Psoriasis

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PSORIASIS
Psoriasis News. Topical treatment

- **Calcipotriene/Betamethasone Dipropionate (Cal/BD) foam:**
  - In the real-world, Cal/BD foam is associated with significant improvements in response to treatment, with **70.6% of psoriasis lesions being “clear” or “almost clear”** (Wu et al; USA) after mainly once-daily topical application for **4 weeks**.
  - It is expected that Cal/BD foam will improve the long-term, real-world effectiveness compared with other available topical therapies (Lebwohl et al).
  - Effective, well-tolerated topical agent that significantly improved psoriasis disease management in **patients on stable biologic therapy (76% BSA ≤ 1 w.4). Prevent or delay switch** in patients. (Bagel et al)

- **HAT 1 (Botanical complex)**
  - 174 pts. **68.9% of HAT1-treated patients achieving a PASI-75** vs. 30.8% for calcipotriol (p< 0.005). Well tolerated
Psoriasis News. Phosphodiesterase-4 inhibitor

• Apremilast
  • Treatment outcomes for patients with psoriasis in difficult-to-treat areas, such as the nails, scalp, palms, and soles, were improved with apremilast. Patients’ quality of life as measured by the DLQI was rapidly and significantly improved by apremilast (Reich et al; Germany)
  • APR significantly improved patient and physician assessments of treatment effectiveness in systemic- and biologic-naive patients with moderate plaque psoriasis (BSA 5% to 10%). Phase IV (Lebwohl et al)
  • Physicians can use apremilast in combination with systemic therapies, biologic therapies, or phototherapy to control aggressive plaque psoriasis that cannot be managed with one agent alone (Ighani et al)
  • PsA (PALACE 1, Kavanaugh et al). Sustained, clinically meaningful improvements in PsA signs/symptoms, physical function, and associated psoriasis for up to 5 years (ACR 20 71%, w.260). Favorable safety profile.
  • With APR, decreases in A1c and weight were greater in patients with higher baseline A1c (Puig et al)
Psoriasis News. Anti-TNF

- **Adalimumab**:
  - **Nail**: mNAPSI 75  54-65% w.52 (Crowley et al).
  - **8-year interim analysis**, no new **safety** signals. As-observed **effectiveness** stable (Wu et al).

- **Certolizumab Pegol** (Pooled Analysis Ph.III CIMPASI 1,2,CIMPACT; Reich et al)
  - **PASI 75 80,1%**; w.16. Anti-TNF safety profile. **Unique molecular structure** (Reich et al)
  - **With and without prior exposure to systemic therapy**, including biologics (Blauvelt et al)
Psoriasis News. Anti-IL12/23 (Anti-p40)

• **Ustekinumab**
  
  • **Benefit on carotid IMT** of treatment with biological drugs, especially *ustekinumab*, and *methotrexate* in patients with moderate and severe psoriasis (Martínez López et al; Granada).
  
  • **Late Breaking**. (Gelfand) A **Phase IV**, Randomized, Double-blind, Placebo-controlled Crossover Study of the Effects of ustekinumab on Vascular Inflammation in Psoriasis (The Vip-U Trial).
    
      • Total aortic vascular inflammation was an average TBR of 1.31±0.15 at baseline and at week 12 was **reduced by 6.6% in the ustekinumab** group while the placebo group TBR increased by 12.1% (p=0.001).
    
      • Ustekinumab improves psoriasis and **reduces vascular inflammation** as measured by FDG-PET/CT.
Psoriasis News. Anti-IL17A

- **Secukinumab**
  - High levels of skin clearance and improvement in *quality of life* with a favorable *safety profile* through *5 years* (SCULPTURE; Bissonnette et al).
    - Average PASI improvement through 5 years was ~90%
  - Demonstrated *efficacy in an anti-TNFα efficacy failure population*: 65% achieved PASI 75 at 16 weeks (SIGNATURE; Warren et al; UK and Ireland).
  - Can provide complete treatment for patients beyond skin psoriasis in *palmoplantar, nail, and scalp* manifestations (GESTURE, TRANSFIGURE, SCALP; Reich et al).
  - Pooled analysis of *19 phase 2/3 trials* supports the *favorable long-term safety profile* of secukinumab in patients with psoriasis (Blauvelt et al)
  - Similar rates of PASI75, PASI90 and PASI100 *response* were seen *in elderly* and younger subjects (Korber et al; Three Phase 3 trials).
  - Is *long-term effective in daily clinical practice* (Spain, Canada, South America...).
Psoriasis News. Anti-IL17A

• Ixekizumab
  • Strong and sustained **efficacy over 3 years**, while maintaining a favorable **safety profile**. Majority of patients sustained their PASI 90 and PASI 100 response. (Uncover 3; Leonardi et al).
  • **Nail**: (SPIRIT-P2) Ixekizumab provided persistent reduction and clearance of fingernail and skin lesions through 52 weeks in patients with **active PsA and a previous inadequate response to TNF-1 (NAPSI 0: 46%, week 52)**. (Merola et al)
  • **PsA**: In patients with active PsA who had previous **inadequate response to TNF-1**, Ixekizumab treatment for **52 weeks** provided **persistent efficacy** (ACR 20; 62%)
  • **PsA**: From the **Corrona PsO Registry**, it appears that dermatologists are prescribe **ixekizumab to their more severe psoriasis patients** (older, overweight/obese, biologic experienced, received three or more biologics, have psoriatic arthritis, a longer disease duration, and higher disease burden) (Wu et al)
Psoriasis News. Anti-IL17

• **Brodalumab** (IL17RA):
  - In patients with an *inadequate response to ustekinumab*, brodalumab may be a safe and effective alternative treatment *(PASI 90 58.1%; week 16)*. (Blauvelt, 2 Phase 3 CT)
  - Consistent *safety* and sustained efficacy for >2 years (108 weeks), with 60% of patients achieving PASI 100 and >79% of patients achieving sPGA 0/1 (Amagine 2/3; Lebwohl et al).

• **Bimekizumab** (Anti-IL17A and IL17F). Late Breaking. (Papp)
  - Phase 2b.
  - *Week 12*: 320 mg/4w dose; PASI 100 60%; **PASI 90 79.1%**.
  - Treatment-emergent *adverse events* were reported by 126/208 (61%) bimekizumab-treated patients versus 15/42 (36%) for placebo; *non unexpected* or *dose-related* safety risks were observed.
Psoriasis News. Anti-IL23 (Anti-p19)

- **Guselkumab**
  - **Efficacy** consistent at weeks 24 and 100 for multiple endpoints across the VOYAGE 1 and VOYAGE 2 studies (**PASI 90 77-79% w. 100**; Gordon et al). **Well tolerated.**
  - The **high efficacy** of guselkumab treatment was demonstrated across **all predefined weight quartiles** (VOYAGE 1/2; Papp et al).
  - Among **adalimumab PASI 90 non-responders**, switching to guselkumab treatment provided robust levels of **clinical response** (**PASI 90 73% 48w.**; Griffiths et al).
  - **Late Breaking.** (Reich. Phase 3 CT. Voyage 2)
    - Efficacy for the **continued GUS treatment** (w.28) group was maintained through wk72, while responses for the withdrawal group diminished, with **PASI90 responses of 86.0% vs 11.5%** respectively at Wk72.
    - Of 173 patients **retreated**, **87.6% achieved PASI90 within 6 months** of commencing retreatment.
    - **Maintenance of PASI90** response after drug **withdrawal** was associated with **continued suppression of IL-17A, IL-17F, & IL-22**.
Psoriasis News. Anti-IL23 (Anti-p19)

- **Risankizumab**
  - **Late-Breaking.** (Gordon. Two Phase III Trial: UltIMMa-1 (N=506) and UltIMMa-2 (N=491))
    - At week 16, **risankizumab**-treated patients achieved significantly higher PASI 90 (75.3%/74.8%) and sPGA 0/1 (87.8%/83.7%) response rates versus placebo- (4.9%/2.0%; 7.8%/5.1%) or **ustekinumab**-treated patients (42.0%/47.5%; 63.0%/61.6%).
    - At week 52, **risankizumab**-treated patients achieved significantly higher response rates **versus ustekinumab.** PASI 90 (80.6%/81.9%) vs (44.0/50.5%)
    - In both trials, treatment-emergent adverse event rates were comparable across treatment groups throughout the study duration.
Psoriasis News. Anti-IL23 (Anti-p19)

• **Tildrakizumab**
  
  - The overall pooled (reSURFACE1 reSURFACE2) **Week 28 PASI 75/90/100 responses were 78%/58%/29%**. PASI improvement was **maintained** from Week 28 to **Week 52** (Blauvelt et al)
  
  - Safety: Up to 64 weeks of tildrakizumab was **well tolerated**, with **low rates of serious TEAEs**, discontinuations due to AEs, and AEs of clinical interest (Blauvelt et al: P05495, reSURFACE1, reSURFACE2).

• **Mirikizumab**
  
  - **Phase 2.** (P. Rich et al) 300 mg w.0 and 8. **PASI 90 67%, w.16.** Overall frequency of adverse events was similar for mirikizumab and placebo treated patients
Thank you