Deucravacitinib, an oral, selective tyrosine kinase 2 inhibitor, versus placebo and apremilast in moderate to severe plaque psoriasis: analysis of body surface area involvement in the phase 3 POETYK PSO-1 and PSO-2 trials

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Abstract

Objectives

To demonstrate the efficacy and safety of deucravacitinib treatment for 2 year through long-term extension (LTE) study in patients (pts) with moderate-to-severe plaque psoriasis (PsO).

Methods

The POETYK PSO programme included two 52-week, double-blind, placebo-controlled, parallel-group randomised studies: POETYK PSO-1 and POETYK PSO-2. The POETYK PSO-1 study included 1020 pts, 332 of whom were randomised to deucravacitinib 6 mg once daily (QD). Patients randomised to deucravacitinib 6 mg QD or placebo (788 pts) were eligible for enrolment in the LTE study. Patients without a ≥75% reduction or complete resolution from baseline in their Psoriasis Area and Severity Index (PASI) score at Week 52 were permitted to receive deucravacitinib 6 mg QD for an additional 52 weeks. Outcomes were assessed at Weeks 70 and 96.

Results

At Week 52, greater reductions from baseline in body surface area (BSA) involvement were observed with deucravacitinib (78.3%) compared with placebo (50.6%) (P < 0.0001). For patients with ≥75% reduction in PASI from baseline, reduced BSA involvement was observed with deucravacitinib 6 mg QD compared with placebo (P < 0.0001). Week 52 PASI 75 responses were significantly higher in patients who continued deucravacitinib than in those treated with placebo (P < 0.0001). The proportion of patients with ≥PASI 50 responses increased from baseline to Week 52 (P < 0.0001).

Conclusions

Deucravacitinib demonstrated superior efficacy to placebo and apremilast in patients with moderate-to-severe plaque PsO at Week 52. Deucravacitinib can thus continue to be considered a valuable treatment option for these patients.

Disclosure

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References


