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Topic: Psoriasis

Does the Use of Biologics in Patients with Psoriasis and Hidradenitis Suppurativa Increase the Risk of Malignancy Development?

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Introduction

Psoriasis is a chronic inflammatory disease with polygenic inheritance, triggered by environmental factors such as infection, trauma, and medications. Hidradenitis suppurativa (HS) is a chronic, suppurative inflammatory disease that occurs around hair follicles. Biological agents are used in patients with psoriasis and HS who are resistant to conventional treatments. Considering the effects of these biological agents, which have become more widely used in recent years, particularly on immune regulation, the potential development of malignancy in patients is a cause for concern. The aim of this study is to evaluate the risk of malignancy development associated with the use of biological agents in patients with psoriasis and HS resistant to conventional treatments.

Materials and Methods

Patients who presented to the follow-up clinic with psoriasis and HS between 2010 and 2025, who were resistant to conventional treatments, and started on biological agents were included in the study.

The age, gender, comorbidities, conventional treatments, biological agents used, and treatment duration were recorded for all patients. Those who developed malignancy were recorded. Categorical variables were compared using the chi-square test where appropriate. A p-value <= 0.05 was considered statistically significant. Statistical analyses were performed using SPSS version 27 software (SPSS Inc., Chicago, IL, USA).

Results

A total of 152 patients with psoriasis and 31 patients with HS were included in the study. Among the patients with psoriasis, 63.2% were male, and 36.8% were female. Regarding clinical subtypes, 73.7% had plaque psoriasis, 17.1% had guttate psoriasis, 5.3% had erythrodermic psoriasis, 5.3% had palmoplantar psoriasis, and 2.6% had pustular psoriasis.

Biologic therapies used by the psoriasis patients included adalimumab (35.5%), infliximab (8.6%), secukinumab (19.7%), ustekinumab (36.2%), guselkumab (14.5%), etanercept (20.4%), risankizumab (12.5%), ixekizumab (15.12%), bimekizumab (3.3%), and certolizumab (4.6%).

Malignancy was detected in 8 of the 152 psoriasis patients: leukemia in 1 patient, papillary thyroid carcinoma in 2 patients, breast cancer in 2 patients, prostate cancer in 2 patients, and squamous cell carcinoma in 1 patient. Among the patients who developed malignancy, 5 (62.5%) had used etanercept, 4 (50%) ustekinumab, 2 (25%) guselkumab, 2 (25%) adalimumab, 1 (12.5%) infliximab, and 1 (12.5%) risankizumab. No statistically significant association was found between disease duration and the development of malignancy in psoriasis patients (p = 0.498).

Among the 31 patients with HS, 80.6% were male and 19.4% were female. According to Hurley staging, 12.9% were classified as stage I, 64.5% as stage II, and 64.5% as stage III. One patient with HS who was treated with adalimumab developed squamous cell carcinoma during follow-up. No solid organ malignancies were observed.

Conclusions

In this study, the incidence of malignancy associated with biologic agents in patients with psoriasis and HS did not differ from rates expected in the general population. In our study, when the risk of malignancy development was evaluated among biologic agents, a slightly increased risk was observed with etanercept compared with other biologic therapies. However, considering the small number of patients who developed malignancy relative to the total study population, these findings need to be supported by data obtained from larger patient cohorts.