

Unmet Needs and Disease Burden: Perspectives from Adults with Psoriasis and Clinicians Treating Psoriasis in Brazil

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Synopsis

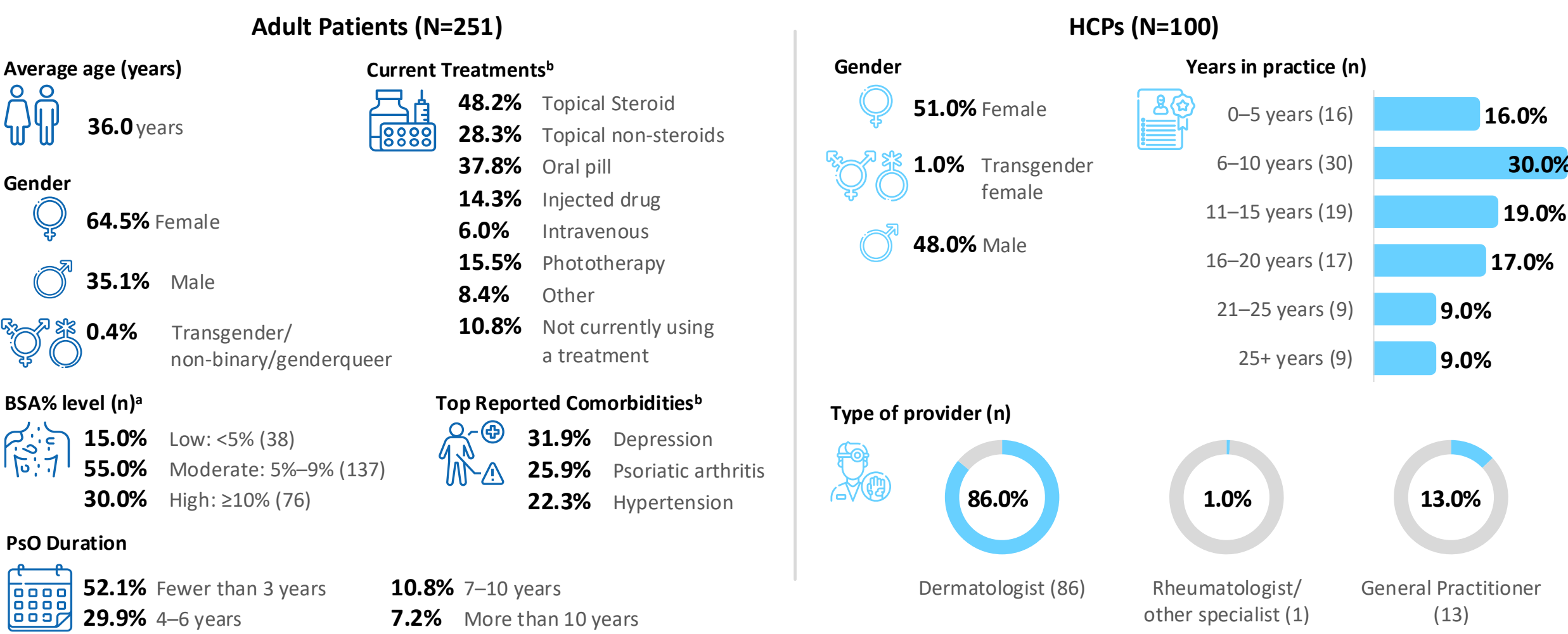
- Psoriasis (PsO) affects approximately 1.3% of the Brazilian population, and more than 125 million people worldwide.^{1,2}
- Understanding patient and healthcare provider (HCP) perspectives is critical to optimize PsO care.
- This analysis represents the Brazilian dataset from the global ENCOMPASS study conducted across 11 countries, to evaluate clinical profiles, disease burden, treatment preferences and goals, and the impact of PsO on patient quality of life (QoL).

Objectives

- To characterize the treatment experiences of Brazilian HCPs and adult patients who are candidates for systemic therapy, with the goal of informing patient-centered treatment strategies and disease management approaches.
- To quantify unmet needs and current treatment preferences in Brazil.

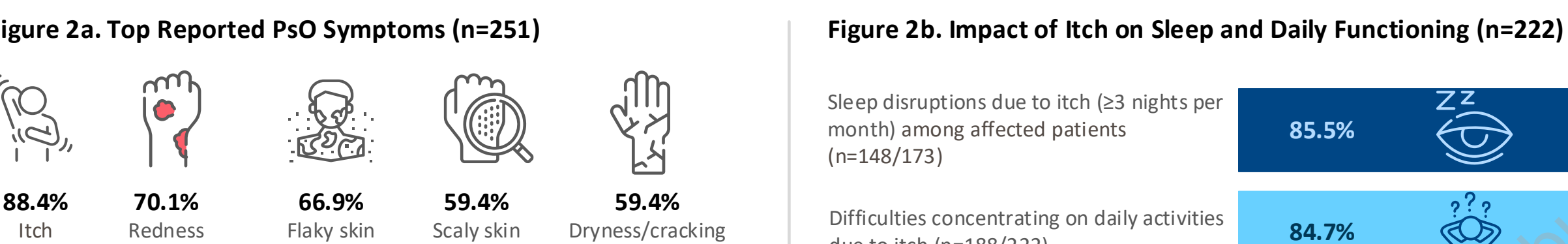
Results

Figure 1. Sociodemographic Data for Patients and HCPs



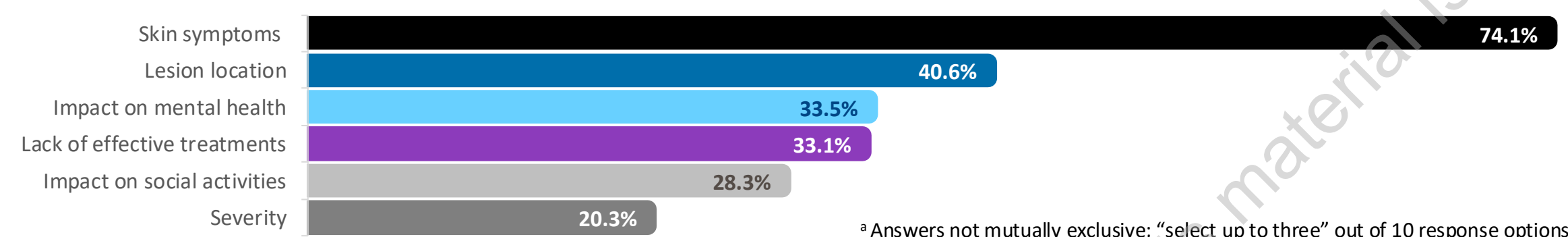
^a BSA% was self-assessed by patients, who were provided a diagram and instructions on how to measure their BSA%. ^b Answers not mutually exclusive. Abbreviations: BSA = body surface area; HCP = Healthcare provider; PsO = psoriasis

Figure 2. Adult Patient Reported Top PsO Symptoms^a and Itch-related Impacts during the Past Month



^a Answers not mutually exclusive; select all that apply out of 13 response options. Abbreviation: PsO = psoriasis

Figure 3. Most Important Factors Contributing to Disease Burden for Adult Patients (n=251)^a



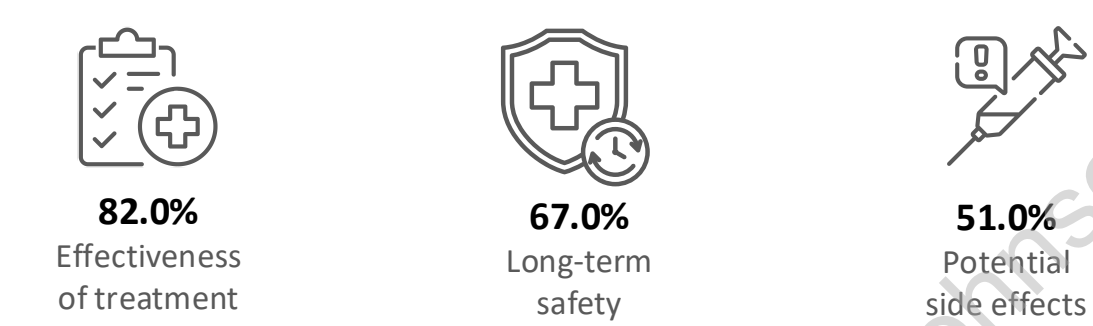
^a Answers not mutually exclusive; “select up to three” out of 10 response options.

Methods

- A web-based Brazil survey (ENCOMPASS) conducted between October and November 2025 among the following groups:
 - Patients:** Brazilian adult patients (≥18 years old) with a diagnosis of PsO eligible for systemic therapy, as defined by one or more of the following three categories specified in the International Psoriasis Council guidelines³:
 - PsO lesions on ≥10% of body surface area (BSA)
 - PsO lesions on high-impact sites of the body, e.g., hands/feet, face, genitals, scalp, or nails
 - Topical therapy that failed to control PsO symptoms
 - HCPs:** Brazilian dermatologists and advanced practice providers working in dermatology practices, who dedicated at least 50% of their practice to medical dermatology, and treated PsO cases in the past year.
- The Dermatology Life Quality Index (DLQI) was included only for adults to measure the impact of PsO on their QoL.
- 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 targeted adult PsO patients.

Figure 4. Top Considerations for Treatment and Treatment Goals

Figure 4a. HCP Top Three for Consideration When Selecting Treatment for Adult Patients (n=100)^a



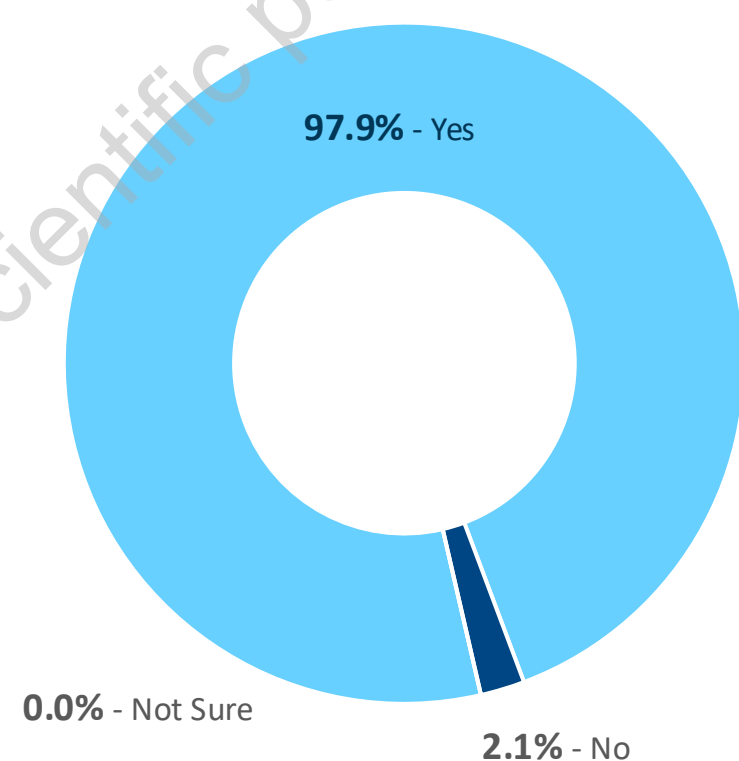
^a Answers are not mutually exclusive; “select up to three” out of 9 response options. Abbreviation: HCP = Healthcare provider

Figure 4b. Adult Patient Top Three Treatment Goals for PsO (n=251)^a



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

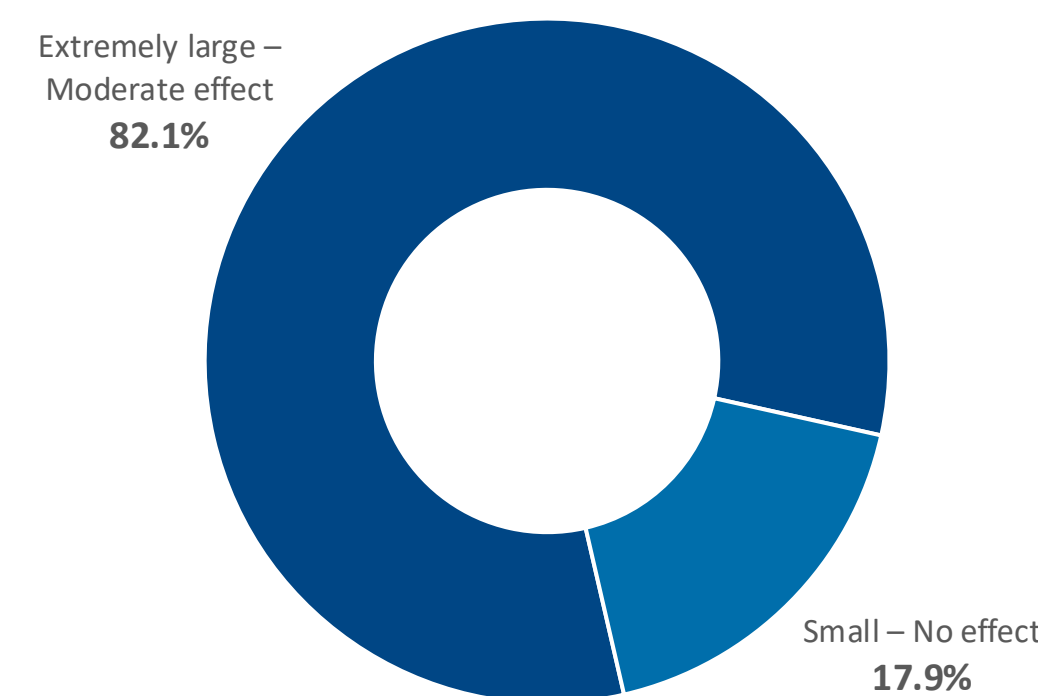
Figure 5. Willingness to Try a Safe and Equally Effective Oral Therapy (n=47)^a



^a Response options (3) were: Yes, No, Not Sure. Abbreviations: IV = intravenous; SC = subcutaneous

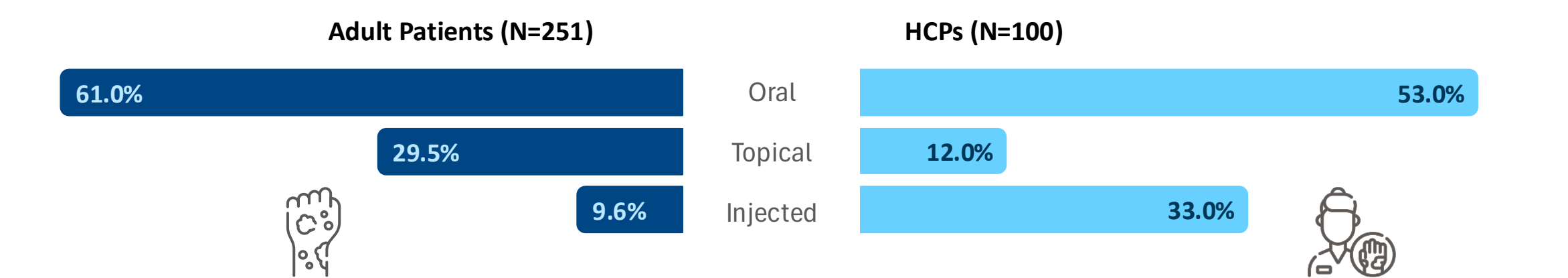
97.9% of 47 patients currently treated with injectables (SC and/or IV) expressed willingness to try a new pill with a favorable safety profile and effectiveness equivalent to their current injectable treatment.

Figure 6. Impact on Quality of Life: Adult Patient DLQI Scores (n=251)^a



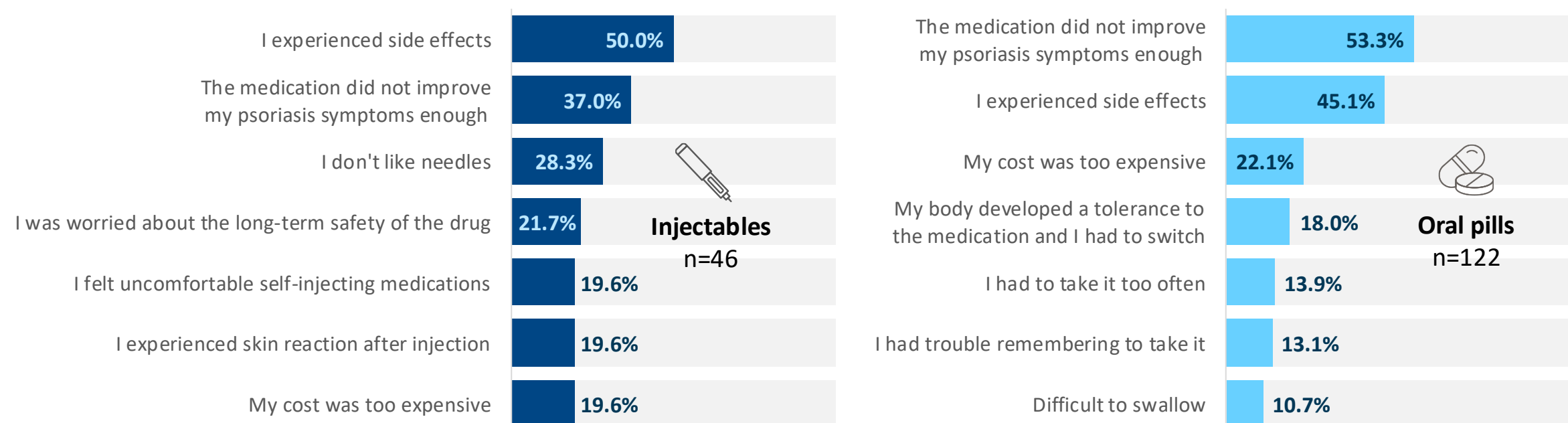
^a DLQI score interpretations: 0–1 = no effect at all on patient's life; 2–5 = small effect on patient's life; 6–10 = moderate effect on patient's life; 11–20 = very large effect on patient's life; 21–30 = extremely large effect on patient's life. Abbreviation: DLQI = Dermatology Life Quality Index

Figure 7. Overall Treatment Preference: Patients and HCPs^a



^a Patient Survey Question: “Overall, would you rather use a treatment that is topical, oral (pill), or injected for your 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 2.0%. Abbreviation: HCP = Healthcare provider

Figure 8 Adult Patient-reported Key Reasons^a for Discontinuing Past Treatment: Injectables vs. Orals^b



^a Answers are not mutually exclusive; “select up to three” out of 13 response options for both injectables and oral pills. ^b The top six 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)

Limitations

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



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