PSORIASIS

RELAPSE RATE AFTER 12 WEEKS OF CONTINUED TREATMENT WITH IXEKIZUMAB AND ASSESSING THE LONG-TERM RESPONSE RATE WHEN SWITCHED TO IXEKIZUMAB FOLLOWING RELAPSE

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Introduction: Limited data exist on relapse-risk after discontinuation of biologics in psoriasis treatment, especially for subsets of patients who meet stringent relapse criteria. We present relapse-risk in terms of time to relapse after discontinuation of licensed doses of ixekizumab (IXE) 80mg every 2 weeks (Q2W) and long-term response after resuming IXE 80mg every 4 weeks (Q4W) treatment.

Methods: This post-hoc analysis included data from UNCOVER-1 and -2 studies. Patients randomized to IXEQ2W who achieved a static Physician's Global Assessment score (sPGA 0, 1) at Week 12 were subsequently re-randomized to IXEQ4W, IXEQ12W, or placebo. Relapse was assessed based on two sets of criteria, (1) Normal relapse criteria: sPGA≥3; (2) Stringent relapse criteria: sPGA≥3 plus loss of 50% PASI response and PASI>10). Relapsed patients were switched to IXEQ4W treatment. Median/90 percentile/maximum time to relapse were assessed in re-randomized patients for both relapse criteria. PASI 75/90/100 were assessed after switching to IXEQ4W at Week 60 from baseline. Non-responder imputation was used for missing values.

Results: Overall, 211 patients were re-randomized to placebo, of these 176 (83.4%) met normal relapse criteria; median/90 percentile/maximum time to relapse were 20.4/36.1/48.1 weeks. After restarting IXEQ4W (post-relapse), PASI75/90/100 responses were 80.1%/58.5%/30.7% at Week 60. After applying stringent relapse criteria, 43 (20.4%) patients relapsed on placebo; median/90 percentile/maximum time to relapse were 24.3/34.9/44.1 weeks. After restarting IXEQ4W, PASI75/90/100 response rates in the

stringent relapse subgroup were 62.8%/37.2%/18.6% at Week 60. In the patients re-randomized to IXEQ4W, the relapse rates with normal and stringent criteria were 12.2% (27/221 patients) and 0.9% (2/221 patients), respectively, at Week 60 from baseline.

Conclusions: These data suggest that continuous use of IXE is preferable since discontinuing biologic treatment prematurely in patients who continued to respond to treatment at 12 weeks may result in lower long-term PASI response rates by applying stringent/normal relapse criteria.