

SUMMARY

Patients with severe psoriasis suffer frequently from associated comorbidities and therefore might have reduced life expectancy, which explains the necessity of corresponding screening and treatment recommendations in cooperation with general practitioners and other specialists. The aim of this study was to evaluate patients with moderate to severe psoriasis regarding associated comorbidities and compare the obtained information with nationwide data. In a subgroup of patients with concomitant cancer we tried to prove the safety of biologic treatment.

Our study involved 3 groups of patients. First group included 1961 patients with psoriasis treated at our Department within last 5 years. Second group consisted of 268 patients with psoriasis, who voluntarily filled out our questionnaire during a 2-year observation period. The third group contained all 141 patients treated to date in our Centre of biologic treatment.

Based on our real-world clinical data, we proved and confirmed the known and lately discussed cardiometabolic comorbidities associated with psoriasis. The questionnaire survey demonstrated overweight and/or obesity in 74% of all male respondents and in 60% of females, with average BMI 28,7. Patients from Centre of biologic treatment in Pilsen had average BMI 30 and overweight or obese were 80% of men and 74% of women. The most common comorbidity in our survey was psoriatic arthritis, which affected up to 49 % of patients treated by biologics (almost 58 % females and 43 % males) and within the Czech Republic has the highest incidence at our very Center in Pilsen. The average age of PsA onset was 41 years and the diagnosis of PsA was 15 years delayed after the diagnosis of psoriasis. Second most frequent comorbidity in both evaluated subgroups was hypertension, which affected more than 20 % of questionnaires respondents and 37 % patients with biologic treatment. Moreover, 22 % of patients from Pilsner Centre of biologic treatment suffered from dyslipidemia, 12 % had diabetes mellitus and 30 % of patients were active smokers. To evaluation date, 11 patients (almost 8 %) had a history of malignancy. Four patients developed their tumor before the biologic treatment onset, seven patients were diagnosed cancer during the biologic therapy and after a temporary interruption their treatment was re-initiated and continues to date. At the time of cancer development, the patients were treated with psoriasis for almost 28 years, with average age of nearly 60 years at cancer diagnosis. The average time of biologic therapy before the cancer diagnosis was 10,5 years. The median time for biologic treatment re/initiation was 2 years (average almost 4 years). All patients had

a huge PASI improvement together with significant improvement in their quality of life. From our statistical analysis, we excluded a single patient with malignancy recurrence, as to our best knowledge, it was not associated with the biologic treatment. The average observation time after biologic treatment re/initiation in our group was 3 years and presented data confirm effective and safe use of biologics in patient with cancer history.

In closing, our papers suggests possible recommendations for the monitoring of the patients with psoriasis, as currently in the Czech Republic, the management of such patients is lacking.