



PSORIASIS

## RISANKIZUMAB PROFILE IN NAIL, SCALP, AND PALMOPLANTAR PSORIASIS: EFFICACY AND SAFETY AT 52 WEEKS IN AN INTEGRATED ANALYSIS OF PATIENTS WITH MODERATE-TO-SEVERE PLAQUE PSORIASIS

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Introduction: Nail, scalp, and palmoplantar psoriasis might cause pain, impair function, restrict activities of daily living, and worsen quality of life. Psoriasis manifestations at these anatomical sites can be difficult to treat. Risankizumab is a humanized immunoglobulin G1 monoclonal antibody that inhibits interleukin-23 (IL-23) by targeting the p19 subunit, and thus inhibits psoriatic inflammation.

Objective: Evaluate the efficacy and safety of risankizumab compared with ustekinumab in treating nail, scalp, and palmoplantar psoriasis using integrated data from 2 double-blind, randomized, placebo- and ustekinumab-controlled, phase 3 trials, UltIMMa-1 (NCT02684370) and UltIMMa-2 (NCT02684357) in patients with moderate-to-severe plaque psoriasis.

Materials and Methods: Patients were randomized to either risankizumab 150 mg, ustekinumab 45/90 mg (by weight), or placebo. After week 16, patients initially assigned to placebo switched to risankizumab 150 mg; other patients continued their originally randomized treatment and were included in this analysis. Least squares mean change from baseline in nail psoriasis severity index (NAPSI), psoriasis scalp severity index (PSSI), and palmoplantar psoriasis severity index (PPASI) were assessed at week 52.

Results: Mean baseline NAPSI (13.6 [n=579] vs 12.7 [n=193]), PSSI (18.2 [n=587] vs 16.3 [n=196]), and PPASI (2.42 [n=587] vs 1.64 [n=196]) scores were similar between risankizumab-treated and ustekinumab-treated patients. At week 52, risankizumab-treated patients experienced significant improvement in NAPSI (-16.1 [361] vs -12.2 [111], P<.001)





and PSSI (-18.7 [n=528] vs -15.7 [171],  $P<.001$ ) and marked improvement in PPASI (-7.1 [184] vs -6.3 [49],  $P=.061$ ) compared with ustekinumab-treated patients. There were no significant safety findings in either treatment group.

Conclusions: Patients receiving risankizumab experienced significant improvement in scalp and nail psoriasis and marked improvement in palmoplantar psoriasis at week 52 compared with ustekinumab-treated patients. Risankizumab was well tolerated with a safety profile comparable to ustekinumab. No new safety signals were reported.

