

出國報告（出國類別：開會）

亞洲乾癬大會演講「Holistic care on psoriasis
and early detection on cardiovascular disease」及
參加第 25 屆世界皮膚科大會心得報告

服務機關：臺中榮民總醫院

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摘要（含關鍵字）

關鍵字：乾癬、生物製劑、治癒、乾癬嚴重指數

乾癬是一種具有多種合併症的慢性疾病。近幾十年來，出現了很多治療乾癬的生物製劑。乾癬嚴重指數 (PASI) 100 意思是完全清除乾癬皮膚病灶。即使達到完全清除乾癬皮膚病灶，大多數患者將來也會復發。如何控制是我們能做的，但如何治癒現在是不可能的任務。

治癒乾癬是每個人的夢想。現在，我們可以在這些領域做得更好，離治癒之路更近了。通過生物標誌物測量而不是臨床乾癬嚴重指數、早期介入治療、長期緩解和預防併發症對於乾癬的治癒至關重要。

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一、目的

1. 受邀 IFPA 演講
2. 參加 4 年 1 次的世界皮膚科醫學會

二、過程

這次會議受邀 IFPA 去演講主題為 Holistic care on psoriasis and early detection on cardiovascular disease. IFPA 是一個國際的乾癬病人協會的組織，它的總部設在歐洲，它致力於幫乾癬病人爭取更好的治療，他遊說聯合國衛生福利組織，制定更好的政策推廣於各國在乾癬的治療。這是大會除了 IFPA 主席 Hoseah Waweru 之外也邀請了 Dr. Rabindra Abeyasinghe (WHO Representative and Head of Country Office to Malaysia, Brunei and Singapore) 開幕致詞。Session 2 針對 3 個議題分組討論 overcoming barriers:

1. How can we make psoriatic care more affordable and reduce the financial burden for everyone?
2. How can technology and innovation help ensure that everyone with psoriatic disease has access to healthcare?
3. How can we improve collaboration among different groups involved in psoriatic care to make it more accessible for individuals with the disease?

我們那一組有兩位新加坡醫師（一位是新加坡乾癬協會理事長一位是新加坡國立皮膚中心主任）、一位韓國金醫師(President of the Korea Patient Association)、一位大陸的吳學者、一位是菲律賓乾癬協會的主席，在請示其他組員同意後，代表本組針對議題 1 發言：

第一、中國組員有表示，大陸治療乾癬的生物製劑是全世界最便宜的，如果可以大家各國一起對治療的藥物，一起議價，這樣大家都可以拿到比較便宜的價格，對乾癬的病人可以更廣泛的治療。

第二、分享台灣健保在治療乾癬病人的狀況，比較嚴重的病人，可接受生物製劑，我們健保來治療可減去 95% 負擔，而且台灣健保針對比較沒有錢的人，也可以參加健保 no one left behind。分享韓國有 patient center，病人使用生物製劑健保只要 10% 負擔。

第三、如果未來得乾癬病人有可以藥物篩選的話，所謂 precision medicine 那可以讓病人得到適合他的藥物治療，可以讓病人不用一直換藥、減少藥物的浪費，我相性此平台 not faraway。

Session 3 Addressing and managing comorbidities

來自新加坡醫師主要是分享乾癬在糖尿病的早期診斷，韓國金醫師來分享韓國治療乾癬狀況，著重在 shared decision making。來自台灣唯一代表來講述在我們台中榮總乾癬照護中心實際運作的狀況，也分享了我們研究的論文，也分享實際的案例，大家對我們台灣台中榮總的跨科治療、照顧在病人設計的流程，幫病人轉介中有綠色通道、病人藥物篩選平台印象深刻。

在會議間認識了很多 IFPA 朋友，其他國家的醫師，也認識了多國乾癬協會的理事長，其中也邀請了新加坡醫師來參與我們台中榮總辦的國際乾癬研討會，她也很熱情的答應。除了 IFPA 演講外 我也參加世界皮膚科醫學會 總共 4 天 我都有去參與，把有趣的內容與科內同仁分享，其中有一場 How to cure psoriasis 做出分享。

三、心得

How to cure psoriasis

Step 1

Biomarker to measure not PASI: The biomarkers for biologics selection and for early detection are essential for the treatment on psoriasis treatment. This idea is reflected to our idea on individual prescreen study according to different biomarkers. Selection suitable biologics is the key for the precision medicine. There are unmet demands for this platform. Our innovative platform could be used a prescreen tools including five biomarkers on the skin of psoriasis and three markers on the arthritis of psoriasis up to now.

Step2

Early treatment as you can: Early treatment in psoriasis brings the good results in the recent study. It showed that the higher possibility of total clearing on the skin and less possibility to joint involvement. Besides early treatment could bring longtime remission and less comorbidities.

Step 3

Short duration and longtime remission: short duration of disease outbreak and longtime remission is reflected the right and better results on treatment. But in the present studies, these could be known by the experience of drug or biologics. How to choose before starting the treatment is still flank. This idea is reflected to idea 1 , the biomarkers on prescreen platform which could be known before starting treatment in individual psoriasis patient.

Step 4

Prevent comorbidity: CVD events and PsA are the major issues on comorbidity on psoriasis. CVA event could lead patient death and PsA could lead patient to handicap which impair a lot in quality of life. Up to now, the data showed by the recent researches, CVD events are highly correlated by the level of LDL and CRP. Early detection and early prevent are crucial for patients. Ultrasound for internal carotid artery and internal brain artery and low dose CT on coronary artery are good tools on image for evaluation of cardiac vascular condition. Controlling body weight, blood sugar, blood pressure, correcting lipoprotein A level, LDL level or anti-platelet for high risky patient aggressively are crucial for lower the possibility CAD events. Besides, use of anti-inflammation drugs such as biologics, DMARD, phototherapy are also matters on CAD prevention. PsA occurrence less if better control on the skin of psoriasis by biologics or DMARD. But some of them development of paradoxical psoriatic arthritis that

means outbreak of PsA on the treatment of psoriasis. This topic also delivered on the day 3 by an Italian doctor. The lack of markers and unclear mechanism on paradoxical-psoriatic arthritis up to now, so it is hard to prevent. After the speech, I asked a question about how to define paradoxical-psoriatic arthritis instead poor response to the new treatment on the swift of biologics. The speaker stated it is hard to define clearly in some cases. In our researches, we collected 2 cases of paradoxical psoriatic arthritis. A good marker in chemokine on RANTES in our platform surging by paradoxical PsA-induced biologics in vitro. If the patient receives the pre-screen test, the possibility of paradoxical PsA may be less happened.

After attending WCD and IFPA meeting in Singapore, we shared the experience on multidisciplinary care for psoriasis disease by dermatologists, rheumatologists, GI man, CV man, ultrasound technician and nurse. The special parts on case-manager, green path for second OPD for comorbidities, early detection of CVD and PsA by ultrasound and biomarkers for screening in the future were impressive by the audience. By the comparing the sharing experience in Korea, Singapore, we are in the leading path in multidisciplinary cares. However, we can do better on many aspects such as dental care, hepatitis monitor and prevention from fatty liver etc.. In Singapore doctor sharing, the good results on DM monitor and early detection by DNA methylation in psoriasis patients. We will discuss with meta experts on this issue.

四、建議（包括改進作法）---(至少四點)

1. 世界皮膚科醫學會 4 年 1 次內容充實豐富，鼓勵年輕醫師可多去參與。
2. IFPA 為國際民間組織，台灣由乾癬協會理事長任職 IFPA 秘書長，但此組織內有其他國家醫師任職 consulting，但無台灣醫師，以至有關台灣乾癬資料有些引用錯誤，建議有台灣醫師參與 consulting。
3. 有看到住院醫師或年輕醫師，在世界研究皮膚科醫學會與世界皮膚科醫學會 參與研究與報告，醫院鼓勵大家出國開會與進修，是讓醫院成長的一個很好的投資，此行也與長庚皮膚科鍾部長談到，他們也是把年輕主治醫師出國進修，但是最近有 2 位醫師就被美國教授留下來的情况，這種情况會未來也可能發生在我們醫院，如何制訂完善的制度，讓人才進修、留下、茁壯中榮。
4. W C D 中有醫師分享小型高頻超音波可局部定位腫瘤位置及深度，皮膚切片或冷凍治療前可先用使用超音波，區分是否為血管組織，皮膚癌症深度，淺層可由冷凍治療手術完成，免開刀，建議下次編列科內預算採買。