Clinical Issues in Psoriasis
Debates and Discussions About Pustular Disease Subtypes

SUNDAY MARCH 3
6:30 PM – 9:00 PM
REGENCY BALLROOM A
Hyatt Regency Washington on Capitol Hill
Washington, DC

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This activity is jointly provided by Clinical and Patient Educators Association (CPEA) and Integritas Communications.

There is no registration fee for attending this program; however, seating is limited. Preregistration does not guarantee seating. We recommend arriving at the symposium location early.

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TARGET AUDIENCE
The educational design of this activity addresses the needs of dermatologists, clinical immunologists, and other clinicians involved in the treatment and management of patients with pustular psoriasis.

EDUCATIONAL OBJECTIVES
After completing this activity, the participant should be better able to:

- Describe the genetic and pathophysiologic mechanisms that contribute to the development of pustular psoriasis including factors that have informed the development of new therapies
- Comprehensively assess patients with suspected pustular psoriasis based on clinical manifestations, diagnostic criteria, and disease severity
- Describe the mechanistic rationales and clinical evidence for current and emerging biologic therapies for the treatment of generalized pustular psoriasis and palmoplantar pustulosis
- Individualize therapeutic regimens for pustular psoriasis, with a focus on generalized disease subtypes and palmoplantar pustulosis

PROGRAM OVERVIEW
Pustular psoriasis is a relatively rare form of psoriasis and has historically been classified into generalized and localized forms of the disease. Generalized pustular psoriasis is characterized by widespread sterile pustules on erythematous skin, recurrent fever, and systemic flushing and malaise. Palmoplantar pustulosis, a localized form, is characterized by erythema, pruritis, burning, and pain on the palms of the hands and soles of the feet. Recent evidence suggests that IL36RN mutations are the most common genetic aberration linked to pustular psoriasis, with the allelic frequency distinguishing generalized pustular psoriasis from palmoplantar pustulosis; the former shows a 4 to 1 increase versus the latter. Whether pustular psoriasis presents as localized or generalized, patients are subject to significant health risks and poor quality of life outcomes due to both skin and systemic manifestations. Patients may be subject to delays in diagnosis, in part because the disease states are relatively rare and there are little solid epidemiologic data. Dermatologists are faced with limited guidance on selecting therapies for patients with any of the pustular psoriasis subtypes. Biologic agents for pustular psoriasis and palmoplantar pustulosis are being examined in clinical trials. These include some biologics approved for psoriasis as well as agents with novel therapeutic targets, such as an anti-interleukin (IL)-36 receptor antibody. This Clinical Issues symposium will use both lecture and faculty discussion among leading dermatology experts to explore many of these issues, with an emphasis on evolving diagnostic and management strategies for generalized pustular psoriasis and palmoplantar pustulosis.

REFERENCES

AMERICANS WITH DISABILITIES ACT
Event staff will be glad to assist you with any special needs (ie, physical, dietary, etc). Please contact Christa Master prior to the live event at cmaster@integritasgrp.com.
This program is independent and is not part of the official AAD Annual Meeting, as planned by its Scientific Assembly Committee. This program does not qualify for continuing medical education (CME) credit.