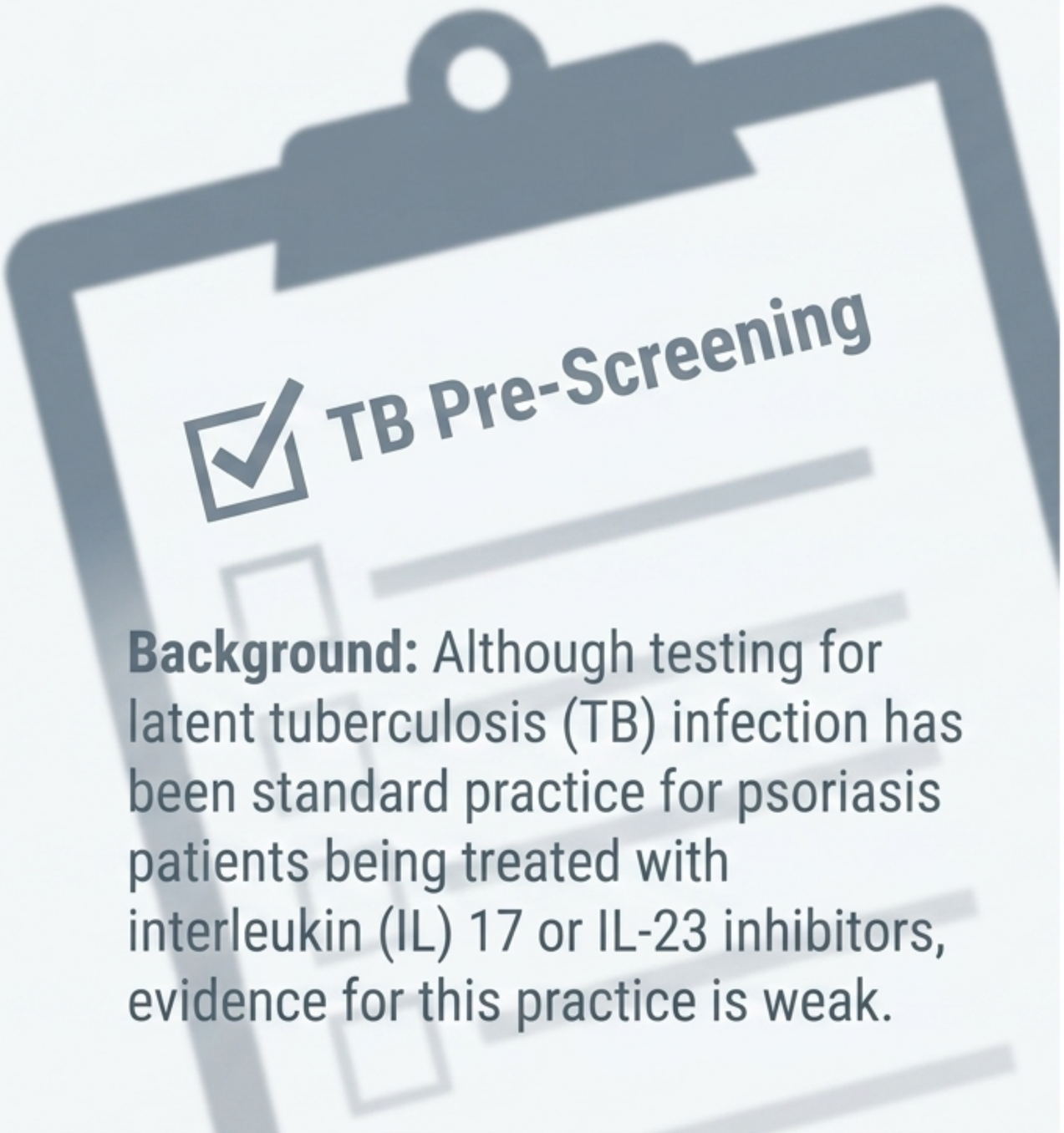
EVIDENCE-BASED REVERSAL

The New Paradigm in Psoriasis Care

Omitting Routine Latent TB Testing for IL-17 and IL-23 Inhibitors

Based on the 2026 Joint Position Statement (J Am Acad Dermatol)

NotebookLM



Extrapolating Legacy Risk to Modern Therapies

Although testing for latent tuberculosis (TB) infection has been standard practice for psoriasis patients being treated with interleukin (IL) 17 or IL-23 inhibitors, evidence for this practice is weak.

The legacy workflow assumes all biologics carry the same immunosuppressive risks as early TNF inhibitors. Real-world data proves otherwise.

NotebookLM

96,351

Total Combined FAERS Exposures to IL-17 and IL-23 Inhibitors

0

Cases of Active TB Progression

Source: Food and Drug Administration Adverse Event Reporting System (FAERS)

NotebookLM

The Biological Contrast: FAERS Real-World Data

TNF Inhibitors

Etanercept:
67,566 exposures → **7 cases**

Infliximab:
1,765 exposures → **4 cases**

Adalimumab:
66,359 exposures → **15 cases**

Certolizumab:
4,135 exposures → **0 cases**

IL-17 & IL-23 Inhibitors

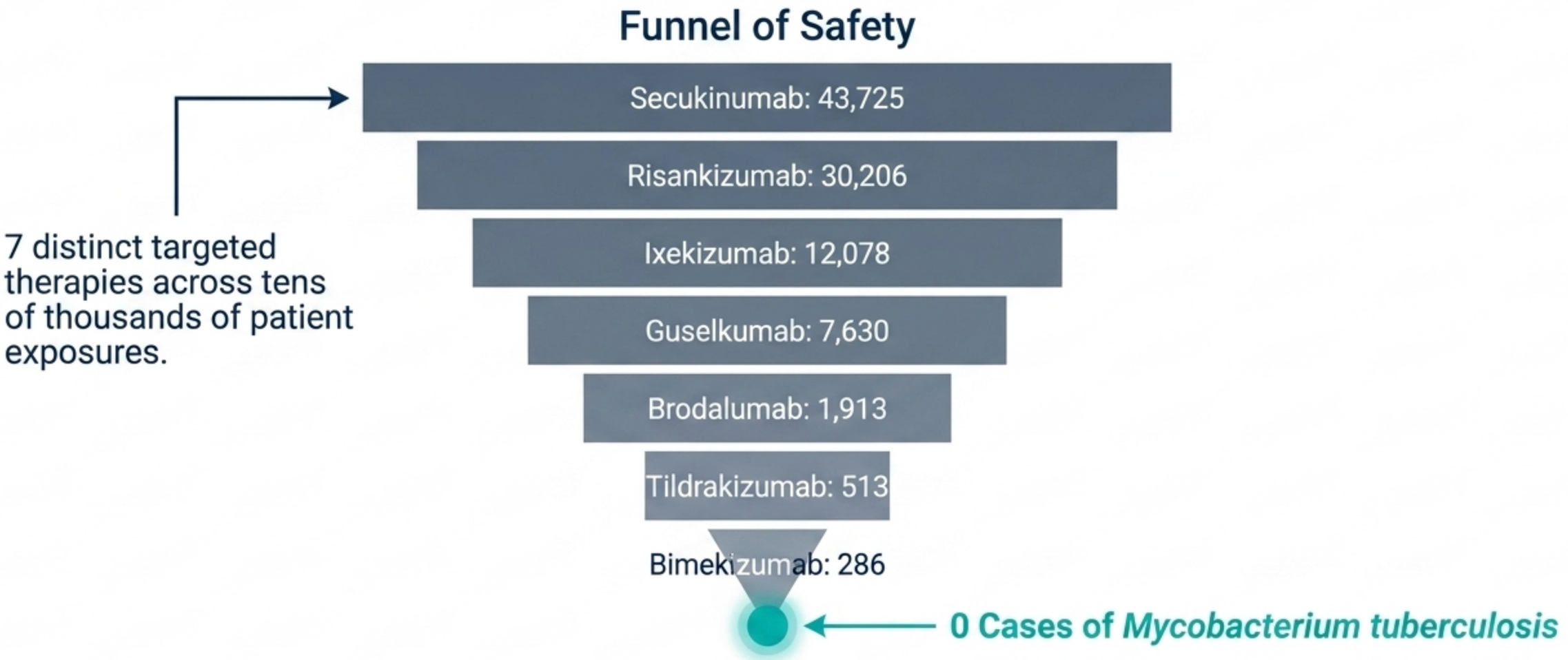
IL-17
Secukinumab: 43,725
Ixekizumab: 12,078
Brodalumab: 1,913
Bimekizumab: 286

IL-23
Guselkumab: 7,630
Tildrakizumab: 513
Risankizumab: 30,206

ALL 0 CASES

NotebookLM

Volume of Evidence: Absence of Cases, Not Absence of Data



Progression of latent TB to active disease during treatment with these specific pathways is exceptionally rare.

NotebookLM

Class-Specific Risk Profiles Dictate Clinical Workflows

Biologic Risk Matrix

	TNF Inhibitors	**IL-17 Inhibitors**	**IL-23 Inhibitors**
Primary Mechanism	Disrupts granuloma maintenance	Targeted downstream cytokine blockade	Targeted downstream cytokine blockade
Active TB Cases (FAERS)	**26 Cases**	**0 Cases**	**0 Cases**
Pre-Screening Recommended?	Yes (Universal)	**No**	**No**

NotebookLM

The 2026 Consensus

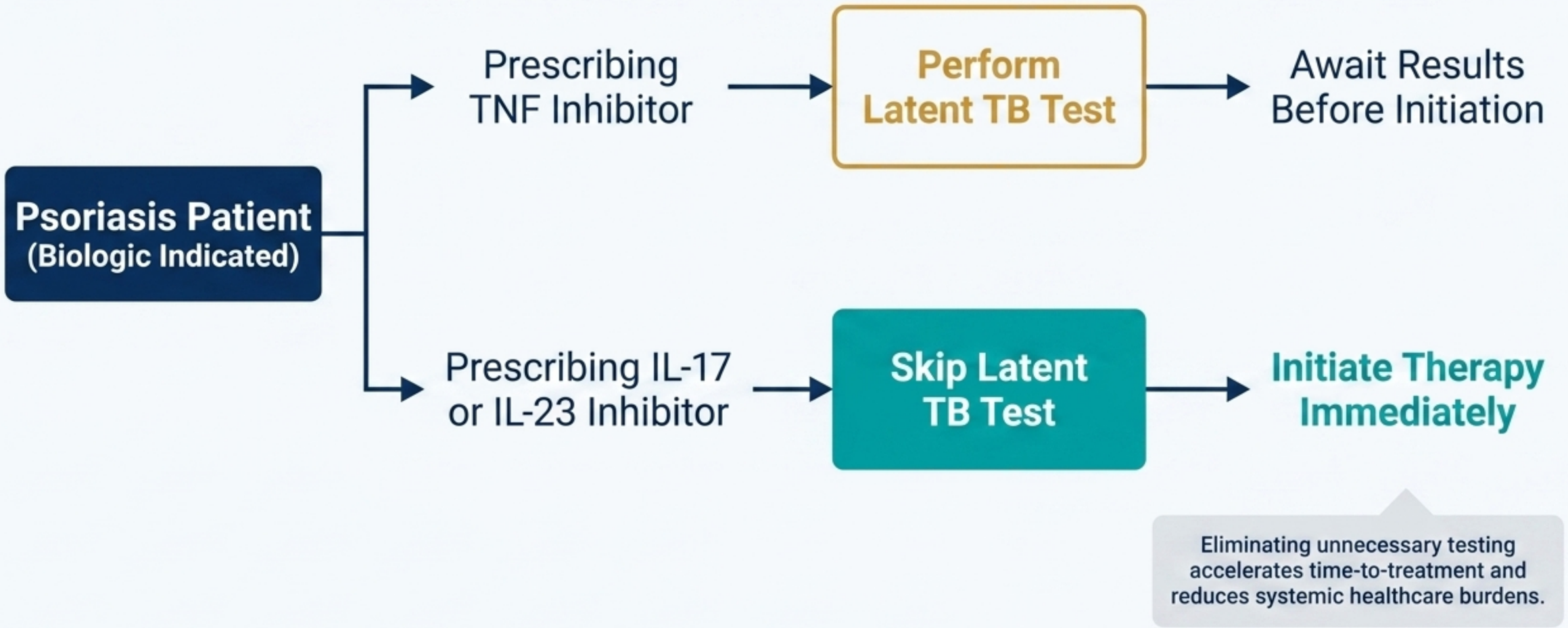
> *Psoriasis experts reached consensus that **routine testing for latent TB infection is not required in psoriasis patients being treated with IL-17 or IL-23 inhibitors.***

- Clinical data suggest that progression of latent tuberculosis infection to active disease during psoriasis treatment with interleukin-17 or interleukin-23 inhibitors is rare.

Endorsed by experts from the International Psoriasis Council (IPC) & National Psoriasis Foundation (NPF). (J Am Acad Dermatol 2026;94:802-9).

NotebookLM

The Updated Standard of Care Algorithm



NotebookLM

Clinical Clarity: Key Takeaways

1. Zero FAERS Cases. Across ~96,000 combined exposures, IL-17 and IL-23 inhibitors showed zero cases of active TB progression.

2. Targeted Safety. Unlike TNF inhibitors, IL-17 and IL-23 blockade do not inherently disrupt TB granuloma containment.

3. Protocol Updated. Routine latent TB testing is officially no longer required prior to initiating IL-17 or IL-23 therapies for psoriasis.

NotebookLM