PSORIASIS

IMPROVEMENT IN PSORIASIS SCALP SEVERITY INDEX (PSSI) DURING MAINTENANCE TREATMENT WITH MIRIKIZUMAB

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Introduction: Interleukin (IL)-23 is considered to be critical to the pathogenesis of psoriasis. Inhibition of the IL-23/T helper-17 pathway leads to high levels of skin clearance in patients with psoriasis. Mirikizumab is a humanized monoclonal antibody directed against the p19 subunit of IL-23.

Objective: Determining the impact of mirikizumab maintenance dosing on scalp psoriasis improvement through Week-52.

Materials and Methods: Adult patients with moderate-to-severe psoriasis were randomized 1:1:1:1 to receive placebo (N=52), mirikizumab 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 ≥90% improvement from baseline in Psoriasis Area and Severity Index (PASI 90) at Week-16 received mirikizumab 300 mg SC every 8 weeks (Q8W) during the maintenance period. . The treatment response was measured using Psoriasis Scalp Severity Index (PSSI) and PSSI=0 indicates complete scalp psoriasis clearance.

Results: The proportion of patients with PSSI=0 increased from Weeks-16 to Week-52 in all patients who did not achieve PASI 90 at Week-16: placebo to mirikizumab 300 mg Q8W (n=46; 6.5 to 80.4%), 30 mg to 300 mg Q8W (n=31; 35.3 to 67.7%), 100 mg to 300 mg Q8W (n=21; 47.6 to 76.2%), and 300 mg to 300 mg Q8W (n=15; 13.3 to 66.7%). The mean (SE) PSSI score change from baseline in placebo to mirikizumab 300 mg Q8W, 30 mg to 300 mg Q8W, 100 mg to 300 mg Q8W, and 300 mg to 300 mg Q8W were 10.5 (7.9), 72.0 (9.8), 89.6 (11.8), and 35.4 (14.4), respectively at Week-16 and 97.6 (4.4), 94.3 (5.3), 94.5 (6.5), and 95.3 (8.1), respectively at Week-52.

Conclusion: Scalp psoriasis clearance was maintained at higher doses throughout Weeks 16-52 of treatment with mirikizumab.