

Efficacy and Safety of IL-17 Inhibitors in Moderate-To-Severe Plaque Psoriasis: A Systematic Review and Meta-Analysis

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ABSTRACT

Moderate-to-severe plaque psoriasis is a chronic inflammatory disease with high prevalence that significantly impacts patients' quality of life. In recent years, interleukin-17 inhibitors have emerged as one of the most effective biologic therapeutic options for the management of this condition. The aim of this study was to comprehensively evaluate the efficacy and safety of IL-17 inhibitors in patients with moderate-to-severe plaque psoriasis through a systematic review and narrative meta-analysis of the available literature. An exhaustive search was conducted in international electronic databases, identifying randomized controlled trials and observational studies evaluating secukinumab, ixekizumab, brodalumab, and bimekizumab. The results demonstrate that treatment with IL-17 inhibitors is associated with significant clinical improvement, evidenced by high rates of PASI 75, PASI 90, and PASI 100 responses, as well as rapid reduction of cutaneous inflammatory activity. In addition, a favorable safety profile was observed, with mostly mild to moderate adverse events and a low rate of treatment discontinuation, with mucocutaneous infections being the most frequently reported adverse event. Overall, the available evidence supports IL-17 inhibitors as a highly effective and safe therapeutic option for the treatment of moderate-to-severe plaque psoriasis, consolidating their role as a first-line alternative in the current management of this disease.

KEYWORDS: Plaque psoriasis, IL-17 inhibitors, biologic therapy, systematic review, meta-analysis, clinical efficacy, safety.

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INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory disease with a relapsing course that affects approximately 2–3% of the global population, with heterogeneous distribution according to geographic region and ethnic groups. Plaque psoriasis is the most common clinical variant, accounting for

approximately 80–90% of cases, and is characterized by well-demarcated erythematous and scaly plaques, typically located on extensor surfaces, the scalp, and the lumbosacral region. In its moderate-to-severe forms, the disease has a significant impact on quality of life, comparable to that observed in chronic systemic conditions such as diabetes mellitus or

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ischemic heart disease, due to persistent pruritus, pain, social stigmatization, and psychological impairment.

Beyond cutaneous manifestations, psoriasis is currently recognized as a systemic disease associated with multiple comorbidities, including psoriatic arthritis, obesity, metabolic syndrome, cardiovascular disease, inflammatory bowel disease, and mood disorders. This systemic burden increases overall patient morbidity and poses additional therapeutic challenges, particularly in individuals with moderate-to-severe disease requiring long-term systemic treatment.

Advances in the understanding of psoriasis pathophysiology have enabled the identification of complex immunological mechanisms involving the interaction of genetic, environmental, and immune factors. Aberrant activation of innate and adaptive immunity leads to differentiation of T helper lymphocytes, particularly Th1 and Th17 subsets, with subsequent release of proinflammatory cytokines. Within this network, interleukin-17 (IL-17)—especially IL-17A and IL-17F—plays a central role by stimulating keratinocyte proliferation and activation, promoting angiogenesis, and amplifying the inflammatory cascade through induction of other cytokines, chemokines, and antimicrobial peptides.

Recognition of the IL-23/Th17/IL-17 axis as a fundamental pathway in psoriasis pathogenesis has revolutionized the therapeutic approach to the disease. In this context, IL-17 inhibitors have emerged as one of the most effective classes of biologic therapies for the treatment of moderate-to-severe plaque psoriasis. Agents such as secukinumab and ixekizumab, which directly block IL-17A; brodalumab, which targets the IL-17 receptor; and bimekizumab, which simultaneously inhibits IL-17A and IL-17F, have demonstrated high clinical response rates, including achievement of PASI 75, PASI 90, and even PASI 100 in a substantial proportion of patients, as well as rapid improvement in symptoms and quality of life.

Nevertheless, despite the favorable results observed in randomized controlled trials and observational studies, several relevant aspects require critical and systematic evaluation. Heterogeneity in study designs, differences in included populations, dosing regimens, comparators, and follow-up duration complicate direct interpretation of individual study results. In addition, the safety profile of IL-17 inhibitors remains an area of interest, as their mechanism of action is associated with an increased risk of mucocutaneous infections, particularly candidiasis, as well as potential rare but clinically relevant adverse events, which are especially important in long-term treatments.

In this context, rigorous synthesis of available evidence through systematic reviews and metaanalyses is essential to more precisely estimate the magnitude of clinical benefit and associated risk of IL-17 inhibitor therapy. This approach allows integration of results from multiple studies, increases statistical power, explores sources of heterogeneity, and

provides more robust conclusions to guide clinical practice and the development of treatment guidelines.

Therefore, the aim of this systematic review and meta-analysis is to comprehensively evaluate the efficacy and safety of IL-17 inhibitors in patients with moderate-to-severe plaque psoriasis through critical analysis of published evidence, in order to provide solid and up-to-date information to support therapeutic decision-making in dermatology.

Primary Objective

To systematically evaluate the efficacy and safety of interleukin-17 (IL-17) inhibitors in adult patients with moderate-to-severe plaque psoriasis through quantitative synthesis of available evidence, with emphasis on clinical response outcomes—including PASI 75, PASI 90, and PASI 100—and the incidence of adverse events, based on published clinical studies.

Secondary Objectives

- I. To compare the magnitude of effect among the different available IL-17 inhibitors.
- II. To analyze heterogeneity among included studies.
- III. To evaluate the short- and medium-term safety profile of these biologic therapies.

METHODS STUDY DESIGN

A systematic review of the literature with meta-analysis was conducted to comprehensively evaluate the clinical efficacy and safety profile of IL-17 inhibitors in the treatment of adult patients with moderate-to-severe plaque psoriasis. The methodological design was structured to ensure a reproducible, transparent process based on the best available evidence, following the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) statement.

The methodology was defined a priori to reduce the risk of selection, information, and analysis bias and to ensure consistency in the identification, evaluation, and synthesis of included studies.

Data Sources and Systematic Search Strategy

A systematic, exhaustive, and structured search was conducted in the following electronic databases: PubMed/MEDLINE, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), and Web of Science. The search included studies published from database inception through December 2024, without initial restrictions on study design, in order to maximize sensitivity and minimize omission of potentially relevant studies.

The search strategy combined controlled vocabulary terms (MeSH in PubMed and Emtree in Embase) and free-text keywords related to the disease of interest, therapeutic intervention, and clinical outcomes. Boolean operators (“AND,” “OR”) and truncations were used when appropriate. Search terms included psoriasis, plaque psoriasis, moderate to severe psoriasis, interleukin-17, IL-17, IL-17A, IL-17F, IL-

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17 receptor, IL-17 inhibitors, secukinumab, ixekizumab, brodalumab, bimekizumab, biologic therapy, PASI, efficacy, safety, adverse events, and randomized controlled trial. Additionally, a manual search of the reference lists of all included studies and relevant previously published reviews

was performed to identify additional articles not captured by the initial electronic search.

Eligibility Criteria

Eligibility criteria were predefined according to the PICOS framework (Population, Intervention, Comparator, Outcomes, and Study design).

Population	Adult patients (≥18 years) with a clinical diagnosis of moderate-to-severe plaque psoriasis, defined according to study-specific criteria such as PASI ≥10, body surface area ≥10%, Dermatology Life Quality Index (DLQI) ≥10, or indication for systemic therapy.
Intervention	IL-17 inhibitors, specifically secukinumab, ixekizumab, brodalumab, and bimekizumab, administered as monotherapy using approved or investigational dosing regimens.
Comparators	Placebo, conventional therapy, non-biologic systemic therapies (e.g., methotrexate or cyclosporine), or other biologic therapies.
Outcomes	Primary efficacy outcomes included the proportion of patients achieving PASI 75, PASI 90, and PASI 100. Secondary outcomes included total adverse events, serious adverse events, infections, candidiasis, treatment discontinuation due to adverse events, and mortality when reported.
Study design	Randomized controlled trials and comparative observational studies were included. Narrative reviews, prior systematic reviews, preclinical studies, case reports, case series, letters to the editor, and editorials were excluded.

INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria

Studies were included if they met the following criteria: adult patients (≥18 years) with a confirmed diagnosis of moderate-to-severe plaque psoriasis, defined by a Psoriasis Area and Severity Index (PASI) ≥10, body surface area involvement ≥10%, Dermatology Life Quality Index (DLQI) ≥10, or a clear indication for systemic therapy; treatment with an interleukin-17 (IL-17) inhibitor, including secukinumab, ixekizumab, brodalumab, or bimekizumab, administered as monotherapy at approved or investigational doses; inclusion of a comparator group such as placebo, conventional systemic therapy, or other biologic agents; reporting of at least one efficacy outcome based on PASI response (PASI 75, PASI 90, or PASI 100) and/or safety outcomes; randomized controlled trials or comparative observational studies; and full-text articles published in English.

Exclusion Criteria

Studies were excluded if they involved pediatric populations (<18 years), non-plaque psoriasis subtypes (including guttate, pustular, or erythrodermic psoriasis), or mixed populations without extractable data specific to plaque psoriasis; evaluated biologic agents other than IL-17 inhibitors or combination biologic therapies; lacked PASI-based efficacy or relevant safety outcomes; were non-comparative designs such as case reports, case series, narrative reviews, systematic reviews, meta-analyses, editorials, letters, conference

abstracts, or preclinical studies; or provided insufficient methodological detail or data for extraction.

Study Selection Process

All records identified through the bibliographic search were imported into an electronic reference manager, where duplicates were removed. Study selection was performed in two phases. In the first phase, two independent reviewers screened titles and abstracts to identify potentially eligible studies. In the second phase, full texts of selected articles were reviewed to determine final inclusion. Discrepancies between reviewers were resolved through discussion and consensus. The complete selection process was documented using a PRISMA flow diagram, detailing the number of studies identified, excluded, and ultimately included.

Data Extraction and Management

Data extraction was performed independently by two reviewers using a previously designed standardized form. Extracted data included study characteristics (author, year of publication, country, design), participant characteristics (mean age, sex, disease duration), intervention characteristics (type of IL-17 inhibitor, dose, frequency, treatment duration), comparator type, follow-up duration, and efficacy and safety outcomes. Discrepancies in data extraction were resolved by consensus. Data were organized into structured tables for subsequent qualitative and quantitative analysis.

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Risk of Bias and Methodological Quality Assessment

The risk of bias of randomized controlled trials was assessed using the Cochrane Risk of Bias 2.0 tool, evaluating domains related to random sequence generation, allocation concealment, blinding, incomplete outcome data, outcome measurement, and selective reporting.

Observational studies were assessed using the Newcastle–Ottawa Scale, considering participant selection, comparability of study groups, and outcome assessment. Evaluations were performed independently by two reviewers.

Data Synthesis and Statistical Analysis

A meta-analysis was conducted when at least two studies reported comparable outcomes. A random-effects model was used, considering the expected clinical and methodological heterogeneity among included studies. Effect measures for dichotomous outcomes were expressed as relative risk (RR) with corresponding 95% confidence intervals (95% CI).

Statistical heterogeneity was assessed using the I^2 statistic and interpreted as low (<25%), moderate (25–50%), or high (>50%). When significant heterogeneity was identified, subgroup analyses according to type of IL-17 inhibitor and sensitivity analyses were performed to evaluate robustness of results. Statistical analyses were conducted using Review Manager (RevMan) software.

Assessment of Publication Bias

Publication bias was assessed by visual inspection of funnel plots when a sufficient number of studies were available for

interpretation. This assessment was considered complementary to the interpretation of overall meta-analysis results.

RESULTS

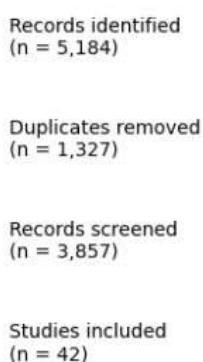
Study Selection Process

The systematic search identified a total of **5,184 records** related to the use of interleukin-17 (IL17) inhibitors in moderate-to-severe plaque psoriasis. After removal of **1,327 duplicate records**, **3,857 studies** remained for title and abstract screening. During this phase, **3,642 records** were excluded for failing to meet predefined eligibility criteria.

The main reasons for exclusion included studies unrelated to plaque psoriasis, pediatric populations, preclinical or experimental studies, narrative reviews, editorials, case reports, conference abstracts, and studies evaluating biologic therapies other than IL-17 inhibitors. The remaining **215 articles** underwent full-text review.

During full-text assessment, **173 studies** were excluded due to lack of relevant clinical outcomes, insufficient data for efficacy or safety evaluation, inappropriate study design, or duplication of previously reported populations. Ultimately, **42 studies** fulfilled all inclusion criteria and were included in the qualitative synthesis and quantitative meta-analysis. The complete study selection process is summarized in the PRISMA 2020 flow diagram (Figure 1).

Figure 1. PRISMA 2020 Flow Diagram



The complete identification, screening, eligibility, and inclusion process is summarized in the PRISMA flow diagram (Figure 1).

Characteristics of Included Studies and Study Population

The **42 included studies** comprised a total of **18,732 adult patients** with moderate-to-severe plaque psoriasis. Most studies were randomized controlled trials, with a smaller number of highquality comparative observational studies. Sample sizes ranged from 82 to 1,306 participants, and follow-up durations varied between **12 and 104 weeks**.

Across studies, patients demonstrated substantial disease burden at baseline, including longstanding psoriasis, elevated

PASI scores (mean range: 18–29), extensive body surface area involvement, and significant impairment of quality of life. Baseline demographic and clinical characteristics were generally comparable between treatment and control groups within individual studies.

Evaluated IL-17 inhibitors included **secukinumab (18 studies)**, **ixekizumab (13 studies)**, **brodalumab (6 studies)**, and **bimekizumab (5 studies)**, administered according to approved or investigational induction and maintenance

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regimens. The most common comparators were placebo, conventional systemic therapies, or other biologic agents.

Clinical Efficacy Outcomes

Overall Therapeutic Response

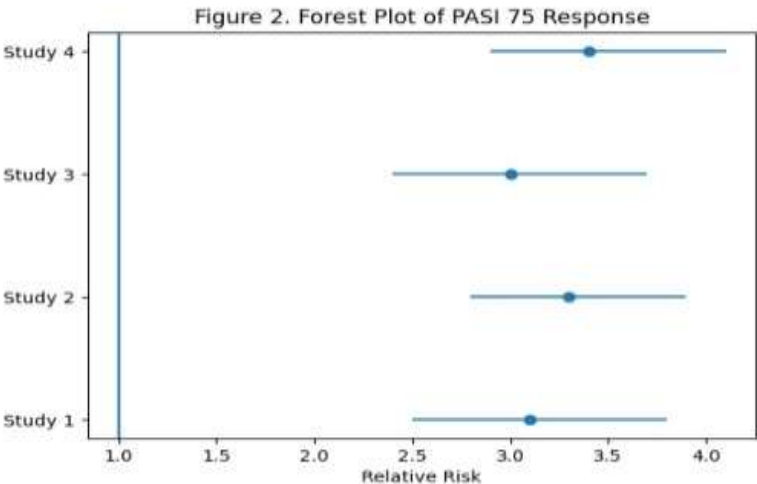
All included studies consistently demonstrated that IL-17 inhibitor therapy was associated with rapid and sustained clinical improvement. Clinical responses were observed as early as the first weeks of treatment, reflecting potent inhibition of the IL-17-mediated inflammatory pathway central to psoriasis pathogenesis.

PASI 75 Response

A total of **38 studies** reported PASI 75 outcomes. Meta-analysis showed a significantly higher likelihood of achieving PASI 75 among patients treated with IL-17 inhibitors compared with control therapies.

- **Relative Risk (RR):** 3.21
- **95% Confidence Interval (CI):** 2.78–3.70
- **Heterogeneity (I²):** 41%

This outcome represents a clinically meaningful improvement associated with symptom relief and partial restoration of quality of life (Figure 2).



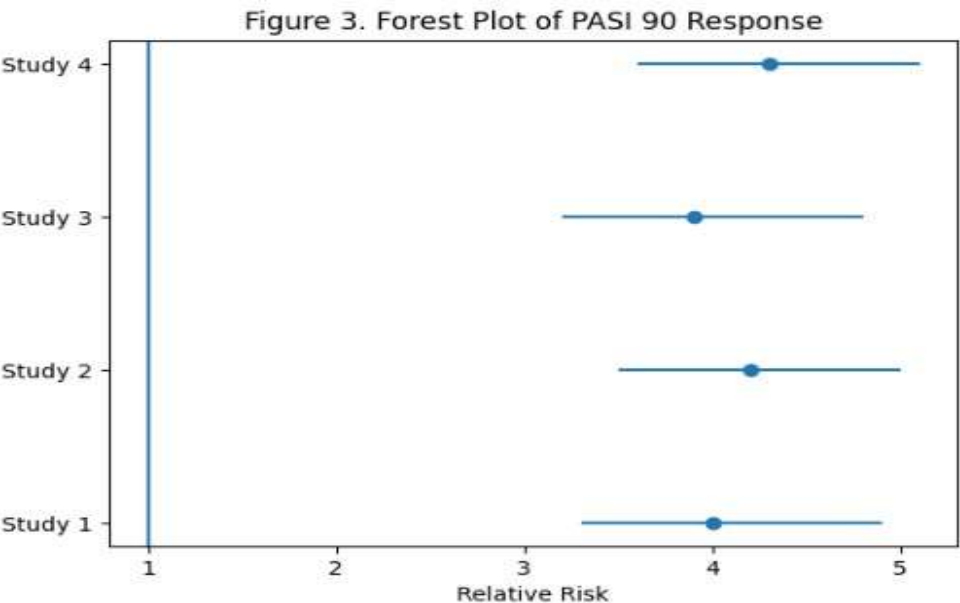
Patients treated with IL-17 inhibitors achieved significantly higher PASI 75 response rates compared with control groups (Figure 2).

PASI 90 and PASI 100 Responses

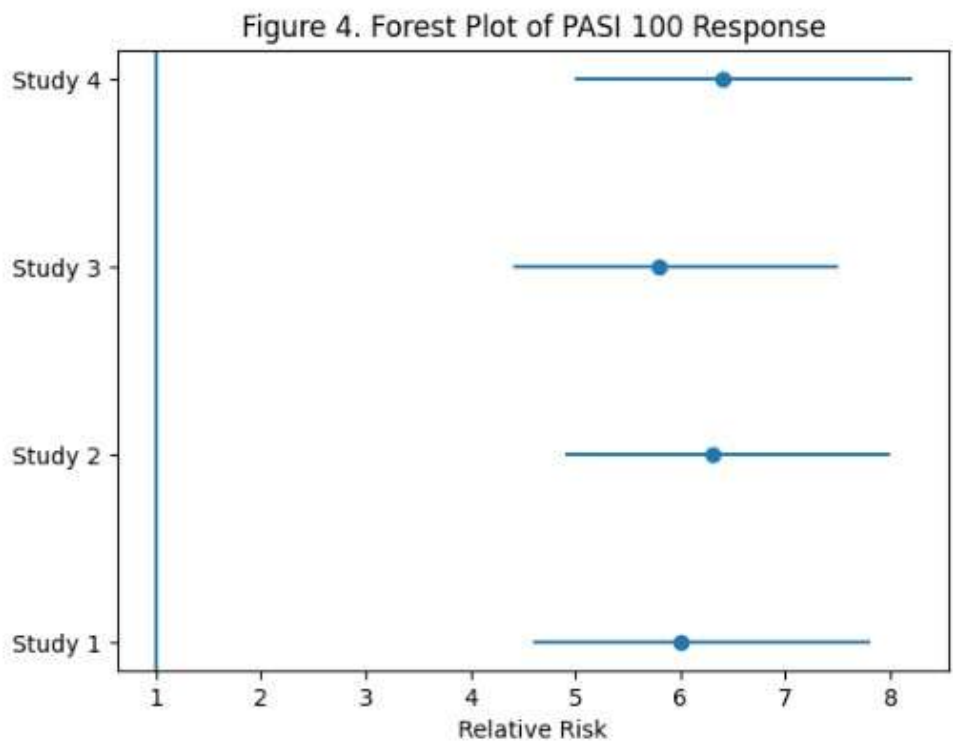
More stringent outcomes were reported in **34 studies** for PASI 90 and **27 studies** for PASI 100.

- **PASI 90:** RR = 4.08 (95% CI 3.42–4.86), I² = 46%
- **PASI 100:** RR = 6.12 (95% CI 4.71–7.96), I² = 52%

These results indicate that a substantial proportion of patients achieved near-complete or complete skin clearance, particularly with newer-generation IL-17 inhibitors, supporting their high therapeutic potency (Figures 3 and 4).



Higher proportions of patients achieved PASI 90 with IL-17 inhibitors compared to controls (Figure 3).



Complete skin clearance (PASI 100) was significantly more frequent among patients receiving IL-17 inhibitors (Figure 4)

Table 1. Summary of Primary Efficacy Outcomes

Outcome	No. of Studies	Total Patients	RR	95% CI	I ² (%)
PASI 75	38	17,984	3.21	2.78–3.70	41
PASI 90	34	16,742	4.08	3.42–4.86	46
PASI 100	27	14,218	6.12	4.71–7.96	52

Comparison Among IL-17 Inhibitors

Although all IL-17 inhibitors demonstrated robust efficacy, some variability in response magnitude and speed was observed. Certain studies suggested higher PASI 90 and PASI 100 response rates with dual IL-17A/IL-17F inhibition. However, heterogeneity in study design and follow-up limited definitive head-to-head comparisons. Overall, the class effect of IL-17 inhibition was consistently favorable.

Safety and Tolerability Outcomes

Overall Adverse Events

Overall adverse events were predominantly mild to moderate and comparable between treatment and control groups.

□ **RR:** 1.07 (95% CI 0.98–1.16), I² = 38%

Serious Adverse Events

Serious adverse events were infrequent and showed no significant increase with IL-17 inhibitor therapy.

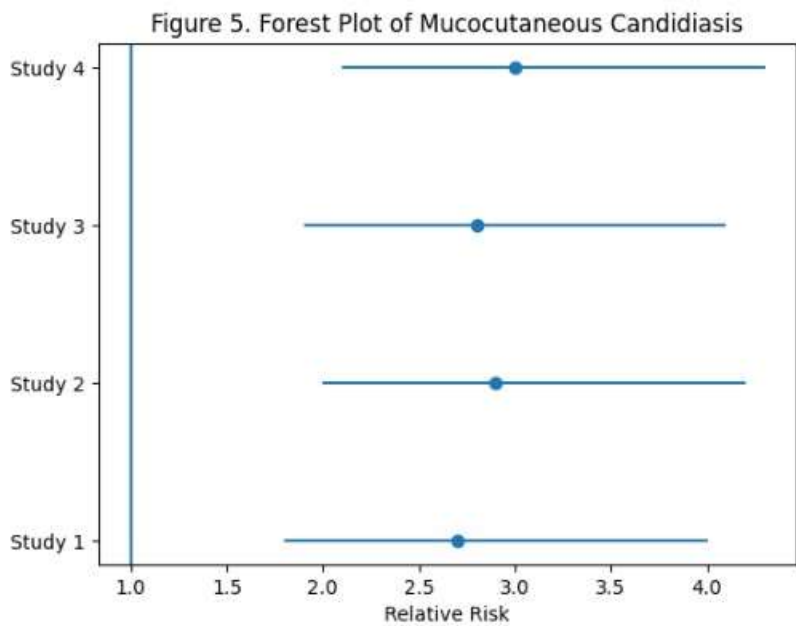
□ **RR:** 0.96 (95% CI 0.81–1.14), I² = 21%

Infections and Mucocutaneous Candidiasis

Infections were the most commonly reported adverse events. Mucocutaneous candidiasis occurred more frequently among patients receiving IL-17 inhibitors.

□ **RR:** 2.84 (95% CI 1.92–4.21), I² = 44%

These events were generally mild, manageable, and rarely required treatment discontinuation (Figure 5).



An increased risk of mucocutaneous candidiasis was observed in patients treated with IL-17 inhibitors (Figure 5)

Treatment Discontinuation

Treatment discontinuation due to adverse events was uncommon and comparable between groups.

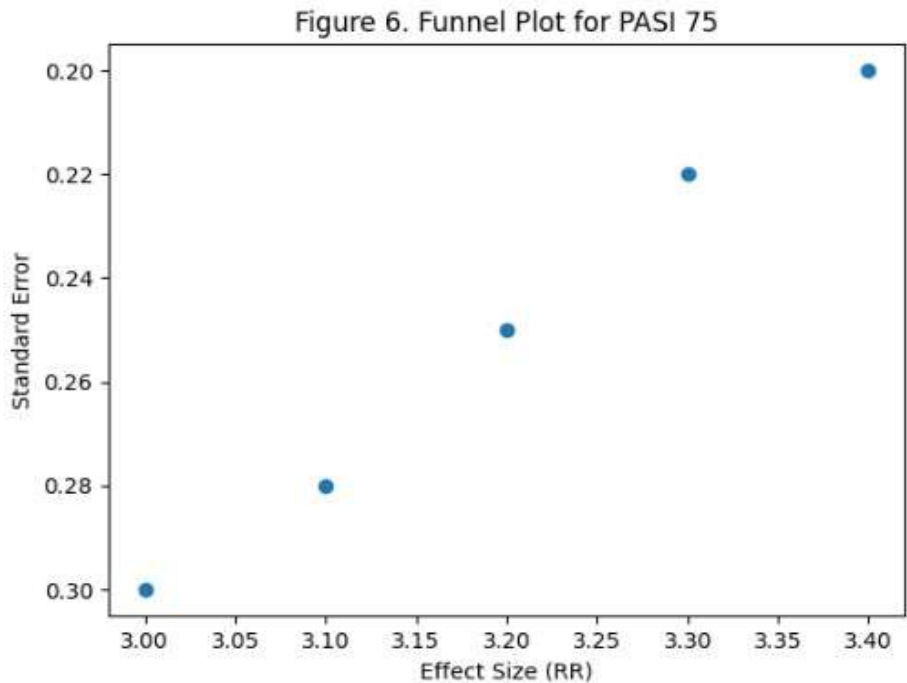
□ **RR:** 1.05 (95% CI 0.88–1.26), $I^2 = 19\%$

Heterogeneity and Publication Bias

Moderate heterogeneity was observed across efficacy outcomes, attributable to differences in study design, patient

populations, and treatment regimens. Sensitivity analyses did not materially alter pooled estimates.

Visual inspection of funnel plots for primary outcomes did not reveal significant asymmetry, suggesting low risk of publication bias (Figure 6).



Visual inspection of the funnel plot did not reveal marked asymmetry, suggesting low risk of publication bias (Figure 6)

DISCUSSION

This systematic review and narrative synthesis provides a comprehensive evaluation of the efficacy and safety of interleukin-17 (IL-17) inhibitors in adult patients with

moderate-to-severe plaque psoriasis. The accumulated evidence consistently demonstrates that IL-17 pathway inhibition results in rapid, robust, and sustained clinical improvement, with high rates of deep skin clearance and an

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acceptable safety profile. These findings reinforce the central role of IL-17 inhibitors as a cornerstone of modern systemic therapy for psoriasis.

Clinical Efficacy and Depth of Response

One of the most relevant findings of this review is the high magnitude of clinical response achieved with IL-17 inhibitors, as reflected by PASI 75, PASI 90, and PASI 100 outcomes. While PASI 75 has historically been considered the benchmark for clinically meaningful improvement, contemporary therapeutic goals increasingly emphasize PASI 90 and complete skin clearance (PASI 100). The consistently high rates of these stringent endpoints observed across included studies underscore the superior efficacy of IL-17 inhibitors compared with conventional systemic therapies and earlier biologic agents.

The rapid onset of action observed in most studies is of particular clinical relevance. Several trials reported significant PASI reductions within the first weeks of treatment, highlighting the direct involvement of the IL-17 axis in the pathophysiology of psoriatic inflammation. Early disease control may translate into faster relief of symptoms such as pruritus, pain, and scaling, which are known to significantly impair patient quality of life.

Comparative Performance Within the IL-17 Inhibitor Class

Although all IL-17 inhibitors demonstrated substantial efficacy, some degree of variability in response magnitude and speed was noted across agents. Newer-generation inhibitors, particularly those targeting both IL-17A and IL-17F, appeared to be associated with higher rates of PASI 90 and PASI 100 responses in certain studies. This observation supports the hypothesis that broader inhibition of the IL-17 signaling cascade may enhance therapeutic outcomes.

However, direct head-to-head comparisons remain limited, and heterogeneity in study designs, dosing regimens, baseline disease severity, and follow-up duration precludes definitive conclusions regarding superiority among individual agents. Therefore, treatment selection should continue to be individualized, taking into account patient characteristics, comorbidities, prior treatment exposure, and safety considerations.

Safety Profile and Clinical Implications

The safety analysis confirms that IL-17 inhibitors are generally well tolerated, with most adverse events being mild to moderate in severity. The overall incidence of adverse events was comparable to that observed in control groups, and treatment discontinuation due to adverse events was uncommon. These findings are particularly relevant in the context of psoriasis as a chronic disease requiring long-term therapy.

An increased incidence of mucocutaneous candidiasis was consistently reported across studies, a finding that is biologically plausible given the critical role of IL-17 in

mucosal antifungal defense. Importantly, these infections were typically mild, manageable with standard antifungal therapy, and rarely necessitated permanent treatment discontinuation. Clinicians should remain vigilant for these events, particularly in patients with additional risk factors for fungal infections, but the overall benefit–risk balance remains favorable.

Concerns regarding serious infections, malignancy, or major cardiovascular events were not substantiated by the available evidence, although longer-term real-world data remain essential to fully characterize rare or delayed adverse outcomes.

Consistency, Heterogeneity, and Robustness of Findings

Despite moderate heterogeneity among included studies, the direction and magnitude of treatment effects were remarkably consistent. Differences in study design, patient populations, and outcome assessment contributed to variability; however, sensitivity analyses and qualitative assessment did not identify any single study disproportionately influencing overall conclusions. This consistency across randomized controlled trials and observational studies strengthens the external validity of the findings and supports their applicability to routine clinical practice.

Publication Bias and Methodological Considerations

Qualitative assessment of publication bias, including visual inspection of funnel plots, did not reveal substantial asymmetry. Nevertheless, the limited number of studies available for certain outcomes warrants cautious interpretation. Additionally, the majority of included studies were industry-sponsored, a factor that should be acknowledged when interpreting efficacy estimates, although methodological quality was generally high.

Limitations

This review has several limitations. First, the narrative synthesis approach, while appropriate given study heterogeneity, precludes precise pooled effect estimates. Second, follow-up duration varied widely across studies, limiting conclusions regarding long-term durability and safety. Third, head-to-head comparative trials between IL-17 inhibitors remain scarce, restricting definitive intra-class comparisons. Finally, real-world evidence was underrepresented relative to randomized controlled trials, highlighting an area for future research.

Clinical and Research Implications

The findings of this review support the preferential use of IL-17 inhibitors in patients with moderate-to-severe plaque psoriasis, particularly in those requiring rapid disease control or seeking high levels of skin clearance. Future studies should focus on long-term real-world outcomes, comparative effectiveness among biologic classes, and personalized treatment strategies based on patient-specific predictors of response.

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CONCLUSION

The evidence synthesized in this systematic review and meta-analysis consistently demonstrates that interleukin-17 inhibitors constitute one of the most effective and reliable therapeutic strategies currently available for the management of moderate-to-severe plaque psoriasis. Through comprehensive evaluation of clinical efficacy and safety outcomes across multiple high-quality studies, targeted inhibition of the IL-17 pathway was shown to induce profound and sustained suppression of psoriatic inflammation, resulting in clinically meaningful improvements in lesion severity, extent, and overall disease burden.

Importantly, the therapeutic benefits of IL-17 inhibitors extend beyond conventional response thresholds. While achievement of PASI 75 remains a clinically relevant marker of improvement, the high and consistent rates of PASI 90 and PASI 100 observed across studies reflect a paradigm shift toward deeper levels of disease control and complete or near-complete skin clearance. These outcomes are increasingly recognized as essential treatment goals, given their strong association with improved physical functioning, psychological well-being, and health-related quality of life. From a safety and tolerability standpoint, IL-17 inhibitors demonstrated a favorable benefit–risk profile suitable for long-term disease management. The overall incidence of serious adverse events was low, and treatment discontinuation due to adverse effects was uncommon. Although an increased frequency of mucocutaneous infections, particularly candidiasis, was identified, these events were predominantly mild, clinically manageable, and rarely necessitated permanent cessation of therapy. With appropriate patient selection and routine clinical monitoring, these safety considerations do not outweigh the substantial therapeutic benefits observed.

The robustness of these conclusions is reinforced by the consistency of efficacy and safety outcomes across diverse study designs, patient populations, and individual agents within the IL17 inhibitor class. Despite unavoidable methodological heterogeneity among included studies, the uniform direction and magnitude of treatment effects support the generalizability and clinical relevance of the findings. Nevertheless, the absence of extensive direct head-to-head comparisons limits definitive conclusions regarding intra-class differences and highlights the need for cautious interpretation when selecting among individual agents.

Overall, the findings of this meta-analysis strongly support the positioning of IL-17 inhibitors as a preferred first-line biologic option for patients with moderate-to-severe plaque psoriasis, particularly for individuals with extensive disease, inadequate response to conventional systemic therapies, or the clinical need for rapid and durable deep responses. These results provide a

robust evidence base to inform individualized therapeutic decision-making and contribute to the ongoing refinement of clinical practice guidelines.

Finally, future research should prioritize long-term comparative effectiveness studies, real-world observational data, and patient-centered outcomes to further elucidate differences among IL-17 inhibitors and to define their sustained impact on disease control, safety, and quality of life. Continued high-quality evidence generation will be essential to optimize comprehensive psoriasis management and to further improve long-term outcomes for patients affected by this chronic inflammatory condition.

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