Anexo 1

Diagrama de flujo de la búsqueda de literatura



Literatura seleccionada en la RSL

1. Betts KA, Griffith J, Friedman A, et al. An indirect comparison and cost per responder analysis of adalimumab, methotrexate and apremilast in the treatment of methotrexate-naïve patients with psoriatic arthritis. Curr Med Res Opin 2016; 32: 721–729.

2. Ungprasert P, Thongprayoon C, Davis JM. Indirect comparisons of the efficacy of subsequent biological agents in patients with psoriatic arthritis with an inadequate response to tumor necrosis factor inhibitors: a meta-analysis. Clin Rheumatol 2016; 35: 1795–1803.

3. Wang J, Zhan Q, Zhang L. A systematic review on the efficacy and safety of Infliximab in patients with psoriasis. Hum Vaccines Immunother 2016; 12: 431–437.

4. Naik GS, Ming WK, Magodoro IM, et al. Th17 Inhibitors in Active Psoriatic Arthritis: A Systematic Review and Meta-Analysis of Randomized Controlled Clinical Trials. Dermatol Basel Switz 2017; 233: 366–377.

5. Bilal J, Riaz IB, Kamal MU, et al. A Systematic Review and Meta-analysis of Efficacy and Safety of Novel Interleukin Inhibitors in the Management of Psoriatic Arthritis. J Clin Rheumatol Pract Rep Rheum Musculoskelet Dis 2018; 24: 6–13.

6. Kawalec P, Holko P, Moćko P, et al. Comparative effectiveness of abatacept, apremilast, secukinumab and ustekinumab treatment of psoriatic arthritis: a systematic review and network meta-analysis. Rheumatol Int 2018; 38: 189–201.

7. McInnes IB, Nash P, Ritchlin C, et al. Secukinumab for psoriatic arthritis: comparative effectiveness versus licensed biologics/apremilast: a network meta-analysis. J Comp Eff Res 2018; 7: 1107–1123.

8. Song G.G., Lee Y.H. Relative efficacy and safety of apremilast, secukinumab, and ustekinumab for the treatment of psoriatic arthritis. Z Rheumatol 2018; 77: 613–620.

9. Strand V., Elaine Husni M., Betts K.A., et al. Network meta-analysis and cost per responder of targeted Immunomodulators in the treatment of active psoriatic arthritis. BMC Rheumatol 2018; 2: 3.

10. Wu D, Yue J, Tam L-S. Efficacy and safety of biologics targeting interleukin-6, -12/23 and -17 pathways for peripheral psoriatic arthritis: a network meta-analysis. Rheumatol Oxf Engl 2018; 57: 563–571.

11. Dressler C., Eisert L., Pham P.A., et al. Efficacy and safety of systemic treatments in psoriatic arthritis: a systematic review, meta-analysis and GRADE evaluation. J Eur Acad Dermatol Venereol 2019; 33: 1249–1260.

12. Lu C., Wallace B.I., Waljee A.K., et al. Comparative efficacy and safety of targeted DMARDs for active psoriatic arthritis during induction therapy: A systematic review and network meta-analysis. Semin Arthritis Rheum 2019; 49: 381–388.

13. Song G.G., Lee Y.H. Comparison of the Efficacy and Safety of Tofacitinib and Apremilast in Patients with Active Psoriatic Arthritis: A Bayesian Network Meta-Analysis of Randomized Controlled Trials. Clin Drug Investig 2019; 39: 421–428.

14. Mourad A., Gniadecki R. Treatment of dactylitis and enthesitis in psoriatic arthritis with biologic agents: A systematic review and metaanalysis. J Rheumatol 2020; 47: 59–65.

15. Ruyssen-Witrand A., Perry R., Watkins C., et al. Efficacy and safety of biologics in psoriatic arthritis: a systematic literature review and network meta-analysis. RMD Open; 6. Epub ahead of print 2020. DOI: 10.1136/rmdopen-2019-001117.

16. Simons N., Degboe Y., Barnetche T., et al. Biological DMARD efficacy in psoriatic arthritis: a systematic literature review and meta-analysis on articular, enthesitis, dactylitis, skin and functional outcomes. Clin Exp Rheumatol 2020; 38: 508–515.

17. Asahina A., Etoh T., Igarashi A., et al. Oral tofacitinib efficacy, safety and tolerability in Japanese patients with moderate to severe plaque psoriasis and psoriatic arthritis: A randomized, double-blind, phase 3 study. J Dermatol. Epub ahead of print 2016. DOI: 10.1111/1346-8138.13258.

18. Cutolo M, Myerson GE, Fleischmann RM, et al. A Phase III, Randomized, Controlled Trial of Apremilast in Patients with Psoriatic Arthritis: Results of the PALACE 2 Trial. J Rheumatol 2016; 43: 1724–1734.

19. Edwards CJ, Blanco FJ, Crowley J, et al. Apremilast, an oral phosphodiesterase 4 inhibitor, in patients with psoriatic arthritis and current skin involvement: a phase III, randomised, controlled trial (PALACE 3). Ann Rheum Dis 2016; 75: 1065–1073.

20. Kavanaugh A, McInnes IB, Mease PJ, et al. Efficacy of Subcutaneous Secukinumab in Patients with Active Psoriatic Arthritis Stratified by Prior Tumor Necrosis Factor Inhibitor Use: Results from the Randomized Placebo-controlled FUTURE 2 Study. J Rheumatol 2016; 43: 1713–1717.

21. Blauvelt A, Reich K, Tsai T-F, et al. Secukinumab is superior to ustekinumab in clearing skin of subjects with moderate-to-severe plaque psoriasis up to 1 year: Results from the CLEAR study. J Am Acad Dermatol 2017; 76: 60-+.

22. Gladman D., Rigby W., Azevedo V.F., et al. Tofacitinib for psoriatic arthritis in patients with an inadequate response to TNF inhibitors. N Engl J Med 2017; 377: 1525–1536.

23. Kavanaugh A., Husni M.E., Harrison D.D., et al. Safety and Efficacy of Intravenous Golimumab in Patients With Active Psoriatic Arthritis: Results Through Week Twenty-Four of the GO-VIBRANT Study. Arthritis Rheumatol 2017; 69: 2151–2161.

24. Mease PJ, Gottlieb AB, van der Heijde D, et al. Efficacy and safety of abatacept, a T-cell modulator, in a randomised, double-blind, placebo-controlled, phase III study in psoriatic arthritis. Ann Rheum Dis 2017; 76: 1550–1558.

25. Mease PJ, van der Heijde D, Ritchlin CT, et al. Ixekizumab, an interleukin-17A specific monoclonal antibody, for the treatment of biologic-naive patients with active psoriatic arthritis: results from the 24-week randomised, double-blind, placebo-controlled and active (adalimumab)-controlled period of the phase III trial SPIRIT-P1. Ann Rheum Dis 2017; 76: 79–87.

26. Mease P, Hall S, FitzGerald O, et al. Tofacitinib or Adalimumab versus Placebo for Psoriatic Arthritis. N Engl J Med 2017; 377: 1537–1550.

27. Nash P, Kirkham B, Okada M, et al. Ixekizumab for the treatment of patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: results from the 24-week randomised, double-blind, placebo-controlled period of the SPIRIT-P2 phase 3 trial. Lancet Lond Engl 2017; 389: 2317–2327.

28. Mease P., Van Der Heijde D., Landewe R., et al. Secukinumab improves active psoriatic arthritis symptoms and inhibits radiographic progression: Primary results from the randomised, double-blind, phase III FUTURE 5 study. Ann Rheum Dis 2018; 77: 890–897.

29. Nash P., Ohson K., Walsh J., et al. Early and sustained efficacy with apremilast monotherapy in biological-naive patients with psoriatic arthritis: A phase IIIB, randomised controlled trial (ACTIVE). Ann Rheum Dis 2018; 77: 690–698.

30. Nash P, Mease PJ, McInnes IB, et al. Efficacy and safety of secukinumab administration by autoinjector in patients with psoriatic arthritis: results from a randomized, placebo-controlled trial (FUTURE 3). Arthritis Res Ther 2018; 20: 47.

31. Nash P, Behrens F, Orbai A-M, et al. Ixekizumab is efficacious when used alone or when added to conventional synthetic disease-modifying antirheumatic drugs (cDMARDs) in patients with active psoriatic arthritis and previous inadequate response or intolerance to tumour necrosis factor inhibitors. RMD Open 2018; 4: e000692.

32. Wells AF, Edwards CJ, Kivitz AJ, et al. Apremilast monotherapy in DMARD-naive psoriatic arthritis patients: results of the randomized, placebocontrolled PALACE 4 trial. Rheumatology 2018; 57: 1253–1263.

33. Kavanaugh A., Elaine Husni M., Harrison D.D., et al. Radiographic progression inhibition with intravenous golimumab in psoriatic arthritis: Week 24 results of a Phase III, randomized, double-blind, placebo-controlled trial. J Rheumatol 2019; 46: 595–602.

34. Mease PJ, Gladman DD, Collier DH, et al. Etanercept and Methotrexate as Monotherapy or in Combination for Psoriatic Arthritis: Primary Results From a Randomized, Controlled Phase III Trial. Arthritis Rheumatol Hoboken NJ 2019; 71: 1112–1124.

35. Van Der Heijde D., Gladman D.D., FitzGerald O., et al. Radiographic progression according to baseline C-reactive protein levels and other risk factors in psoriatic arthritis treated with tofacitinib or adalimumab. J Rheumatol 2019; 46: 1089–1096.

36. Deodhar A., Helliwell P.S., Boehncke W.-H., et al. Guselkumab in patients with active psoriatic arthritis who were biologic-naive or had previously received TNFalpha inhibitor treatment (DISCOVER-1): a double-blind, randomised, placebo-controlled phase 3 trial. The Lancet 2020; 395: 1115–1125.

37. McInnes IB, Behrens F, Mease PJ, et al. Secukinumab versus adalimumab for treatment of active psoriatic arthritis (EXCEED): a double-blind, parallel-group, randomised, active-controlled, phase 3b trial. Lancet 2020; 395 North American Edition: 1496–1505.

38. Mease PJ, Rahman P, Gottlieb AB, et al. Guselkumab in biologic-naive patients with active psoriatic arthritis (DISCOVER-2): a double-blind, randomised, placebo-controlled phase 3 trial. Lancet 2020; 395 North American Edition: 1126–1136.

39. Vieira-Sousa E., Alves P., Rodrigues A.M., et al. GO-DACT: A phase 3b randomised, double-blind, placebo-controlled trial of GOlimumab plus methotrexate (MTX) versus placebo plus MTX in improving DACTylitis in MTX-naive patients with psoriatic arthritis. Ann Rheum Dis 2020; 79: 490–498.

Alternativas terapéuticas comparadas por estudio

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Estudio | ABA | ADA | APR | BRO | CLA | CZP | ETA | GOL | GUS | INF | IXE | LEF | MTX | SEC | TIL | TOF | UST | SSZ |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **29** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **31** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **32** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **33** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***34*** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| ***35*** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| ***36*** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| ***37*** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| ***38*** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| ***39*** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |

Alternativas terapéuticas analizadas por dominio de la enfermedad

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dominio | Tx | ABA | ADA | APR | BRO | CLA | CZP | ETA | GOL | GUS | INF | IXE | LEF | MTX | SEC | TIL | TOF | UST | SSZ |
| Axial |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |
| Periférico |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Entesitis |  |  |  |   |   |  |  |  |  |  |  |   |  |  |   |  |  |   |
| Dactilitis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psoriasis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psoriasis ungueal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Fig. 1 Algoritmo de tratamiento para Artritis psoriásica

Figura: Algoritmo de tratamiento de la APs, Aine: antiinflamatorio no esteroideo; MTX: metotrexate; LEF: leflunomida; FARMEb: fármacos modificadores de la enfermedad biológicos; Tofa: tofacitinib, Anti-TNF, IL-12/23, IL-17: inhibidores del factor de necrosis tumoral; interleucinas 12,23, o 17; PDE4: apremilast.

En el diseño de la estrategia terapéutica es necesario considerar el patrón de afección de cada paciente en cada dominio.