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Adolescents with Psoriasis in the United States: Current Treatment Landscape and Unmet Needs

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Disclosures

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Background



- Psoriasis (PsO) affects approximately 8 million Americans and more than 125 million people worldwide.^{1,2}
- In the US, the prevalence rate for PsO in the pediatric population, is estimated to be between 0.1% and 1.0%, with 64.0% of cases beginning during adolescence.^{1,3,4}
- Systemic therapies are underutilized among adolescent patients with PsO, thereby limiting effective disease management.⁵
- Understanding adolescent, caregiver, and healthcare provider (HCP) perspectives is essential to optimize care for adolescents living with PsO.
- With fewer FDA-approved therapies for adolescents than adults, this population represents a critical area of unmet need and therapeutic innovation.

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Objectives



- Characterize the treatment experiences of US adolescents with PsO, who are candidates for systemic therapy, caregivers, and HCPs with the goal of informing patient-centered treatment strategies and disease management approaches.
- Quantify unmet needs with current treatment options available to adolescents at the time of the study.

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ENCOMPASS-SI-Adolescents Study Design

Methods

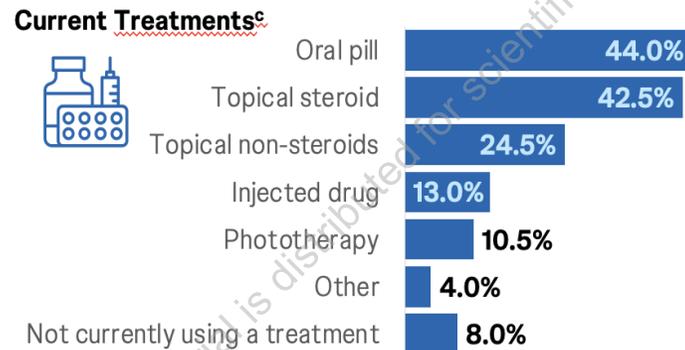
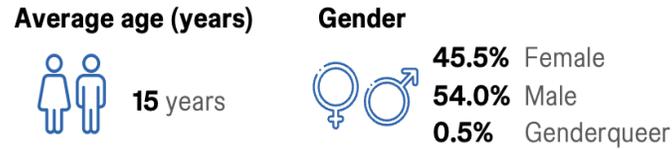
- A web-based US survey (ENCOMPASS) was conducted between March and May 2025 among the following groups:
- US adolescents (12–17 years old) with a self-reported diagnosis of PsO, and eligible for systemic therapy, as defined by one or more of the following 3 categories by the International Psoriasis Council (IPC) guidelines.^{6,7}
 - PsO lesions on $\geq 10\%$ of body surface area (BSA)
 - PsO lesions on high-impact sites (e.g., hands/feet, face, genitals, scalp, or nails)
 - Topical therapy that failed to control PsO symptoms
- US caregivers to adolescents (12–17 years old) with a self-reported diagnosis of PsO and eligible for systemic therapy per IPC guidelines.
- US dermatologists and advanced practice providers working in dermatology practices, who dedicated at least 50% of their practice to medical dermatology and treated at least 16 adolescent PsO cases in the past year.

Outcome Assessments

- To assess the impact of PsO on quality of life, adolescents 16–17 years of age completed the Dermatology Life Quality Index (DLQI), while those 12–15 years of age completed the Children's Dermatology Life Quality Index (cDLQI).
- The PROMIS Stigma-Skin Scale was utilized by adolescents to assess perceptions of self- and publicly enacted negativity, prejudice, and discrimination resulting from disease-related manifestations.
- This was a sequential, mixed-methods, non-interventional study employing quantitative surveys and qualitative interviews, with a purposive and quota-based sampling strategy to ensure robust representation of adolescent PsO patients, caregivers to adolescent patients, and HCPs who treat adolescents. Only survey data is reported on for this poster.

Sociodemographic: Adolescents, Caregivers and HCPs

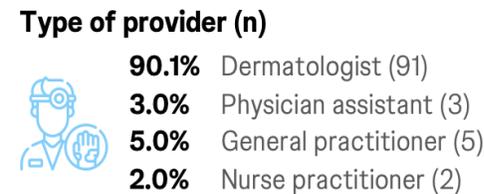
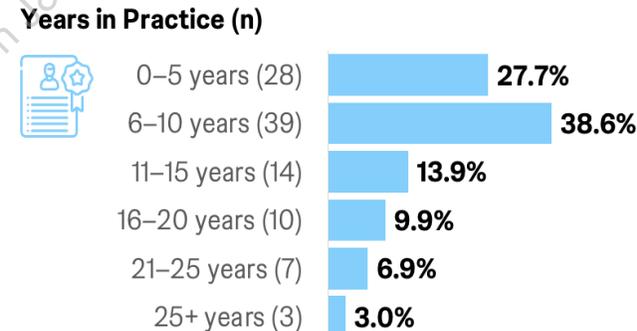
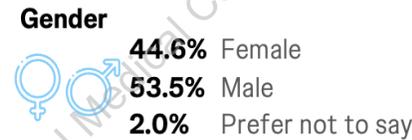
Adolescent Patients (N=200)^a



Caregivers of Adolescents (N=200)^a



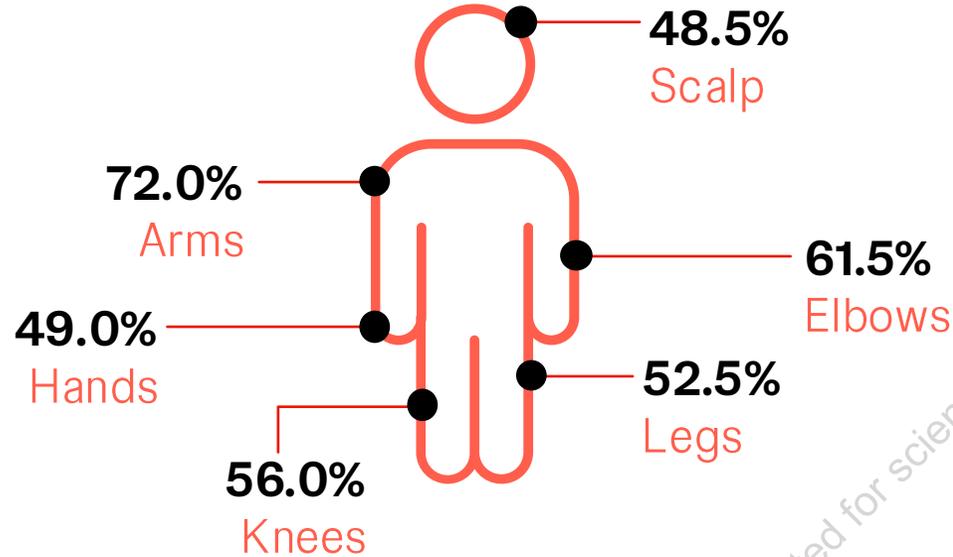
HCPs Treating Adolescents (N=101)



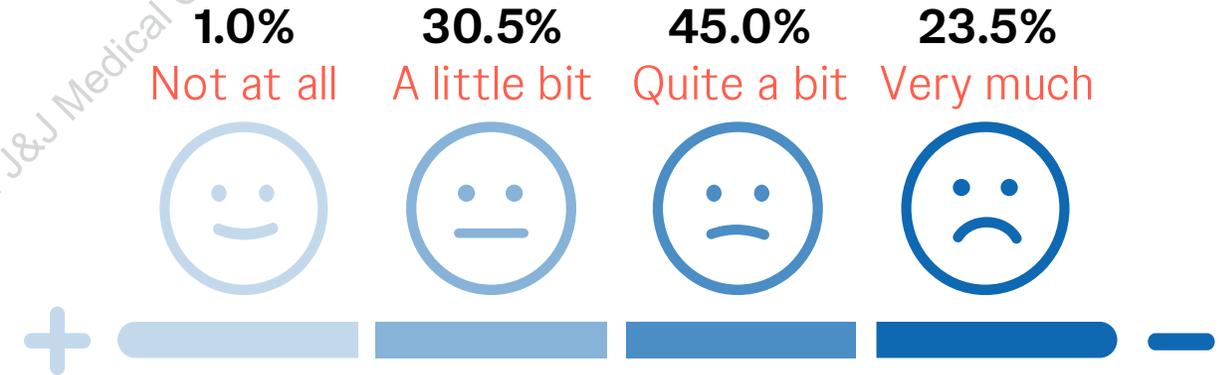
^a Most adolescents (72.5%) self-identified as White, followed by Black (17.5%) and Hispanic (10.5%). Most caregivers (73.0%) self-identified as White, followed by Hispanic (19.5%), and Black (17.5%). ^b BSA% was self-assessed by adolescent patients and caregivers, who were provided a diagram and instructions on how to measure their BSA%. Adolescent survey quota was based on a stratified BSA% sampling of 10% low, 60% moderate, and 30% high. ^c Answers not mutually exclusive; adolescent population is not eligible for intravenous (IV) treatments. **BSA** = body surface area; **HCP** = healthcare provider; **PsO** = psoriasis

Adolescent-reported PsO Affected Body Areas and Perceived Bother by PsO Locations (n=200)

Top Reported Body Areas^a Affected by PsO



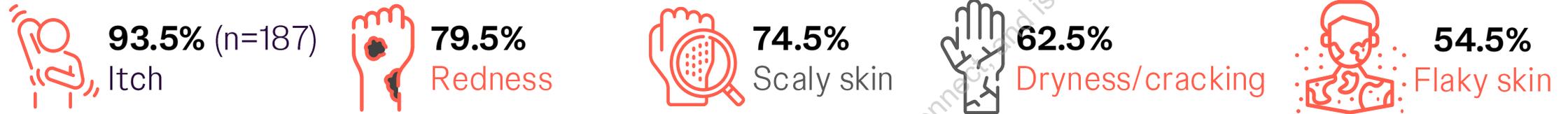
Being Bothered Because of PsO Locations



^a Answers not mutually exclusive; select all that apply out of 14 response options. **PsO** = psoriasis

Adolescent-reported PsO Symptoms and Itch-related Impacts During the Past Month

Top Reported PsO Symptoms during the Past Month (N=200)^a



Did the Itch Interfere with Your Daily Functioning and Sleep during the Past Month? (n=187)^b

Difficulties concentrating on daily activities due to itch (165 out of 187) **88.20%**

Prevented me from falling asleep^c



Woke me up from sleep^c



Did not interfere with my sleep



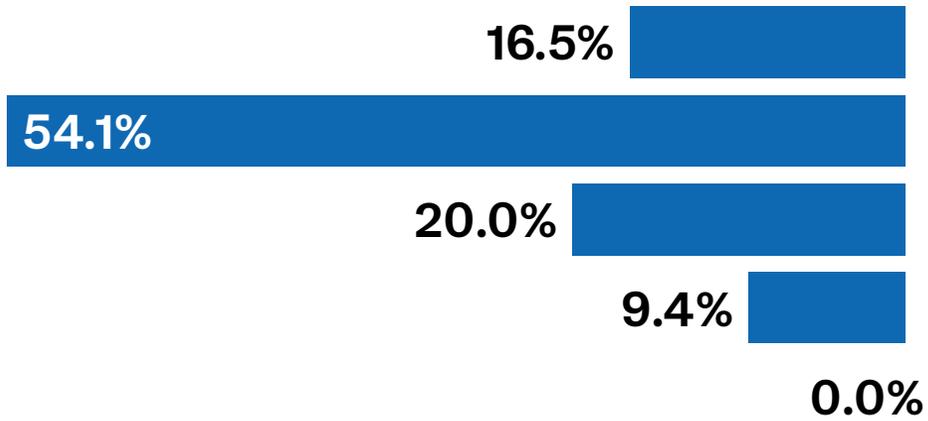
Don't remember



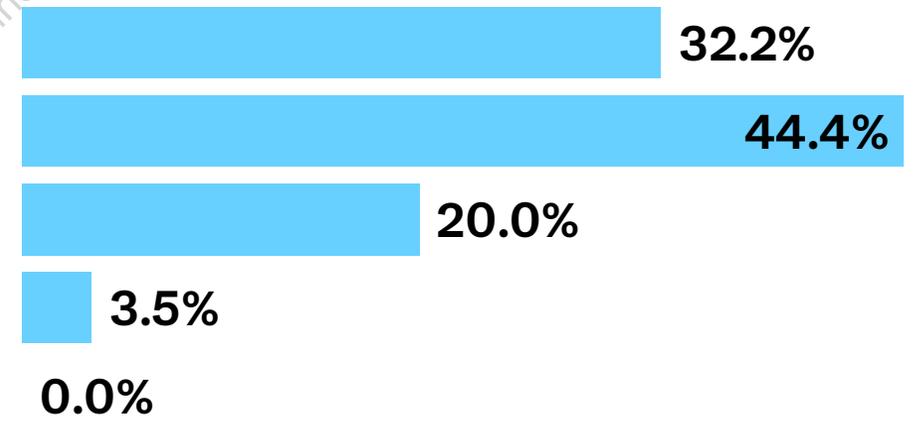
^a Answers not mutually exclusive; select all that apply out of 13 response options.; ^b Answers not mutually exclusive; select all that apply from 4 response options. Percentages are based on participants who reported itch in the past month (n=187 adolescents); ^c Of 168 adolescents who reported itch affected their sleep, 94 (56%) experienced sleep disruption on three or more nights in the past month. **PsO** = psoriasis 8

Adolescent Dermatology Life Quality Index (*DLQI/cDLQI* Scores)

DLQI^a (Age 16–17; n=85)



cDLQI^b (Age 12–15; n=115)



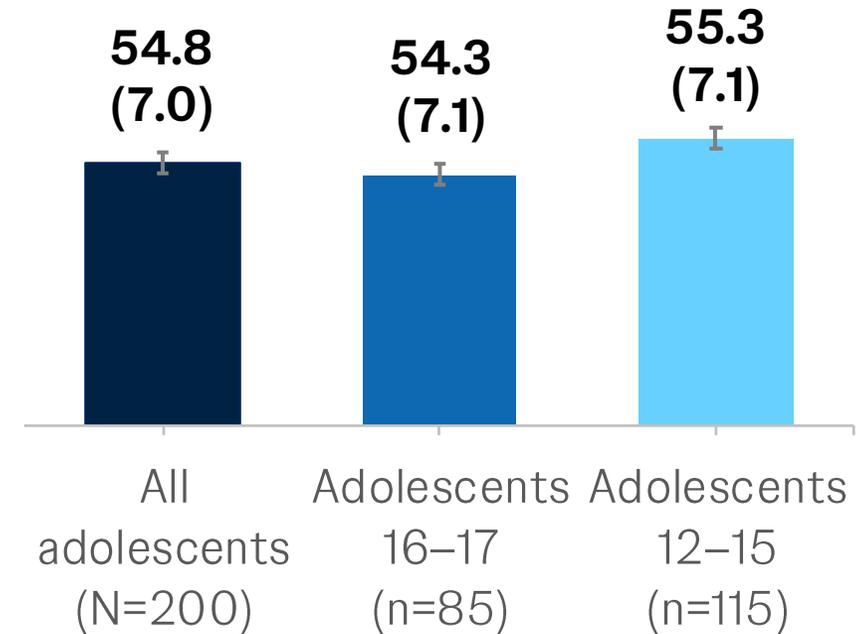
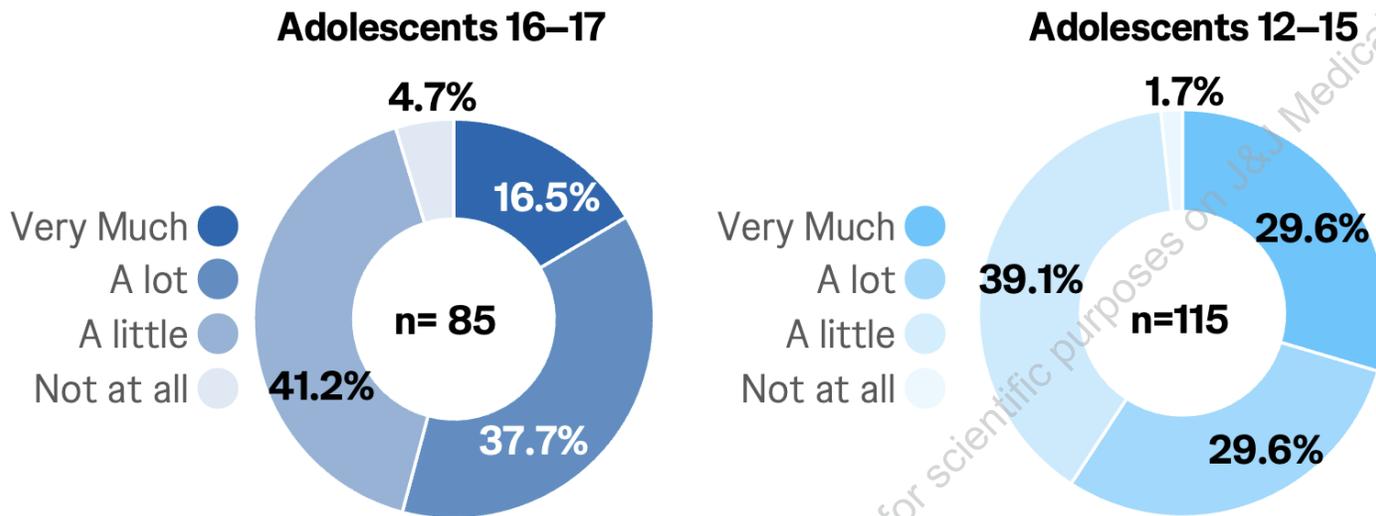
^a DLQI score interpretations: 0–1 = no effect at all on patient’s life; 2–5 = small effect on patient’s life; 6–10 = moderate effect on patient’s life; 11–20 = very large effect on patient’s life; 21–30 = extremely large effect on patient’s life; ^b cDLQI score interpretations: 0–1 = no effect on child’s life, 2–6 = small effect on child’s life, 7–12 = moderate effect on child’s life, 13–18 = very large effect on child’s life, 19–30 = extremely large effect on child’s life. **DLQI** = Dermatology Life Quality Index; **cDLQI** = Children’s Dermatology Life Quality Index

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Adolescent-reported Embarrassment and Stigmatization Due to Skin Conditions (DLQI/cDLQI Q#2 & PROMIS Pediatric Stigma -Skin Scores)

DLQI/cDLQI Question #2: Over the last week, how embarrassed or self-conscious have you been because of your skin?

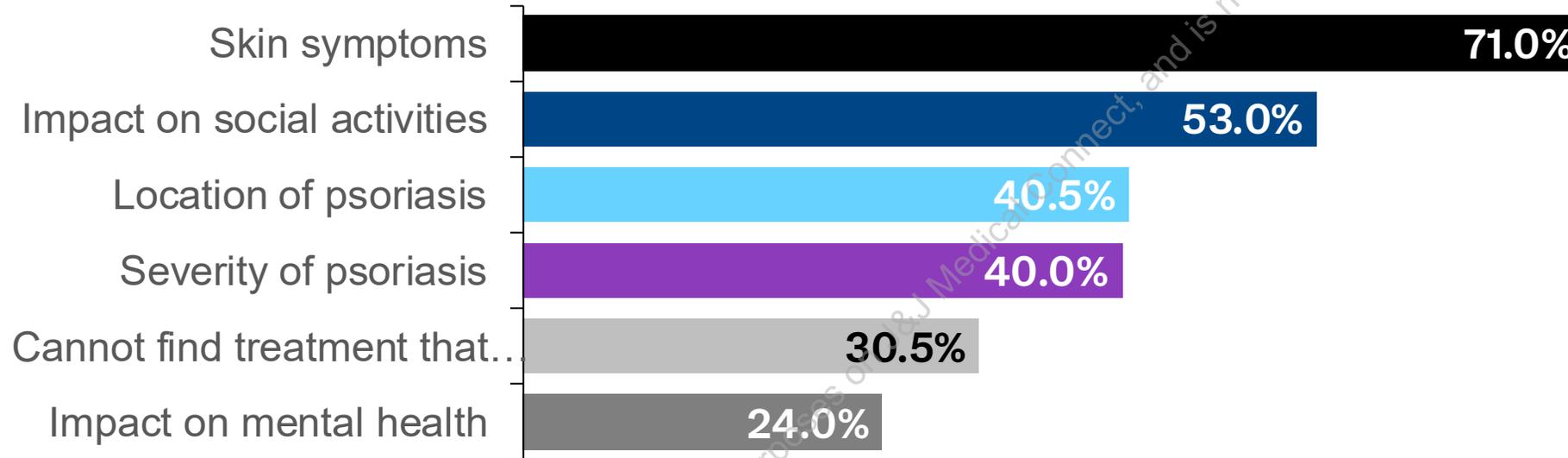
PROMIS Pediatric Stigma-Skin Score Mean T-Score (SD) for all Adolescents^a



^a The PPS-Skin Short Form 8a is a standardized self-reported questionnaire with eight Likert scale items that assesses perceived stigma in adolescents with chronic skin conditions; Cutoffs for interpreting T scores were based on calibration curves, with T scores for stigma assigned as 40 to less than 45 (mild), 45 to less than 55 (moderate), and greater than or equal to 55 (high). **PPS-Skin** = PROMIS Pediatric Stigma Skin

Caregiver Perspectives on Key Contributors to Adolescent PsO Burden and Top Three Treatment Goals (n=200)^a

Key Contributors to Disease Burden (top 6)



^a Answers not mutually exclusive; “select up to three” out of 9 response options.

Top 3 Treatment Goals



75.5%
Reduce itch



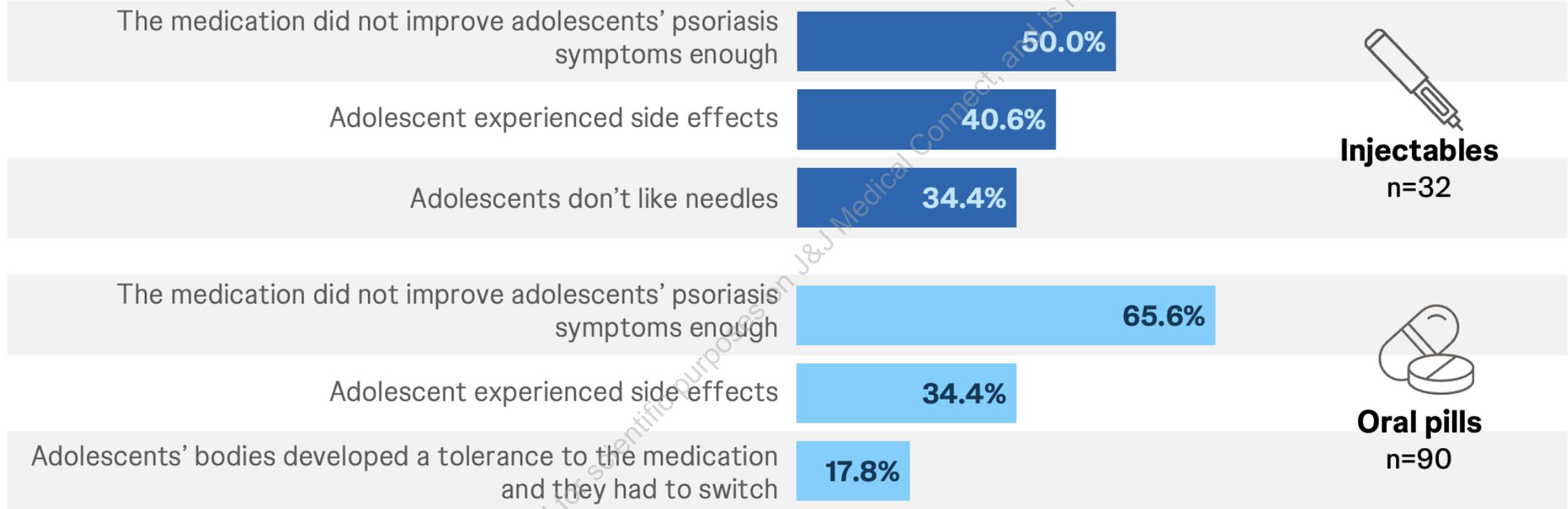
68.0%
Achieve clear skin



45.0%
Improve social
life/reduce social stigma

^a Answers are not mutually exclusive; “select up to three” out of 9 response options. **PsO** = psoriasis

Caregiver-reported Key Reasons^a for Adolescents Discontinuing Past Treatment: Injectables vs. Orals^b



^a Answers are not mutually exclusive; “select up to three” out of 14 response options for injectables and 13 response options for oral pills.; ^b The top three most frequently selected responses are presented for each of the two past treatment categories: injectables and oral pills. Past treatment refers to treatments taken within the previous 5 years (2019–2024).

HCPs-reported disadvantages of Injectables and consideration in adolescent treatment selections (n=101)^a

Top Three Factors HCPs Consider When Selecting Adolescent Treatments (n=101)^a



71.3%

Effectiveness of treatment



61.4%

Long-term safety



55.5%

Potential side effects

^a Answers are not mutually exclusive; “select up to three” out of 10 response options. **HCP** = Healthcare provider

Top Three Disadvantages of Injectables Reported by HCPs (n=101)^a



78.2%

Injectables are expensive/insurance doesn't pay enough



58.4%

Adolescents do not like the method of administration

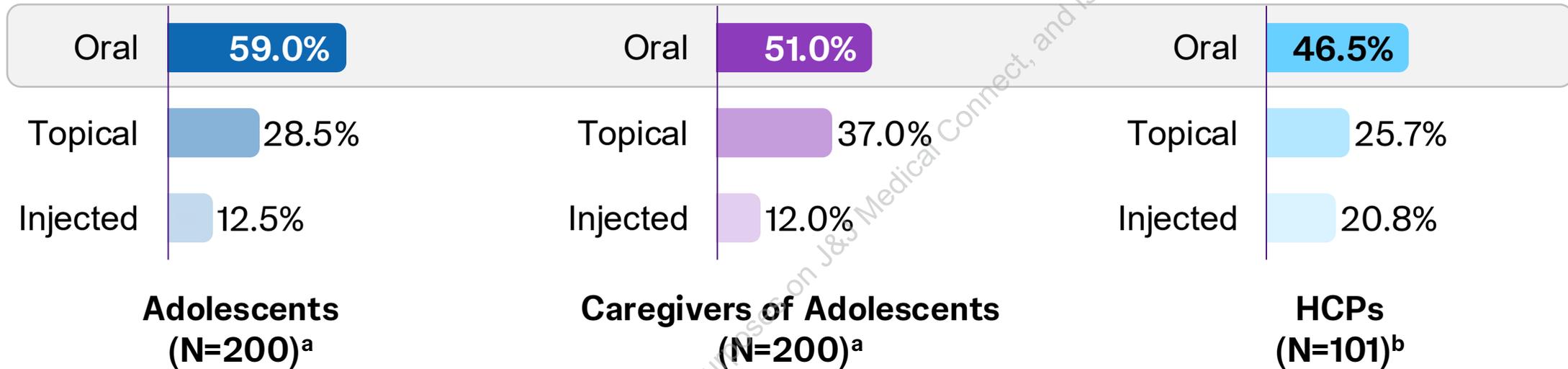


48.5%

Injectables require monitoring and follow-up visits

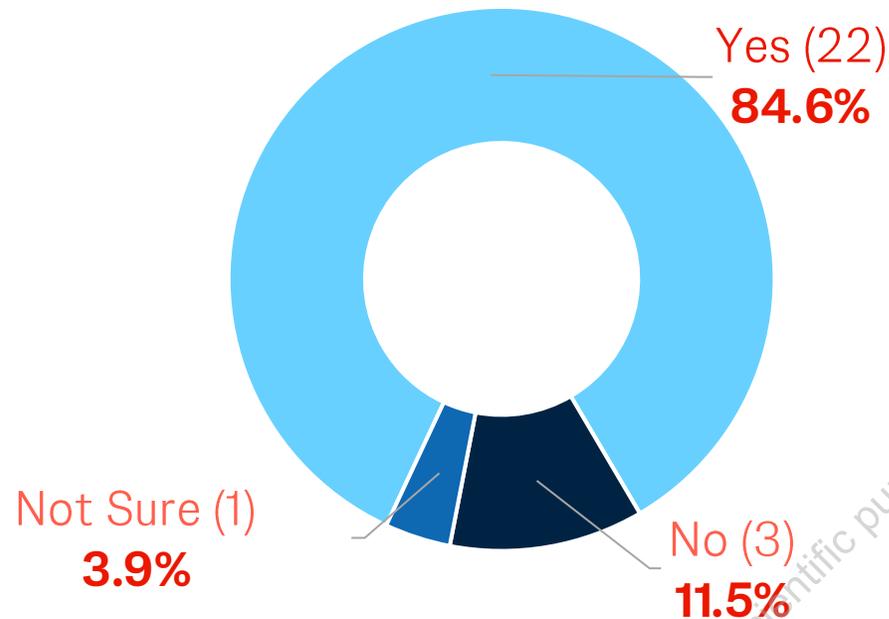
^a Answers are not mutually exclusive; “select up to three” out of 10 response options. **PsO** = psoriasis

Overall Treatment Preference: Adolescents, Caregivers to Adolescents, and HCPs



^a Adolescent/Caregiver Survey Question: "Overall, would you (your child) rather use a treatment that is topical, oral (pill), or injected for your (their) psoriasis? (Select best answer)." HCP Survey Question: "If the efficacy, tolerability, and safety for a given drug were equal (and it was highly effective, safe, and tolerable), would you prefer that it be topical, oral, or injected? (Select best answer)."^b HCPs were also offered the response option "mode of administration does not matter to me," chosen by 6.9%. **HCP** = Healthcare provider

Adolescent Willingness to Try a Safe and Equally Effective Oral Therapy (n=26)^a



84.6% of 26 adolescents currently treated with subcutaneous injectables expressed willingness to try a new pill with a favorable safety profile and effectiveness equivalent to their current injectable treatment.

^a Adolescent Survey Question: "Would you be willing to try a new pill that is safe and offers the same effectiveness (significantly reduces or clears psoriasis symptoms, such as redness, scaling, and itching) as your current injectable treatment? (Select best answer)." Response options (3) were: Yes, No, Not sure.

Study Limitations

- A purposive and quota-based sampling strategy was used to ensure adequate representation of adolescents and caregivers of adolescents with significant BSA involvement (BSA>5%). Therefore, the findings may not reflect the experiences of the broader US adolescent PsO population, or individuals with mild BSA involvement.
- This study included only participants from the US; treatment experiences and unmet needs may differ among adolescents, caregivers to adolescents, and HCPs in other countries.

Key Takeaways

- ✓ **Adolescents report high impacts to quality of life and moderate-to-high levels of stigma due to their psoriasis.**
- ✓ **Oral therapy is the most preferred route of administration for treating psoriasis among US adolescents, caregivers, and healthcare providers.**
- ✓ **Eighty-five percent of adolescents currently receiving injectables are willing to switch to a safe and equally effective new pill.**
- ✓ **An unmet need remains for oral psoriasis treatments that offer high skin clearance and favorable safety profiles, enabling adolescent patients, caregivers, and healthcare providers to achieve optimal outcomes without compromising efficacy, safety, and the preferred oral administration route.**

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