



PSORIASIS

IXEKIZUMAB TREATMENT RESULTS IN MORE RAPID AND SUSTAINED RESOLUTION OF PATIENTS' ITCH, SKIN PAIN AND IMPROVEMENT IN QUALITY OF LIFE IN PATIENTS WITH MODERATE-TO-SEVERE PSORIASIS COMPARED TO USTEKINUMA

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Introduction: Skin pain and itching are common problems in moderate-to-severe psoriasis patients and have significant impacts on quality of life (QoL). Published reports have suggested patient's desire and preference for quick skin improvement and reduction in itching, burning, and skin pain

Objective: To assess time to complete resolution of itching and skin pain and improvement in QoL.

Materials and Methods: In the Phase 3b, multicenter, randomized, double-blinded, parallel-group trial (IXORA-S, NCT02561806), patients with moderate-to-severe plaque psoriasis were randomized (1:1) to either ixekizumab(IXE) (160mg starting dose, then 80mg every 2 weeks for 12 weeks, then 80mg every 4 weeks; N=136) or ustekinumab(UST) (45/90 mg weight-based dosing at Weeks 0, 4 and every 12 weeks thereafter per label; N=166) for 52 weeks. Time to achieve first Dermatology Life Quality Index (DLQI) score of 0/1 (no impact on QoL), score of '0' on Itch Numeric Rating Scale (Itch NRS) (0=no itching) and a score of '0' on the Skin Pain Visual Analog Scale (VAS; 0=no pain) were estimated using Kaplan-Meier product limit methodology. Hazard ratios (HR) between treatment comparisons for time to response were calculated using a Cox proportional-hazards regression model adjusting for weight and region.

Results: Median time to achieve Itch NRS of '0' was 12.3 weeks (IXE) and 24.1 weeks





(UST) with a HR of 1.43 (95% CI, 1.09 to 1.87; $p=.009$). Median time to achieve Skin Pain VAS of '0' was 8.3 weeks for IXE vs. 17.4 weeks for UST with a HR of 1.44 (95% CI, 1.11 to 1.88; $p=.007$). IXE had four-fold shorter time to achieve DLQI score of 0/1 versus UST (median, 4.6 weeks vs. 18.4 weeks; HR: 1.68; 95% CI, 1.29 to 2.17; $p<.001$) over the 52 weeks.

Conclusions: Ixekizumab patients achieved more rapid and sustained improvement in itch, skin pain and DLQI versus UST patients.

