

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



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DE DERMATOLOGÍA
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Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

AEDV 35ª edición

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**NO TENGO CONFLICTOS
DE INTERÉS**

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Psoriasis 2: Novedades en comorbilidades

Lucía Pinto Pulido

H. U. Príncipe de Asturias, Alcalá de Henares, Madrid

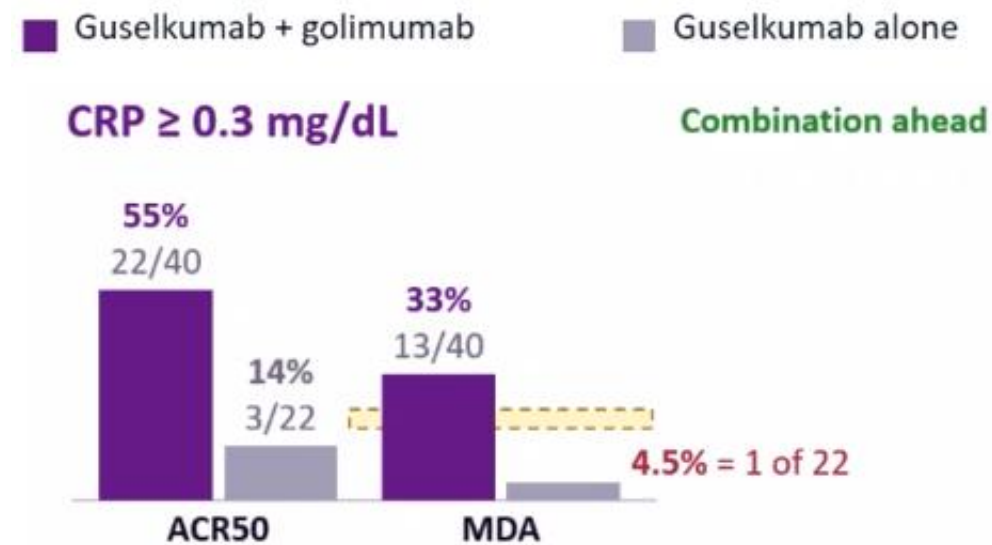
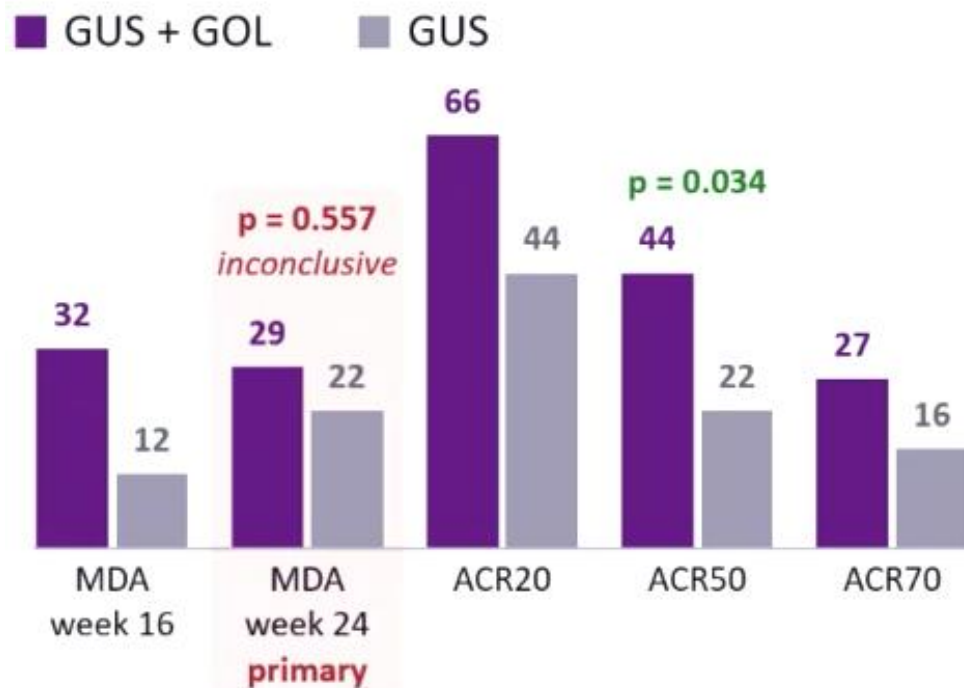
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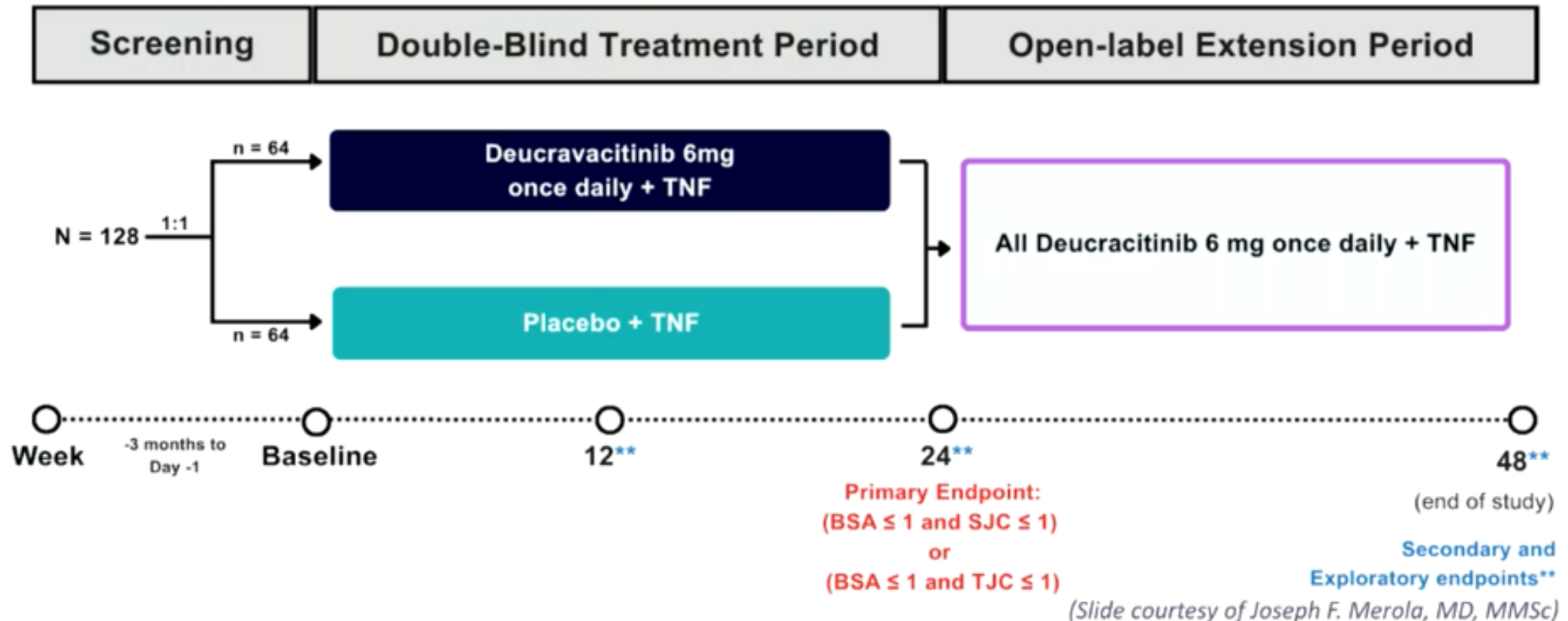


AFFINITY TRIAL: Primer ensayo clínico con combinación de dos biológicos (APso)



No new safety signal identified but sample size is inadequate to establish dual-biologic safety

COMBo: TNFi + deucravacitinib vs TNFi (pacientes con respuesta parcial a TNFi)



M25-191: Risankizumab + Iutikizumab en pacientes tras 1-2 terapias dirigidas

Risankizumab

IL-23p19

Lutikizumab

IL-1 α / β

Both

same regimens

ACR50 at week 16 · safety to week 52



STAR study: guselkumab in axial PsA

Phase 4 randomized, double-blind, placebo-controlled study
411 biologic-naïve adults with active PsA and centrally read MRI-confirmed axial inflammation. Primary assessment at Week 24.

The first RCT, double-blind, to demonstrate clinical and MRI benefits of IL-23 inhibition in patients with MRI-confirmed axial PsA

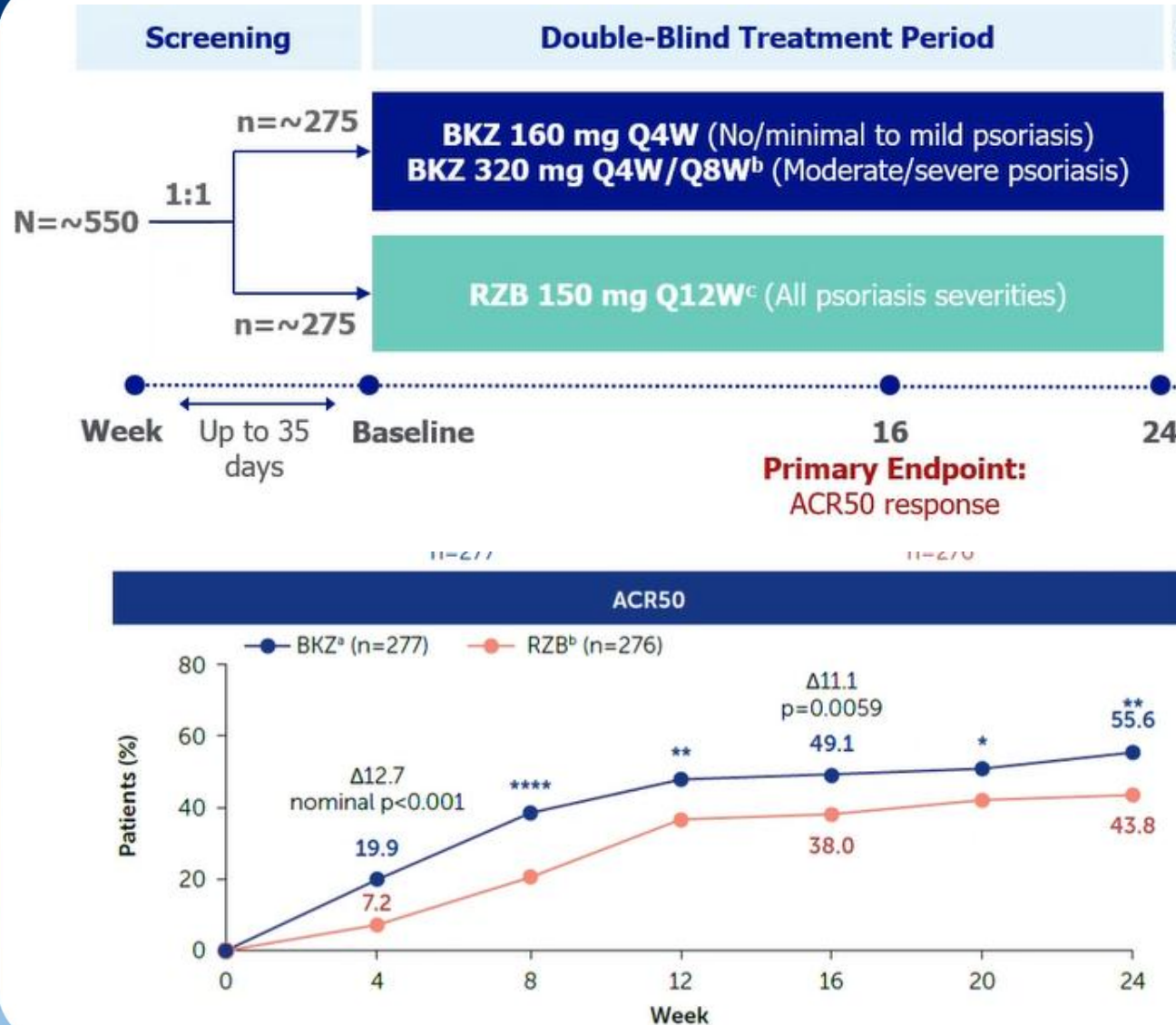
Reported efficacy outcomes at Week 24

Outcome	Endpoint	Reported result vs placebo
BASDAI change	Primary	Met
ASDAS-CRP	Major secondary	Met
Sacroiliac joint MRI inflammation	Major secondary	Met

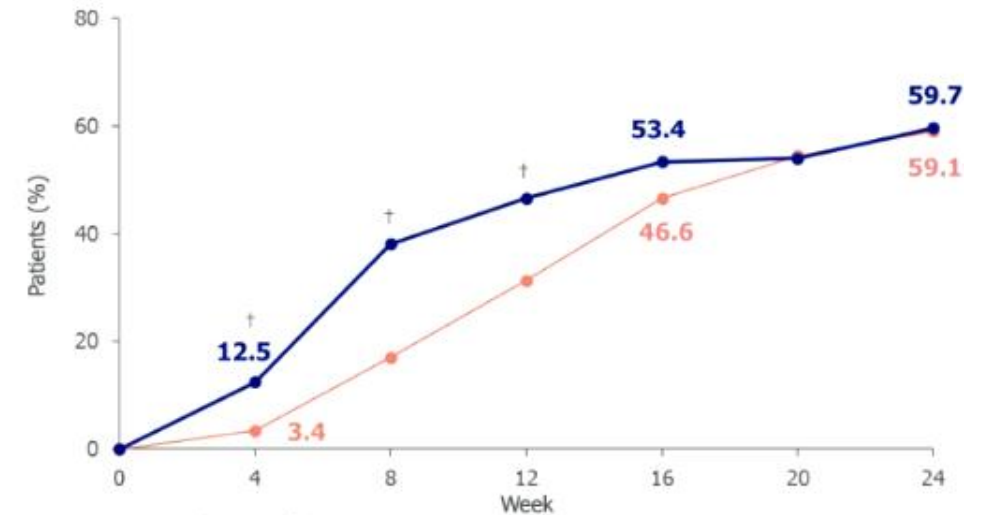
Sponsor reports statistically significant improvement in all outcomes above.

Numerical effects, confidence intervals and p values were not disclosed.
Detailed efficacy, MRI and safety data await scientific presentation.

Bimekizumab Efficacy & Safety Versus Risankizumab in Patients With Active Psoriatic Arthritis: 24-Week Results from a Head-to-Head, Multicentre, Randomised, Phase 3b Study (BE BOLD)



PASI 100



First author	Sample size	Comparator	Relative risk reduction
Solmaz D	203	Topical therapy	68%
Gisondi P	464	Phototherapy (nb-UVB)	73%
Floris A	1,023	Topicals, phototherapy, conventional systemic drugs	77%
Acosta Felquer ML	1,719	Topicals / no treatment / phototherapy	81%
Piaserico S	946	Phototherapy	68%
Miao KL	26,470	Phototherapy	34%

Gisondi P et al
JEADV 2026

Skin inflammation may drive joint inflammation

Type of PsO	Risk of PsA
Extent of PsO (PASI >20 vs < 10)	RR 5.39 (1.64–17.7)
Scalp PsO	HR 3.89 (2.18-6.94)
inverse PsO	(HR 2.35 1.32-4.19)
Nail lesions	(OR 2.92, 2.34-3.64)
onycholysis	(OR 2.38, 1.74-3.26)

nature immunology

Article

<https://doi.org/10.1038/s41590-025-02351-z>

Skin-derived myeloid precursors and joint-resident fibroblasts spread psoriatic disease from skin to joints

Raimondo MG, et al. Nat Immunol. 2026 Jan

Brief Report

JAMA Dermatol 2025

Association of Obesity and Innate Immune Markers With Resistance to Biologic Therapy in Psoriasis

Hee Joo Kim, MD, PhD^{1,2}; Eun-Hui Lee, BS³; YunJae Jung, MD, PhD^{2,3,4}

Two co-existing inflammatory layers in obese psoriasis skin

Dermal adaptive immunity

Covered by biologics

IL-17 · IL-23 · Th17 pathway

→ Targeted by anti-IL-17i and anti-IL-23i

Epidermal innate immunity

NOT covered by biologics

↑ IL-36α/γ · CXCL8 · S100A8/A9 · TRAIL · LCN2

Neutrophil-driven · TNF signalling · enriched in obese patients

Overweight was a predictor of biologic failure

OR 17.3

Overweight (BMI >25) · p=0.009
95% CI 3.2–434.6 · n=87 · 16 switchers

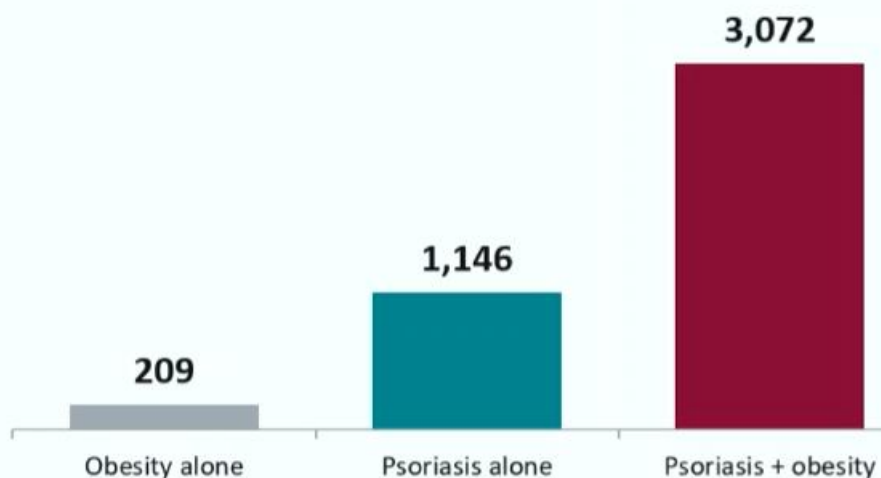
► JCI Insight. 2026 Mar 3;11(7):e194171. doi: [10.1172/jci.insight.194171](https://doi.org/10.1172/jci.insight.194171) [↗](#)

Cutaneous adipose tissue carries a strong inflammatory signature in patients with psoriasis

[Naomi Shishido-Takahashi](#)¹, [Sandra Garcet](#)¹, [Inna Cueto](#)¹, [Hong Beom Hur](#)², [Elisa Muscianisi](#)³, [Jennifer Steadman](#)³, [Andrew Blauvelt](#)⁴, [James G Krueger](#)^{1,✉}

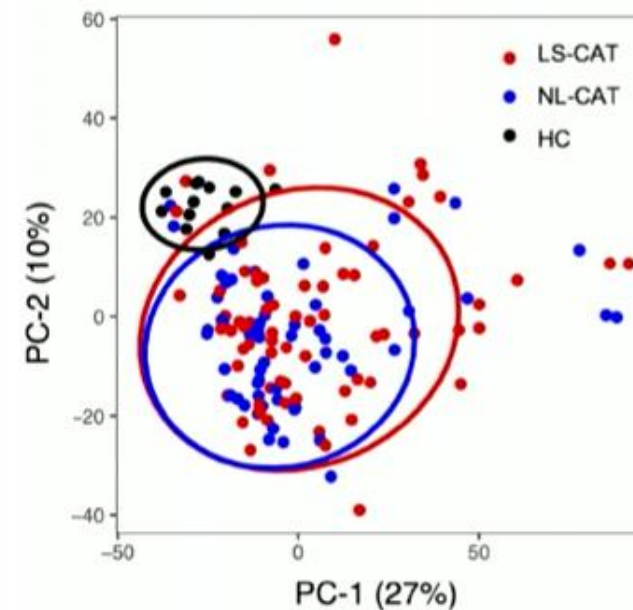
Obesity amplifies it

Genes altered in CAT vs. weight-matched controls



Together: more than the sum of both

Even fat under normal-looking skin is altered

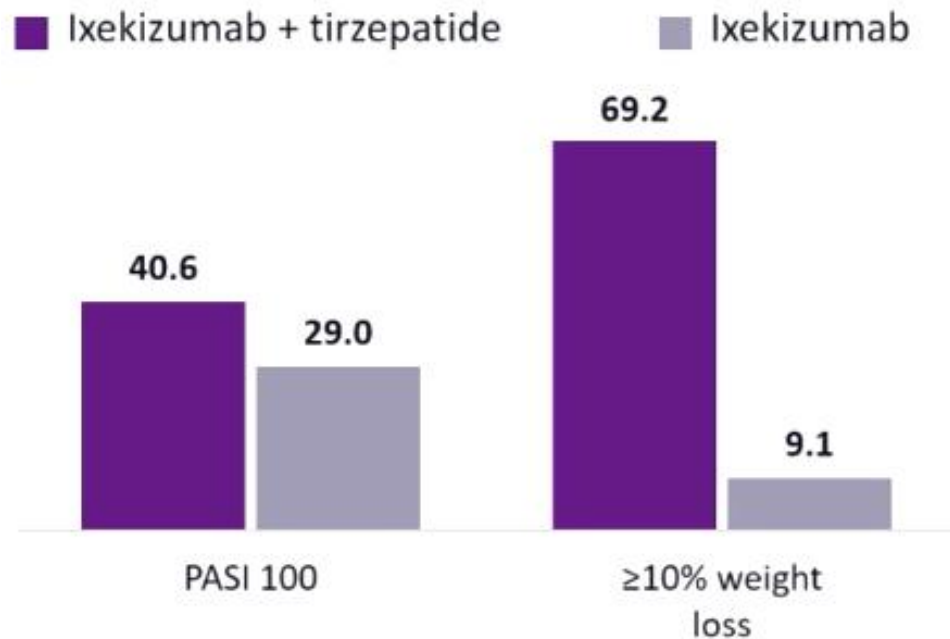
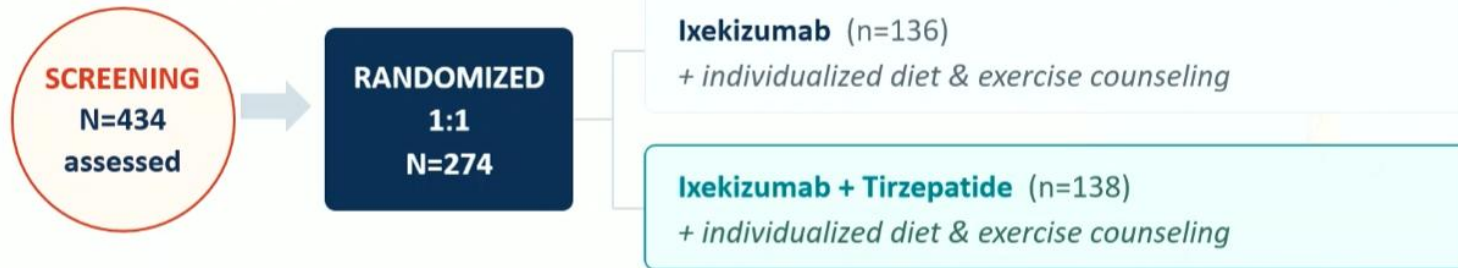


Lesional and **non-lesional** fat overlap, apart from healthy controls (black)

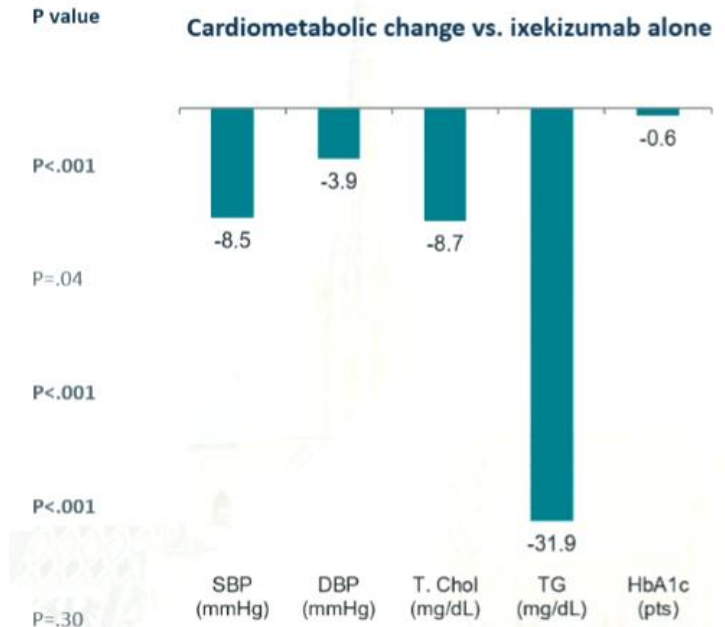
Same IL-17 signature as psoriatic skin — largely reversed by secukinumab at 12 weeks

TOGETHER-PSO

Phase 3b, randomized, open-label trial · 72 US sites · adults with moderate-to-severe plaque psoriasis and overweight/obesity

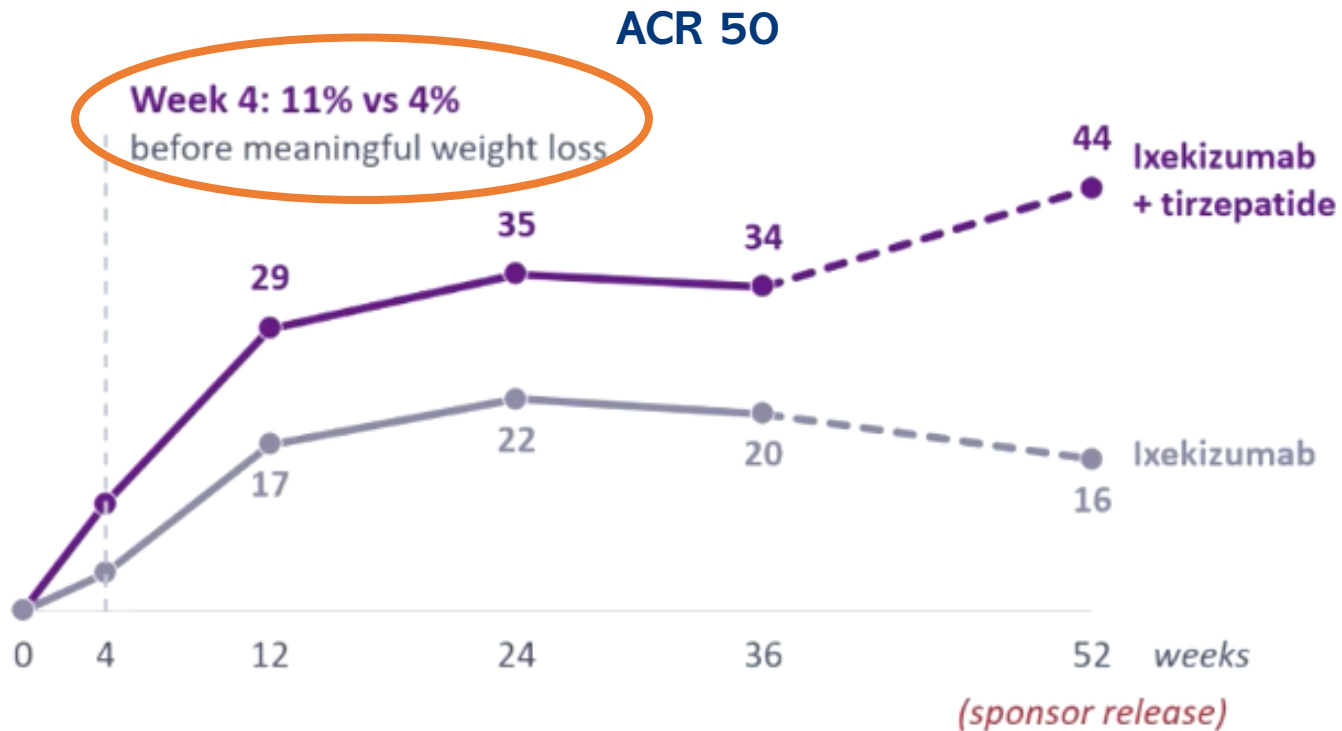


Week 36 · primary composite 27.1% vs 5.8%



TOGETHER-PSA

Ixekizumab ± tirzepatide in PsA with obesity · phase 3b, n = 271



33.5% vs 20.4%

ACR50 at week 36 · p = 0.02

Week 4

Separation before weight loss

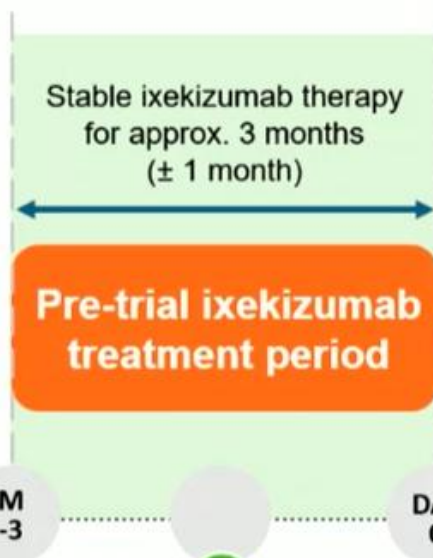
43.7% vs 15.7%

ACR50 at week 52

TOGETHER AMPLIFY-PsO Study Design^{1,2}

- Adult Patients With Moderate-to-Severe Plaque PsO and Obesity/Overweight With BMI ≥ 30 kg/m² or ≥ 27 kg/m² With ≥ 1 Weight-Related Comorbid Condition^a

Patients ≥ 18 years with moderate-to-severe plaque PsO and BMI ≥ 30 kg/m² or $27 < 30$ kg/m² with ≥ 1 weight-related comorbid condition^a



Treatment Period (Open-Label) – 12 Months

Ixekizumab + Tirzepatide
(Treatment per label)

V1
Screening/
baseline
decision
to enroll

Initiation of
tirzepatide
within
30 days of V1

M 6
V2

M 12
V3

Primary endpoints
Achievement of DLQI (0,1)
Achievement of $\geq 10\%$
weight reduction

Original Investigation

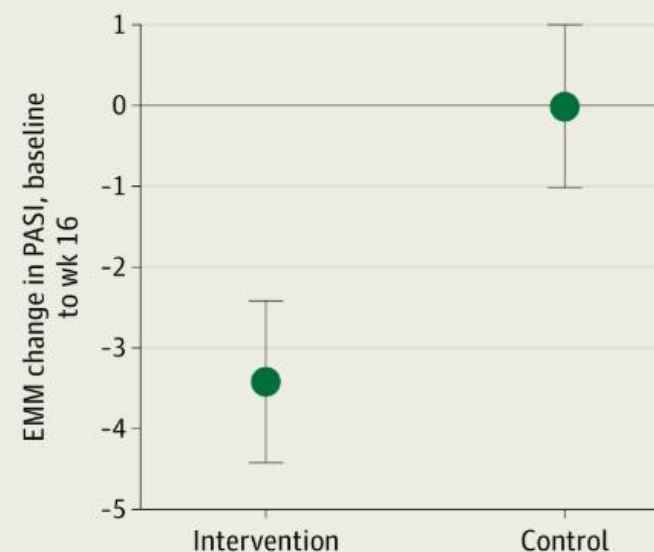
Mediterranean Diet and Patients With Psoriasis The MEDIPSO Randomized Clinical Trial

Javier Perez-Bootello, MD^{1,2}; Emilio Berna-Rico, MD, PhD¹; Carlota Abbad-Jaime de Aragon, PhD¹; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

FINDINGS

The intervention group had significantly greater improvement in psoriasis severity from baseline to wk 16 than the control group



Between-group EMM difference in change in PASI,
-3.4 (95% CI, -4.8 to -2.0); $P < .001$

> JAAD Int. 2025 Dec 16:25:44-55. doi: 10.1016/j.jdin.2025.11.026. eCollection 2026 Apr.

Prevalence, multiterritorial vascular distribution, and burden of subclinical atherosclerosis in psoriasis: The EDSAP study

Abbad Jaime de Aragon, Berna-Rico... Gonzalez-Cantero (JAAD 2026)

ORIGINAL ARTICLE | CLINICAL RESEARCH · Volume 142, Issue 1, P88-96, January 2022 · [Open Archive](#)

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Subclinical Liver Disease Is Associated with Subclinical Atherosclerosis in Psoriasis: Results from Two Observational Studies

[Alvaro Gonzalez-Cantero](#) ^{1,2,14} · [Meron Teklu](#) ^{3,14} · [Alexander V. Sorokin](#) ³ · ... · [Amit K. Dey](#) ³ · [Joel M. Gelfand](#) ^{12,13} · [Nehal N. Mehta](#) ³  
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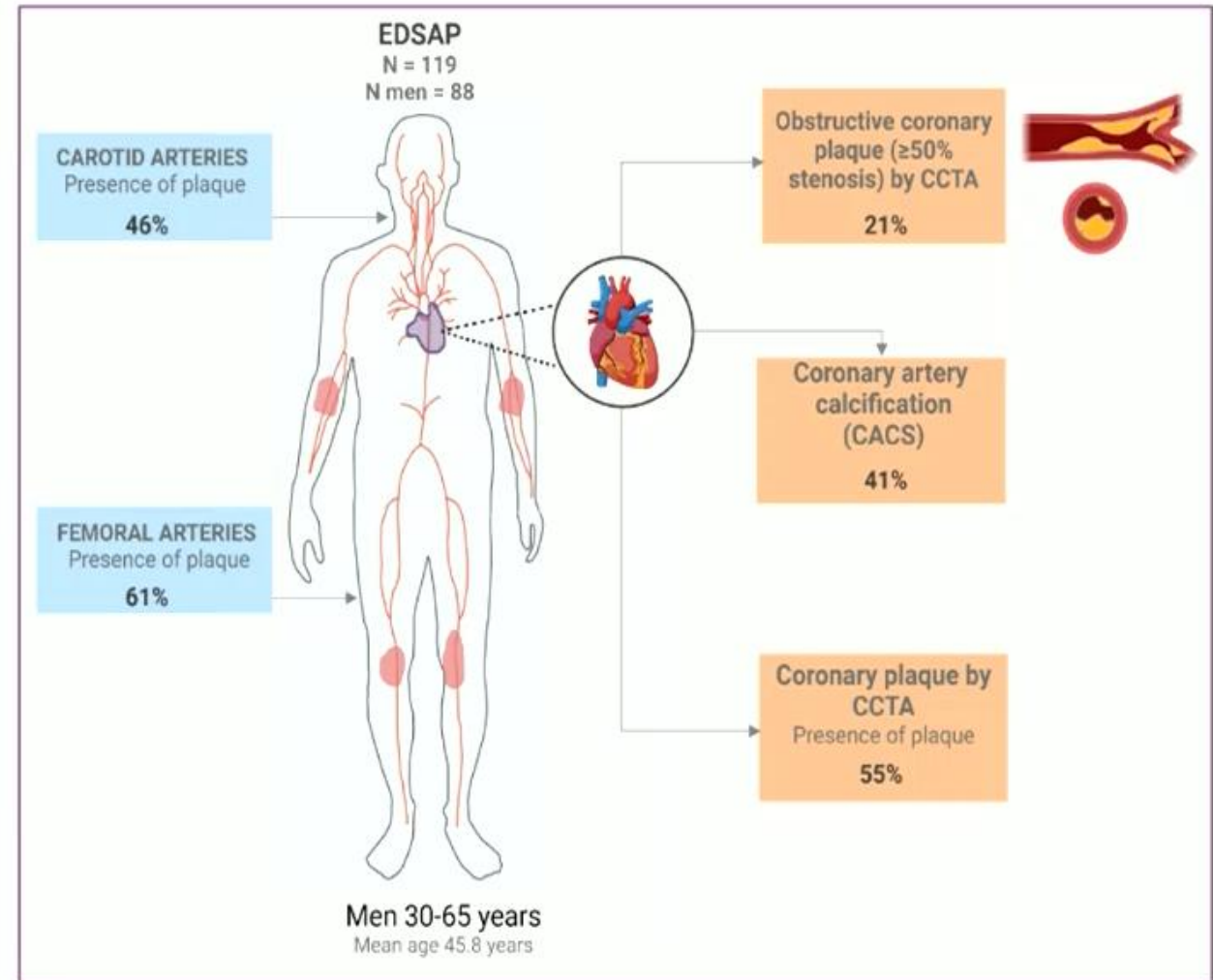
ORIGINAL ARTICLE | AUTOIMMUNITY/AUTOINFLAMMATION · Volume 144, Issue 5, P1075-1087.E2, May 2024 · [Open](#)

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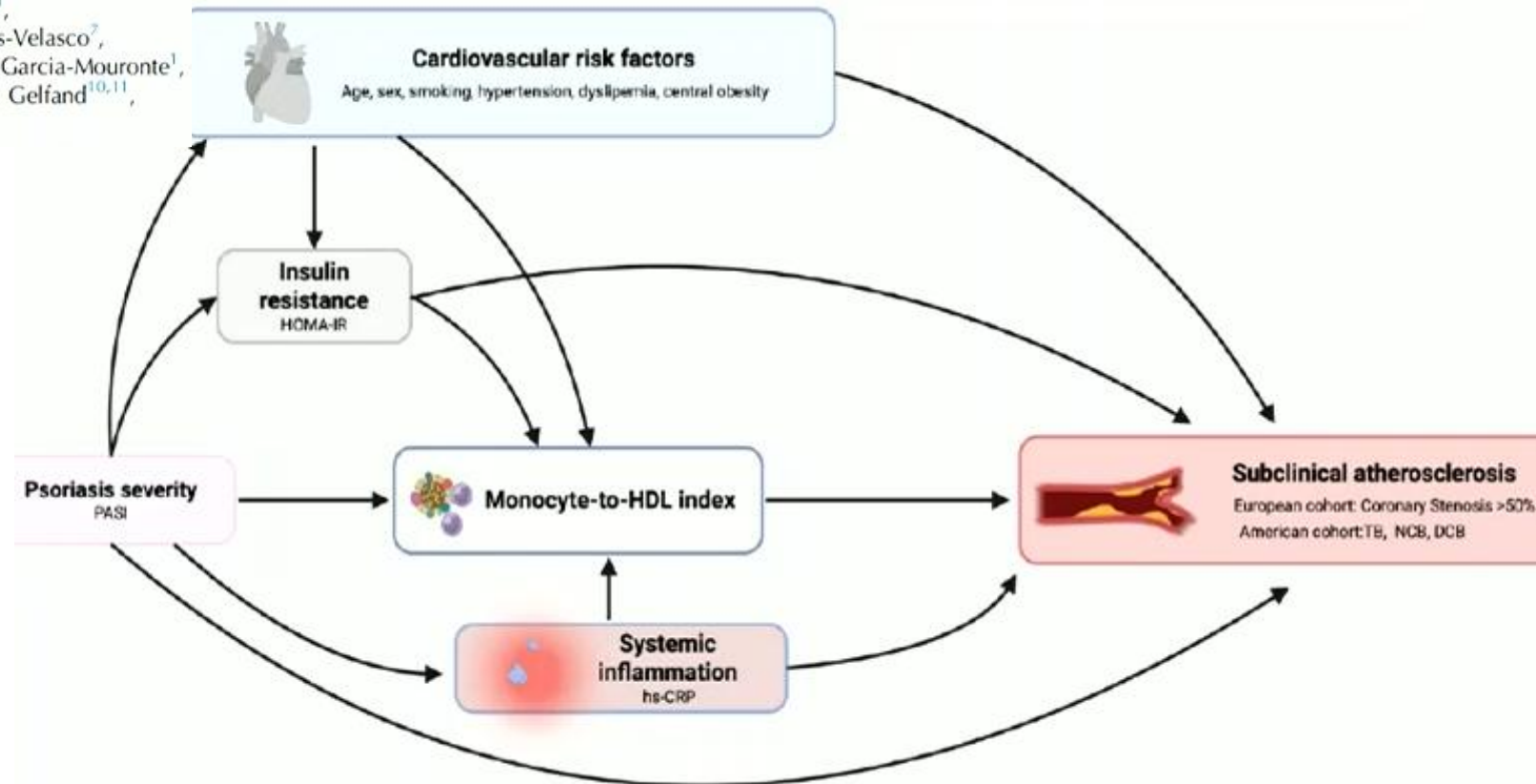
Association of the Complement System with Subclinical Atherosclerosis in Psoriasis: Findings from an Observational Cohort Study

[Laura Mourino-Alvarez](#) ^{1,2,14} · [Inés Perales-Sanchez](#) ^{1,2,14} · [Emilio Berna-Rico](#) ³ · ... · [Joel M. Gelfand](#) ^{11,12} · [Maria G. Borderas](#) ^{1,2,15}   · [Alvaro Gonzalez-Cantero](#) ^{3,13,15}   ... [Show more](#)



Monocyte-to-High-Density Lipoprotein Ratio Is Associated with Systemic Inflammation, Insulin Resistance, and Coronary Subclinical Atherosclerosis in Psoriasis: Results from 2 Observational Cohorts

Emilio Berna-Rico¹, Carlota Abbad-Jaime de Aragon¹, Asuncion Ballester-Martinez¹, Javier Perez-Bootello¹, Jorge Solis^{2,3,4,5,6}, Leticia Fernandez-Friera^{3,4,5,6}, Mar Llamas-Velasco⁷, Maria Castellanos-Gonzalez⁸, Maria G. Barderas⁹, Carlos Azcarraga-Llobet¹, Emilio Garcia-Mouronte¹, Belen de Nicolas-Ruanes¹, Jorge Naharro-Rodriguez¹, Pedro Jaen-Olasolo¹, Joel M. Gelfand^{10,11}, Nehal N. Mehta¹² and Alvaro Gonzalez-Cantero^{1,13}



2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

Clinical Practice Guideline

Risk-Enhancing Factors for Clinician–Patient Risk Discussion

- Family history of premature ASCVD (males, age <55; females age <65 y)
- Primary hypercholesterolemia (LDL-C, 160–189 mg/dL [4.1–4.8 mmol/L]; non-HDL-C 190–219 mg/dL [4.9–5.6 mmol/L])*
- Metabolic syndrome
- Chronic kidney disease (eGFR 15–59 mL/min/1.73 m² with or without albuminuria treated with dialysis or kidney transplantation)
- Chronic inflammatory conditions such as psoriasis, RA, or HIV/AIDS
- History of premature menopause (before age 40 y) and history of



European Heart Journal (2016) 37, 2315–2381
doi:10.1093/eurheartj/ehw106

JOINT ESC GUIDELINES

2016 European Guidelines on cardiovascular disease prevention in clinical practice

2.4.5.5 Autoimmune disease

Key messages

- Rheumatoid arthritis (RA) enhances CV risk independently of traditional risk factors, with an RR of 1.4 and 1.5 in men and women, respectively.
- There is mounting evidence that other immune diseases, such as ankylosing spondylitis or early severe psoriasis, also increase CV risk, with RRs approaching those in RA.

2021 ESC Gaps in evidence

The effect of modern anti-inflammatory drugs on CV risk [e.g. anti-tumour necrosis factor (TNF), interleukin (IL)-1, IL-17, IL-23 biologics].



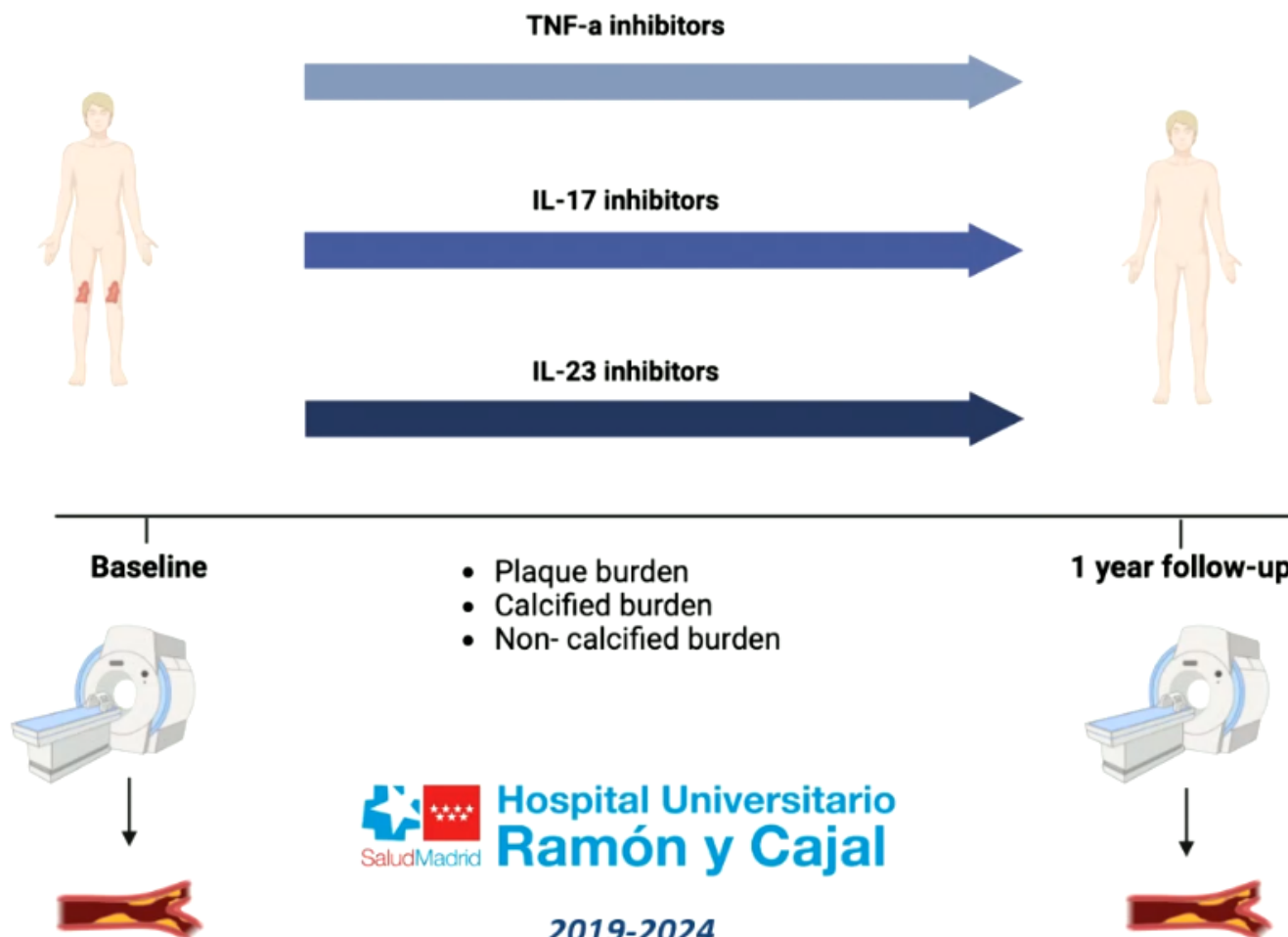
Métodos

10^o CONGRESO DE
PSORIASIS

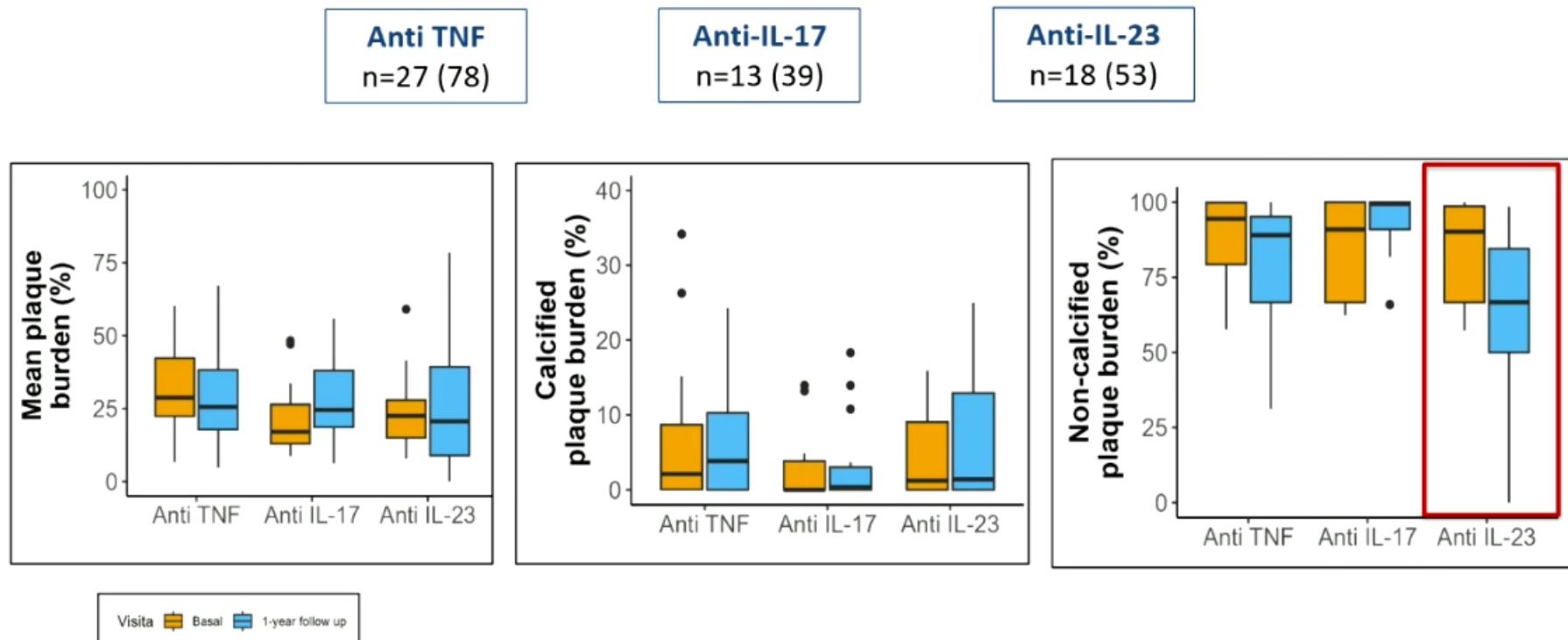
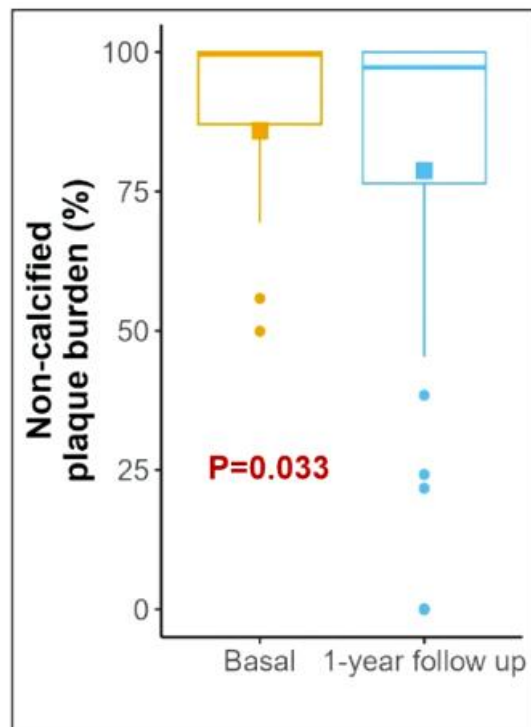
EDSAP Cohort

Observational, longitudinal,
prospective study

- Patients with moderate-severe psoriasis who are candidates for biologics (prior washout period)
- No previous CV events
- Allowed use of statins as long as it did not change



Are there differences between biological families?



Anti-IL-23 biologics were associated with a significantly greater decrease in noncalcified load

Dr. Gonzalez-Cantero's lab. Unpublished data.

J AM ACAD DERMATOL
MARCH 2026

ORIGINAL ARTICLES

Joint position statement from the National Psoriasis Foundation Medical Board and the International Psoriasis Council on routine testing for latent tuberculosis infection prior to and during treatment of psoriasis patients with interleukin 17 or interleukin 23 inhibitors

CAPSULE SUMMARY

- Clinical data suggest that progression of latent tuberculosis infection to active disease during psoriasis treatment with interleukin-17 or interleukin-23 inhibitors is rare.
- Experts formulated a new Joint Position Statement, highlighting that testing for latent tuberculosis infection is not required in psoriasis patients being treated with interleukin-17 or interleukin-23 inhibitors.

Novedades
terapéuticas en
artritis psoriásica:
¿combinación de
tratamientos
dirigidos?

Obesidad: más
que una
comorbilidad

Riesgo
cardiovascular:
nuevas
evidencias y
potencial de
intervención

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La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2026.

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GRACIAS