Abstract N°: 7014

Immune checkpoint inhibitor–induced psoriasis successfully treated with tildrakizumab in an oncologic patient

Jose Ángel Amat Sánchez[1], Ander Mayor Ibarguren[1], Francisco Antonio Vergara Barria[1], Pedro Herranz Pinto[1]

[1]La Paz University Hospital, Madrid, Spain

Introduction & Objectives:

Immune checkpoint inhibitors (ICIs) have revolutionized cancer therapy, particularly in advanced-stage malignancies. However, they can induce immune-mediated cutaneous adverse events, including de novo psoriasis. Managing psoriasis in oncologic patients is challenging, especially when conventional therapies are insufficient or contraindicated.

Materials & Methods:

Clinical data were retrospectively collected from a patient with lung cancer who developed de novo psoriasis during immunotherapy. Psoriasis severity (PASI, BSA, PGA), treatment response to tildrakizumab (100 mg at weeks 0 and 4), and oncologic status were assessed during follow-up.

Results:

We present the case of a 53-year-old male with stage IVB squamous cell carcinoma of the lung (PD-L1 50%) enrolled in a clinical trial receiving combination immunotherapy with dostarlimab (anti–PD-1), belrestotug (anti–TIGIT), and nelistotug (anti–CD96). Three months after initiating treatment, the patient developed immune-related, de novo psoriasis involving the trunk, limbs and palmoplantar areas, with painful plantar plaques severely impairing ambulation. Initial treatment with topical corticosteroids and vitamin D analogues plus oral acitretin at 25 mg/day for three months failed to produce significant improvement, the Psoriasis Area and Severity Index (PASI) was 12, body surface area (BSA) 10%, and Physician Global Assessment (PGA) 3. There was no evidence of psoriatic arthritis. Given the disease severity and impact on quality of life, treatment with the selective IL-23p19 inhibitor tildrakizumab was started at a dose of 100 mg subcutaneously at weeks 0 and 4, followed by maintenance dosing every 12 weeks. Rapid improvement was observed by week 4, PASI was 6, BSA 2%, and PGA 1, with near-complete resolution of lesions and restored ambulation by week 8, PASI was 1, BSA 1%, and PGA 0. No adverse events were reported, and cancer monitoring showed no disease progression.

Conclusion:

IL-23 inhibitors, such as tildrakizumab, have demonstrated a favorable safety profile in both clinical trials and real-world settings, including in patients with malignancies. In this case, tildrakizumab provided a fast and sustained therapeutic response in immune checkpoint inhibitor–induced psoriasis refractory to standard treatments, with no compromise in oncologic control. This case highlights its potential role in managing severe cutaneous toxicities when standard therapies are inadequate.