Viernes, 26 de Octubre

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Complejo Asistencial Universitario de León
Clinical efficacy of IL-17 blockade in psoriasis:
PASI 75, 90, 100 and PGA 0/1 at week 12-16

- Secukinumab week 12 data from phase III studies 2302-2303, Ixekizumab week 12 data from Uncover 1 and Uncover 2 phase III trials. Brodalumab week 12 data from Amagine 1, Amagine 2 and Amagine 3 trials.

Data are not from head-to-head studies. Values presented are rounded values from different publications.

IL, interleukin; PASI, Psoriasis Area and Severity Index; sPGA, static Physician Global Assessment.

Resolved psoriasis lesions contain IL-17 producing T-cells

A Healthy skin
- IL-17A
- IL-22
- IL-22
- IL-17A

B Pt 10 resolved psoriasis (etanercept)
- TCR Vβ5.1
- IL-17A
- Merge

C % Vβ-17 positive cells
- Pt 1
- Pt 2
- Pt 10

D % Total IL-17A
- Pt 1
- Pt 2
- Pt 10

Eczematous eruptions with IL-17 antagonists

Occurs within weeks to months after starting IL-17 antagonists

In patients with /without atopy

May require withdrawal of the causative agent

Magos T et al J Clin Inves

Impact of Mirikizumab Treatment on Psoriasis Disease Activity at Week 52 Based upon Prior Treatment with Biologic Therapy

**Figure 4. PASI 90 Response Rates at Week 52 Among Exposure-Naive and Prior-Exposure Patient Groups, NRI**

**Figure 5. PASI 100 Response Rates at Week 52 Among Exposure-Naive and Prior-Exposure Patient Groups, NRI**

**Conclusions:**
- Long-term treatment (Weeks 16–52) with mirikizumab substantially improved disease activity in both exposure-naive and prior-exposure-to-biologics patients with moderate-to-severe plaque psoriasis who did not achieve PASI 90 at Week 16.
- Results suggest that mirikizumab is effective in achieving high PASI 90 response among patients who received prior biologic therapy.

**Disclosures:**
- PP received travel support from AbbVie, Amgen, Amgen Pharmaceuticals, Bausch & Lomb, Celgene, Certara, Eli Lilly and Company, Gilead Sciences, Inc., Janssen, Merck, Novartis, Pfizer, and Sanofi Genzyme; acted as a consultant and/or speaker for AbbVie, Amgen, Amgen Pharmaceuticals, Bausch & Lomb, Celgene, Certara, Eli Lilly and Company, Gilead Sciences, Inc., Janssen, Merck, Novartis, Pfizer, and Sanofi Genzyme; and has a financial interest in Daiichi Sankyo, a Division of Daiichi Sankyo Company, Ltd.
- EK is an employee at Eli Lilly and Company.
- DWS is a consultant and/or speaker for AbbVie, Amgen, Amgen Pharmaceuticals, Bausch & Lomb, Celgene, Certara, Eli Lilly and Company, Gilead Sciences, Inc., Janssen, Merck, Novartis, Pfizer, and Sanofi Genzyme; and has a financial interest in Daiichi Sankyo, a Division of Daiichi Sankyo Company, Ltd.

**Reference:**
IMMhance: Efficacy and safety of continuous 12-weekly risankizumab versus treatment withdrawal

Efficacy endpoints at Week 52 (NRI)

598 patients receiving RZB and 199 receiving UST were included in this integrated analysis

Efficacy outcomes at Week 52 (ITT NRI)

*P<0.001 vs ustekinumab
Lebwohl M, et al. AAD 2019, P8108 Sponsored by AbbVie Inc

Langley R, et al. AAD 2019, P10093
ultIMMa-1 and ultIMMa-2: Durable efficacy of risankizumab compared with ustekinumab across subgroups of patients with psoriasis

Foley P, et al. AAD 2019, P9780 Sponsored by AbbVie Inc
Long-term safety of tildrakizumab in patients with moderate-to-severe psoriasis: pooled analysis through 148 weeks from two phase 3 trials

K Reich, D Thaci, I Pau-Charles, A Igarashi, M Ohtsuki, MG Lebwohl, W Cantrell, S Rozzo, A Blauvelt, L Iversen

Table 1. Three-Year Cumulative EAIR of AEs

<table>
<thead>
<tr>
<th></th>
<th>TIL 100 mg</th>
<th>TIL 200 mg</th>
<th>PBO</th>
<th>ETN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=872</td>
<td>N=928</td>
<td>N=543</td>
<td>N=313</td>
</tr>
<tr>
<td>SAE</td>
<td>118 (5.86)</td>
<td>112 (5.47)</td>
<td>13 (6.33)</td>
<td>20 (13.04)</td>
</tr>
<tr>
<td>Drug-related SAE</td>
<td>16 (0.79)</td>
<td>11 (0.54)</td>
<td>2 (0.97)</td>
<td>5 (3.26)</td>
</tr>
<tr>
<td>Discontinued due to SAE</td>
<td>19 (0.94)</td>
<td>16 (0.78)</td>
<td>1 (0.49)</td>
<td>5 (3.26)</td>
</tr>
<tr>
<td>Discontinued due to drug-related SAE</td>
<td>7 (0.35)</td>
<td>4 (0.20)</td>
<td>0 (0)</td>
<td>1 (0.65)</td>
</tr>
<tr>
<td>Severe infections</td>
<td>23 (1.14)</td>
<td>23 (1.12)</td>
<td>2 (0.97)</td>
<td>3 (1.96)</td>
</tr>
<tr>
<td>Malignancies (excluding NMSC)</td>
<td>11 (0.55)</td>
<td>8 (0.39)</td>
<td>0 (0)</td>
<td>2 (1.30)</td>
</tr>
<tr>
<td>NMSC</td>
<td>10 (0.50)</td>
<td>10 (0.49)</td>
<td>2 (0.97)</td>
<td>2 (1.30)</td>
</tr>
<tr>
<td>Confirmed MACE</td>
<td>8 (0.40)</td>
<td>11 (0.54)</td>
<td>1 (0.49)</td>
<td>1 (0.65)</td>
</tr>
<tr>
<td>Injection site reactions</td>
<td>39 (1.94)</td>
<td>47 (2.30)</td>
<td>11 (5.36)</td>
<td>62 (40.41)</td>
</tr>
<tr>
<td>Drug-related hypersensitivity reaction</td>
<td>6 (0.30)</td>
<td>3 (0.15)</td>
<td>1 (0.49)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

Data are n (number of patients with event per 100 patient-years of exposure). AE: adverse event; EAIR: Exposure-Adjusted Incidence Rate; ETN: etanercept; MACE: Major adverse cardiovascular events; NMSC: non-melanoma skin cancer; PBO: placebo; SAE: serious adverse event.

DEVELOPING A THERAPEUTIC WINDOW FOR SECUKINUMAB IN PSORIASIS: A STEP TOWARDS PERSONALIZED THERAPY


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2. Department of Pharmaceutical and Pharmacological Sciences, KU Leuven, Leuven, Belgium
3. Private practice Dermatology Maldem, Belgium
4. Department of Dermatology, Maria Middelaers Hospital, Ghent, Belgium

INTRODUCTION
A 'one size fits all' dosing regimen of secukinumab is currently applied in psoriasis patients which may lead to over- and undertreatment.

OBJECTIVE
To define a therapeutic window of secukinumab that can be targeted in order to achieve optimal clinical response in psoriasis patients.

MATERIALS AND METHODS
- 40 adult patients with psoriasis vulgaris
- Secukinumab 300 mg monthly (sc) for at least 24 weeks (maintenance)
- Single blood sampling at trough (before next administration)
- In-house developed secukinumab ELISA (KU Leuven)
- Clinical response evaluated with Psoriasis Area and Severity Index

RESULTS
Secukinumab concentrations grouped based on absolute PASI

![Figure 1. Secukinumab concentration (µg/ml) grouped based on absolute PASI score at trough. Mann-Whitney U test, p = 0.004](image)

Concentration effect curve of secukinumab for psoriasis cohort

![Figure 2. The dashed vertical line represents the pivotal secukinumab cutoff level of 33.2 µg/ml. Each black dot in the curve represents the median (IQR) secukinumab concentration, with correlating median ΔPASI score, for one group (4 equal-sized groups).](image)

TAKE HOME MESSAGE
Psoriatic patients with a suboptimal response and secukinumab trough concentrations below 33.2 µg/ml during maintenance are potentially undertreated and could benefit from dose intensification.
Ustekinumab for the Treatment of Moderate-to-severe Plaque Psoriasis in Pediatric Patients (≥6 to <12 Years of Age): Results From CADMUS Jr

S. Philipp,1 A. Menter,2 A. Nikkels,3 K. Barber,4 M. Song,5 B. Randazzo,6 S. Li,7 M.-C. Hsu,8 A. Paller9

1Charité - Universitätsmedizin Berlin, Berlin, Germany; 2Baylor Scott & White Health at Dallas, Dallas, TX, USA; 3Centre Hospitalier Universitaire de Liège Domaine Universitaire du Sart-Tilman, Liege, Belgium; 4Kirk Barber Research, Inc., Calgary, Alberta, Canada; 5Janssen Research & Development, LLC, Spring House, PA, USA; 6Northwestern University Feinberg School of Medicine and Ann & Robert H Lurie Children’s Hospital, Chicago, IL, USA

Author Disclosures: S. Philipp, A. Menter, A. Nikkels, K. Barber, and A. Paller are advisors, investigators, and/or speakers for Janssen. M. Song, B. Randazzo, S. Li, and M.-C. Hsu are employees of Janssen Research & Development, LLC.

Objective
- To evaluate the efficacy and safety of ustekinumab in pediatric patients with moderate-to-severe plaque psoriasis (PsO).

Methods
- CADMUS Jr is a phase 3, open-label, single-arm, multicenter (22 sites in 7 countries) study conducted to evaluate ustekinumab in pediatric patients ≥6 to <12 years of age with moderate-to-severe plaque PsO.
- To be eligible for enrollment, patients had to have a
  - Psoriasis Area and Severity Index (PASI) score ≥30
  - Physician Global Assessment (PGA) score ≥3.0
  - Body surface area (BSA) involved with PsO ≥10%
  - And be candidates for phototherapy/dynamic treatment or considered by the investigator to be a good candidate for ustekinumab
- Patients received body weight based standard dose of ustekinumab (Table 1) administered by subcutaneous (SC) injection at Weeks 0 and 4, followed by every 12 weeks through Week 40 (Figure 1).

Results
- In total, 64 patients (PAS0 score range, 30.7-75.7; PASI score range, 10.0-65.0) were enrolled and received at least one injection of ustekinumab. Median age was 10.2 years and median weight was 48.0 kg (range, 22.0-88.0 kg).

Conclusions
- Overall, 34 patients (53.1%) achieved PASI 75. Significant adverse events (SAEs) were reported for 1 patient (1.5%); however, none were serious. There were no deaths, and no new safety concerns were identified in this pediatric population.
Assessing The Differences Between Psoriasis Patients Who Are Aligned With Their Dermatologists On Their Current Disease Severity Versus Patients Who Are Misaligned

Neil Korman1, Lisa Renda2, Mwangi Murage2, Orin Goldblum2, Chen-Yen Lin2, Steve Lobasco3, James Lucas2, Chloe Middleton3 and Bill Malatestinic2.

1University Hospitals Case Medical Center, Cleveland 2Lilly USA, LLC, 3Adelphi Real World, United Kingdom.

Introduction
Psoriasis (PsO) is a chronic inflammatory disease, typically characterized by red, thick and scaly plaques. Increased disease severity can have a negative impact on the quality of life of patients. Previous studies have indicated there is a disconnect between patients and dermatologists on disease severity.1

Objective
The aim of this analysis is to assess the differences in clinical burden and quality of life between patients who are aligned vs. misaligned with their dermatologist on their current disease severity.

Methods
Data were drawn from the Adelphi 2017 PsO Disease Specific Programme (DSP); a real world survey of PsO patients and their treating dermatologists in the US. Dermatologists reported their assessment of the patient’s current disease severity whilst patients independently reported their own subjective assessment of current disease severity as mild, moderate or severe. Patients were assigned to one of two groups (‘aligned’ or ‘misaligned’) based on agreement between patient self-reported and dermatologist reported severity.

Statistical analyses
Patient groups were compared using analysis of covariance (ANCOVA) and multivariate logistic regression for categorical variables. Time since diagnosis, sex, current treatment with a biologic, and concurrent psoriatic arthritis were included as covariates.

Patient cohorts for analysis
Of the 219 patients included in the analysis, 164 were aligned and 55 were misaligned regarding reported disease severity (table 1).

<table>
<thead>
<tr>
<th>Table 1: Dermatologist and patient reported disease severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: n=219</td>
</tr>
<tr>
<td>Dermatologist reported severity</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>n=55 misaligned</td>
</tr>
<tr>
<td>n=164 aligned</td>
</tr>
</tbody>
</table>


Skin Inflammation & Psoriasis International Network (SPIN); 25-27 April 2019; Paris
Assessing the Differences Between Psoriasis Patients Who Are Aligned With Their Dermatologists On Their Current Disease Severity Versus Patients Who Are Misaligned

- Demographically, patients who were misaligned were significantly older than aligned patients (51.0 vs. 45.5 years, p=0.005).
- Misaligned patients had a higher Body Surface Area (BSA) (10.08%, vs. 4.54%, p=0.002) (figure 1).
- On a scale of 0 (no itch) to 10 (worst possible itch), misaligned patients reported a higher intensity (4.21 vs. 2.67, p=<0.001) (figure 2) and greater odds of increased frequency of itching (OR: 3.655, p=<0.001) (figure 3).
- Misaligned patients also had higher odds of currently flaring (OR: 3.092, p=0.010) and lower odds of being satisfied with treatment control (OR 0.390, p=0.006) (figure 3).

**Figure 1: Current BSA%**

- Misaligned patients (n=53)
- Aligned patients (n=160)

**Figure 2: Intensity of Itching (0-10 scale)**

- Misaligned patients (n=52)
- Aligned patients (n=160)

**Figure 3: Odds Ratio for Clinical Status: Misaligned vs. Aligned Patients**

- Frequency of itching
- Flaring currently
- Satisfaction with current treatment control (dermatologist-reported)

Following variables used as covariates: Time since diagnosis, sex, current treatment, and concurrent psoriatic arthritis.
Assessing the Differences Between Psoriasis Patients Who Are Aligned With Their Dermatologists On Their Current Disease Severity Versus Patients Who Are Misaligned

- Overall the mean DLQI score was significantly higher for misaligned patients (6.92 vs. 4.71, p=0.010) (figure 4).
- Misaligned patients had higher odds of reporting itchy/sore skin (OR: 3.232, p<0.001), being embarrassed with skin (OR: 2.355, p=0.004) and PsO influencing choice of clothes (OR: 2.642, p=0.002) (figure 5).
- Misaligned patients also had higher odds of reporting impaired sleep (OR: 2.486, p=0.003) (figure 5).

Figure 4: Dermatology Life Quality Index (DLQI) Score

Figure 5: Dermatology Life Quality Index (DLQI) Domain

CONCLUSIONS
Patients who were misaligned with their dermatologist on the current level of their disease severity were more likely to report a higher clinical burden and lower levels of satisfaction with treatment control. They also had a higher likelihood of reporting a lower quality of life, greater intensity of itching and impaired sleep. These findings underscore the importance of alignment on severity between dermatologists and patients for optimal PsO control.

LIMITATIONS
Dermatologist inclusion is likely influenced by willingness to take part, and practical considerations of geographical location. The methodology relied on accurate reporting by physicians/patients.
Background
Chikungunya, dengue, and zika infections:
• Exacerbation of psoriasis
• Relationship with the worsening of psoriasis?

Objectives
Does the arboviruses result in clinical modification of psoriasis in patients under biological therapy?

Methods
Retrospective (2016-2018, 53 consecutive patients):
• Psoriasis + biological therapy
• Active screening for arboviruses infections
• Demographic, clinical, therapeutic data
• Clinical outcomes:
  - No interference vs exacerbation of psoriasis
  - Need for biological suspension

Statistical analysis
• Independent t-test, chi-square test
• P<0.05 → significant

Results
• Age (52±14 years), Females (51%), BMI (±)
• Vulgar type (68%), since diagnosis (231±108 months)
• Biologic therapy (77±44 months), adalimumab (37.5%)
• Arboviruses infection (11%)

Exacerbation of psoriasis (7%)
- Associated with presence of arboviruses infection (see Table)
- 83% successful management under biological therapy

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Psoriasis Worsening (No/Yes) n (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arboviruses</td>
<td>50 (89.3)/6 (10.7)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Immunosup. therapy</td>
<td>24 (42.9)/32 (57.1)</td>
<td>0.45</td>
</tr>
<tr>
<td>Comorbidity</td>
<td>24 (42.9)/32 (57.1)</td>
<td>0.17</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>52 (92.9)/4 (7.1)</td>
<td>0.56</td>
</tr>
<tr>
<td>Familial history</td>
<td>54 (96.4)/2 (3.6)</td>
<td>0.69</td>
</tr>
<tr>
<td>Smoking</td>
<td>53 (94.6)/3 (5.4)</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Diagnosis/Biologic therapy
Variable by type 0.90

Conclusions
• Arboviruses infection was significantly associated with exacerbation of psoriasis.
Gracias por su atención