

Drug Evaluation
Questionnaire for Patient and
Caregiver Associations and Groups

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

Section A – Context and guidelines

Context and objectives of the questionnaire

INESSS recognizes that patients and caregivers have first-hand knowledge of life with a disease or specific health condition. They can describe the benefits and drawbacks of currently available treatments, which are not always reported in the published literature, and assess new treatments.

This questionnaire was created to help patient and caregiver associations and groups contribute information to the evaluation of a specific drug. Their knowledge on the subject may influence the recommendations of INESSS.

Completing this questionnaire requires significant resources. We are therefore committed to making all contributions available to everyone involved in the evaluation process. Our notice will explain how your answers will be used in developing recommendations.

Responses to this questionnaire may be published on our website; any personal and financial information that may allow respondents to be identified will be removed.

How to complete the questionnaire

In this questionnaire, the term “patient” refers to a person who has or had a disease or health condition that requires the prescription of the drug. The term “caregiver” refers to a person who takes care of a patient by providing, for example, care, support and assistance, and includes family members, friends and any other support person.

The first section of the questionnaire concerns information about your patient or caregiver association or group. This information is required so we can get to know the associations that respond to our questionnaire, and their representatives, in the interest of transparency. This section also includes questions about conflicts of interest, since INESSS asks that all participants in the evaluation procedure, whether individuals or organizations, disclose any conflicts of interest they may have in order to ensure an objective and credible procedure. This information will not be used to reject questionnaires or any of the information provided.

The second section of the questionnaire is made up of three major subsections that deal with the impact of the disease, currently available treatments and drugs under study. More specifically, in sections B-2 to B-6, we ask you to describe the difficulties faced by patients and caregivers, experiences with current treatments, expectations of the drug under study and, if you are aware of them, the potential benefits or drawbacks of this drug.

For each of these questions, please think about any existing issues that could be useful for evaluating the drug and making a decision. The issues listed beneath each question are given as examples; these lists are not exhaustive. Identify which issues your association or group thinks are important, and describe any other relevant issue that is not mentioned. Please describe the facts, provide information and summarize the experience of the patient and their family in order to give balanced and specific insight into their perspective. Please specify the source of this information by providing references. For each section of the document, please specify any groups you think should be given particular consideration (e.g., men, women or children; ethnic groups; people living in a specific region; people with disabilities; subtypes of the disease), and indicate their particular needs or problems.

There is no need to send us scientific articles, as we already have access to this type of information. However, if you have a particular interpretation of specific clinical trials, we would be interested in hearing about it.

If you have any questions about this questionnaire, please write us at:
plan.commentaires.inscription@inesss.qc.ca

Once you have completed the questionnaire, please send us a digital copy at the above-noted email address, or a hard copy at the following mailing address:

Institut national d'excellence en santé et en services sociaux (INESSS)
Direction du médicament
2535 Laurier Boulevard, 5th Floor
Québec, Québec G1V 4M3

Section B – Feedback about a drug

1. Information about the organization and conflict-of-interest declaration

Name of the drug and indication: Halobetasol propionate and tazarotene (Duobrii®) for moderate to severe plaque psoriasis

Name of the organization: Canadian Psoriasis Network (CPN), Canadian Skin Patient Alliance (CSPA) and Canadian Association of Psoriasis Patients (CAPP)

Website : canadianpsoriasisnetwork.com; canadianskin.ca; canadianpsoriasis.ca

Name of the respondent to the questionnaire: Antonella Scali (CPN) & Rachael Manion (CSPA & CAPP)

Name of the contact person : Antonella Scali

Email address : executivedirector@cpn-rcp.com

Telephone : 416-705-4515

Mailing address : N/A

1.1 Information about the organization

Type of organization (check all that apply):

- Association:** Group of persons brought together with a common interest, other than that of making profits to be shared among its members, whose activities promote the study, defense and development of the economic, social or moral interests of its members (Registraire des entreprises, Gouvernement du Québec)
- Group of persons:** Any aggregation, other than an association, which joins two or more persons who share a common interest (pecuniary or not). (Registraire des entreprises, Gouvernement du Québec)
- Non-profit legal person:** Group of individuals that engages in non-profit activities (Registraire des entreprises, Gouvernement du Québec)
- Community organization subsidized by the MSSS:** Group of persons from the community that is supported by the community and mobilized around shared objectives in the field of health care and social services, and which is subsidized through the Programme de soutien aux organismes communautaires of the Ministère de la santé et des services sociaux (MSSS) of Québec
- Registered charitable organization:** Charitable organization registered with the Canada Revenue Agency or Revenu Québec
- Public foundation:** Foundation operated for charitable purposes; the majority of its administrators or other managers deal with each other at arm's length (Ministère du Travail, de l'Emploi et de la Solidarité sociale)
- Private foundation :** Foundation in which more than half of the administrators are related persons or have a non-arm's length relationship, and for which over 50% of the

funding comes from a single person or group of persons that have a non-arm's length relationship (Ministère du Travail, de l'Emploi et de la Solidarité sociale)

- Mixed association or group:** Association or group that brings together patients and professionals
- Group of associations:** Union, federation, coalition or any other type of group of associations, community organizations, groups of persons, charitable organizations, etc.
- Other, please specify:

Jurisdiction

- National
- Provincial
- Regional
- Other, please specify:

Mandate/role (check all that apply)

- Defense of members' rights and promotion of their interests
- Improvement of access to new treatments
- Support for individuals
- Research funding
- Research promotion and support
- Training
- Information and awareness campaigns
- Other, please specify:

Describe the make-up of the main branches of your organization, and give the names of managers and their titles.

For example:

- *Organization chart (provide a reference to the organization's website, where applicable)*
- *Main branches, units, departments, etc.*
- *Board of directors (BOD), where applicable*

CPN has one employee: Antonella Scali (Executive Director). Members of the Board of Directors are Simmie Smith, Brian Moher, Brenda Spinozzi, Andrew Gosse, Odarka Decyk, and Jessica Joly.

CSPA and CAPP are separate organizations with their own Board of Directors. They also have a shared staffing model with two employees: Rachael Manion (Executive Director) and Helen Crawford (Communications Manager).

Describe your members.

For example:

- *Number and types of members*
- *Regions served*
- *Demographic data*

CPN's voting membership consists of its Board of Directors. CPN's broader membership is made up of people across Canada with lived experience of psoriatic diseases, family members and health care professionals serving these groups.

The members of CSPA and CAPP are the members of the respective Boards of Directors.

1.2. Conflict-of-interest declaration

A conflict of interest arises when a person is in a situation in which, objectively, their judgment in a particular role may be or appear to be influenced by other considerations, whether personal, financial or professional. A conflict of interest may be real, potential or apparent. Organizations may also have financial or reputational interests that are in conflict with their obligations under their mission or mandate.

Please list all the companies or organizations that have provided you with resources (financial, human, material or other services, including consulting, communications, representation or research) in the last two years AND that have an interest in the drug under evaluation. Your list should not be limited to the manufacturer of the drug under evaluation but also include any organization involved directly or indirectly with this drug.

Reminder: This information is not used to reject questionnaires or any information provided.

Organizations

Canadian Psoriasis Network

Amounts

Amgen Canada, Bausch Canada, Eli Lilly Canada, Janssen Canada, Leo Pharma Canada, Novartis Canada, Pfizer Canada \$10,000 to 50,000 (respectively)

AbbVie Canada over \$50,000

Organizations

Canadian Association of Psoriasis Patients

Amounts

Amgen Canada: \$0 to 5,000

AbbVie Canada, Janssen Canada, Novartis Canada, Eli Lilly Canada, UCB Canada, Bausch Health (including Valeant), LEO Pharma Canada, Celgene: \$10,001 to 50,000 (respectively)

Organizations

Canadian Skin Patient Alliance

Amounts

Janssen Canada, UCB Canada, LEO Pharma Canada, Bausch Health (Canada): \$0 to 5,000 (respectively)

Merck Canada, Novartis Canada, Galderma Canada: \$10,000 to \$50,000 (respectively)

AbbVie Canada, Pfizer Canada, Celgene: Over \$50,000 (respectively)

Organizations

N/A

Amounts

N/A

Has your organization, or one of its managers, ever published or publicly expressed (e.g., in a press release, media interview, online) a clear opinion about the treatment under evaluation? If so, of what nature ? Reminder: This information is not used to reject questionnaires or any information provided.

Opinion published or publicly expressed

N/A

Reference (if applicable)

N/A

Opinion published or publicly expressed

N/A

Reference (if applicable)

N/A

Opinion published or publicly expressed

N/A

Reference (if applicable)

N/A

Opinion published or publicly expressed

N/A

Reference (if applicable)

N/A

Does your association or any of its managers have any other conflicts of interest to disclose?

Yes

No

If so, of what nature ?

For example:

- *Personal benefits received from a manufacturer or organization with an interest in the INESSS evaluation (donation, gifts, promotional items, trips, services, shares, call options, etc.)*
- *Activities funded by a manufacturer or organization with an interest in the INESSS evaluation (research grant or scholarship, consultant fees, conference participation or organization, committee, salary, etc.)*
- *Support for the association from a manufacturer or organization with an interest in the INESSS evaluation*
- *Affiliation*
- *Personal or business relationship with a manufacturer or other interest group*

N/A

1.3 Information on the method, help received and sources of information used to complete the questionnaire, if applicable

Indicate whether you received help to complete this questionnaire, and, if so, specify what kind of help, who provided it and in what capacity.

There were no clinical trials for Duobrii® conducted in Canada, thus our reach to individuals who have experience with this product was limited.

Indicate the nature of the information and the method used to complete the questionnaire.

For example:

- *Number of participants*
- *Method used: solicitation of members; investigation online or elsewhere; comments on social media, in working groups or discussion groups; testimonials; analysis of calls to a telephone help line; medical files; conversations with patients or family members of patients during clinical trials; stories told by patients or their families; etc.*
- *References*

The information in this submission has been gathered from the following sources:

- Survey about topical treatments run by CPN in English only from January 27 – February 15, 2019 that was promoted through CPN's membership list and social media channels and resulted in 61 responses. A section for respondents who had experience with Duobrii® was

included, but it did not elicit any responses. Just over half of survey respondents (51%) identified their condition as “well-controlled”, 30% said “poorly controlled” and 5% said “not controlled at all”. The rest indicated that they fall somewhere in between. Just over half had psoriasis for over 20 years (53%). Respondents were from British Columbia, Alberta, Manitoba, Saskatchewan, Ontario, Quebec, Newfoundland-Labrador and Nova Scotia.

- Survey about gaps in topical treatments for psoriasis led by CAPP in English only from January 24 – February 22, 2019. It was promoted on CAPP’s social media channels and resulted in 212 responses. Approximately half of the respondents were more than 55 years old (52.1%, n=110) while slightly less than half (46.0%, n=97) were between working age adults. All provinces were represented in the survey, with 35% from Ontario (n=74), 15.6% from Nova Scotia (n=33) and 14.2% from British Columbia (n=30).
- A second survey run by both CPN and CAPP from January 2 – February 10, 2020 targeting only people who had used Duobrii®. The survey was promoted through both organizations’ social media channels, featured on CPN’s website and included in an e-newsletter by the National Psoriasis Foundation in the US. We received three responses to this survey from people who live in the US.
- CPN and CAPP also heard extensively from the psoriasis population in Canada about the challenges of managing their psoriasis symptoms in our report, "Journey to Stability".

2. Impact of the disease or health condition

2.1. How does the disease or health condition treated by the drug under evaluation affect patients’ quality of life? Which aspects cause the most difficulty?

For example:

- *Primary symptoms to control*
- *Impact on daily activities and domestic life*
- *Need for assistance in daily life*
- *Impact on social life and relationships*
- *Family balance*
- *Intimate relationships, sexual issues*

Plaque psoriasis is a chronic inflammatory condition that affects the regeneration of skin cells. Normal skin cell regeneration takes 28-30 days; with psoriasis, faulty signals in the body’s immune system trigger new skin cells to form in 3-4 days instead. Because the skin cells grow too quickly, they are not shed normally. Instead, they pile up on the skin’s surface, creating sores or lesions – commonly called plaques. Thick, silvery scales form atop these itchy and often painful inflamed plaques.

Psoriasis usually affects the elbows, knees and scalp, but it can also occur on the palms of the hands, soles of the feet, nails, genitals and torso. Psoriasis is a persistent, chronic condition that

may wax and wane – flare up then go into remission. During flare-ups, the inflamed skin is itchy and painful. Under this stress, the skin may crack and bleed.

Psoriasis can range from a few dandruff-like scales to widespread patches that cover large areas of skin. For some people, psoriasis is manageable. For others, it's a painful and disabling condition. Many oscillate between these experiences throughout the course of their lives with the condition.

Findings from a survey that informed CPN and CAPP's "Journey to Stability" report, which examined patients' efforts to achieve stability of symptoms, confirmed that many people with psoriasis perceive their condition to be uncontrolled. In fact, 38% (n=286) of English respondents have lived for 10 or more years feeling that their condition was not satisfactorily controlled. The length of time survey respondents' lived with psoriasis ranged from 2-55 years.

Nearly half of the respondents to CAPP's survey on the gaps in topical treatments responded that they lived with psoriasis for over 20 years (44.8%, n=94), while a quarter lived with the disease for between 10-20 years (25.2%, n=53), 16% (n=34) for between five to 10 years and nearly 14% (n=29) for fewer than five years.

The survey respondents that informed the "Journey to Stability" report identified lack of self-esteem, loss of sleep, anxiety, depression, fear of intimacy and avoidance of social activities as part of their experience living with this condition.

People with psoriasis are also at higher risk of certain health conditions than the general population. In CPN's survey about topical treatments for example, 46.7% (n=28) of respondents indicated that they experience joint pain; 23.3% (n=14) experience depression; 13.3% (n=8) live with heart disease; and 11.7% (n=7) reported having diabetes.

2.2 How does the disease or health condition affect patients' families and friends?

For example:

- *Emotional/psychological effects*
- *Family balance*
- *Intimate relationships, sexual life*

Respondents to CPN's survey about topical treatments also highlighted the impact that psoriasis has on their family members. The top three concerns identified by respondents related to their family members included: worrying about their condition (61.2%, n=30), intimacy challenges (34.7%, n=17) and avoiding activities (24.5%, n=12). In terms of effects on their family and interpersonal relationships, several people living with psoriasis also shared that they experienced "stress and time issues" and "frustration"; that they had to "clean up plaques around the house after they fell off" and that they "didn't want people to see or even know about the more private areas where [they] have psoriasis".

3. Experience with currently available treatments (other than the one under evaluation)

3.1. To what extent do the patients, with the help of their families, where applicable, manage their health condition with current treatments? Treatment refers to any form of intervention, such as drugs, rehabilitation, psychological support or hospital procedures. If no treatment is available, this should be stated.

For example, list the main treatments used and their effects in terms of:

- *Procedure for administering/taking the treatment (frequency, treatment at home or at the hospital, access, route of administration)*
- *Difficulties taking a drug as prescribed (swallowing, use of a device, schedule, etc.)*
- *Specific actions involved in current medications (tablets, injections, checkup, review of dosage and frequency, etc.)*
- *Required consultations and complementary examinations (checkup, biological and X-ray exams), related treatment (kinesitherapy, psychiatry), need for hospitalization or other treatments*
- *Effectiveness for controlling or diminishing the most difficult aspects of the disease*
- *Adverse effects, specifying the effects that are acceptable and those that are most difficult to tolerate*
- *Control or reduction of symptoms (primary benefits and adverse effects of this drug, etc.)*
- *Impacts on daily life and domestic activities*
- *Impacts on personal and social life and relationships (work interruptions, changes in physical appearance, difficulty getting around, etc.)*
- *Concerns regarding long-term use of the existing treatment*
- *Ease of access*

Eighty-five percent of the respondents to CAPP's survey about gaps in topical treatments were using a topical treatment at the time of the survey (n=177). Respondents shared that they were using Dovobet (17.4%, n=26), betamethasone (14.8%, n=22), clobetasol (11.4%, n=17), Enstilar (7.4%, n=11), Dovonex (6%, n=9), cortisone (5.4%, n=8), as well as Diprosalic, Elidel, Lamisil, Lyderm, ultravate, Fucidin and tar. Responses also included non-prescription moisturizers, essential and coconut oils, Epsom salts baths, and other products. Several respondents also reported using or having tried multiple products. Notably, nearly 1 in 10 respondents came to their current topical treatment through their own trial and error (9.2%).

Respondents to CAPP's survey on the gaps in topical treatments described the benefits and disadvantages of using topical treatments they were currently using: less than half were confident their topical treatment was working (46.7%) and one-fifth (21.1%) were not confident that this was the case. Slightly more than a third (37.1%) felt their treatment was effective, while nearly the same number (31.8%) felt their topical treatment was ineffective. Half of respondents (50.3%) felt that their topical treatment took too long to work and a quarter disagreed (26.5%).

In a separate question, when asked to identify why they stopped using a topical treatment in the past, more than half (56.4%) of CAPP survey respondents said the treatment did not work or was ineffective and 7.7% said it stopped working. Other reasons for discontinuing a previously

used topical included: change of treatment (2.6%), side effects (13.7%), difficulty of use (8.5%), cost (6%), and unavailability of the product (3.4%).

Half of respondents felt their topical was safe to use (50.3%), however nearly half (44.74%) worried about side effects. Nearly half of respondents felt their topical was expensive (46.6%); one-third (32.5%) felt their topical was good value while one-quarter (25.2%) did not. Three-quarters of respondents (78.4%) felt that their topical was easy to use while roughly one-tenth (10.9%) disagreed. Nearly half of respondents found their topical to be messy (48%) and slightly over half (55.9%) agreed it was pleasant to use, in terms of odour and texture.

Of the 56 respondents to a question in CPN's survey about what challenges (if any) they have had with using topical treatments, survey respondents identified the following: inconvenient (e.g., greasy, time-consuming) (78.6%), side effects (e.g., redness, soreness, thinning skin, pain/burning) (46.4%) and stopped working after some time (46.4%).

Treatment options that can effectively reduce symptoms and that are well-tolerated are welcome, especially because people report building a tolerance to treatments over time.

Of the 55 patients who responded to a question about other psoriasis treatments that they have tried, 42.3% said they have used over-the-counter topicals, phototherapy (49.1%), oral medications (41.8%), and biologics (41.8%). When asked if they have needs that have not been met by treatments they have used, we heard the following highlights:

- "None of the treatments last for very long."
- "As a cancer survivor, I can't take any biologics so my options are limited. As well [I] don't have a dermatologist [and] I have to rely on a family doctor."
- "The closest phototherapy is over an hour away from where I live (in rural Manitoba) and I cannot afford the gas to go there the two or three times a week that I would need to – phototherapy worked best for me. I am trying to get some benefit from [the] tanning bed in town and there is some improvement...[I] see [my] doctor again in a few weeks for [an]8 month follow up."
- "I am still trying to cope with my skin not [being] completely healed and another summer to cover up."
- "Psoriasis is spreading throughout my body. The ointments/shampoo clear up one area but it breaks out in a new area. When I stop using a product for a while the psoriasis returns."
- "Would like to try some of the drugs from the States."
- "The flaking/scaling and redness/itchiness never actually goes away – particularly on my face."

- “Plaques not going away, finger nails discoloring and at times nails crumble, bottom of feet are peeling and at times are tender to walk on.”

Notably, 10 respondents indicated “no” or “not really” in answer to this question. There does not seem to be an obvious difference in the types of treatments respondents who answered “no” have tried compared to respondents who have indicated significant unmet needs. The variety of responses may reflect the heterogeneity of people with psoriasis. How people respond to treatment, how they view their condition and how well current treatments are meeting peoples’ needs vary across individuals and across the course of one’s condition.

3.2 What are the main expectations patients and their families have for the new treatment?

For example:

- *Expectations of effectiveness for relieving certain symptoms*
- *Expectations with regard to adverse effects*
- *Expectations with regard to other characteristics of the treatment*
- *Expectations with regard to access*
- *Deficiencies the ideal drug should address*
- *Alternative to current treatments*

When asked, “What aspects of psoriasis are the most important to control in your opinion?” of the 60 people who responded to this question in CPN’s survey about topicals, the majority (88.3%) selected “appearance of plaques”, 76.7% selected “itching”, 41.7% selected “joint pain” (specifically), 26.7% chose “pain” (generally) and 30% selected “depression/anxiety”. Other selections included “stigma” (35%), bleeding (25%) and related conditions (e.g., diabetes, heart disease) (23.3%). Patients also identified other aspects including “flaking of scalp”, “sleep interruption” and a “burning sensation”.

CAPP survey respondents indicated that they were looking for topical treatments to address the itch (86.1%), the redness (81.5%), the burning sensation (75%) and the pain (64.1%) from their psoriasis. Three-fifths of survey respondents wanted topical treatments to address all their symptoms (61.2%).

Respondents to CAPP’s survey also indicated that they would like a cure or a product that controlled all symptoms of psoriasis. In terms of specific outcomes and factors affecting their use of topical treatment, respondents indicated they would like to see a treatment that relieves symptoms faster; is “a more effective natural approach”; “works better on scalps”; reduces scales; reduces scars; doesn’t thin the skin; controls psoriasis while in remission but does not include a steroid; works for both the rash and the pain associated with psoriasis; has a better applicator, is not as messy when used on the scalp, and is not greasy or smelly; treats nail psoriasis; and is more affordable, especially when treating large parts of the body.

4. Experience with the drug under study

4.1. For those who have tried the drug under study, what effects did it have (positive or negative)? What differences did using this drug make in their lives?

For example, in terms of:

- *Benefits and drawbacks compared to currently available treatments*
- *Ease of use or observance (procedures for administering/taking the treatment, use of the drug as prescribed)*
- *Effectiveness, quality of life (e.g., improvement of symptoms)*
- *Adverse effects (e.g., aggravation of symptoms)*
- *Effects on daily life and domestic activities*
- *Effects on personal or social life or relationships (e.g., financial impact)*

As mentioned at the beginning of this submission, we received three survey responses from individuals in the US who have used Duobrii®. Because there were so few responses, we have provided a snapshot of each of the survey respondents:

Respondent 1 is age 45-54, has had psoriasis for over 20 years and considers their condition to be well-controlled. They experience psoriasis on their arms/elbows and legs/knees. They think that itching and appearance of plaques (in no particular order) are the most important aspects of psoriasis to control. Respondent 1 has had to miss social events, not wear certain types of clothing and has had trouble sleeping due to symptoms of psoriasis. They think that Duobrii® does a better job of managing their itchiness and controlling appearances of plaques (number, size, thickness, scaling) than previous treatments they have used. They did not identify any symptoms that Duobrii® does not manage as well as previous treatments they have used. When asked, “did you experience any side effects when using Duobrii®?” they selected skin thinning. Respondent 1 indicated that Duobrii® is “very good” compared to previous treatments they have tried and that it “works fast”.

Respondent 2 is age 45-54, has had psoriasis for over 20 years and considers their condition to be well-controlled. They experience symptoms on their arms/elbows, scalp, feet and palms. They think that pain, itchiness and appearance of plaques (in no particular order) are the most important aspects of psoriasis to control. They indicated that Duobrii® does a better job of managing the appearance of plaques (number, size, thickness, scaling) compared to previous treatments they have used. They did not identify any symptoms that Duobrii® does not manage as well as previous treatments they have used. When asked, “did you experience any side effects when using Duobrii®?” they selected skin thinning.

Respondent 3 is age 19-24, has had psoriasis for under one year and considers their psoriasis to be poorly controlled. Their arms/elbows, legs/knees, scalp, back and face are affected. They identified itching, appearance of plaques, depression/anxiety and stigma (in no particular order) as the most important aspects of psoriasis to control. Respondent 3 has had to miss social events and refrained from wearing certain types of clothing due to symptoms of their psoriasis.

They indicated that Duobrii® manages their itchiness better than previous treatments they have tried and they noted that Duobrii® is easier to apply, though it took more time for their plaques to disappear compared to other steroids. When asked, “did you experience any side effects when using Duobrii®?” they selected appearance of stretch marks, skin irritation and dryness.

All respondents identified the following general challenges with past use of topical treatments for psoriasis: cost (100%), side effects (e.g., redness, soreness, thinning skin, pain/burning) (100%), inconvenience (e.g., greasy, time-consuming) (100%) and stopped working after some time (100%). Respondent 3 who has had psoriasis for less than one year also identified “uncertainty that they are using it properly” as a challenge.

5. Additional information

Please provide any additional information that may be useful for the drug evaluation.

For example:

- *Ethical or social issues, relationship conflicts with family members or health care professionals*

Psoriasis is a complicated, frustrating condition that can be debilitating without access to appropriate treatments. Patients vary in their responses to lifestyle choices, to topical treatments and to other therapies. What works for one patient, may not work for the other, even if their symptoms are very similar. Moreover, a person’s condition and needs can change over time and throughout the course of their lives.

As such, having access to treatment options is fundamentally important to our organizations. We believe that access to a range of safe, effective and affordable treatments is key to effectively treat psoriasis patients.

Psoriasis is much more than “just” a skin disease. It is estimated that up to 30 percent of people with psoriasis develop psoriatic arthritis. People with psoriatic disease also are at greater risk of developing cardiovascular disease, depression and other health conditions such as cancer, diabetes and cardiovascular disease.

For more information about the challenges of living with psoriasis, please see CAPP’s recent report called “Pso Serious 2018: A Report on Access to Care and Treatment for Psoriasis Patients in Canada”. You can also visit our websites: cpn-rcp.com and canadianpsoriasis.ca for resources and information about living with this condition.

Ultimately, patients want a cure. Psoriasis patients must constantly manage a range of visible and invisible symptoms. There is a need for new medicines to better treat itchiness, redness, flaking and other symptoms of psoriasis. For those living with both psoriasis and psoriatic arthritis, multiple options need to be available to address the distinct symptoms of both diseases.

6. Key points

In a maximum of five statements, list the most important elements of your responses to this questionnaire. These statements will be quoted and highlighted in the evaluation of the drug.

1. Gaps in treatment continue to exist and can have profound effects on all aspects of a person's life - the vast majority of survey respondents (many of whom shared that they have tried various therapies) identified as being a person with psoriasis that they feel is uncontrolled. Certain individuals may be disproportionately impacted by the gaps in treatment, such as women whose treatment options may be limited if they are planning a pregnancy or become pregnant or people with comorbid health conditions.
2. The survey respondents that informed the "Journey to Stability" report identified lack of self-esteem, loss of sleep, anxiety, depression, fear of intimacy and avoidance of social activities as part of their experience living with this condition.
3. CAPP survey respondents indicated that they were looking for topical treatments to address the itch (86.1%), the redness (81.5%), the burning sensation (75%) and the pain (64.1%) from their psoriasis. Three-fifths of survey respondents wanted topical treatments to address all their symptoms (61.2%). In addition, the majority of CPN survey respondents wanted treatments to control the appearance of plaques.
4. The patients who have used Duobrii® were positive about its efficacy and ease of use and its effectiveness compared to other treatments they have used and there were no intolerable side effects.
5. Access to treatment options that can effectively reduce symptoms and that are well-tolerated is welcome, especially because people report building a tolerance to treatments over time.

INESSS thanks you for your participation!

This questionnaire was based on the "Questionnaire de recueil du point de vue des patients et usagers pour l'évaluation d'un médicament" (2016), by the French National Authority for Health, and the "Patient Input Template for CADTH CDR and pCODR Programs" (2017), by the Canadian Agency for Drugs and Technologies in Health.