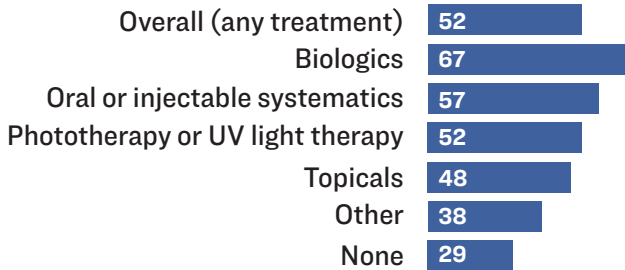


The Unmet Need in Psoriasis: Impact of Obesity on PsO Treatment Response

Despite advances in treatment, complete skin clearance remains an unmet need for many patients with PsO. The high prevalence of obesity in this population may play a significant role in suboptimal clinical outcomes.¹

1. Skin Clearance Gap

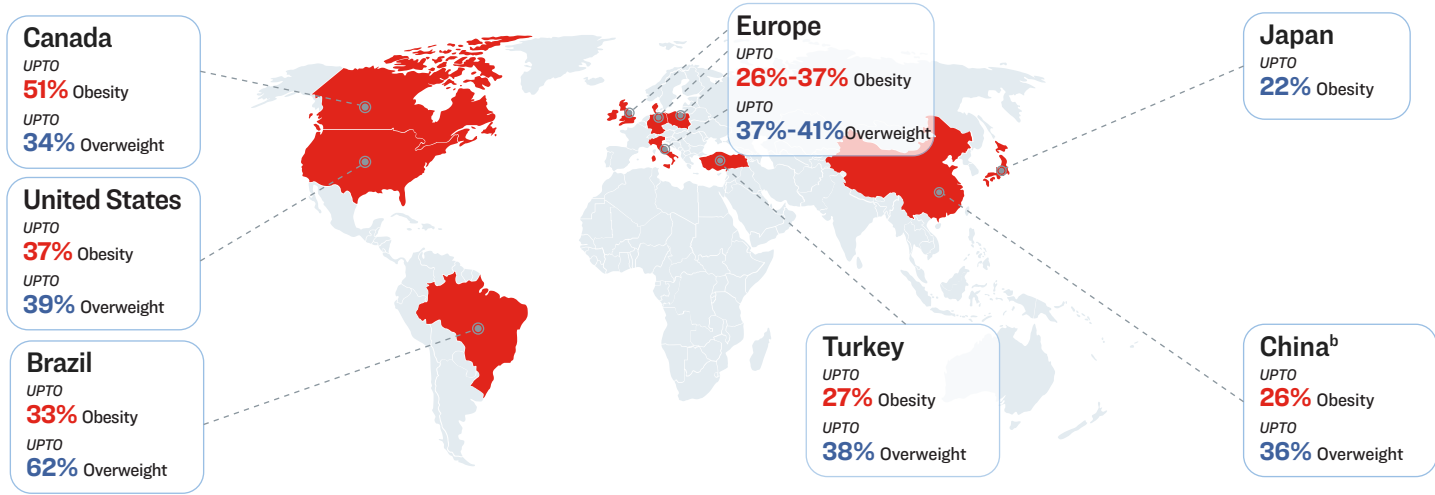
Patients With PsO May Struggle to Achieve Complete Skin Clearance Across All Therapies¹⁻²



40%-60% of patients with PsO **DO NOT** achieve complete skin clearance (PASI 100) despite **advanced biologic therapy**^a

2. Prevalence of Obesity

Comorbid Overweight/Obesity in Patients With PsO Occurs Across the Globe³⁻¹³



3. Disease Escalates

Obesity Is Associated With Incomplete Skin Clearance in Patients With PsO, Despite Biologic Treatment¹⁴⁻¹⁶

	Monocentric Observational Retrospective Study	Real-World Retrospective Study (10 Italian Centers)	Retrospective Longitudinal Study (10 Italian Centers)
PATIENT POPULATION	Adults with moderate-to-severe plaque PsO or PsA (N=255)	Adults with moderate-to-severe plaque PsO (N=137)	Adults with treatment refractory moderate-to-severe plaque PsO (N=1008)
STUDY RESULTS	Obesity was associated with reduced PASI 90 and PASI 100 response at Week 28 (40% vs. 55%, 49% vs. 64%; p<.05)	Obesity significantly reduced PASI 100 achievement at Week 36 (44.2% vs. 61.4%); p=.05)	Obesity reduced the odds of achieving “super responder” ^a status by 27% (OR=0.73; p=.032)

^aPatients who achieved PASI 100 at Week 20.

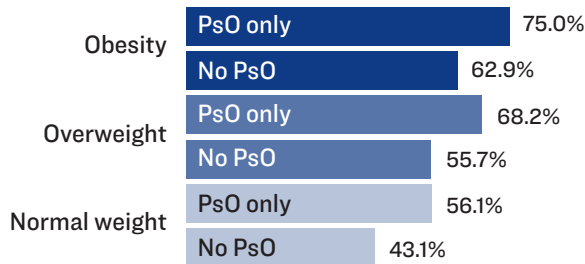
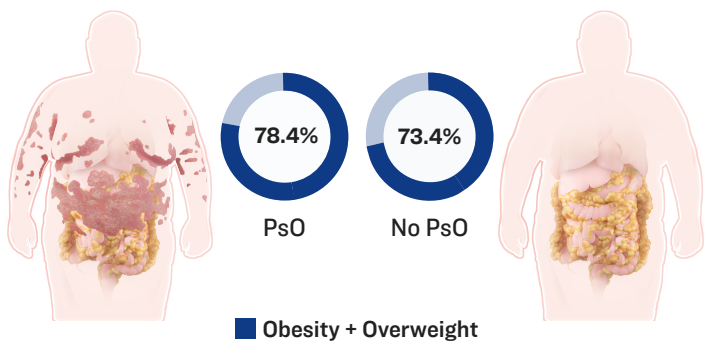
Across studies and therapies, higher BMI was associated with difficulty in achieving disease control.



^aBiological therapies such as tumour necrosis factor (TNF) antagonists (infliximab, etanercept, adalimumab, certolizumab); the monoclonal antibody ustekinumab that targets interleukin-12 and -23 (IL12/23); anti-IL17 drugs (secukinumab, ixekizumab, brodalumab, or bimekizumab); anti-IL23 drugs (risankizumab, guselkumab, or tildrakizumab) and new small molecules (apremilast, deucravacitinib).
^bThe overweight figure for China uses BMI≥24 per Chinese national criteria, to avoid implying comparability with the BMI≥25 figures used for other countries. ^aPatients who achieved PASI 100 at week 20. BMI=body mass index; CI=Confidence interval; EULAR=European Alliance of Associations for Rheumatology; OR=Odds ratio; PASI=psoriasis area and severity index; PASI90=90% improvement in psoriasis area and severity index; PASI 100=100% improvement in Psoriasis Area and Severity Index; PsA=psoriatic arthritis; PsO=psoriasis; UV=Ultraviolet.
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4. Obesity Limits Skin Clearance

Prevalence of Obesity and Overweight in US Patients With and Without PsO¹



78.4% of patients with PsO and 73.4% without PsO had overweight or obesity in 2024

Of patients with PsO, 75.0% with obesity and 68.2% with overweight had ≥1 weight-related comorbidity

5. PASI 100 Is the Treatment Goal

PASI 100 Is Associated With Meaningful Outcomes and Obesity May Impact the Ability to Achieve It²⁻¹⁰

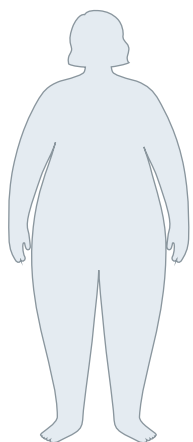
Why Complete Skin Clearance (PASI 100) Matters

Disease Control
Complete clearance represents optimal disease control, not partial response

Systemic Impact
Persistent inflammation perpetuates systemic immune activation with cardiovascular and metabolic implications

Patient Outcomes
Complete clearance improves quality of life, satisfaction, and long-term adherence

Obesity-Related Treatment Challenges



Pharmacokinetics Shift
Reduced drug exposure:
Altered pharmacokinetics may limit biologic bioavailability

44%
Altered Efficacy:
Lower PASI 100 achievement in obese versus nonobese

27%
Super responder reduction:
Lower odds of achieving optimal response with obesity

17x
Early biologic failure:
Higher odds associated with higher BMI^{12, 13}



BMI=body mass index; HRQoL=Health-related quality of life; OR=Oddsratio; PASI=psoriasis area and severity index; PASI90=90% improvement in psoriasis area and severity index; PASI 100=100% improvement in psoriasis area and severity index; PsA=psoriatic arthritis; PsO=psoriasis.
 1. Armstrong AW et al. Poster presented at Maui Derm Hawaii. 2026. 2. Augustin M, et al. *Dermatol Ther (Heidelb)*. 2024;14(10). 3. Aranda JF, et al. *Cardiovasc Res*. 2025;121(10):1537-1550.
 4. Ryan C, et al. *J Am Acad Dermatol*. 2023;88(1):169-172. 5. Trovato E, et al. *Dermatol Ther (Heidelb)*. 2025;15(7):1941-1952. 6. Mastorino L, et al. *J Pers Med*. 2024;14(7):718. 7. Hjort G, et al. *JAMA Dermatology*. 2024;160(8):830-837. 8. Kim HJ, et al. *JAMA Dermatol*. 2025;161(6):629-634. 9. Acer E, et al. *An Bras Dermatol*. 2024;99(6):840-846. 10. Mortato E, et al. *Dermatol Ther (Heidelb)*. 2025;15(5):1239-1250