PSORIASIS

DRUG SURVIVAL OF BIOLOGICAL THERAPY IN SOUTH BRAZILIAN PSORIASIS PATIENTS

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Background: Previous studies have shown that the biologic drug survival in psoriasis (Pso) is mainly limited due to a gradual loss of efficacy over time.

Objective: To analyze drug survival rates of biologic treatments in a real-life cohort of patients with Pso and to evaluate reasons and predictors for treatment discontinuation.

Materials and Methods: Electronic medical records of Pso outpatients attending a Dermatology clinic in a public university hospital were reviewed. Drug survival was analyzed using the Log Rank test and the influence of different covariates was assessed by Cox regression.

Results: 106 treatment series administered in 75 patients were analyzed. In the first-line treatment, 51 series (68.0%) remained in current course. The most common reasons for discontinuation across biologic therapies were: lack of effectiveness (N = 23, 60.5%), discontinuation due to adverse events (N = 7, 18.4%), and cessation due to lack of provision of the medication by the Brazilian public health system (N = 5, 13.1%). When all series were considered, the comparison of Kaplan-Meier drug survival curves demonstrated that the time to discontinuation was longer for ustekinumab compared with all tumor necrosis factor inhibitors (anti-TNF) (HR 4.2 P = 0.039). When treatment discontinuities due to the non-receipt of the medication were censured, calculating these series as if they were in current drug use, the time to discontinuation was longer for ustekinumab compared with all anti-TNF drugs (HR 5,6 P = 0,018), and longer for secukinumab compared with etanercept (HR 4,9 P = 0.026) and infliximab (HR 4.1 P = 0.042). Longer disease duration (HR 6.0 P = 0.014) and greater number of comorbidities (HR 5.2 P = 0.023) were positive predictors for drug discontinuation.

Conclusions: Longer survival with IL-17 e IL12/23 inhibitors was observed compared to anti-TNF drugs.