Psoriasis Patients With PASI 90 Response Achieve Greater Health-Related Quality of Life Improvements Than Those With PASI 75-89 Response

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1Novartis Pharma AG, Basel, Switzerland; 2Novartis Pharma AG, East Hanover, NJ, United States; 3Mayo Clinic, Rochester, MN; 4University of Wisconsin-Madison; 5Dermatology Family Medicine; 6University of St. Thomas, St. Paul, MN. No external funding received for this work. Patients with moderate to severe plaque psoriasis on stable disease-modifying therapy for at least 12 months were randomized to receive either etanercept 50 mg qwk, secukinumab 150 mg q4wk, or secukinumab 300 mg q4wk from baseline until week 48. The primary endpoint was the presence of a Psoriasis Area and Severity Index (PASI) 90 response at week 12. Secondary end points included the Dermatology Life Quality Index (DLQI) score, Psoriasis Area and Severity Index (PASI), and 100-point visual analog scale (VAS) response. Patients who achieved a PASI 90 response also achieved a significant improvement in DLQI, global health status, and HRQoL, as assessed by the EuroQol 5-Dimensional Health Status Questionnaire (EQ-5D). This study was sponsored by Novartis Pharma AG, Basel, Switzerland.

BACKGROUND

• Secukinumab, a fully human monoclonal antibody that selectively targets interleukin (IL)-17A, has been demonstrated in phase 3 studies to be highly efficacious in the treatment of moderate to severe plaque psoriasis, with a low rate of adverse events, a sustained effect, and an excellent safety profile.

• Previous research indicates that patients with moderate to severe plaque psoriasis who achieve an objective skin clearing, defined by a Psoriasis Area and Severity Index (PASI) 90 response, had a significantly higher rate of objective response to further treatments with secukinumab compared with the Baseline Demographic and Disease Characteristics

• 1,470 subjects were randomized to active treatment (150 mg, n = 572; 300 mg, n = 327) and Placebo (n = 327)

• Given similarly across groups, active treatment arms were combined.

• Subjects who achieved PASI 90 response were more likely to achieve DLQI and EQ-5D VAS responses than those who achieved PASI 75-89 response.

• Through week 52, differences in proportion of PRO responders between PASI 75-89 and PASI 90 response was greater for the DLQI.

• Percentage of DLQI and EQ-5D VAS Responders by Week 12 PASI 90 Response Status Over Time (Pooled Active Treatment)

• Patients skin clearing is related to improvements in some measures of HRQOL and health status.

• The benefit of PASI 90 over PASI 75-89 is more pronounced for a disease-specific measure (DLQI) than a general health status (EQ-5D) measure.

OBJECTIVE

• To evaluate the additional benefit of achieving improvements in objective skin clearing on patient-reported outcomes (PRO) responses in patients with moderate to severe plaque psoriasis.

METHODS

• ERASURE and FIXTURE, two multicenter phase 3 trials, were used in this pooled analysis.

• Subjects aged 18 years and older were randomized 1:1:1 in ERASURE to subcutaneous treatment with secukinumab 150 mg or 300 mg or Placebo at weeks 12, 13, 14, and 15, then q4wk from week 16 until week 48.

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• Maintenance treatment starts at week 12 and continues q4wk until week 48.

• Secukinumab 150 mg qwk, and 300 mg q4wk were administered every 4 weeks, starting on the same day at week 12.

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CONCLUSION

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REFERENCES

3. Psoriasis Area and Severity Index (PASI) and Psoriasis Area and Severity Index; VAS = visual analog scale.
4. Dlq1 = Dermatology Life Quality Index; Egd-Vas = EuroQol-5 Dimensional Health Status Questionnaire; Psag = Psoriasis Area and Severity Index; VAS = Visual analog scale.
5. Percentage of DLQI and EQ-5D VAS Responders by Week 12 PASI 90 Response Status Over Time (Pooled Active Treatment)

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