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PSORIASIS

SUSTAINED IMPROVEMENT IN GENERAL HEALTH-RELATED QUALITY LIFE AND WORK PRODUCTIVITY IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS TREATED WITH GUSELKUMAB: 3-YEAR DATA FROM CLINICAL TRIAL VOYAGE 2

 $K \operatorname{Reich}^{(1)}$ - $Kb \operatorname{Gordon}^{(2)}$ - $P \operatorname{Foley}^{(3)}$ - $M \operatorname{Lomaga}^{(4)}$ - $C \operatorname{Han}^{(5)}$ - $M \operatorname{Song}^{(6)}$ - Y- $k \operatorname{Shen}^{(7)}$ - $Ma \operatorname{Radtke}^{(8)}$ - $Jj \operatorname{Wu}^{(9)}$ - $A \operatorname{Armstrong}^{(10)}$

Dermatologikum Berlin And Sciderm Research Institute, Dermatology, Hamburg, Germany⁽¹⁾ - Medical College Of Wisconsin, Dermatology, Milwaukee, United States⁽²⁾ -University Of Melbourne, St. Vincent's Hospital, Melbourne And Skin & Cancer Foundation Inc., Dermatology, Carlton, Australia⁽³⁾ - Dermedge Research, Dermatology, Mississauga, Canada⁽⁴⁾ - Janssen Research & Development, Llc, Clinical, Spring House, United States⁽⁵⁾ - Janssen Research & Development, Llc, Immunology, Spring House, United States⁽⁶⁾ - Janssen Research & Development, Llc, Clinical Biostatistics, Spring House, United States⁽⁷⁾ - Universitaetsklinik Hamburg-eppendorf, Dermatology, Hamburg, Germany⁽⁸⁾ - Kaiser Permanente Los Angeles Medical Center, Dermatology, Los Angeles, United States⁽⁹⁾ - University Of Southern California, Dermatology, Los Angeles, United States⁽¹⁰⁾

Intro/Objective: VOYAGE 2 evaluated efficacy and safety of guselkumab (GUS) in patients with moderate- severe plaque psoriasis (PsO). This analysis reports results for HRQoL and work productivity from Wks48-156.

Materials/Methods: Adults were randomized (2:1:1) to 1) GUS 100mg at Wks0, 4, 12, and 20; 2)PBO at Wk0, 4 and 12, then GUS 100mg at Wks16 and 20; or 3)ADA 80mg at Wk0 then ADA 40mg at Wk1 and q2w thru Wk23. At Wk28, patients randomized to GUS at baseline and achieved a PASI90 response were re-randomized to continue GUS 100mg q8w or receive placebo, while ADA patients who failed to achieve a PASI90 response switched to GUS, receiving 100mg at Wks28 and 32, then q8w. HRQOL outcomes from 3 PRO instruments were conducted: Medical Outcomes Study 36-Item Short Form(SF-36) physical and mental component summary scores (PCS and MCS), Hospital Anxiety and Depression Scale(HADS-A or -D), and Work Limitations Questionnaire(WLQ). Proportions of patients with clinically meaningful improvement in SF-36 score (≥5 points from baseline), HADS score of <8, and change from baseline in WLQ are summarized descriptively from Wks48-156.





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Results: Patients re-randomized to GUS at Wk28(n=193) maintained clinically meaningful improvement of SF-36 PCS (47.7%) and MCS(43.7%) at Wk156. Among re-randomized GUS patients with anxiety(HADS-A≥8;n=74) or depression(HADS-D≥8;n=48) at baseline, the majority had no anxiety(63.6%, HADS-A<8) or depression(56.1%, HADS-D<8) at Wk156. Additionally, patients re-randomized to GUS at Wk28, maintained improvement in each of 4 WLQ domains, with a mean reduction at Wks48/156 of -6.4/-7.5 in time management, -8.7/-7.8 physical demand, -6.9/-5.4 mental-interpersonal, and -7.5/-7.0 output domain scores. ADA→GUS patients (n=220) had improvements thru Wk156 of similar magnitude to patients re-randomized to GUS for PCS and MCS, anxiety or depression, and WLQ measures.

Conclusions: Adults with moderate-to-severe PsO sustained improvements in general HRQOL and work productivity up to 3 years of GUS therapy.



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