

THE POWER OF IMAGERY IN CLINICAL MEDICINE: LEVERAGING CLINICAL PHOTOS FROM THE VISIBLE STUDY TO FOSTER CONVERSATIONS BETWEEN CLINICIANS AND PATIENTS



AO Rodriguez¹, L Stein Gold², M Shahriari³, A Alexis⁴, O Choi⁵, D Chan⁵, T Alkousakis⁵, E Skobelev⁵, S Ramji⁵, A McMichael⁶, S Taylor⁷, S Desai⁸

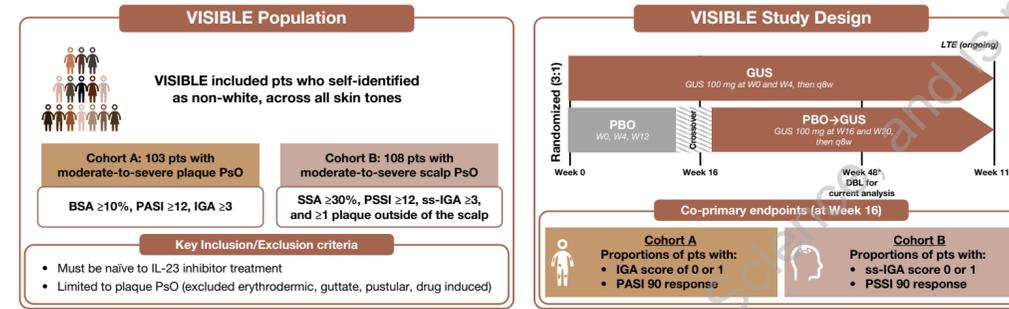
¹Nashville Skin Comprehensive Dermatology Center, Nashville, TN, USA; ²Henry Ford Medical Center-Farmington Road, West Bloomfield, MI, USA; ³Yale University School of Medicine, Central Connecticut Dermatology, Connecticut, USA; ⁴Weill Cornell Medicine, New York, NY, USA; ⁵Janssen Scientific Affairs, LLC, PA, USA; ⁶Wake Forest School of Medicine, Winston-Salem, NC, USA; ⁷Department of Dermatology, Perelman Center for Advanced Medicine, Philadelphia, PA, USA; ⁸University of Texas Southwestern and Innovative Dermatology, Plano, Texas, USA

BACKGROUND/OBJECTIVE

- Psoriasis (PsO) is often described as well-defined, inflamed, red or pink plaques with scaling; however, in individuals with skin of color (SOC), this description is not always accurate^{1,2}
- Only 4-19% of images in dermatology textbooks are on darker skin tones³
- VISIBLE (NCT05272150) evaluated efficacy of guselkumab (GUS) versus placebo (PBO) in participants (pts) with moderate-to-severe plaque PsO or scalp PsO in SOC
- As a first-of-its-kind study 100% dedicated to people of color with PsO, VISIBLE enabled the development of a digital photo library to address the clinical knowledge gap for visualizing PsO in a range of skin tones; here we present a snapshot of this tool
- Our objectives are to:**
 - Compile a PsO digital photo library from VISIBLE clinical trial pts with a range of skin tones
 - Educate providers and patients on the clinical features of PsO in all skin tones
 - Improve diagnostic accuracy of PsO across all skin tones

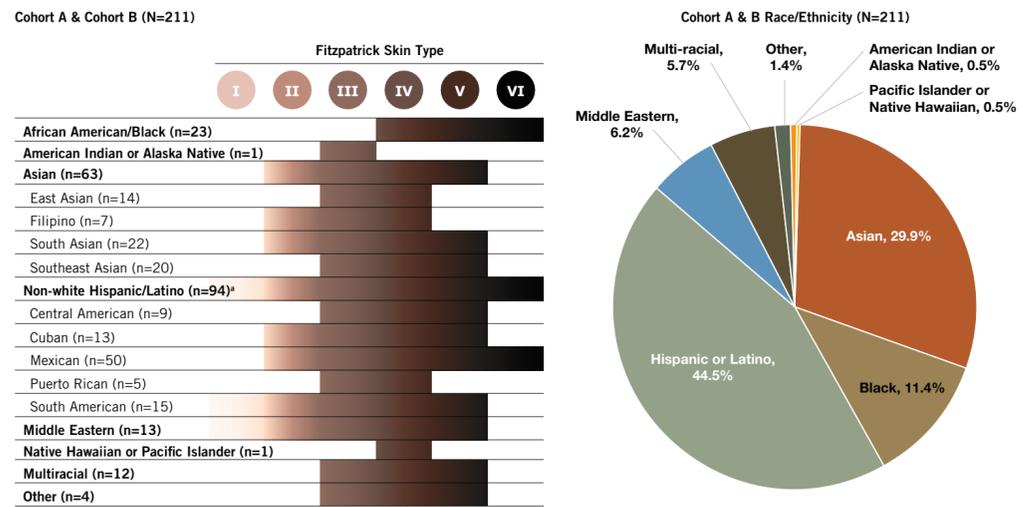
METHODS: THE VISIBLE STUDY

Figure 1. VISIBLE Population and Study Design



- Pts in the trial gave consent for the medical use of their photos
- Photography was done using standard and cross polarized lighting; cross polarization enhances visualization of erythema and pigmentation, especially in SOC
- Standard positions were used for body and scalp photos, with software assistance to match positioning between visits
- The protocol included photo collection at screening and Weeks 0, 4, 12, 16, 20, 24, 32, 44, 48, 52, 68, 84, 100

VISIBLE REPRESENTS A DIVERSE POPULATION ACROSS SKIN TONES



EXPANDING THE PSORIASIS DIFFERENTIAL

Psoriasis may be more challenging to diagnose on diverse skin tones because it may require a broader differential which may explain why PsO is 4x more likely to require a biopsy for diagnosis in skin of color⁴

These are photos that do not fit the classic morphology description of "well-demarcated erythematous plaque with silvery scale"

Differential Diagnosis may include:

- Lichen Planus
- Tinea Versicolor
- Atopic Dermatitis
- Pityriasis Rubra Pilaris
- Crusted Scabies
- Drug Eruption
- Erythema Dyschromicum Perstans

PSORIASIS MORPHOLOGY MAY VARY ACROSS SKIN TONES

- Morphology descriptors include: - Color (violaceous, brown, pink, etc) - Scale (ostracoeous, micaceous, thick, etc) - Size (large, agminated small plaques, confluent, etc)
- Cross polarization can enhance erythema and pigmentation in SOC

Cross-polarized photo for improved erythema visualization

PHOTO LIBRARY INTERFACE ELEMENTS

Health care professionals (HCPs) and patients can view frequently searched images depicting specific manifestations of PsO or browse curated sets of images

HCPs can filter the search criteria to explore subsets of PsO images

Apply filters to search for specific images based on:

- Skin Tone
- Special Site
- Body Part
- Morphology
- Disease Severity
- Pigmentation
- Gender
- Age

Ongoing enhancements and updates, including additional photos on a rolling basis

Special topics will be presented

CONCLUSIONS

- The first-of-its-kind VISIBLE study recruited a diverse population of pts with moderate-to-severe plaque PsO across all skin tones and was intentionally designed to collect standardized serial photos to help address the dearth of photos of darker skin tones in medical and educational materials
- PsO in VISIBLE pts:
 - ranged in color from a traditional spectrum of erythema to violaceous and brown hues
 - exhibited diverse morphology ranging from small, scattered plaques, to large, thin, or very thick plaques, with varied scale features even within the same pt
 - exhibited a broader differential for psoriasis across diverse skin tones because of the variations in color and morphology
- Photos from the VISIBLE study have been used to build an expandable and searchable library on a digital platform for bridging education gaps around treating those currently underrepresented

References: 1. Khanna R, et al. *Dermatol Clin.* 2023;41(3):431-434. 2. Kaufman BP, et al. *Am J Clin Dermatol.* 2018;19(3):405-423. 3. Bellicoso E, et al. *J Cutan Med Surg.* 2021;25(4):409-417. 4. Dickerson T, et al. *Cutis.* 2022;110:26-28. **Acknowledgments:** The authors are grateful to the VISIBLE investigators, study site personnel, study pts, and their families. Medical writing support was provided by Jackie Johnson, PhD of Certara under the direction of the authors in accordance with Good Publication Practice guidelines (*Ann Intern Med.* 2022;175:1298-1304) and was funded by Janssen Scientific Affairs, LLC. **Disclosures:** AA: has received grants (funds to institution) from AbbVie, Amgen, Arcutis, Castle, Dermavant, Galderma, and LEO; has served on an advisory board or consulted for AbbVie, Allergan, Almirall, Alphyon, Apogee, Arcutis, Avita, Bausch Health, Beiersdorf, Bristol Myers Squibb, Canfield, Cara, Castle, Cutera, Dermavant, Eli Lilly, EPI, Galderma, Genentech, Incyte, Janssen, LEO, L'Oréal, Ortho, Pfizer, Sanofi-Regeneron, Swiss American, UCB, and VisualDX; has served as a speaker for Bristol Myers Squibb, Janssen, Johnson & Johnson, L'Oréal, Regeneron, and Sanofi-Genzyme; has received royalties from Springer, Wiley-Blackwell, and Wolter Kluwer Health; and has received equipment from Aerolase. **TA, DC, OC, SR, and ES:** are employees of Janssen. **SD:** serves as a consultant and/or investigator for a variety of different organizations including Eli Lilly, Galderma, Incyte, Janssen, L'Oréal, Pfizer, and others. He also serves in numerous leadership capacities within Dermatology. **AM:** has received grants (funds to institution) and/or served as consultant/advisor for AbbVie, Almirall, Arcutis, Bristol Myers Squibb, Eli Lilly, Galderma, Janssen, Johnson & Johnson, L'Oréal, Nutrafal, Pfizer, Revian, Sanofi-Genzyme, UCB. **ADR:** has served as an advisor and/or speaker for Arcutis, Dermavant, Eli Lilly, EPI Health, Janssen, Leo, Novartis, Sciton, Sun, and UCB. He owns stock in Strathpey Crown. **MS:** has served as a consultant/received honoraria from AbbVie, Apogee, Arcutis, Bristol Myers Squibb, Dermavant, Galderma, Incyte, Janssen, LEO, Lilly USA, Novartis, Ortho Dermatologics, Regeneron, Sanofi-Genzyme, Takeda, and UCB; served as a speaker for AbbVie, Arcutis, Bristol Myers Squibb, Dermavant, Janssen, Lilly USA, Pfizer, Regeneron, Sanofi-Genzyme, and UCB; and served as an investigator for AbbVie, Cara, CorEvitas Atopic Dermatitis Registry, CorEvitas Psoriasis Registry, Dermavant, Dermira, Lilly USA, Mindera, Novartis, and Union. **LSG:** serves as investigator/advisor and/or speaker for AbbVie, Amgen, Arcutis, Bristol Myers Squibb, Dermavant, Eli Lilly, Janssen, Novartis, Pfizer, and UCB. **ST:** has received honoraria/stock options serving as an advisor/consultant and/or speaker for AbbVie, Arcutis, Armis, Avita, Beiersdorf, Biorex, Bristol Myers Squibb, Cara, Dior, Eli Lilly, EPI, Evolus, Galderma, GloGetter, Hugel America, Janssen, Johnson & Johnson, L'Oréal, Medscape/WebMD, MJH LifeSciences, Piction Health, Regeneron/Sanofi, Scientis US, UCB, Vichy, Mercer Strategies (honoraria/Board of Directors), McGraw-Hill (author/royalties), editorial board: *Practical Dermatology*, *Cutis*, *Archives in Dermatologic Research*, *British Journal of Dermatology* (peer reviewer); investigator: Concert Pharmaceuticals, Croma-Pharma, Eli Lilly, and Pfizer.