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Date: 05 April 2019

Sources Searched: Embase, Medline.

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Secukinumab and Pregnancy

Evidence Summary:

Due to Insufficient data on its use during pregnancy and lactation, Secukinumab (Cosentyx) cannot currently be recommended during pregnancy. The manufacturer recommends discontinuing Secukinumab for 20 weeks prior to a planned pregnancy.

Source Electronic Medicines Compendium (Emc)

URL: <https://www.medicines.org.uk/emc/product/3669/smpc> [Last accessed 05/04/2019]

1. Immunosuppressives and biologics during pregnancy and lactation: A consensus report issued by the Austrian Societies of Gastroenterology and Hepatology and Rheumatology and Rehabilitation

Author(s): Puchner A.; Grochenig H.P.; Sautner J.; Helmy-Bader Y.; Juch H.; Reinisch S.; Dejaco C.; Hogenauer C.; Koch R.; Hermann J.; Studnicka-Benke A.; Weger W.; Puchner R.

Source: Wiener Klinische Wochenschrift; Jan 2019; vol. 131 (no. 1); p. 29-44

Publication Date: Jan 2019

Publication Type(s): Article

PubMedID: 30643992

Available at [Wiener Klinische Wochenschrift](#) - from SpringerLink

Abstract: An increasing and early-onset use of immunosuppressives and biologics has become more frequently seen among patients with inflammatory bowel diseases (IBD) and rheumatic disorders. Many women in their childbearing years currently receive such medications, and some of them in an interdisciplinary setting. Many questions arise in women already pregnant or wishing to conceive with respect to continuing or discontinuing treatment, the risks borne by the newborns and their mothers and long-term safety. Together with the Austrian Society of Rheumatology and Rehabilitation, the IBD working group of the Austrian Society of Gastroenterology and Hepatology has elaborated consensus statements on the use of immunosuppressives and biologics in pregnancy



and lactation. This is the first Austrian interdisciplinary consensus on this topic. It is intended to serve as a basis and support for providing advice to our patients and their treating physicians. Copyright © 2019, The Author(s).

Database: EMBASE

2. Use of synthetic and biologic DMARDs during pregnancy

Author(s): Balbi G.G.M.; Domingues V.; De Jesus G.R.; Levy R.A.

Source: Expert Review of Clinical Immunology; Jan 2019; vol. 15 (no. 1); p. 27-39

Publication Date: Jan 2019

Publication Type(s): Review

Abstract: Introduction: Since most of the autoimmune diseases (AID) affect mostly women in their fertile years, and fertility is in general preserved, the use of disease-modifying antirheumatic drugs (DMARDs) during conception, pregnancy, and lactation has been a matter of concern in the treatment of women affected by AID. Areas covered: We performed a comprehensive review of the latest and most relevant research papers published in the field and discussed different aspects related to the use of synthetic and biologic DMARDs and immunosuppressants in the preconceptional period, during pregnancy and lactation in AID patients, both in males and females. Expert commentary: Active AID impose an increased risk for adverse maternal and fetal outcomes, such as preeclampsia, miscarriage, intrauterine growth restriction, prematurity, low birth weight, and stillbirth. Family planning with proper contraception and shared decision-making on the ideal time to conceive with treatment adjustment must be a rule. One of the main challenges when counseling and/or adjusting treatment of patients that are planning a pregnancy is to provide a medication that is at the same time efficacious and safe at the conceptional period and to developing the fetus. Copyright © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.

Database: EMBASE

3. Secukinumab in pregnancy: Outcomes in psoriasis, psoriatic arthritis and ankylosing spondylitis from the global safety database

Author(s): Warren R.; Reich K.; Langley R.; Strober B.; Gladman D.; Deodhar A.; Bachhuber T.; Bao W.; Saf J.; Altemeyer E.; Hussain S.

Source: Acta Dermato-Venereologica; 2018; vol. 98 ; p. 11

Publication Date: 2018

Publication Type(s): Conference Abstract

Available at [Acta Dermato-Venereologica](#) - from IngentaConnect - Open Access

Available at [Acta Dermato-Venereologica](#) - from Free Medical Journals . com

Abstract: Introduction: Secukinumab, a fully human monoclonal antibody selectively targeting IL-17A, is highly efficacious in the treatment of moderate to severe psoriasis, psoriatic arthritis (PsA) and ankylosing spondylitis (AS), with sustained efficacy and favorable safety profile. Long term treatment with targeted therapies such as secukinumab may be necessary in women of childbearing age. Pre-clinical animal studies with secukinumab, which can cross the placenta, do not indicate harmful effects with respect to pregnancy, embryonic/fetal development, parturition or postnatal



development, however only limited data has been reported on human pregnancies. Objectives: Using the Novartis global safety database, we analyzed the outcome of pregnancies where there was maternal or paternal exposure to secukinumab. Methods: The Novartis global safety database (covering all secukinumab indications and including clinical trial and postmarketing data) was searched for cases reporting pregnancy and neonatal topics. All pregnancies where there was either maternal or paternal exposure to secukinumab were included in the systematic, independently validated analysis. The cut-off date was 25th June, 2017. Results: Of 292 pregnancies reported, 141 (48.3%) came from clinical trials, 79 (27.1%) were spontaneous reports and 72 (24.7%) were from post-marketing surveillance, with 238 cases of maternal and 54 cases of paternal exposure. 175 patients received secukinumab for psoriasis, 38 for PsA, 15 for AS and 62 for other/unknown indications. The majority of patients discontinued secukinumab in the first trimester of pregnancy; 18 did not discontinue. Of 153 cases where the outcome was known, there were 73 full term normal neonates and 37 elective terminations. Rates of spontaneous abortions were 30/292, 10.3% overall (30/153 known outcomes, 19.6%). These are in line with previously reported rates (15-20%) for the general population with maternal age of 30.6 (study mean). No still births (> 20 weeks) were reported. Three congenital abnormalities were reported following maternal and 1 paternal exposure, with no repeated pattern of abnormality. At data cut-off, 32 pregnancies were ongoing. Conclusions: There was no evidence for increased rates of adverse pregnancy outcomes across indications with secukinumab in this review of the safety database. Given the limited exposure reported to date, the safe continuous use of secukinumab throughout pregnancy requires further research.

Database: EMBASE

4. Secukinumab in pregnancy: outcomes in psoriasis, psoriatic arthritis and ankylosing spondylitis from the global safety database

Author(s): Warren R.B.; Reich K.; Langley R.G.; Strober B.; Gladman D.; Deodhar A.; Bachhuber T.; Bao W.; Safi J.; Altemeyer E.; Hussain S.

Source: British Journal of Dermatology; Nov 2018; vol. 179 (no. 5); p. 1205-1207

Publication Date: Nov 2018

Publication Type(s): Letter

PubMedID: 29927479

Available at [British Journal of Dermatology](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Database: EMBASE

5. Targeted drugs in spondyloarthritis during pregnancy and lactation

Author(s): Saavedra M.A.; Romo-Rodriguez R.; Gutierrez-Urena S.R.; Hernandez-Cruz L.I.; Miranda-Hernandez D.; Jara L.J.

Source: Pharmacological Research; Oct 2018; vol. 136 ; p. 21-28

Publication Date: Oct 2018

Publication Type(s): Review



PubMedID: 30125669

Abstract: Spondyloarthritis (SpA) are a heterogeneous group of chronic inflammatory joint diseases that includes several clinical subgroups. SpA can affect women in the reproductive stage so pregnancy can influence the course of the disease and SpA can affect the maternal-fetal outcome. The treatment of SpA has changed dramatically in recent years and the use of targeted drugs is part of therapeutic armamentarium. The use of targeted drugs during pregnancy is controversial because the information available on safety during this period is still limited. Several cytokines have an important role in the normal development of pregnancy or other cytokines may play a role in certain maternal-fetal complications. Potentially targeted drugs can affect the function of these cytokines during pregnancy. The aim of this study is to review the interrelationship between SpA during pregnancy and lactation, the role of some cytokines during normal pregnancy and the development of maternal-fetal complications as well as to review recent information on targeted drugs during pregnancy and breastfeeding in these patients in order to maximize their use in these critical periods of life. Copyright © 2018

Database: EMBASE

6. The use of biologics and small molecules in pregnant patients with rheumatic diseases

Author(s): Gerosa M.; Argolini L.M.; Artusi C.; Chighizola C.B.

Source: Expert Review of Clinical Pharmacology; Oct 2018; vol. 11 (no. 10); p. 987-998

Publication Date: Oct 2018

Publication Type(s): Review

PubMedID: 30227748

Abstract: Introduction: Biological agents have radically changed the prognosis of rheumatic patients. Current evidence demonstrates that tight disease control during pregnancy is mandatory to minimize adverse outcome risk. As the new therapeutic tools are pivotal to maintain appropriate disease activity, it is timely to review available evidence about the safety of biologics and small molecules in pregnancy. Areas covered: A comprehensive literature review has been performed, reporting available data about the passage into breast milk, rate of pregnancy loss and fetal malformations, and long-term complications due to in utero exposure to biological agents and small molecules. Expert commentary: Data about the safety of agents against tumor necrosis factor in pregnancy are reassuring. Even rituximab, tocilizumab, belimumab, ustekinumab, secukinumab, and abatacept have not been associated with an increased rate of fetal abnormalities or adverse pregnancy outcome. Experience with small molecules is too small to draw any conclusion. Even if further data are warranted to define the possible long-term effects of in utero biologic exposure on the infant immune system development, it is reasonable to speculate that in the next future the use of biologics during pregnancy will continue to expand, at least when maternal benefit justifies the potential risk to the fetus. Copyright © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.

Database: EMBASE



7. Practical experience of secukinumab in the treatment of psoriasis: Experience from a single centre

Author(s): Griffin L.; Lynch M.; Boggs J.; Ramsay B.; Hackett C.; Ahmad K.

Source: British Journal of Dermatology; Jul 2018; vol. 179 ; p. 66-67

Publication Date: Jul 2018

Publication Type(s): Conference Abstract

Abstract: Secukinumab is an anti-interleukin-17A agent that has achieved a 75% decrease from baseline in Psoriasis Area and Severity Index (PASI-75) in 76-82% of patients treated in clinical trials. The objective of this study was to assess the efficacy and safety of secukinumab in patients with psoriasis attending a dermatology service in Ireland. A retrospective case note review of 22 patients with psoriasis treated with secukinumab. At baseline, the mean duration of psoriasis was 20.6 +/- SD 12.6 years, mean body mass index 33.9 +/- 10.7 kg m⁻², mean age 41.6 +/- 13.5 years and 17 (77%) were women. The mean PASI was 14.5 +/- 7.9 and mean Dermatology Life Quality Index 16.9 +/- 7.1. Prior to secukinumab therapy, 95% of patients had been treated with a biologic (mean number of biologics 2.4 +/- 0.8), and 95% had been treated with a systemic agent (mean number of systemic agents 1.1 +/- 0.9). After 16 weeks of treatment, PASI-75 was observed in 8/19 (42%) patients; a physician global assessment (PGA) score of almost clear (AC) was recorded in one further patient (47% of patients achieved PASI 75 or AC on PGA) (data unavailable n = 2). PASI-90 was observed in 7/19 (37%) patients. Secukinumab treatment was discontinued in four patients (18%) due to lack of efficacy. After 51.5 +/- 31 weeks of follow-up, PASI-75 was observed in 9/20 (45%) patients; aPGA score of AC was recorded in one further patient (50% of patients achieved PASI-75 or AC) (data unavailable n = 1) and PASI 90 in 8/20 (40%) patients. In the first 16 weeks of secukinumab treatment, a serious adverse event was observed in one (4.5%) patient and was unlikely to be treatment-related (death secondary to acute coronary syndrome). Other adverse events in that period were noted in four patients (18%) (candidiasis (n = 2), respiratory tract infections (RTI) (n = 2), grade 1 neutropenia (n = 2)). Adverse events during 51.5 +/- 31 weeks of follow-up included Varicella zoster virus reactivation (n = 2), candidiasis (n = 6), early pregnancy loss (n = 2), lymphopenia (n = 2), grade 1 neutropenia (n = 2), RTI (n = 6), glomerulonephritis (n = 1), recurrent herpes labialis (n = 1). Secukinumab demonstrated acceptable levels of efficacy and safety. The lower response rate in this study compared with clinical trials^{1,2} may be associated with the severity of disease given that the majority of patients had received multiple biologic agents and had a long duration of disease. The response rate is closer to that reported in the Signature study³ where PASI-75 was observed in 45% of patients treated with multiple anti-TNF-alpha agents.

Database: EMBASE

8. Overall safety of 7-week secukinumab exposure during pregnancy in women with psoriatic arthritis

Author(s): Meroni M.; Generali E.; Guidelli G.M.; Selmi C.; Parodi M.; Cutolo M.

Source: Annals of the Rheumatic Diseases; Jun 2018; vol. 77 ; p. 377-378

Publication Date: Jun 2018

Publication Type(s): Conference Abstract

Available at [Annals of the Rheumatic Diseases](#) - from BMJ Journals - NHS



Abstract:Background: Psoriatic arthritis (PsA) often affects women of reproductive age. Secukinumab (SEC), a monoclonal antibody against interleukin-17A is effective in contrasting the progression of articular and cutaneous manifestations of PsA but has not been extensively studied in pregnancy, despite 84 cases of accidental exposure reported with reassuring safety outcomes. Objective(s): To evaluate the maternal and fetal outcomes in women with PsA exposed to SEC during pregnancy. Method(s): During a 10 months observational period, we enrolled 6 patients, treated by SEC 150 mg subcutaneously every month after weekly induction. All of them stopped the treatment by the time pregnancy test turned positive. All women had previously been counselled about contraceptive methods adoption and the potential risk of becoming pregnant during SEC administration, signing an informed consent. We collected demographic and clinical data of both patients and babies, with a peculiar focus on maternal-fetal safety issues. APGAR scores at 1 min (APGAR1) and 5 min (APGAR5) from delivery were recorded. Result(s): We observed 6 pregnancies from 6 mothers (4 of European, 1 Asian and 1 Latin-American ethnicity). Patient mean age at conception was 336+/-131 months; disease duration, 62+/-27 months; pre-conceptual exposure, 46+/-9 weeks; the (estimated) post-conceptual exposure 7+/-2 weeks. No major gestational complications were reported. One mother consulted the Emergency Department for a syncopal episode, but after a routine evaluation and an observation of 6 hours, was discharged; her pregnancy was otherwise unremarkable. Four girls (mean weight: 3170+/-200 g) and 2 boys (mean weight: 3460+/-60) were born. Mean gestational age was 38+/-2 weeks; 3 vaginal deliveries (1 oxytocine-induced for scarce dilation) and 3 caesarean sections were observed. The APGAR scores were above 8, excepting for an APGAR1 of 6 (born with caesarean section), then turned on 10 at APGAR5. Results are summarised on table 1. DAPSA, for the whole population, was under 4 (remission) at conception, and remained stable after delivery. Conclusion(s): The present study, despite the limited number of observations, represents the first report on pre-conceptual exposure to SEC. The available data, due to the lack of controlled studies, place the drug's use on FDA 'B' category. Of note, SEC failed to cause teratogenicity, when administered throughout the whole pregnancy in a study conducted on primates (*Cynomolgus* monkeys). The limited knowledge on human beings suggests, nevertheless, not to administer SEC during pregnancy, unless a clear benefit overwhelm the potential risk. SEC, in conclusion, seems to have an acceptable safety profile, even when accidentally taken in the very first pregnancy phase. Reporting the cases of pregnancy exposures, as recommended by the ongoing Producer's policy, is the only way that would allow to confirm, or reject, this statement. A long-term follow-up of the mother and the offspring health, similarly, is needed.

Database: EMBASE

9. Pregnancy After Tubal Sterilization in a Woman Treated with Biologics for Severe Psoriasis

Author(s): Nardin C.; Colas M.; Pelletier F.; Puzenat E.; Aubin F.; Curie V.

Source: Dermatology and Therapy; Jun 2018; vol. 8 (no. 2); p. 323-326

Publication Date: Jun 2018

Publication Type(s): Article

Available at [Dermatology and Therapy](#) - from Europe PubMed Central - Open Access

Available at [Dermatology and Therapy](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Dermatology and Therapy](#) - from Unpaywall



Abstract: Little is known about whether immunosuppressed patients mount the immunological response necessary to ensure tubal occlusion. Theoretical concern for non-occlusion has limited the use of hysteroscopic sterilization in patients on immunosuppressive therapies. The effects of tumor necrosis factor-alpha (TNF-alpha) blockers and interleukin (IL)-17 inhibitors on contraception and pregnancy for patients with psoriasis are poorly documented. We report a case of pregnancy that ended in miscarriage in a patient treated first with TNF-alpha and then with IL-17 inhibitors for severe psoriasis after tubal sterilization with micro-inserts. Our observation suggests that the efficacy of tubal sterilization by micro-inserts may be impaired by these two biologics and that the risk of miscarriage may be increased in women with psoriasis treated with secukinumab. Copyright © 2018, The Author(s).

Database: EMBASE

10. Psoriasis in those planning a family, pregnant or breast-feeding. The Australasian Psoriasis Collaboration

Author(s): Rademaker M.; Agnew K.; Andrews M.; Armour K.; Baker C.; Foley P.; Frew J.; Gebauer K.; Gupta M.; Kennedy D.; Marshman G.; Sullivan J.

Source: Australasian Journal of Dermatology; May 2018; vol. 59 (no. 2); p. 86-100

Publication Date: May 2018

Publication Type(s): Review

PubMedID: 28543445

Available at [Australasian Journal of Dermatology](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Abstract: The Australasian Psoriasis Collaboration has reviewed the evidence for managing moderate to severe psoriasis in those who are pregnant or are breast-feeding, or planning a family. The severity of the psoriasis, associated comorbidities and specific anti-psoriasis treatment, along with other exposures, can have a deleterious effect on pregnancy outcomes. Psoriasis itself increases the risk of preterm and low birthweight babies, along with spontaneous and induced abortions, but no specific birth defects have been otherwise demonstrated. The baseline risk for a live born baby to have a major birth defect is 3%, and significant neuro-developmental problem is 5%. In Australia, pregnant women with psoriasis are more likely to be overweight or obese, depressed, or smoke in their first trimester, and are also less likely to take prenatal vitamins or supplements. Preconception counselling to improve maternal, pregnancy and baby health is therefore strongly encouraged. The topical and systemic therapies commonly used in psoriasis are each discussed separately, with regards to pregnancy exposure, breast-feeding and effects on male fertility and mutagenicity. The systemic therapies included are acitretin, adalimumab, apremilast, certolizumab, ciclosporin, etanercept, infliximab, ixekizumab, methotrexate, NBUVB, prednisone, PUVA, secukinumab and ustekinumab. The topical therapies include dithranol (anthralin), calcipotriol, coal tar, corticosteroids (weak, potent and super-potent), moisturisers, salicylic acid, tacrolimus, and tazarotene. As a general recommendation, effective drugs that have been widely used for years are preferable to newer alternatives with less foetal safety data. It is equally important to evaluate the risks of not treating, as severe untreated disease may negatively impact both mother and the foetus. Copyright © 2017 The Australasian College of Dermatologists

Database: EMBASE



11. Choosing First-Line Biologic Treatment for Moderate-to-Severe Psoriasis: What Does the Evidence Say?

Author(s): Amin M.; No D.J.; Egeberg A.; Wu J.J.

Source: American Journal of Clinical Dermatology; Feb 2018; vol. 19 (no. 1)

Publication Date: Feb 2018

Publication Type(s): Article

PubMedID: 29080066

Available at [American Journal of Clinical Dermatology](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: An advanced understanding of the pathogenesis of psoriasis has led to the development of multiple therapeutic options for moderate-to-severe psoriasis. Tumor necrosis factor inhibitors, ustekinumab, interleukin-17 inhibitors, and guselkumab (an interleukin-23 inhibitor recently approved for psoriasis) are commercially available biologic agents for psoriasis. Evidence from clinical trials provides pertinent information regarding the safety and efficacy of biologic agents for psoriasis, which should be integrated into clinical decision making. However, disease presentations, disease severity, and comorbid conditions can complicate the choice of initial treatment, which underscores the importance of providing personalized therapy for patients with psoriasis. Furthermore, each biologic agent offers unique benefits and limitations for the treatment of patients with psoriasis. Here, evidence-based recommendations are presented and discussed regarding first-line biologic therapy options for patients with psoriasis and distinct comorbid conditions or patient-related factors. We discuss the comorbid conditions of psoriatic arthritis, multiple sclerosis, congestive heart failure, inflammatory bowel disease, hepatitis B, and latent tuberculosis. Moreover, we describe treatment recommendations for distinct patient populations with psoriasis, including pediatric patients with psoriasis and patients with psoriasis of childbearing potential and nursing. Copyright © 2017, Springer International Publishing AG.

Database: EMBASE

12. The potential impact on future fertility for biologics and emerging therapies for psoriasis and atopic dermatitis

Author(s): Kong B.Y.; Immaneni S.; Xu S.; Woodruff T.K.; Paller A.S.

Source: Journal of Investigative Dermatology; Oct 2017; vol. 136 (no. 10)

Publication Date: Oct 2017

Publication Type(s): Conference Abstract

Abstract: Recently, the impact of therapeutics on future fertility has received wider recognition in oncology, including melanoma. Unlike methotrexate, which has an adverse effect on male fertility, there is relatively little known how newer systemic and biologic drugs for psoriasis and atopic dermatitis affect future fertility. We conducted a retrospective review of FDA, European Union, and Health Canada regulatory data, as well as the medical literature to assess the fertility risk of biologics and new medications approved after 2004 for psoriasis and atopic dermatitis. Off-label drugs were also included. We used a previously reported fertility risk system (A/B/C/D/X/N), which is analogous to the FDA's former pregnancy risk category system. IL-17 inhibitors (brodalumab, ixekizumab, secukinumab), TNF-alpha inhibitors (adalimumab, etanercept, infliximab), JAK-inhibitors (tofacitinib/ruxolitinib), apremilast, and topical crisaborole were reviewed. For females, 27% (3/11)



of medications represented a potential fertility risk in animal studies without human data (Category C - apremilast, tofacitinib, and ruxolitinib), 55% (6/11) did not show ovarian toxicity in animal studies without human data (Category B), and 18% (2/11) had an unknown risk (Category N - adalimumab/etanercept). For males, all medications were Category B. 82% (9/11) of the systemic medications did not show toxicity to sperm in animal studies. Adalimumab and etanercept lacked animal data, but the available human data did not reveal significant gonadal toxicity (Category B). The impact of new biologics and systemic drugs for psoriasis and atopic dermatitis on future fertility is largely unknown but the available data suggests that most of the treatments have no adverse effects. The paucity of data, particularly for female fertility, underscores the need for longer outcome tracking and the further assessment of existing registries.

Database: EMBASE

13. Secukinumab in pregnancy: Outcomes from the global safety database

Author(s): Sullivan J.; Warren R.B.; Reich K.; Langley R.G.B.; Strober B.; Fox T.K.; Piketty C.; Safi J.

Source: Australasian Journal of Dermatology; May 2017; vol. 58 ; p. 89

Publication Date: May 2017

Publication Type(s): Conference Abstract

Available at [Australasian Journal of Dermatology](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

Available at [Australasian Journal of Dermatology](#) - from Unpaywall

Abstract: Introduction: Secukinumab, an anti-IL-17A monoclonal antibody, has been shown to be efficacious in the treatment of moderate to severe psoriasis and psoriatic arthritis. The development program of secukinumab excluded pregnant women and required the use of effective contraception in women of childbearing potential. Study medication was required to be discontinued if a trial subject became pregnant. We report on the outcome of known cases of pregnancy during which female patients or their partners had received secukinumab. Materials and Methods: The Novartis global safety database (including clinical trial and post-marketing data) was searched and all cases of pregnancy (including either maternal or paternal exposure to secukinumab) were included in this analysis. The cut-off date was 25th Dec, 2015. Results: Over 21,500 patient treatment years' worth of data were evaluated. In all maternal exposure cases, treatment with secukinumab was interrupted or discontinued upon confirmation of pregnancy. Of the confirmed pregnancies, 66 (78.6%) were cases of maternal exposure and 18 (21.4%) paternal. Of 15 maternal cases that carried to term, 15/15 (100%) led to delivery of a live neonate without congenital malformation. In 11 maternal subjects the pregnancy is ongoing. In 32 of the maternal cases elective termination occurred or there is missing information. Spontaneous maternal abortion occurred in eight subjects (which is within the expected range). The paternal exposure data showed a similar pattern. Conclusion: Of those pregnancies carried to term, all resulted in delivery of live neonates without congenital abnormality. However, the safe use of secukinumab in pregnancy requires further research.

Database: EMBASE



14. Update on biologic safety for patients with psoriasis during pregnancy

Author(s): Porter M.L.; Lockwood S.J.; Kimball A.B.

Source: International Journal of Women's Dermatology; Mar 2017; vol. 3 (no. 1); p. 21-25

Publication Date: Mar 2017

Publication Type(s): Review

Available at [International Journal of Women's Dermatology](#) - from Europe PubMed Central - Open Access

Available at [International Journal of Women's Dermatology](#) - from Unpaywall

Abstract:Biologic agents have become more common to treat patients with psoriasis, but concerns about their effect on pregnancy and lactation often preclude this treatment during these time periods. During the past decade, we have gained a much better understanding of the course of psoriasis during pregnancy and the safety of the use of biologic agents during pregnancy and lactation. Under certain circumstances, biologic agents can be considered appropriate treatment options for patients who are pregnant or lactating. Copyright © 2016 Women's Dermatologic Society

Database: EMBASE

15. Secukinumab for the treatment of psoriatic arthritis

Author(s): Baronaite Hansen R.; Kavanaugh A.

Source: Expert Review of Clinical Immunology; Oct 2016; vol. 12 (no. 10); p. 1027-1036

Publication Date: Oct 2016

Publication Type(s): Article

Abstract:Introduction: Secukinumab (Cosentyx) is an interleukin-17A (IL-17A) inhibitor administered subcutaneously. Through 2016, it had received approval in a number of countries, including the USA, Japan and in the EU for the treatment of plaque psoriasis, psoriatic arthritis (PsA) and ankylosing spondylitis (AS). Areas covered: This review addresses the mechanism of action, efficacy and safety of secukinumab observed in clinical studies of patients with PsA. Data from recent studies of secukinumab in psoriasis, PsA and AS are included. Expert commentary: Secukinumab appears to be effective in improving various aspects of PsA, including improvements in psoriatic skin, enthesitis and dactylitis, as well as inhibition of the radiographic progression of peripheral arthritis. Secukinumab was in general well tolerated; the most common adverse events were nasopharyngitis, headache, and upper respiratory tract infection. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

Database: EMBASE

16. Psoriasis during pregnancy: Characteristics and important management recommendations

Author(s): Hoffman M.B.; Farhangian M.; Feldman S.R.

Source: Expert Review of Clinical Immunology; Jun 2015; vol. 11 (no. 6); p. 709-720

Publication Date: Jun 2015

Publication Type(s): Review



Abstract: The treatment of psoriasis in pregnant women can be challenging. Psoriasis generally improves during pregnancy; however, many pregnant patients still require treatment. In treating pregnant patients, the benefits of treatment and risks to the mother and the fetus must be considered. For localized psoriasis, topical corticosteroids are the treatment of choice. Other topical agents that are approved for the treatment of psoriasis, such as topical tar products and topical tazarotene, should be avoided during pregnancy because of unclear risks of teratogenicity. For moderate-to-severe psoriasis, ultraviolet B phototherapy is preferred. Despite limited safety data, biologics are favored over other systemic medications when needed. While there are new treatment options for psoriasis, there is limited information on the safety of medications during pregnancy. Copyright © 2015 Informa UK, Ltd..

Database: EMBASE



Strategy 630768

#	Database	Search term	Results
1	EMBASE	exp SECUKINUMAB/	2388
2	EMBASE	(Secukinumab).ti,ab	1522
3	EMBASE	(1 OR 2)	2442
4	EMBASE	(pregnan*).ti,ab	584299
5	EMBASE	exp PREGNANCY/	625012
6	EMBASE	(4 OR 5)	836273
7	EMBASE	(3 AND 6)	37
8	EMBASE	(Cosentyx).ti,ab	18
9	EMBASE	(6 AND 8)	1
10	Medline	(Secukinumab).ti,ab	613
11	Medline	(pregnan*).ti,ab	461942
12	Medline	exp PREGNANCY/	859452
13	Medline	(11 OR 12)	958626
14	Medline	(10 AND 13)	5
16	EMBASE	("interleukin 17 inhibitor").ti,ab	23
17	EMBASE	("IL 17 inhibitor").ti,ab	121
18	EMBASE	(16 OR 17)	139
19	EMBASE	(6 AND 18)	4



20	Medline	("interleukin 17 inhibitor*").ti,ab	14
21	Medline	("IL 17 inhibitor*").ti,ab	75
22	Medline	(20 OR 21)	86
23	Medline	(13 AND 22)	2