Efficacy of Secukinumab in Patients With Mild to Moderate Psoriasis: A Pooled Analysis of 6 Phase 3 Studies

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BACKGROUND

- Secukinumab, a fully human monoclonal antibody that selectively neutralizes interleukin 17A, has demonstrated sustained long-term efficacy across the spectrum of psoriatic disease manifestations, including moderate to severe plaque psoriasis1
- Efficacy of secukinumab in mild to moderate psoriasis, however, has not been rigorously evaluated
- The secukinumab phase 3 clinical trial program included patients with mild to moderate psoriasis among populations with active psoriatic arthritis (EXPEDITE 2-5), EXCEED 2-5, NCT02745080, NCT01989498, NCT22394227, and among patients with moderate to severe palmoplantar psoriasis (GESTURE; NCT01806597)1

OBJECTIVE

- To report the efficacy and safety of secukinumab in a pooled population of patients with mild to moderate psoriasis

METHODS

- This post hoc analysis included patients from the phase 3 EXCEED, EXPEDITE 2-5, and GESTURE trials with mild to moderate psoriasis, defined as either a baseline affected body surface area (BSA) of 3% to 10% or a baseline Investigator’s Global Assessment (IGA) modified 2011 (IGA0/1) score of 2 or 3 (Figure 1)

RESULTS

Patient Demographics and Baseline Characteristics

- Overall, 654 patients and 971 patients had mild to moderate psoriasis at baseline as defined by a BSA of 3% to 10% or IGA score of 2 or 3, respectively
- Demographics and baseline disease characteristics were similar between populations with mild to moderate psoriasis defined by BSA and IGA (Table 1)
- This population of patients with mild to moderate psoriasis included a greater proportion of females than a population from a representative clinical trial of patients with moderate to severe psoriasis (ERASURE; Table 1)

Efficacy

- Among patients with a baseline BSA of 3% to 10%, secukinumab resulted in greater achievement of PASI75 at Week 12 compared with placebo at Week 12, with increased responses at Week 52 (Figure 2)
- The proportion of patients with a baseline IGA score of 2 or 3 achieving IGA 0/1 response with ≥2-point improvement was greater among patients receiving secukinumab 300 mg or 150 mg than placebo at Week 12, with increased responses at Week 52 (Figure 3)

LIMITATIONS

- In this pooled analyis, patients had mild to moderate psoriasis in addition to active PsA or moderate to severe palmoplantar psoriasis
- As such, clinical characteristics and treatment response of these patients may not be representative of patients without these psoriatic comorbidities

CONCLUSIONS

- Secukinumab led to rapid improvements in measures of disease severity among patients with mild to moderate psoriasis after 12 weeks of treatment vs placebo, with secukinumab 300 mg resulting in numerically greater improvements than secukinumab 150 mg
- Both doses showed increased efficacy from Week 12 to Week 52

REFERENCES


Efficacy

- In the ERASURE trial of moderate to severe psoriasis,1 patients achieved IGA0/1 at Weeks 12 and 52
- Secukinumab 300 mg: 65.3% and 60.4%
- Secukinumab 150 mg: 51.2% and 41.4%

Maintenance of Response

- At the level of individual patients, PASI and IGA clinical responses were generally maintained from Week 12 to Week 52 (Figure 4)

DISCLOSURES


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Figure 1. Study Design

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Table 1. Baseline Patient Characteristics by Definition of Mild to Moderate Psoriasis Compared with Moderate to Severe Psoriasis from ERASURE

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Secukinumab 300 mg (n=101)</th>
<th>Secukinumab 150 mg (n=106)</th>
<th>Placebo (n=188)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD) years</td>
<td>46.3 (12.4)</td>
<td>46.1 (12.3)</td>
<td>46.5 (12.1)</td>
</tr>
<tr>
<td>Sex, %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>316 (48.0)</td>
<td>304 (49.1)</td>
<td>309 (60.8)</td>
</tr>
<tr>
<td>Female</td>
<td>331 (51.9)</td>
<td>297 (50.9)</td>
<td>129 (39.2)</td>
</tr>
<tr>
<td>Weight, mean (SD) kg</td>
<td>84.1 (13.3)</td>
<td>84.4 (13.8)</td>
<td>83.6 (23.8)</td>
</tr>
<tr>
<td>BMI, mean (SD) kg/m²</td>
<td>28.9 (5.3)</td>
<td>29.2 (5.3)</td>
<td>29.5 (4.7)</td>
</tr>
<tr>
<td>IGA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>–</td>
<td>31 (30.2)</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>–</td>
<td>66 (63.6)</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>–</td>
<td>2 (1.9)</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>–</td>
<td>0</td>
<td>272 (45.9)</td>
</tr>
<tr>
<td>placebo arm</td>
<td>50.0</td>
<td>49.6</td>
<td>50.6</td>
</tr>
</tbody>
</table>

Figure 2. Achievement of PASI Responses by Week Among Patients With Mild to Moderate Psoriasis Defined by a BSA of 3% to 10% at Baseline (non-responder imputation)

Figure 3. Achievement IGA 0/1 With ≥2-Point Improvement Among Patients With Mild to Moderate Psoriasis Defined by IGA Score of 2 or 3 at Baseline (nonresponder imputation)

Figure 4. Maintenance of (A) PASI 20/40/50/70/90 and (B) IGA 0/1 Responses From Week 12 to Week 52

Figure 4. Maintenance of (A) PASI 20/40/50/70/90 and (B) IGA 0/1 Responses From Week 12 to Week 52

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