Synopses
Deucravacitinib, an oral, selective tyrosine kinase 2 inhibitor, versus placebo in scalp, nail, and palmoplantar psoriasis: subset analyses of the phase 3 POETYK PSO-1 and PSO-2 trials

Methods
Study design
• The study designs for POETYK PSO-1 and PSO-2 are summarized in Figure 1.

Efficacy endpoints
• Moderate to severe scalp disease in these special areas was balanced overall in the deucravacitinib vs placebo groups.

Table 1. Baseline patient demographic and disease characteristics

Results
Baseline patient demographics and disease characteristics
• In the pooled PSO-1 and PSO-2 population, significantly more patients receiving deucravacitinib vs placebo achieved PASI 75 at Week 16 (Figure 3).

Scalp psoriasis
• In the pooled PSO-1 and PSO-2 population, significantly more patients receiving deucravacitinib vs placebo achieved PASI 75 at Week 16 (Figure 3).

Fingernail psoriasis
• In the pooled PSO-1 and PSO-2 populations, significantly more patients receiving deucravacitinib vs placebo achieved psPGA 0/1 at Week 16 (Figure 5).

Conclusion
• Greater efficacy with deucravacitinib vs placebo was observed as early as Week 2 in improving disease burden in these high impact areas.

Acknowledgments

Table 2. pp-PGA 0/1 responses through Week 52 (PSO-1; N = 1,020)

Conclusions
• In patients with moderate to severe scalp, fingernail, or palmoplantar psoriasis at baseline in PSO-1 and PSO-2, deucravacitinib was significantly more efficacious than placebo in improving disease burden in these high impact areas through Week 16.

• Clinical responses were maintained or increased in PSO-1 patients who received continuous deucravacitinib treatment from Day 1 through Week 52.

• Patients who crossed over from placebo to deucravacitinib at Week 16 achieved comparable responses at Week 52 to those who received continuous deucravacitinib treatment.

• These findings support the use of deucravacitinib, an oral, selective TYK2 inhibitor, versus placebo in scalp, nail, or palmoplantar psoriasis.

References

Figures
Figure 1. Study designs

In the pooled PSO-1 and PSO-2 populations, significantly more patients receiving deucravacitinib vs placebo achieved psPGA 0/1 at Week 16 (Figure 5).

In PSO-1, pp-PGA 0/1 responses at Week 16 were maintained through Week 52 with continuous deucravacitinib treatment (Figure 4).

In PSO-2, pp-PGA 0/1 responses at Week 16 were maintained through Week 52 with continuous deucravacitinib treatment (Figure 5).

In PSO-1, psPGA 0/1 responses at Week 16 were maintained through Week 52 with continuous deucravacitinib treatment (Figure 4).

In the pooled PSO-1 and PSO-2 populations, significantly more patients receiving deucravacitinib vs placebo achieved psPGA 0/1 at Week 16 (Figure 5).

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