Adalimumab for Nail Psoriasis: Efficacy and Safety from the Open-Label Extension of a Phase-3, Randomized, Placebo-Controlled Trial

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INTRODUCTION

• Treatments that are simultaneously effective in nail and skin psoriasis are needed as affected patients have worse quality of life compared to those with skin disease alone.

• Management of nail psoriasis is challenging: the disease etiology and pathology are not fully understood and treatment guidelines are limited. Topical agents have been minimally effective, but oral/systemic therapies have inconsistently demonstrated benefit following treatment of psoriasis with biologics.

• We evaluated the safety and efficacy of originator adalimumab (AbbVie) for fingernail psoriasis in the open-label-extension period of a randomized, placebo-controlled trial to evaluate the safety and efficacy of adalimumab in patients with moderate-to-severe psoriatic nail disease.

METHODS

• Patients with chronic, moderate-to-severe plaque psoriasis and fingernail psoriasis were enrolled. In 26-week Period A, patients were randomized 1:1 to 40 mg ADA every-other-week (ADAeow) after initial 80 mg dose, or matching placebo (PBO).

• From week 16, if the affected body surface area increased by ≥5% from baseline, patients were required to roll over to the 26-week Period B (early escape). Patients completing Period A at week 26 or who elected early escape entered Period B at week 26.

• At Period B entry (week 26), patients receiving PBO in Period A received an initial blinded dose of 80 mg ADA, patients receiving ADA in Period A received matching PBO. All received 40 mg ADA once weekly from weeks 27 through 51 (Figure 3).

Figure 1. Study Design

Figure 3. Study Design

KEY INCLUSION CRITERIA

• Adults diagnosed with chronic, moderate-to-severe plaque psoriasis (with disease duration of at least 6 months) and moderate-to-severe fingernail psoriasis in at least one fingernail (any disease duration).

• BSA ≥10% and baseline target fingernail modified Nail Psoriasis Index (mNAPSI) ≥6 or BSA 10% with baseline target fingernail mNAPSI ≥18 and baseline total mNAPSI score (area of total nail finding) ≥30 (all nail findings present in each nail).

• Physician’s Global Assessment of Fingernail (PGA-F) of at least Moderate severity for fingernail psoriasis (scale 0 = none to 4 = severe).

• Nail Psoriasis Physical Dysfunction Severity (NPPFS) score ≥3 (scale 0 to 10 = none to severe).

ENDPOINTS

• All efficacy and safety data presented in Period A were also assessed in Period B (see list in Table 3). Period A primary and secondary endpoints that were evaluated in Period B are reported here.

• Two Intent-to-Treat (ITT) patient populations were evaluated in Period B:

○ Overall ITT Patient Population: all patients who received ≥1 study drug injection in Period B.

○ Early Escape Population: all patients who rolled over to Period B after experiencing worsening of disease from baseline in Period A.

RESULTS

• 217 patients were randomized in Period A (108 to PBO; 109 to ADA). - ADA cohort: ADA/ADA, N=94 (Period B Entry); ADA/ADA and PBO/ADA entered Period B (Table 1): 81/94 (86.2%) ADA/ADA and 84/109 (77.0%) ADA/PBO entered Period B.

Table 1. Patient Disposition, Period B

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Period B</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>82/109</td>
<td>75.2%</td>
</tr>
<tr>
<td>Discontinued</td>
<td>6/109</td>
<td>6.3%</td>
</tr>
<tr>
<td>Completed</td>
<td>76/109</td>
<td>69.7%</td>
</tr>
<tr>
<td>Discontinued Period B</td>
<td>13/30</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

• Data were handled in Period B by multiple imputation (MI) and in Period B by non-responder imputation (NRI) and by last observation carried forward (LOCF).

SAFETY

• Approximately half of the patients experienced a treatment-emergent AE in Period B (Table 4). The rates of serious AEs and serious infections were low. There were no AEs of special interest in either period, or AEs leading to study-drug discontinuation, and no deaths.

Table 4. Safety in Period B

• Moderate to severe pain in patients with concomitant nail disease who received 40 mg ADA every-other-week treatment for 26 weeks or more were evaluated in the open-label-extension period of a Phase-3, Randomized, Placebo-Controlled Trial. Patients were enrolled in 26-week Period A, followed by one of two 26-week treatment periods in the open-label extension period of this 52-week, randomized, placebo-controlled trial. The primary reason: patients who switched from PBO in Period A to ADA in Period B had less improvement in their fingernail psoriasis than patients who continued ADA in Period B, and improved for patients who switched from PBO in Period A to ADA in Period B.

SAFETY

• Approximately half of the patients experienced a treatment-emergent AE in Period B (Table 4). The rates of serious AEs and serious infections were low. There were no AEs of special interest in either period, or AEs leading to study-drug discontinuation, and no deaths.

CONCLUSIONS

• For psoriasis patients with concomitant nail disease who received 40 mg ADA every-other-week treatment for 26 weeks or more were evaluated in the open-label-extension period of a Phase-3, Randomized, Placebo-Controlled Trial. Patients were enrolled in 26-week Period A, followed by one of two 26-week treatment periods in the open-label extension period of this 52-week, randomized, placebo-controlled trial. The primary reason: patients who switched from PBO in Period A to ADA in Period B had less improvement in their fingernail psoriasis than patients who continued ADA in Period B. Patients who switched from PBO in Period A to ADA in Period B had less improvement in their fingernail psoriasis than patients who continued ADA in Period B. Patients who switched from PBO in Period A to ADA in Period B had less improvement in their fingernail psoriasis than patients who continued ADA in Period B.

REFERENCES


DISCLOSURES & ACKNOWLEDGEMENTS

A Abbott received fees for serving on advisory boards and for consulting services from AbbVie Inc, Amgen Inc, Celgene Corp, Janssen Biotech, Inc, Kaneka, Kyowa Hakko Kirin, Inc, Leo Pharmaceutical Products Ltd, Lilly, LEO Pharma A/S, MesoBio, Mundipharma, Novartis, "Otsuka Pharmaceutical Development America Inc", Sanofi, Shire, SkinMedica, Takeda, and Theravance Biopharma. AbbVie, Inc. owns a patent on the treatment of psoriasis and psoriatic arthritis with adalimumab, and the author's employer has commercial interests in Adalimumab. The author's employer receives grant support from AbbVie, Inc, but there were no other financial interests or affiliate relationships. The author was aware of all study data, and participated in the study design, conduct, analysis, and preparation of this submission. All authors had access to the data, and participated in the final development, review, and approval of the submission. The authors would like to acknowledge study monitors, employed by AbbVie, for medical writing support in the production of this submission.