

ENBREL® (etanercept) Build-A-Patient with MOA & Efficacy Components

(8 - 10 minute video with interactive components)

OVERVIEW

The audience for this program will be chiefly dermatology HPs and will primarily comprise nurses, nurse practitioners and physician assistants. The key priorities of the projects are: (1.) to educate practitioners and raise awareness about psoriatic arthritis (PsA), ultimately engendering in the audience a sense of proactive urgency about the need for treatment, (2.) to educate HPs about how to arrive at an accurate diagnosis of PsA, and (3.) to highlight the efficacy of ENBREL® (etanercept).

This will be a clinically-focused interactive tool which will allow the user to choose signs and symptoms to build a hypothetical patient and treatment course. This customization will yield a unique patient profile that will then lead to a single case study. The single case study will cover the key aspects of PsA and be broad enough to incorporate the patient profile.

Content: Build your own patient questionnaire leading to case study.

Part I:

Hello, I'm [OL nurse] and today we will be talking about the importance of diagnosing psoriatic arthritis, or PsA, in your practice. Because up to 30% of patients who have psoriasis actually have PsA, continual and regular screening for PsA signs and symptoms is critical. [\[NPF website. Available at: <http://www.psoriasis.org/about/stats/>. Accessed January 12, 2010: 1, Bullet 4;\]](#) To begin, we will build a hypothetical profile of a patient who has been previously diagnosed with psoriasis. This patient has come to you with a new symptom of joint swelling in the hand. In building the profile, we will review some of the signs and symptoms of PsA. Then, we will illustrate a hypothetical case study based on your patient profile to provide more detail about PsA, its diagnosis and treatment.

Gender	Male Female
Age	20–29 years old 30–39 years old 40–49 years old 50+ years old
Occupation	Advertising Journalism Teacher Nurse Construction contractor Head of household Other/Not listed
Duration of Illness	<1 year 1–5 years 6–9 years >10 years

Body Surface Area Involvement	1-3
Percentage (BSA %)	4-10
	>10

Next, please select the signs and symptoms your patient presented with or that you recognized during your hypothetical intake.

[This will be a ‘check “yes” to all that apply’ form. The logic will be built in to prevent a null selection.]

Nail abnormalities (example images will be shown)
Fatigue
Morning stiffness
Swollen joints [hands will be pre-selected]
Other swollen joints
If yes, where? Spine Knees, ankles, feet, wrists Fingers or toes Achilles tendon (evidenced by pain when walking or climbing stairs)
[Mease P, Goffe BS. <i>J Am Acad Dermatol.</i> 2005;52: 2,B,2; 5, A,2, B,1; Gladman DD. <i>Oxford Textbook of Rheumatology.</i> 3rd ed. 2004:6.4.4 Clinical Features: 8, 1; Fisher VS. <i>J Manag Care Pharm</i> 2005;11: 34, B,4; Gladman DD, et al. <i>Ann Rheum Dis</i> 2005;64(suppl II): ii15, A,3]

Finally, please choose the treatment to date that your hypothetical patient has used for psoriatic lesions:

Topicals
NSAIDs
Phototherapy or PUVA
Systemic Corticosteroids
Methotrexate (MTX)
Cyclosporine
Retinoids
[Mease P, Goffe BS. <i>J Am Acad Dermatol.</i> 2005;52: 7, B,2 -4 ; 9, Table VI; Fisher VS. <i>J Manag Care Pharm</i> 2005;11: 37, A, 3,4 and B,1, 2]

[The information from the above selections will be aggregated to produce a patient picture and profile. Then, transparent to the user, the program will segue into a single case study section which will be hosted by an OL nurse or nurse practitioner who will present the below topics. The case

study will be broad enough to incorporate the major signs and symptoms selected above and the key symptoms will be pulled out and highlighted in the OL presentation. Motion graphics and interactivity will be woven throughout the below sections as appropriate.]

Part II:

Thank you for building your patient profile!

Patients you see in your practice who've been diagnosed with psoriasis may not know about the need to monitor for signs of PsA. Your intake can be a critical step in recognizing PsA cases. In these patients, joint stiffness, particularly if it occurs in the morning, can be a hallmark sign of PsA. [Mease P, Goffe B. *J Am Acad Dermatol*. 2005;52: 1, A,1 & B,1; 2, A,2; Mease PJ. *Ann Rheum Dis*. 2001;60: iii37, B,3; Gottlieb A, et al. *J Am Acad Dermatol*. 2008;58: 852, B,2 & B,5; 862, A,2; Fisher VS. *J Manag Care Pharm* 2005;11: 34, B,4; Gladman DD. *Oxford Textbook of Rheumatology*. 3rd ed. 2004:6.4.4 Clinical Features: 8, 2]

Other common symptoms to look for are nail abnormalities, joint swelling, redness over the affected joint, and fatigue. Nail abnormalities can come in a variety of forms but are often termed as pitting or lifting. [show imagery of nails] [Mease P, Goffe BS. *J Am Acad Dermatol*. 2005;52: 2,B,2; 5, A,2, B,1; Gladman DD. *Oxford Textbook of Rheumatology*. 3rd ed. 2004:6.4.4 Clinical Features: 8, 1; Fisher VS. *J Manag Care Pharm* 2005;11: 34, B,4; Gladman DD, et al. *Ann Rheum Dis* 2005;64(suppl II): ii15, A,3] Nails, skin, joints and fatigue may seem unrelated to each other – but PsA is chronic disease in which immunologic factors are key, so its signs and symptoms are systemic. [Mease P, Goffe BS. *J Am Acad Dermatol*. 2005;52:4, A,2,3 and B2,3; 7,A,4; Pariser DM, et al. *Arch Dermatol*. 2007;143:240: A,2; Fisher VS. *J Manag Care Pharm* 2005;11: 35, A,2]

Since up to 30% of plaque psoriasis patients actually have psoriatic arthritis, there is a good chance that if you have psoriasis patients, some of them have been living with PsA undetected. [Mease P, Goffe BS. *J Am Acad Dermatol*. 2005;52:1,A,1; NPF website. Available at: <http://www.psoriasis.org/about/stats/>. Accessed January 12, 2010: 1, Bullet 4; Mease PJ. *Ann Rheum Dis* 2001; 60: iii37, A,1]

Based on the signs and symptoms you've selected in the previous screen, it appears that your patient actually has PsA. [Mease P, Goffe BS. *J Am Acad Dermatol*. 2005;52: 2, B,2; 5, A,2, B,1; Gladman DD. *Oxford Textbook of Rheumatology*. 3rd ed. 2004:6.4.4 Clinical Features: 8, 1; Fisher VS. *J Manag Care Pharm* 2005;11: 34, B,4; Gladman DD, et al. *Ann Rheum Dis* 2005;64(suppl II): ii15, A,3 and B,2;]

Let's have a look at what could be happening beneath the surface of your patient's plaque psoriasis. Unbeknownst to the undiagnosed patient with PsA, joint damage can be occurring beneath the skin. [Mease P, Goffe BS. *J Am Acad Dermatol*. 2005;52: 1, A,1 and B,1; Gladman DD, et al. *Ann Rheum Dis* 2005;64(suppl II): ii15, B,2; Fisher VS. *J Manag Care Pharm* 2005;11: 34, B,4] Radiographs help us to evaluate for evidence of that damage.

Here, we have a baseline radiograph of your patient's hand. You can see here the beginning of joint damage. Radiologic manifestations can include loss of joint space and even bone erosion. [Mease P, Goffe BS. *J Am Acad Dermatol*. 2005;52: 2, B,2; Mease PJ. *Ann Rheum Dis* 2001; 60: iii37, B,3; Gottlieb A, et al. *J Am Acad Dermatol* 2008;58: 852, B,5; Kane D, et al. *Rheumatology* 2003;42: 1463, B,5; Gladman DD, et al. *Ann Rheum Dis* 2005;64(suppl II): ii15, B,2]

This is a radiograph taken of a patient who appears to have been living with PsA undetected for a long time, and was diagnosed much later than your patient. Joint destruction can occur at varying rates. [Lebwohl M. Psoriasis. *Lancet* 2003;361: 1197, B, 2; Kane D et al. *Rheumatology*. 2003;42: 1461, A, 2] In this radiograph, joint destruction is evident. Use your magnifying glass to enlarge the image.

The American Academy of Dermatology guidelines state “because PsA can be a very severe disease with significant functional impairment, early diagnosis is critical.” It is strongly encouraged that health care providers actively seek signs and symptoms of PsA at every patient visit. [Gottlieb A, et al. *J Am Acad Dermatol*. 2008;58: 862, A,2]

In fact, in clinical studies, up to 57% of patients experienced joint damage by the time they were diagnosed with PsA and many have experienced bone loss. [Mease PJ. *Ann Rheum Dis*. 2001;60: iii37, B,3; Gottlieb A, et al. *J Am Acad Dermatol*. 2008;58: 852,B,5; Kane D et al. *Rheumatology*. 2003;42: 1463, B,5]

Since skin symptoms of PsA often appear before joint symptoms, continual evaluation of your patients may identify PsA cases. Once you’ve identified PsA patients – treatment of PsA may preserve the joints from damage. [Gladman DD. *Oxford Textbook of Rheumatology*. 3rd ed. 2004:6.4.4; 3, 2 & Table 1; Mease PJ. *Ann Rheum Dis* 2001; 60: iii37, B,2; Gladman DD, et al. *Ann Rheum Dis* 2005;64(suppl II): ii15, A,3; Gottlieb A, et al. *J Am Acad Dermatol*. 2008;58: 862, A,2]

Treatment:

Now that you know more about PsA and have identified that your hypothetical patient may have PsA, please choose a treatment that might be right for your patient.

[Treatment-option list from the left column appears and based on selection—user gets the feedback from the right column]

Treatment	Pop-up box explaining treatment
Systemic Corticosteroids	<p>In patients with swelling or redness over the joints, wanting to reduce the inflammation is the right idea. Use of systemic corticosteroids in PsA treatment has been shown to be cause serious flares of the PsA at treatment withdrawal.</p> <p>Please make another selection to learn about more treatment options.</p> <p>[Mease P, Goffe BS. <i>J Am Acad Dermatol</i>. 2005;52: 7, B,2; Fisher VS. <i>J Manag Care Pharm</i> 2005;11: 50, B, 3]</p>
NSAIDS	<p>The use of non-steroidal anti-inflammatory medications may be helpful in very mild cases as an adjunctive therapy. It is most appropriate in patients who do not experience progression of their disease. NSAIDS may exacerbate psoriatic lesions.</p>

	<p>Please make another selection to learn about more treatment options. [Mease P, Goffe BS. <i>J Am Acad Dermatol.</i> 2005;52: 7, B,3; Fisher VS. <i>J Manag Care Pharm</i> 2005;11: 50, B, 3]</p>
Methotrexate (MTX)	<p>Methotrexate has been shown to be effective at reducing symptoms of PsA in the short term. It has not been proven to slow the progression of the arthritic complications of PsA in the long term.</p> <p>Please make another selection to learn about more treatment options. [Mease P, Goffe BS. <i>J Am Acad Dermatol.</i> 2005;52: 7, B,4; 10, A,1; Fisher VS. <i>J Manag Care Pharm</i> 2005;11:49, A, Table 12, 52, A, Table 15]</p>
Cyclosporine, sulfasalazine, leflunomide, hydroxychloroquine and other DMARDs	<p>Cyclosporine has been shown to be effective in at least one trial. It has also been associated with adverse events which led to its discontinuation.</p> <p>Sulfasalazine has also been shown to be marginally effective in reducing symptoms of PsA. In one study, a high incidence of GI complaints led to high rates of discontinuation.</p> <p>In one trial, leflunomide had shown efficacy in the treatment of PsA symptoms, including quality of life. Leflunomide has not been shown to halt disease progression.</p> <p>Potential efficacy of hydroxychloroquine has been observed in small studies. There has been conflicting data from those studies suggesting that treatment with hydroxychloroquine potentially exacerbates psoriasis.</p> <p>Moreover, traditional DMARDs have not been shown to halt the signs of bone erosion and joint destruction.</p> <p>Please make another selection to learn about more treatment options.</p> <p>[Mease P, Goffe BS. <i>J Am Acad Dermatol.</i> 2005;52: 10, A, 2, B,1,2; 11, A,1,2; Fisher VS. <i>J Manag Care Pharm</i> 2005;11:38, B,4 – 39, A,1; 49, A, Table 12; 52, A, Table 15; 46, A, Table 10]</p>
Enbrel® (etanercept)	<p>Prescription ENBREL is administered by injection.</p> <p>Enbrel is indicated for reducing signs and symptoms, inhibiting the progression of structural damage of active arthritis, and improving physical function in patients with PsA. It has also been shown to improve health-related quality of life. Finally, in a clinical trial, Enbrel was shown to have demonstrated efficacy in moderate to severe psoriasis.</p>

	<p>[Enbrel PI Nov 2009: 12, 4; 13, 1; Mease. <i>J Rheumatol.</i> 2006;33: 714 B,6; 715 A,1, B,1; 716 A1; 718 Figure 4; Mease PJ, et al. <i>Arthritis Rheum.</i> 2004;50: 2269 Fig 3; Fisher VS. <i>J Manag Care Pharm</i> 2005;11:52, A, Table 15; 2271, A,2 & 4; 1642 Subanalysis May 31, 2007:2, table1.1]</p> <p>Because of the effects of ENBREL on the immune system, it can lower the ability of the immune system to fight infections and can raise important safety considerations. The most common side effects include injection site reaction, upper respiratory infections (including sinus infection) and headaches.</p> <p>Be sure to read the important safety information at the link below or at the end of this program.</p> <p>[Enbrel PI Nov 2009: 1; 18, 1-4; 19, 1-6; Enbrel Medication Guide 2009: 1, 4]</p>
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[Clicking ENBREL[®] (etanercept) as the treatment selection will lead to the below description of the MOA and then to efficacy. Enbrel[®] MOA animation will be leveraged here.]

MOA:

As we mentioned before, PsA is a chronic disease of the immune system. One of the components of the immune system reaction is called tumor necrosis factor, or TNF. TNF is a messenger involved in the inflammation process. It has been found that patients with psoriatic arthritis have increased levels of TNF. ENBREL is a targeted treatment and can work selectively by affecting active TNF levels. By lowering these levels, ENBREL may help to reduce the signs and symptoms of psoriatic arthritis. [\[Enbrel PI Nov 2009: 2, 5-8; 12, 1 and Table 6; Blauvelt A. *Expert Rev Dermatol.* 2007;2: 69, A,1; 71, B,3; Choy EHS, Panayi GS. *N Engl J Med.* 2001;344: 907, A,3; 909, A,4; 913, B 1-2; Lowes MA, et al *Nature.* 2007;445: 870, B,3; 871, B,2-3; McKenzie BS, et al *Trends Immunol.* 2006;27: 19, A,2; 20, Fig. 3; Nickoloff BJ. *Nat Med.* 2007;13: 243, C,2 and Fig 1; 243, A,1; Volpe E, et al. *Nat Immunol.* 2008;9: 655, A,2\]](#)

Because of the effects of ENBREL on the immune system, it can lower the ability of the immune system to fight infections and can raise other important safety considerations. Be sure to read the important safety information at the link below or at the end of this program. [\[Enbrel PI Nov 2009: 1; 18, 1-4; 19, 1-6; Enbrel Medication Guide 2009: 1, 4\]](#)

Efficacy

In your dermatology practice, we know you see the full range of psoriatic diseases—and may want to know that ENBREL has 17 years of collective clinical experience. [\[FDA RA Approval letter, 11/2/1998,1,1; FDA AS Approval Letter, 7/24/2003, 1,1; FDA JRA Approval Letter, 5/27/1999, 1,1; FDA PsA Approval Letter, 1/15/2002, 1,1; FDA PsO Approval Letter, 4/30/2004, 1,1\]](#) ENBREL has proven efficacy for moderate to severe plaque psoriasis. In fact, in

week 12 of a global psoriasis pivotal trial, over 75% of the patients taking ENBREL, demonstrated PASI 50. As you know, this means these patients had a reduction of their Psoriasis Area and Severity Index by 50%. Moreover, at week 12, nearly half of all patients had a PASI 75 and 21% had a PASI 90. [1642 Subanalysis May 31, 2007:2, table1.1]

In patients diagnosed with PsA, joint damage can continue to progress in the absence of treatment. Treatment of PsA cannot guarantee that joint damage will not progress. [Mease PJ, et al. *Arthritis Rheum.* 2004;50:2269 Fig 3; 2271, A,2] ENBREL has been proven to reduce the joint symptoms of PsA as well as of skin lesions. [Enbrel PI Nov 2009: 12, 1, Table 6; Mease PJ, et al. *Arthritis Rheum.* 2004;50: 2269 Fig 3; 2271, A,2 & 4; [1642 Subanalysis May 31, 2007:2, table1.1]

In a pivotal trial, ENBREL inhibited the progression of joint damage below zero through 2 years [graph will be shown here]. As you can see, ENBREL significantly inhibited radiographic progression versus placebo. Moreover, more placebo-treated patients had larger magnitudes of radiographic worsening compared to ENBREL treatment during the control period of the study. [Enbrel PI Nov 2009: 12, 4; 13, 1; Mease. *J Rheumatol.* 2006;33: 714 B,6; 715 A,1, B,1; 716 A1; 718 Figure 4; Mease PJ, et al. *Arthritis Rheum.* 2004;50: 2269 Fig 3; 2271, A,2 & 4]

Research also shows that ENBREL significantly reduced the symptoms of PsA, including tender and swollen joints and morning stiffness at 24 weeks. [graph will be shown here]
[Enbrel PI Nov 2009: 12, 1, Table 6]

Safety:

ENBREL suppresses the immune system and has been associated with serious and sometimes fatal infections, neurologic events, hematologic events, malignancies, congestive heart failure, anaphylaxis, autoimmune events, and hepatitis B reactivation. For full safety information, please click on the tab below.

Access/Coverage:

Amgen strives continually to offer patients with psoriatic arthritis the ENBREL access and coverage support they need. Contact your local representative for details of the latest programs.

Thank you for joining me today! I hope that this program has helped you learn more about PsA and how to recognize its signs and symptoms.

Remember these steps when making a comprehensive treatment plan: 1.) continue to address skin manifestations, 2.) monitor your patients for PsA and, once a diagnosis is made, work to preserve your patient's joints, and 3.) reduce symptoms.

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