



TREATMENT OF SKIN CONDITIONS

LEO Pharma

Medical Innovation Day Challenge

October 2018

Inno-X Healthcare, Aarhus Universitet

LEO[®]



Patients first. Always.

- LEO Pharma is dedicated to helping people achieve healthy skin
- Our ambition is to help patients with skin diseases whose needs are often overlooked
- We aim to understand patients better than anyone else

80 million
people

around the globe benefitted
from LEO Pharma treatments in
2017

Aspiration for 2025:

To help

125 million
people



Background for the challenges

What is psoriasis?

Psoriasis is a chronic skin condition, with no clear cause, but it is associated with an abnormal reaction in the immune system, and environment and genetics are known to play a role. Psoriasis varies in severity and type, but generally manifests on the skin as red elevated plaques with silvery scales at various body sites; most common is elbows, knees, lower back and scalp. Psoriasis is typically characterized as mild, moderate or severe.

Psoriasis affects 2-3% of the world population, estimated to more than 150M people. The condition can be initiated by different factors throughout life such as psychological stress, bacterial inflammation, certain drugs, alcohol or over-exposure to the sun etc. There is a peak in incidences during the late teens or early twenties and a second peak during the fifties. Once initiated many people have psoriasis the rest of their life, although it may go into remission for a period or even completely disappear for some.

Psoriasis can cause great physical, emotional and social burden for the individual patient and the negative impact on patients' lives differ greatly depending on condition severity, location of plaques, financial and social situation etc. Psoriasis has an unpredictable course of symptoms, a number of external triggers and significant comorbidities, including arthritis, cardiovascular diseases, metabolic syndrome, inflammatory bowel disease and depression.

Additional resources

[1] WHO Report on Psoriasis

http://apps.who.int/iris/bitstream/handle/10665/204417/9789241565189_eng.pdf;jsessionid=A4CC969D F36BCCC22C3B2B7552F5C611?sequence=1

[2] National klinisk retningslinje for psoriasis

<https://www.sst.dk/da/Feeds/~~/media/8A7C8C59AD5249C2B433530466C1EDB6.ashx>

[3] Hudlægen informerer on psoriasis

<https://dds.nu/wp-content/uploads/2012/07/psoriasis.pdf>

[4] World Psoriasis Happiness Report 2017

<https://psoriasis-happiness.report/>

Challenge II – Onboarding to injectable biologic treatments



Challenge II – Background information



Moderate to severe psoriasis: Injectable treatments (biologics)

For moderate to severe psoriasis, systemic treatment has been introduced. Systemic treatment, in contrast to topicals, works “from the inside out” and affects the entire body, rather than just the affected area. Systemic treatments can be based on smaller, synthesized molecules delivered to patients as orals, or larger, protein-based molecules, given to patients through subcutaneous injections – the later are also referred to as “biologics” and can be seen as a “second wave” of systemic treatment for psoriasis.

Biologics are derived from living cells and work by targeting specific parts of the immune system and block the action of a specific type of immune cell or protein that causes the inflammation in the skin. As they are more specified than other systemics, they offer patients benefits such as fast onset of action and sustained efficacy, with a possibility of complete clearance of the skin along with fewer side effects. Biologics are administered as subcutaneous injections, either at home by patients themselves or caregivers, or at clinics by nurses. As biologics are *treatments* (and not a cure), they are to be used indefinitely with a specific interval between treatments (ranging from once weekly to every third month, depending on the specific product) to maintain efficacy and clear skin.

Before being prescribed biologics, people living with moderate to severe psoriasis have often tried a large amount of different topical or non-medical treatments, and have a history of experiencing insufficient effect with their treatment – leaving biologics as their “last option”.

Challenge II – Background information



Moderate to severe psoriasis: Barriers

There are different possible barriers in relation to biologics – both in relation to the prescription process and to the actual treatment regime – some of them are:

- A lack of knowledge, among patients about biologics as a treatment option.
- Patients experience they have to “fight” to get on biologics, e.g. by “saying the right things” to or even crying in front of their doctor. Patients also seek support and advice on what to say from others via online patient networks.
- Health insurance and funding can be a difficult landscape to navigate for patients, and may be a limitation for prescription.
- Patients are not informed properly or in an understandable way about how psoriasis affects the body or correspondingly, how biologics work, and do not know about the need to treat even though there are no visible symptoms. There is a risk, that patients will adapt non-adherent treatment routines, with the risk of losing the effect.
- Patients, who are new to biologic treatments, are used to treating themselves with topicals only when they experience visible symptoms, and only on the affected skin. They therefore might try to skip injections or prolong the period between injection (adapting non-adherent treatment routines), consequently risking to lose the effect of the drug.
- Patients have to overcome the fear of injections, and potentially the fear of injecting themselves.

Challenge II – Challenge statement

Moderate to severe psoriasis: Onboarding to biologics



Challenge statement:

How might we ensure that patients get the support they need – meeting the individual needs of patients – in the onboarding phase to biologics?

The team may focus on one or several of these challenges (or another related challenges):

- How might we support candidate for biologic treatment in discussions with their doctor?
- How might we ensure that the patients get the relevant information about the treatment, expected effect, administration of the injections? And how might we support that this information is given in a way the patient can relate to and remember?
- How do we identify what kind of support patients need when first introduced to biologics? (Or switched from one biologic to another?)
- How do we ensure the support and information needed is always available to the patient?
- How might we ensure that patients understand the need for continuous treatment, when there are no visible symptoms?
- How might we ensure people get the right support, when facing their first self-injection at home?

LEO Pharma at a glance



Our mission

We help people achieve
healthy skin

Our vision

We are the preferred
dermatology care partner
improving people's lives
around the world

LEO Pharma at a glance

+10 bn DKK
turnover in 2017

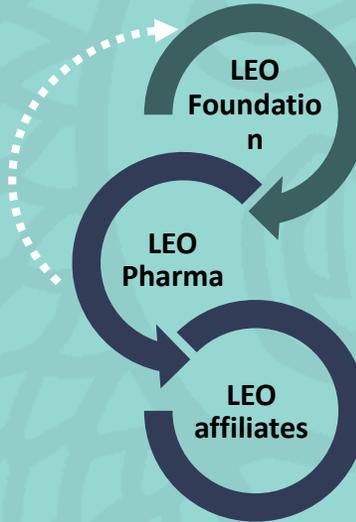
5,200
employees

15% of turnover
invested in R&D

750
scientists and specialists

Products sold in more than
130 countries

Founded in Denmark in
1908



Privately owned by the

LEO Foundation

- Freedom to focus on patients' needs
- No external stakeholders
- All profits reinvested in the LEO Group