



PSORIASIS

COMPARABLE AND CONSISTENT EFFICACY RESPONSES WITH UP TO 3 YEARS OF GUSELKUMAB TREATMENT IN PATIENTS WITH PLAQUE PSORIASIS REGARDLESS OF PRIOR TREATMENT: POOLED ANALYSIS FROM THE VOYAGE 1 AND VOYAGE 2

Kb Gordon⁽¹⁾ - *L Guenther*⁽²⁾ - *A Pinter*⁽³⁾ - *Y-b Choe*⁽⁴⁾ - *M Song*⁽⁵⁾ - *S Li*⁽⁶⁾ - *S Fakharzadeh*⁽⁷⁾ - *Y-k Shen*⁽⁶⁾ - *T-f Tsai*⁽⁸⁾

Medical College Of Wisconsin, Dermatology, Milwaukee, United States⁽¹⁾ - *Western University, Dermatology, London, Canada*⁽²⁾ - *Goethe Universität Frankfurt, Dermatology, Frankfurt Am Main, Germany*⁽³⁾ - *Konkuk University Hospital (kuh), Dermatology, Seoul, Republic Of Korea*⁽⁴⁾ - *Janssen Research & Development, Llc, Immunology, Spring House, United States*⁽⁵⁾ - *Janssen Research & Development, Llc, Clinical Biostatistics, Spring House, United States*⁽⁶⁾ - *Janssen Scientific Affairs, Llc, Medical Affairs, Horsham, United States*⁽⁷⁾ - *National Taiwan University Hospital, Dermatology, Taipei, Taiwan*⁽⁸⁾

Introduction/Objective: VOYAGE 1 and 2 are ongoing Ph3, randomized, double-blind, placebo/active comparator-controlled trials of guselkumab in moderate-severe plaque psoriasis. Long-term treatment with guselkumab according to prior psoriasis-treatment experience are presented.

Materials/Methods: VOYAGE1(N=837) and VOYAGE2(N=992) randomized patients to GUS 100mg at Wks0, 4, 12 then q8wk; placebo at Wks0, 4, 12, guselkumab at Wks16, 20 then q8wk; or adalimumab 80mg at Wk0, 40mg at Wk1, then 40mg q2wk until Wk47(VOYAGE1) or Wk23(VOYAGE2). In VOYAGE1, all pts received open-label GUS, Wks52-156. VOYAGE2 incorporated a randomized withdrawal study design followed by open-label GUS, Wks76-156. Pooled data for subgroups of patients who had “ever used” or “never used” various prior psoriasis therapies were analyzed, combining data for patients randomized to guselkumab and those randomized to placebo and switched to guselkumab.

Results: High proportions of GUS-treated pts had an IGA score of 0/1 at Wk100–83.1% (n=1103) and Wk156–82.6%(n=1042). Percentages of IGA 0/1 responders among subgroups of patients who had “ever used” vs “never used” prior PsO treatments were, respectively: Non-biologic systemic agents, Wk100–84.0%, (n=711) vs 81.6% (n=392), Wk156–83.4% (n=681) vs 81.2% (n=361); Biologics, Wk100–80.9% (n=225) vs 83.7%





(n=878), Wk156-75.1% (n=209) vs 84.5% (n=833); Anti-TNF- agents, Wk100-80.0% (n=110) vs 83.5% (n=993), Wk156-72.8% (n=103) vs 83.7% (n=939); IL-12/23 inhibitors, Wk100-80.5% (n=118) vs 83.5% (n=985), Wk156-73.9% (n=111) vs 83.7% (n=931); Phototherapy, Wk100-82.4% (n=636) vs 84.2% (n=467), Wk156-82.8% (n=603) vs 82.5% (n=439). IGA 0/1 response rates were generally comparable between those who “ever used” and those who “never used” each prior treatment class examined, though responses were slightly lower in pts who had “ever used” biologics at Wk156. Treatment with GUS was well-tolerated.

Conclusions: Guselkumab maintained durable and high levels of clinical response in psoriasis patients, regardless of previous use of psoriasis treatments, through up to 3 years of treatment.

