PSORIASIS

WEIGHT-BASED ANALYSIS OF PSORIASIS AREA AND SEVERITY INDEX IMPROVEMENT AT 52 WEEKS OF RISANKIZUMAB OR USTEKINUMAB TREATMENT: AN INTEGRATED ANALYSIS OF PATIENTS WITH MODERATE-TO-SEVERE PLAQUE PSORIASIS

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Introduction: Obesity is a common comorbidity in patients with psoriasis. Risankizumab is a humanized immunoglobulin G1 monoclonal antibody that binds to the p19 subunit and selectively inhibits interleukin-23, a cytokine that plays a key role in the development and maintenance of psoriatic lesions. UltIMMa-1 (NCT02684370) and UltIMMa-2 (NCT02684357) were double-blind, randomized, placebo- and ustekinumab-controlled, phase 3 trials that compared the efficacy and safety of risankizumab and ustekinumab through 52 weeks of treatment in patients with moderate-to-severe plaque psoriasis.

Objective: To evaluate the efficacy of risankizumab vs ustekinumab across weight and body mass index (BMI) subgroups using integrated data from UltIMMa-1 and UltIMMa-2.

Materials and Methods: Patients were randomized to receive risankizumab 150 mg or ustekinumab 45 or 90 mg (weight-based per label). The least square (LS) mean percent change in Psoriasis Area and Severity Index (PASI) compared with baseline at week 52 was calculated across weight deciles and BMI subgroups (<25, 25–<30 and ≥30 kg/m2). Regression analyses for PASI responses by baseline weight were performed.

Results: Baseline weight and BMI were generally similar between the risankizumab (n=598) and ustekinumab (n=199) treatment arms. At week 52, patients receiving risankizumab achieved a higher mean percent improvement in PASI (93.1%-97.0%) compared with patients receiving ustekinumab (80.9%-86.9%) in all BMI subgroups. Similarly, patients receiving risankizumab achieved higher mean percent PASI improvement across all weight deciles (94.6%; maximum subgroup distance from the mean of +/-6.2%), with high levels of

consistency compared with patients receiving ustekinumab (83.3%; maximum subgroup distance from the mean of+/-10.7%) where these improvements varied more widely. There was no correlation between percent improvement from baseline in PASI and body weight in either group, despite the weight-based dosing for ustekinumab.

Conclusions: Patients receiving risankizumab achieved greater improvement at week 52 compared with those receiving ustekinumab across all BMI and weight subgroups.