665	CME Questions:		
666			
667	A 55 year old obese male presents with plaque psoriasis with 15% BSA involvement. His		
668	medical history is remarkable for diabetes, chronic kidney disease, Crohn's disease, and a history		
669	of optic neuritis. Current medications include lisinopril and insulin. He is a current smoker with		
670	a 35 pack-year smoking history and drinks six alcoholic drinks per week.		
671			
672	1. Which of the following is the most appropriate and likely to be effective treatment:		
673			
674	a. Methotrexate		
675	b. Apremilast		
676	c. Adalimumab		
677	d. Ustekinumab		
678	e. Secukinumab		
679			
680	Answer: d		
681			
682	Discussion: Indirect comparisons of clinical trial efficacy suggest that the biologics		
683	(adalimumab, ustekinumab, secukinumab) are more efficacious than oral systemic		
684	(methotrexate, apremilast) medications. Additionally, the patient's alcohol intake,		
685	obesity, and diabetes put him at greater risk for hepatic complications with concurrent		
686	methotrexate treatment. The patient's history of optic neuritis is a relative		

contraindication to treatment with TNF inhibitors, including adalimumab, as

687

688	rare cases of demyelinating disease have been reported with TNF inhibitor treatment.
689	Lastly, the patient's history of Crohn's disease is a relative contraindication to treatment
690	with secukinumab considering reports of exacerbation of inflammatory bowel disease in
691	clinical trials. Thus, ustekinumab is the most appropriate treatment choice and is
692	also the most likely to be effective for this obese patient given its weight-based dosing.
693	
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714 2.	You decide to start a biologic therapy. Which of the following evaluations or
715	interventions is not appropriate at this time?
716	
717	a. Hepatitis B serologies
718	b. Pneumococcal vaccine
719	c. Chest x-ray
720	d. Weight-loss counseling
721	e. Low-dose chest CT
722	
723	Answer: c
724	
725	Discussion: The Centers for Disease Control and Prevention and the Medical
726	Board of the National Psoriasis Foundation recommend screening all patients for
727	hepatitis B infection prior to initiating immunosuppressive therapy (including biologics)
728	with triple serology and baseline liver function tests. Keeping up-to-date with
729	recommended vaccinations, including pneumonia vaccinations, is also recommended for
730	patients requiring immunosuppressive therapy per The Advisory Committee for
731	Immunization Practices and the Medical Board of the National Psoriasis Foundation.
732	Considering the increased cardiovascular risk that may be associated particularly with
733	more severe psoriasis, patients should be counseled about managing their cardiovascular

risk factors including weight among those who are overweight or obese. Lastly, the patient's smoking history qualifies him for lung cancer screening with low dose computed tomography per the U.S. Preventative Services Task Force's recommendations to perform yearly screening on all individuals aged 55 to 80 with a smoking history of at least 30 pack-years and who are currently smoking or quit within the last 15 years. Chest x-ray is not recommended for lung cancer screening, nor is it recommended for tuberculosis screening among asymptomatic individuals without evidence of latent tuberculosis.

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