

PSORIASIS

SECUKINUMAB SHOWED MORE THAN PASI 90 IRRESPECTIVE OF BIOLOGIC EXPERIENCE IN KOREAN PATIENTS WITH MODERATE TO SEVERE PLAQUE-TYPE PSORIASIS: THE ONE-YEAR EXPERIENCE OF A SINGLE CENTER

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Background: Secukinumab is a fully human G1κ monoclonal antibody that binds to the human protein interleukin (IL)-17A, an important cytokine in the pathogenesis of psoriasis. Subcutaneous secukinumab is an effective and generally well tolerated first-line treatment for moderate to severe plaque psoriasis and has been used in Korea since August 2017.

Objective: This study is aimed to compare clinical characteristics and therapeutic response to secukinumab in Korean patients with psoriasis depending on biologics experience.

Materials and methods: Patients with moderate to severe plaque psoriasis who have been treated with secukinumab at the dermatology department of Ajou University Hospital between September 2017 and August 2018 were enrolled. Outcome assessment is measured by Psoriasis Area and Severity Index (PASI) and the body surface area. Clinical characteristics of patients were analyzed according to therapeutic response.

Results: Total 11 patients including 6 naïve users and 5 experienced users were enrolled. During 3 months period, all naïve users achieved PASI 90 or even higher, while only 40 % users achieved PASI 90 or higher. In addition, 3 in naïve, 3 in experienced were fully evaluated during 6 months, and all 3 naïve users achieved PASI 90 or higher and only two experienced users achieved PASI 90 or higher, and the rest was less than PASI 75.

When using the baseline PASI before their very first biologics of experienced users, the number of people achieved PASI 75 or higher doubled from 2 (20 %) to 4 (80 %) after 3 months. The result after 6 months shows PASI 90 or higher for all experienced patients.

Conclusion: Our one-year experience with secukinumab showed excellent therapeutic efficacy in naïve users and experienced users with moderate to severe plaque psoriasis, with greater improvements in naïve users.