PSORIASIS

CLINICAL RESPONSE OF FUMARIC ACID ESTERS IN PSORIASIS: REGISTRY DATA FROM 1,409 PATIENTS IN GERMANY

K Reich [1] - U Mrowietz [2] - D Thaci [3] - C Sorbe [4] - Ma Radtke [4] - Sj Rustenbach [4] - L Kühl [4] - M Augustin [4]

Dermatologikum Berlin, Sciderm Research Institute, Berlin, Germany [1] - University Medical Center Schleswig-holstein, Campus Kiel, Psoriasis Center, Dept. Of Dermatology, Kiel, Germany [2] - University Hospital Schleswig-holstein, Campus Lübeck, Comprehensive Center For Inflammation Medicine, Lübeck, Germany [3] - University Medical Center Hamburg-eppendorf, Institute For Health Care Research In Dermatology And Nursing (ivdp), Hamburg, Germany [4]

Introduction: Fumaric acid esters (FAEs), launched in 1994 in Germany, were approved in the European Union in 2017. Data on FAE usage and response is rare.

Objectives: In this study, the non-interventional German Psoriasis Registry PsoBest provides response data from routine care.

Materials & Methods: The PsoBest Registry observes adult patients with moderate to severe psoriasis. Patients are registered at naïve systemic treatment start. Data is collected in dermatological practices and walk-in clinics.
This analyses comprises FAE patients included in the registry until 2016. Beside baseline characteristics of patients, as-exposed-response-rates (PASI <= 3 or PASI-75) within the first 24 months of treatment were analysed.

Results: 1,409 FAE patients were sufficient for analyses (39.7% female, mean age 45.4 years). Patients averagely suffered psoriasis for 14.9 years were predominantly systemic naïve (85.6%). They showed marked disease burden: mean PASI 13.8, mean BSA 22.7. Nearly half of FAE patients suffered comorbidity (45.8%) at treatment start.
Number of patients available for response analyses at month 6 - 12 - 24 were 531 – 406 - 327. As-exposed-response-rates were 54.3 – 58.9 – 62.08 %. Mean exposure to FAE was 12.2 months with 193 mg per day (cumulative dose/ duration), which was only 20% of recommended maximum dose. After 24 months, the most frequent reason for treatment discontinuation was due to PASI-non-response (72.6%), 13.7% were reported due to safety issues and side effects.

Conclusions: Due to a more complex real-world psoriasis population, data showed response

rates in the lower ranges of clinical studies (50- 80% response after 16 weeks). Discontinuations in early treatment are often due to well-known side effects. Patients tolerating FAE showed satisfactorily response rates with comparable low daily doses. Since treatment is discontinued much more often due to inadequate effectiveness than intolerance, patients and dermatologists should be encouraged to try a sufficiently higher dosage.