

## Why Focus on Residual Inflammation in PsO?

- PsO is a systemic inflammatory disease linked to increased atherosclerotic burden
- Residual inflammation may drive ongoing cardiometabolic risk after skin symptoms resolve
- Targeting this could improve long-term outcomes by addressing systemic disease

## Methods

- Prospective study across 3 international cohorts, enhancing diversity and supporting broader clinical relevance
- Inclusion of patients receiving treatment with TNF- $\alpha$ , IL-17, IL-12/23, and IL-23 inhibitors
- Residual inflammation defined as hsCRP  $\geq 2$  mg/L

## Conclusion

- Despite biologic treatment and achievement of clear skin (PASI  $\leq 2$ ), residual inflammation may persist
- This inflammation is associated with high BMI, metabolic dysfunction-associated steatotic liver disease, and visceral adipose tissue

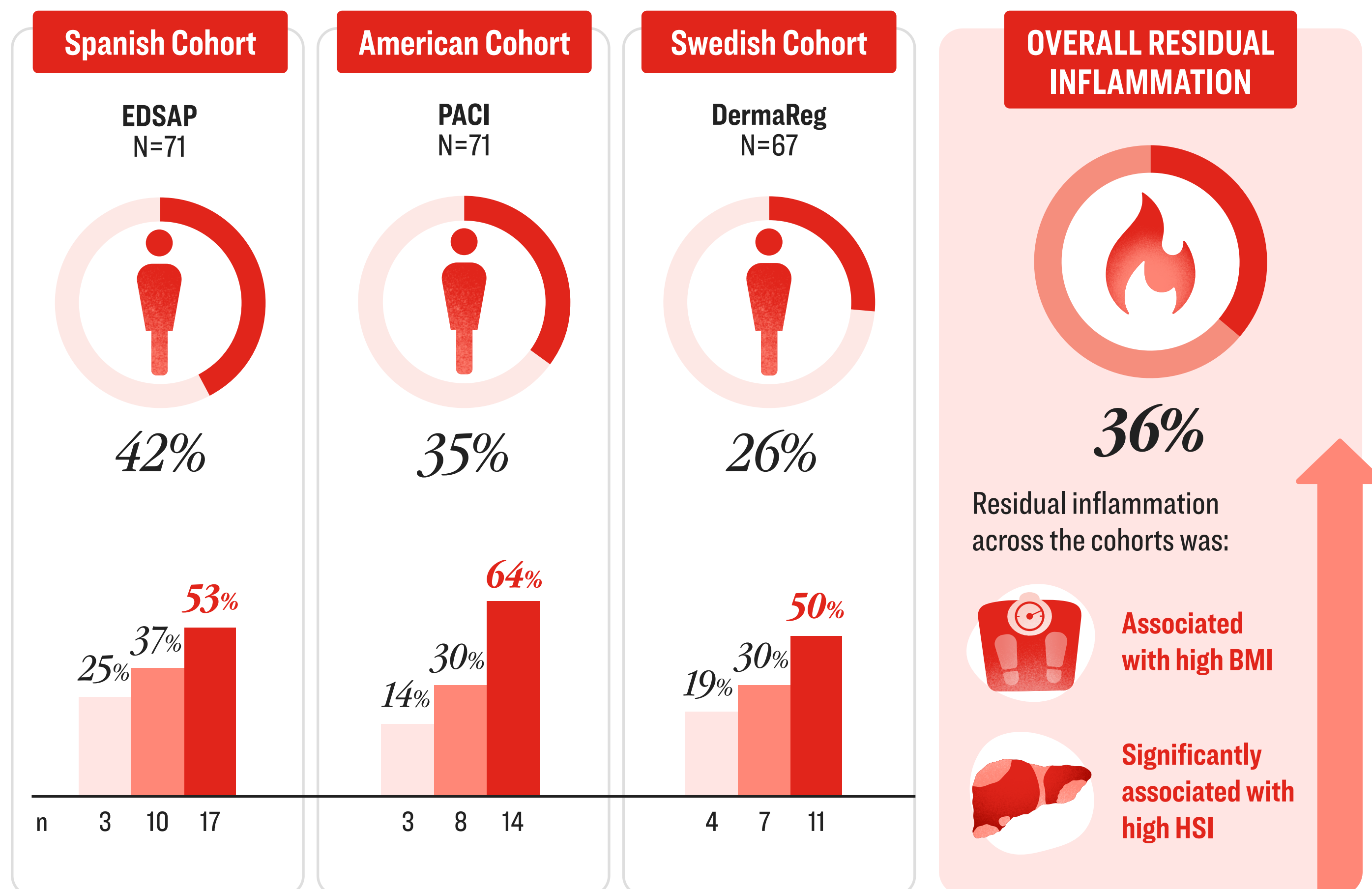
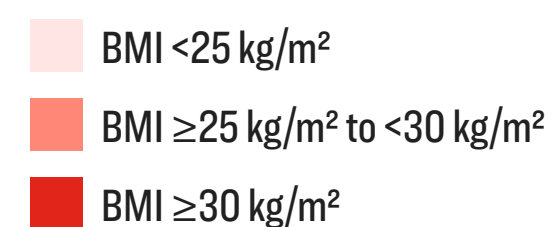
# Residual Inflammation Persists in Patients With PsO Despite Skin Clearance (PASI $\leq 2$ )

## % Residual Inflammation Across Cohorts<sup>a</sup>

Residual Inflammation Is Present After 1 Year of Biologic Therapy

## % Residual Inflammation by BMI<sup>b</sup>

High BMI Is Consistently Associated With Residual Inflammation



<sup>a</sup>N=209; <sup>b</sup>EDSAP: p=.191; PACI: p=.002; DermaReg: p=.086.

BMI=Body Mass Index; EDSAP=Early Detection and Progression of Subclinical Atherosclerosis in Psoriasis; hsCRP=High-Sensitivity C-Reactive Protein; HSI=Hepatic Steatosis Index; IL=Interleukin; PACI=Psoriasis Atherosclerosis and Cardiometabolic Disease Initiative; PASI=Psoriasis Area and Severity Index; PsO=Psoriasis; TNF- $\alpha$ =Tumor Necrosis Factor Alpha.

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