

INTRODUCTION

Targeted therapies continue to revolutionize the way we manage chronic inflammatory diseases in dermatology. In contrast to conventional immunosuppressive agents such as methotrexate, cyclosporine, and azathioprine, targeted therapies have the advantage of reducing inflammation to improve cutaneous disease while diminishing the concerns of cumulative end-organ toxicity. This has led to a paradigm shift from approaching disease management from a primarily as-needed basis to the goal of achieving continuous control.

Nowhere in dermatology is this transformation more evident than in the treatment of psoriasis. Advances in basic science have furthered our understanding of the pathogenesis of this disease and have led to additional targets for therapeutic intervention. In 2018, we now have 4 categories of biologics agents and 1 oral small molecule approved to treat the disease. The first 5 articles of this issue detail the key efficacy and safety considerations of drugs in each therapeutic class: tumor necrosis factor- α inhibitors, interleukin (IL)-12/23 inhibitors, IL-17 inhibitors, IL-23 inhibitors, and oral small molecules. Additionally, I have asked each author, all noted and respected authorities in the treatment of psoriasis, to comment on how to select appropriate therapies for an individual patient as well as provide personal observations of using these agents in their clinical practice.

The next 2 articles focus on important subtopics in psoriasis. The first article focuses on psoriatic arthritis, which develops in up to 30% of patients with psoriasis. A review of available therapies and their use is highlighted, as well as suggestions on how dermatologists should approach addressing psoriatic arthritis in

clinical practice. The second article concentrates on pediatric psoriasis. This is an extremely vulnerable population that historically has been vastly undertreated. Poorly controlled disease in children can potentially lead to lifelong physical, emotional, and social consequences. But fortunately, the recent approval of 3 targeted therapies for pediatric psoriasis brings new hope to these patients and their families.

Lastly, our therapeutic success in psoriasis has created a pathway to explore targeted agents for other inflammatory dermatoses. The next 2 articles detail the diagnosis, management, and treatment of hidradenitis suppurativa and of atopic dermatitis. While only a single biologic agent has been approved for each one of these disease states thus far, additional clinical trials are currently underway with possibilities to further expand our therapeutic armamentarium. The final article takes a glimpse into the future and examines the utility of using Janus kinase inhibition in the treatment of several dermatologic diseases with high unmet need, including vit-

iligo and alopecia areata.

Indeed, it is an exciting time to be practicing medical dermatology. I hope you enjoy this issue of *Seminars in Cutaneous Medicine and Surgery* as it highlights extraordinary therapeutic advances and the ongoing evolution of our specialty.

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