Letter to the Editor

No Interruption of Biological Treatment in the Era of COVID-19: More Considerations

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Received: 06 May 2020; **Accepted:** 18 May 2020; **Published:** 22 May 2020

Citation: Francesca Prignano, Elia Rosi, Maria Thais Fastame, Paolo Amerio. No Interruption of Biological Treatment in the Era of COVID-19: More Considerations. Journal of Pharmacy and Pharmacology Research 4 (2020): 21-22.

Keywords: Psoriasis; COVID-19; Biologics; Immunosuppression

Dear Editor,

We have read with great interest many papers and research letters or editorials recently published in many journals of great impact concerning if to go on or not treating psoriasis (PsO) patients with biologicals during the COVID-19 pandemic.

We think that in this peculiar time, characterized by COVID-19 spread, dermatologists treating with biologics in their clinical practice, should have common therapeutics aims, according to biological safety data from the literature and to personal experience (real life data). We do agree with Lebwohl et al., that there is a difference of risk of infections which differs among the many biologicals in use for the treatment of PsO and that most of the infections refer to upper respiratory tracts rather than to lung infections [1].

Next to known acquired data about the safety of biologicals, there is another important consideration concerning biologic treatment in PsO patients and which we have reported in a recently published manuscript [2]: the late and

most serious stages of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) infections, are characterized by the so-called "cytokines storm": an impressive release of proinflammatory and inflammatory cytokines (mainly IL-1, IL-6, Il-12, TGF-beta and chemokines) which have proven to be lethal for some individuals [3].

PsO is a chronic inflammatory disease and patients in treatment with biologicals are affected by the most severe clinical forms and some of them are also affected by psoriatic arthritis; the interruption of the treatment for a long time due to the COVID-19 pandemic could worsen the symptoms and/or induce pharmaco-resistance [4].

Moreover, according to our very last experience, among the PsO patients treated with targeted therapy in our Departments, two patients had a close contact with COVID-19 positive patients (without clinical manifestations) and both of them were swab negative, the swab was performed twice. The first patient was on treatment with etenarcept for eight years and the second one with adalimumab biosimilar (switched from adalimumab originator) for six years. In conclusion, we think that in line with the current data from the literature and real life, considering pros and cons if to interrupt or not biological treatment in PsO patients, we have not, up to now, robust data to interrupt therapy.

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