PSORIASIS

CANCER AND PSORIASIS: TO TREAT OR NOT TO TREAT WITH BIOLOGICAL THERAPY?

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Background: psoriasis is a chronic inflammatory disease caused by T-lymphocytes immune dysregulation. Chronic inflammation and psoriasis comorbidities (eg: obesity, diabetes, smoking) can increase the risk of cancer, as well as the immune-suppressive therapies. In clinical practise, some psoriatic patients present neoplastic condition and they need a systemic treatment due to the severity of the disease. In these cases, the decision to treat or not to treat with biological therapies is a debated topic.

Observation: Since 2002, in our clinical practice, we had treated with biological therapies (anti TNF-alpha, anti IL 12-23, anti IL 17a) 12 psoriatic patients with a previous diagnosis of cancer. Two patient had melanoma, 3 prostatic carcinoma, 2 bladder adenocarcinoma, 2 pulmonary adenocarcinoma, 2 rectal adenocarcinoma, 1 breast adenocarcinoma. Concerning the time between cancer diagnosis and the resume of the therapy, one patient resumed etanercept after 1 month after surgical excision of melanoma, another one started secukinumab after 1 year from the same condition, one patient started secukinumab after 8 months after diagnosis of metastatic colon adenocarcinoma, one patient resumed ustekinumab after 2 years from chemotherapy for lung adenocarcinoma. Concerning the duration of the treatment, a patient with a previous bladder urothelial carcinoma, surgically removed is still in treatment with anti TNF-alpha since 14 years. None of the patients had recurrence of malignancies.

Key message: after the cancer diagnosis, it is often needed to start or to resume the biological therapy, when systemic conventional treatments are inadequate to treat psoriasis. After considering the stage and context of patient's comorbidities or specific cancer, biological therapies are an option to consider in order to improve the clinical condition in patients with moderate to severe psoriasis.