



PSORIASIS

IMPACT OF MIRIKIZUMAB MAINTENANCE DOSING ON PATIENTS WHO HAD <PASI 90 RESPONSE AT WEEK 16: A PHASE 2 STUDY ANALYSIS USING THE SF-36

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Introduction: Mirikizumab is a humanized monoclonal antibody directed against p19 subunit of IL-23.

Objective: To determine if mirikizumab (miri) maintenance dosing improves health status as measured by the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36) in patients who had <90% improvement from baseline in Psoriasis Area and Severity Index (PASI 90) response following induction dosing.

Materials and Methods: Adult patients with moderate-to-severe psoriasis were randomized 1:1:1:1 to receive placebo (N=52), miri 30 mg (N=51), 100 mg (N=51), or 300 mg (N=51) at Weeks 0 and 8 in a Phase 2 study (NCT02899988). Patients who did not achieve PASI 90 at Week-16 received miri 300 mg SC every 8 weeks (Q8W) during the maintenance period. The SF-36 is a patient-reported measure of general health, which is scored into physical component summary (PCS) and mental component summary (MCS). Higher scores indicate better levels of function. Continuous measurements were analyzed using analysis of covariates.

Results: Mean [SD] MCS and PCS scores increased from Week 16 to Week 32 in the placebo to 300 mg Q8W (n=50; 50.7 [9.0] to 53.9 [6.4] and 50.1 [7.1] to 53.9 [7.3]), 30 mg to 300 mg Q8W (n=34; 52.9 [7.4] to 54.4 [6.6] and 49.8 [8.1] to 52.1 [9.0]), 100 mg to 300 mg Q8W (n=21; 52.2 [6.1] to 54.0 [6.9] and 51.7 [6.1] to 52.7 [7.5]), and 300 mg to 300 mg Q8W (n=15; 48.7 [9.4] to 50.5 [7.5] and 51.3 [7.6] to 52.0 [6.1]) groups, respectively. The MCS and PCS change from baseline to Week 32 was significant (p≤0.05) in all groups except MCS in the 300 mg Q8W to 300 mg Q8W group. Week 52 results will be reported upon data availability.





Conclusion: Patients reported improvement in their health status during maintenance treatment with miri 300 mg SC Q8W.

