



## Introduction

Since the late 1990s, the use of biologics for psoriasis has been showcased in the dermatology literature and in educational meetings. Most of the literature has focused on the safety and efficacy data generated from clinical trials. The aim of this issue is to take this discussion one step further and examine the incorporation of these agents successfully into clinical practice.

The first article serves as an introduction to biologics in dermatology. It reviews the history of biologics in medicine, the manufacturing of these agents and the rationale for their use in psoriasis. Articles two through four individually discuss alefacept (Amevive<sup>®</sup>, Biogen-Idec, Cambridge, MA), efalizumab (Raptiva<sup>®</sup>, Genentech, S. San Francisco, CA) and etanercept (Enbrel<sup>®</sup>, Amgen-Wyeth, Thousand Oaks, CA). The authors are dermatologists who have vast experience with these agents, from investigational studies and from clinical practice. Each article reviews the strengths and weaknesses of an individual agent and offers guidance to clinicians regarding the optimal approach to use these drugs for treating psoriasis.

The fifth article examines the use of biologics in combination with traditional psoriasis treatments, i.e. phototherapy,

methotrexate, acitretin, and cyclosporine. Combining therapies is often used to optimize efficacy of a biologic therapy or to transition a patient from a traditional systemic agent onto a biologic. To date, little has been written on this topic, thus these authors' experiences are extremely valuable.

The sixth and seventh articles highlight two important issues for physicians who care for psoriatics. The first is recognizing psoriatic arthritis, which commonly accompanies psoriatic skin disease and can lead to disfigurement and disability. The second issue is the physical and mental impact that psoriasis can have on patients. This is an area that historically has been overlooked and minimized.

The issue ends with a preview of potential future drugs that are currently in clinical study. Indeed, the biologic era in psoriasis is still in its infancy, and the best may be yet to come.

All the authors hope that this issue serves as a helpful resource for dermatologists caring for patients with moderate to severe psoriasis.

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*Guest Editor*