STUDY GUIDE

Joint position statement from the National Psoriasis Foundation Medical Board and the International Psoriasis Council on routine testing for latent tuberculosis infection prior to and during treatment of psoriasis patients with interleukin 17 or interleukin 23 inhibitors.

National Psoriasis Foundation Medical Board and the International Psoriasis Council · 2026

Management of Latent Tuberculosis in Psoriasis Patients: IL-17 and IL-23 Inhibitor Guidelines

This study guide examines the evolving clinical consensus regarding the necessity of screening for latent tuberculosis infection (LTBI) in psoriasis patients treated with specific biologic therapies. Based on recent joint position statements and clinical data, this document outlines the shift away from routine testing for patients on IL-17 and IL-23 inhibitors.

Key Concepts and Clinical Findings

1. The Shift in Clinical Consensus

Historically, testing for latent tuberculosis (TB) was considered standard practice for all psoriasis patients initiating biologic therapy. However, a Joint Position Statement from the International Psoriasis Council (IPC) and the Medical Dermatology Society has concluded that routine testing for LTBI is **not required** for patients being treated with interleukin (IL) 17 or IL-23 inhibitors.

2. Evidence-Based Rationale

The change in guidelines is driven by an evidence-based review indicating that the progression from latent tuberculosis to active disease is exceptionally rare during treatment with these specific inhibitors. Research suggests that while certain immune cells are critical for controlling TB infection, IL-17 cells specifically do not play a primary role in this control, whereas IL-12/23 pathways are more involved.

3. Comparative Safety Profiles

Clinical data, including reports from the Food and Drug Administration Adverse Event Reporting System (FAERS), demonstrate a significant difference in TB reactivation rates between traditional Tumor Necrosis Factor (TNF) inhibitors and the newer IL-17/IL-23 inhibitors.

Comparative TB Exposure and Reactivation Data

Medication Category	Specific Agent	Total Exposures	Active TB Cases
IL-17 Inhibitors	Secukinumab	43,725	0
	Ixekizumab	12,078	0
	Brodalumab	1,913	0
	Bimekizumab	286	0
IL-23 Inhibitors	Guselkumab	7,630	0
	Risankizumab	30,206	0
	Tildrakizumab	513	0
TNF Inhibitors	Etanercept	67,566	7
	Infliximab	1,765	4
	Adalimumab	66,359	15
	Certolizumab	4,135	0

Short-Answer Practice Questions

1. According to the March 2026 Joint Position Statement, is routine LTBI testing required for patients starting IL-17 inhibitors?

- **Answer:** No. Psoriasis experts reached a consensus that routine testing for latent TB infection is not required for these patients.

2. Which biological pathway is noted as being involved in the control of tuberculosis infection, and which is not?

- **Answer:** Evidence suggests that IL-12/23 cells control tuberculosis infection, while IL-17 cells do not.

3. Based on the FAERS data provided, which IL-23 inhibitor had the highest number of patient exposures with zero reported cases of TB?

- **Answer:** Risankizumab, with 30,206 exposures and 0 cases.

4. How does the TB risk profile of TNF inhibitors like Adalimumab compare to IL-17 inhibitors like Secukinumab?

- **Answer:** TNF inhibitors show a higher risk of TB reactivation; for example, Adalimumab had 15 cases in 66,359 exposures, whereas Secukinumab had 0 cases in 43,725 exposures.

5. What organizations contributed to the formulation of the new Joint Position Statement regarding TB testing?

- **Answer:** The International Psoriasis Council (IPC) and the Medical Dermatology Society.

Essay Prompts for Deeper Exploration

1. Clinical Policy Evolution

Discuss the transition from universal LTBI testing for all psoriasis biologics to the specific exemptions now recommended for IL-17 and IL-23 inhibitors. In your essay, address the role of "weak evidence" in previous practices and how the current consensus reflects a more targeted, evidence-based approach to patient safety.

2. Comparative Immunology and Safety

Analyze the data provided in the clinical results table. Explain why the mechanism of action for IL-17 and IL-23 inhibitors might lead to different safety outcomes regarding *Mycobacterium tuberculosis* compared to TNF inhibitors. Use the exposure-to-infection ratios provided in the text to support your argument.

Glossary of Important Terms

- **Adverse Event Reporting System (FAERS):** A database managed by the Food and Drug Administration (FDA) used to monitor the safety of products after they are approved.
- **IL-17 Inhibitors:** A class of biologic medications (including Secukinumab and Ixekizumab) that target interleukin-17 to treat immune-mediated inflammatory diseases like psoriasis.
- **IL-23 Inhibitors:** A class of biologic medications (including Guselkumab and Risankizumab) that target interleukin-23.
- **Immune-Mediated Inflammatory Disease (IMID):** A group of conditions, including psoriasis, that result from an overactive or dysregulated immune system.
- **International Psoriasis Council (IPC):** A global organization of dermatology experts focused on improving the care of people with psoriasis.
- **Latent Tuberculosis Infection (LTBI):** A state where a person is infected with *Mycobacterium tuberculosis* but does not currently have active disease and cannot spread the bacteria to others.
- **Mycobacterium tuberculosis:** The bacterium that causes tuberculosis.

- **TNF Inhibitors:** Tumor Necrosis Factor inhibitors; a class of biologics (such as Etanercept and Infliximab) used to treat inflammatory conditions, historically associated with a higher risk of TB reactivation.
