COVID SAC and Medical Board Surveys
An Outcome Snapshot

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Concern about COVID-19 Impacting Psoriatic Community

- Not at all concerned: March 4th - 25.0%, March 16th - 5.2%
- Extremely concerned: March 4th - 16.7%, March 16th - 16.7%

Average for March 4th: 3.25
Average for March 16th: 3.79

Unpublished data, NPF. April 2020
Considerations for Patients on Biologic Therapy

- Stopping biologics for patients over 60 years of age: 100.0%
- Stopping biologics for patients over 60 years of age with confounding conditions: 50.0% (Yes, I support this), 50.0% (No, I do not support this)
- Considerations on biologic use should vary by type of biologic (e.g., TNFi or IL17): 68.4% (Yes, I support this), 31.6% (No, I do not support this)
- Stopping biologic for any patient on any biologic regardless of age: 0.0%

Unpublished data, NPF. April 2020
Managing Flares During Pandemic

Key thought leaders were asked: “Are you initiating changes in treatment with psoriasis flares or are these patients being triaged to later come into the office?”

89.5%
Initiating changes in treatment via telemedicine

10.5%
Triaged until office visit after COVID
Contextual Aspects of Patient Management

Key thought leaders were asked: “Are you changing therapies (e.g., from TNFi to IL17/23 or methotrexate to apremilast) based on risk of COVID-19 infection in your area?”

- Yes: 42.1%
- No: 57.9%

Unpublished data, NPF. April 2020
Resuming Therapy After COVID-19 Infection

100% of key thought leaders surveyed would stop biologic therapy for patients with active COVID-19 infection.

Key thought leaders were asked: “When will you advise patients to resume therapy after infection?”

- **31.6%** Immediately after patient has recovered from COVID-19
- **57.9%** 1 month after patient has recovered from COVID-19
- **5.3%** 2 months after patient has recovered from COVID-19
- **5.3%** 3 months after patient has recovered from COVID-19

Unpublished data, NPF. April 2020