**Methods**

We performed a multicenter retrospective observational study of all adult patients affected by plaque-type psoriasis and treated with ustekinumab therapy following discontinuation of 300-mg secukinumab treatment. Patients referred to the outpatient clinics of the dermatology units belonging to the Universities of Pisa, University of Modena, University of Bologna, I.R.C.C.S. Policlinico San Donato Hospital, and University of Genoa, until May 2018. Patient demographic and clinical/anamnestic data (patient age, gender, height, weight, BMI, age at disease onset, disease duration, presence of comorbid conditions), previous and concomitant therapies were considered for statistical analyses. Disease severity was assessed using both Psoriasis area and severity index (PASI) and Dermatology Life Quality Index (DLQI) scores, while safety was evaluated by reported adverse events (AEs). PASI improvement was assessed as mean value ± standard deviation at each time point, and as 50, 75, 90, and 100% improvement of the baseline PASI value (PASI50, PASI75, PASI90, and PASI100). We defined as exclusion criteria: *(i)* patients who did not sign the informed consent; *(ii)* patients with missing baseline PASI score; *(iii)* patients with less than 12-week ustekinumab therapy. The study was approved by the local ethical committee of each University clinic.

**Statistical analyses**

Continuous variables were presented as mean value ± standard deviation (SD), and categorical variables as absolute values and percentage. All data are presented using as observed analysis. The student T test was used to evaluate statistical significance of PASI and DLQI reduction at each timepoint compared to baseline values. All values were considered statistically significant when p was <0.05.