Durability of DLQI Improvements Among Patients with Moderate to Severe Plaque Psoriasis Treated with Certolizumab Pegol: Three-Year Results from Two Phase 3 Trials (CIMPASI-1 and CIMPASI-2)

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Objective

To assess the impact of certolizumab pegol on dermatology life quality subdomains over the course of 144 weeks of treatment in patients with moderate to severe plaque psoriasis.

Introduction

• Certolizumab pegol (CZP) is an Fc-free, PEGylated, anti-tumor necrosis factor agent that has shown durable clinical improvements over 144 weeks of treatment in patients with moderate to severe plaque psoriasis (PSD).

• PSD can negatively impact health-related quality of life (HRQoL), with links to pain and discomfort, social stigmatization, and psychological distress. Therefore, it is important to understand whether clinical responses translate into long-term improvements in HRQoL.

• Here, we present Dermatology Life Quality Index (DLQI) results over 144 weeks of CZP treatment to evaluate the impact of CZP across different DLQI subdomains and to expand upon DLQI remission (DLQI 0) previously reported.

Methods

• Data were pooled from CIMPASI-1 (NCT02326238) and CIMPASI-2 (NCT03132727), phase 3 trials in adults with moderate to severe PSD, detailed study designs have been described previously (Figure 1).

• DLQI by initial CZP randomization group through Week 144 is reported, as observed.

• We report:

○ Absolute scores for total DLQI and DLQI subdomains through Weeks 0–144.

○ Percentage of DLQI 0 scores by treatment group over 144 weeks of CZP treatment.

• DLQI subdomains with the highest scores at baseline were symptoms and feelings, daily activities, and leisure.

• Remission rates (score of 0) are shown for all 144 weeks of treatment for patients randomized to CZP 400 mg Q2W and CZP 200 mg Q2W as follows:

○ Symptoms and feelings: ≥PASI 50 – withdrawn

○ Daily activities: ≥PASI 50

○ Leisure: ≥PASI 50

• Baseline demographics are shown in Table 1 and patient numbers with available DLQI data at each week are shown in Table 2.

• Improvements in total DLQI observed over the first 48 weeks of CZP treatment were durable through to Week 144 (Figure 1).

• Across all DLQI subdomains, baseline mean scores were similar.

• Improvements in total DLQI observed over the first 48 weeks of treatment with CZP were maintained until Week 144 for both treatment groups (Figure 2).

• Remission rates at Week 48 across subdomains of interest were also maintained until Week 144 for both treatment groups (Figure 4).

Results

• Across all DLQI subdomains, baseline mean scores were similar.

• Improvements in total DLQI observed over the first 48 weeks of treatment with CZP were maintained until Week 144 for both treatment groups.

• Here, we present analyses based on total DLQI and individual subdomains (Figure 2).

• We report:

○ Absolute scores for total DLQI and DLQI subdomains through Weeks 0–144.

○ Percentage of DLQI 0 scores by treatment group over 144 weeks of CZP treatment.

• DLQI subdomains with the highest scores at baseline were symptoms and feelings, daily activities, and leisure.

• Remission rates (score of 0) are shown for all 144 weeks of treatment for patients randomized to CZP 400 mg Q2W and CZP 200 mg Q2W as follows:

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• Remission rates at Week 48 across subdomains of interest were also maintained until Week 144 for both treatment groups (Figure 4).

Conclusion

Improvements in DLQI among CZP-treated patients were durable from Week 48 to Week 144.