Guselkumab is a fully human monoclonal antibody that binds and blocks interleukin-23 function.

In VOYAGE 1 (n=837), patients were randomized as follows (Figure 1):
- Guselkumab 100 mg administered by subcutaneous (SC) injection at Weeks 0, 4, and 12, then every 8 weeks (q8w);
- Placebo at Weeks 0, 4, and 12, followed by guselkumab 100 mg SC at Weeks 16 and 20, then q8w;
- Adalimumab 80 mg SC at Week 0, 40 mg at Week 1, then 40 mg q8w through Week 47.

Starting at Week 52, all patients received open-label guselkumab treatment through Week 204.

Efficacy assessments included proportions of patients achieving Psoriasis Area and Severity Index (PASI) 90, PASI 100, Investigator’s Global Assessment (IGA) score of cleared (0) or minimal (1), and IGA score of 0.

Results:
- Proportions of patients with PSSD summary scores of 0 and DLQI score of 0 or 1 were sustained from Week 76 through Week 204 (Figures 6-8).

Other Safety Events:
- No opportunistic infections were reported.
- No anaphylactic or serum sickness-like reactions were reported.
- Common Terminology Criteria for Adverse Events (CTCAE) grade ≥2 in blood hematology and chemistry laboratory values were uncommon.

Conclusions:
- High efficacy response rates were maintained with up to 4 years of continuous guselkumab treatment in VOYAGE 1, regardless of the analysis method (TFR, NRI, and OBS).
- No new safety signals were identified.

References: