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**PSORIASIS** 

## EFFICACY AND SAFETY OF SWITCHING TO IXEKIZUMAB IN SECUKINUMAB NON-RESPONDERS PATIENTS WITH CHRONIC PLAQUE PSORIASIS: AN ITALIAN MULTICENTER STUDY.

Andrea Conti<sup>(1)</sup> - Paolo Amerio<sup>(2)</sup> - Giuseppe Argenziano<sup>(3)</sup> - Anna Balato<sup>(4)</sup> - Federico Bardazzi<sup>(5)</sup> - Luca Bianchi<sup>(6)</sup> - Martina Burlando<sup>(7)</sup> - Serafinella Patrizia Cannavò<sup>(8)</sup> - Andrea Chiricozzi<sup>(9)</sup> - Paolo Dapavo<sup>(10)</sup> - Clara De Simone<sup>(11)</sup> - Maria Concetta Fargnoli<sup>(12)</sup> - Paolo Gisondi<sup>(13)</sup> - Paolo Malagoli<sup>(14)</sup> - Giovanna Malara<sup>(15)</sup> - Cristina Mugheddu<sup>(16)</sup> - Annamaria Offidani<sup>(17)</sup> - Francesca Peccerillo<sup>(18)</sup> - Stefano Piarseico<sup>(19)</sup> - Francesca Prignano<sup>(20)</sup> - Luca Stingeni<sup>(21)</sup> - Giovanni Pellacani<sup>(22)</sup>

Dermatolgy Unit, University Of Modena And Reggio Emilia, Modena, Italy (1) - Dermatologic Clinic, Department Of Medicine And Aging Science, G. D'annunzio University, Chieti, Italy (2) - Dermatology Unit, University Of Campania Luigi Vanvitelli, Napoli, Italy (3) - Section Of Dermatology, Department Of Clinical Medicine And Surgery, University Of Naples Federico li, Napoli, Italy (4) - Dermatology Unit, Department Of Experimental, Diagnostic And Specialty Medicine, University Of Bologna, Bologna, Italy  $^{(5)}$  - Department Of Dermatology, University Of Rome 'tor Vergata', Roma, Italy (6) - Department Of Dermatology, Policlinico San Martino, University Of Genoa, Genova, Italy  $^{(7)}$  - Section Of Dermatology, Department Of Clinical And Experimental Medicine, University Of Messina, Messina, Italy (8) -Dermatology Department, University Of Pisa, Pisa, Italy  $^{(9)}$  - Section Of Dermatology, Department Of Medical Sciences, University Of Turin, Torino, Italy (10) - Dermatology Department, Policlinico Universitario 'a. Gemelli', Università Cattolica Del Sacro Cuore, Roma, Italy (11) - Department Of Applied Clinical And Biotechnological Sciences, University Of L'aguila, L'aguila, Italy (12) - Section Of Dermatology, Department Of Medicine, University Of Verona, Verona, Italy (13) - Dermatology Unit, Azienda Ospedaliera San Donato Milanese, Milano, Italy (14) - Department Of Dermatology, Grande Ospedale Metropolitano Bianchi Melacrino Morelli, Reggio Calabria, Italy (15) - Unit Of Dermatology, Department Of Medical Sciences And Public Health University Of Cagliari, Cagliari, Italy (16) -Dermatological Clinic, Department Of Clinical And Molecular Sciences, Università Politecnica Delle Marche, Ancona, Italy., Ancona, Italy (17) - Dermatoloy Unit, University Of Modena And Reggio Emilia, Modena, Italy (18) - Dermatology Clinic, Padua University Hospital, Padova, Italy (19) - Dermatology Unit, Department Of Surgery And Translational Medicine, University Of Florence, Florence, Italy., Firenze, Italy (20) - Clinical, Allergological And Venereological Dermatology Section, Department Of Medicine, University Of Perugia, Perugia, Italy (21) - Dermatology Unit, University Of Modena And Reggio Emilia, Modena, Italy (22)











Introduction: Loss of efficacy of biological therapies in psoriatic patients is a well known event. Biological switching is common in clinical practice, especially after TNF- $\alpha$  and IL-12/23 inhibitors treatment failure. Recently, anti-IL-17A drugs as secukinumab have provided a new therapeutic opportunity, although failure to this treatment has also been described. However, few data are available on the switching between anti IL-17A drugs.

Objective: To evaluate the efficacy and safety of switching to ixekizumab in psoriatic patients non-responders to secukinumab.

Materials and Methods: We conducted an Italian multicenter retrospective study in adult psoriatic patients treated with ixekizumab who previously failed secukinumab.

Results: We enrolled 64 (45 males, 19 females) patients, with a mean age of 50.60 (-12.68 sd) years; loss of efficacy with secukinumab occurred after 10.09 (- 4.62 sd) months of treatment. After the switch to ixekizumab, we observed an overall reduction of baseline PASI from 15.88 (- 8.04 sd) to 5.28 (- 4.80 sd) after 4 weeks of treatment (53.12%, PASI75). At the end of the induction phase (12 weeks), mean PASI was 1.85 (- 2.69 sd), with 52 of 64 patients (81.25%) achieving PASI75, 48 patients (75%) PASI90 and 27 patients (42.18%) PASI100. 48 of 64 patients (75%) achieved 24 weeks of treatment, with a mean PASI of 2.49 (-3.36 sd). In more detail, 38 of 48 patients achieved PASI75 (79.16%), 32 patients (66.66%) PASI90 and 18 patients (37.5%) PASI100. Concerning adverse events, only 4 patients (2.56%) showed injection site reactions, without discontinuing therapy.

Conclusions: In our experience, ixekizumab at 24 weeks of treatment seems to be a valid and safe treatment option in psoriatic patients not responsive to secukinumab, although they have the same therapeutic target.





