Let's hear from Dr. Gelfand now.

Dr. Gelfand:

We engaged thousands of patients with psoriasis in the United States and found out that their priority for research was more work on phototherapy—particularly understanding the value of the phototherapy at home. For many patients, this is a treatment option they really want to pursue. They view it as being a natural, very safe treatment to do, and they want to have better access and understanding to the value of home phototherapy.

So let's talk a little bit about the background of the LITE study. This is a unique clinical trial in the field of dermatology, and it's what's called a pragmatic clinical study. And what that means is that everything was embedded in routine clinical care, and the entry criteria were very simple. Basically, to qualify for the LITE study, you had to be 12 or older, you had to have plaque or guttate psoriasis, and the dermatology clinician needed to feel that it was medically appropriate to use phototherapy for your psoriasis. And that was a patient's preference; they wanted phototherapy over other treatment options, the clinician felt it was safe for the patient to be treated at home or in the office, and the patient agreed and was willing to be randomized to one arm or the other.

There were no washouts for other treatments, no prohibited treatments. So, for example, 12 percent of people in the study were taking systemic therapy at the time, oral medications or biologics for their psoriasis, demonstrating that we still have a lot of unmet medical need. Despite all of the advances we have in real world clinical practice, patients are often failing biologics or oral medications and need additional treatment options.

And what was unique was that we learned a lot about how are patients doing when they come to see a dermatologist in the United States and want to embark upon a course of phototherapy. What we learned is that they're not doing very well. They're pretty severely impacted. Their body surface area is roughly 12 percent. Their global assessment is in the moderate category and their DLQI is in the severely affected impact, similar to what you would see in clinical trials of hidradenitis, for example. And so it's important to recognize how motivated our patients are for treatment when they are coming to see a dermatologist and their disease is significant enough that they're wanting phototherapy.

So in the LITE study, they got randomized to either home phototherapy or office phototherapy, and then we evaluated roughly 12 weeks after they were randomized whether or not they were clear or almost clear of their psoriasis based on the global assessment by the dermatologist as well as whether or not they achieved no impact to minimal impact in health-related quality of life based on the DLQI.

And the main finding of the study was that home phototherapy works just as well as office phototherapy across all skin types, whether you're fair-skinned or medium-complected skin or dark-complected skin, and both for patient-reported and physician-reported endpoints. In fact, in general, patients did better when they were randomized to home phototherapy than office phototherapy.

So, for example, in having no to minimal impact in health-related quality of life, 52 percent of people randomized at home achieved that compared to 33 percent of people who were getting phototherapy in the office, and the biggest driver of this, we think, was adherence. So when patients were randomized to home, they were more than 3x more likely to get the recommended number of treatments, which

is roughly two treatments a week for about 12 weeks, than people randomized to office treatment. This just shows you that it's very hard in the modern era for people to come to the office on a regular basis for treatments, whereas when you allow people to get treatment at home, they could do it on their own schedule, in the evenings, early in the morning, or on weekends—times when we in clinical practice don't have hours available to patients.

So I think the surprising finding of the LITE study is really just how effective phototherapy is, whether delivered at home or in the office. First, these were a very difficult population of patients to treat. Forty percent of them had previously tried and failed oral or biologic medications, and 12 percent were currently taking these medications during the course of the study, and they had objectively pretty significant disease even under regular routine-world clinical practice.

For patients who were adherent to treatment, the responses were very high. About 50 percent achieved what would be the equivalence of a PASI 90, which is equivalent to some of our better biologics, actually, and certainly much better than we get with our current oral medications. And so this is a reminder that phototherapy is a very effective modality; it's very safe and well tolerated for patients, and when administered in a way that's convenient and centered on the patient, we can get really amazing outcomes for patients.

Announcer:

That was Dr. Joel Gelfand discussing his research on the differences between home-based and office-based narrowband UV-B phototherapy for patients with psoriasis. To access this and other episodes in our series, visit *On the Frontlines of Psoriasis* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!