Table SI. Monoclonal antibodies for psoriasis and psoriatic arthritis: indications, biological mechanisms and risk in latent tuberculosis infection (LTBI)

Monoclonal antibody	Target	Indication for psoriasis/psoriatic arthritis	Main known immune mechanisms in LTBI	Main cellular source
Certolizumab pegol	TNF-α	Y/Y	Macrophages turn-over and reduced Mtb burden (inducer of cell apoptosis) Enhancing intracellular Mtb killing Turn-over and maturation of cells constituting granulomas (maintenance of granuloma integrity)	Th1 CD8+ T-cells Macrophages
Etanercept	TNF-α	Y/Y		
Adalimumab	TNF-α	Y/Y		
Infliximab	TNF-α	Y/Y		
Golimumab	TNF-α	N/Y		
Ustekinumab	IL-12p40 IL-23p40	Y/Y	Differentiation and survival of Mtb-specific $CD4^+$ effector and memory cells IFN-γ-mediated response Differentiation of Th17	Macrophages APC (as ex. dendritic cells)
Guselkumab	IL-23p19	Y/Y		
Tildrakizumab	IL-23p19	Y/N		
Risankizumab	IL-23p19	Y/N		
Secukinumab	IL-17A	Y/Y	Regulation of mononuclear and neutrophils chemotaxis Induction of CXC-chemokines Development of hypoxic granulomas	Th17 iNKT
Ixekizumab	IL-17A IL-17A/F	Y/Y		
Brodalumab	IL-17RA	Y/N		

OR: odds ratio; Mtb: *Mycobacterium tuberculosis* complex; Th1: $CD4^+$ T-helper 1 lymphocytes; APC: antigen-presenting cells; Th17: $CD4^+$ T-helper 17 lymphocytes; iNKT: invariant natural killer T-cells; TNF-α: tumour necrosis factor alpha; LTBI: latent tuberculosis infection; Y: yes; N: no.

*Reference: Lorenzetti R, Zullo A, Ridola L, Picchianti Diamanti A, Laganà B, Gatta L, et al. Higher risk of TB reactivation when anti-TNF is combined with immunosuppressive agents: a systematic review of randomized controlled trials. Ann Med 2014; 46: 547–554.