Adalimumab Efficacy in Hidradenitis Suppurativa Patients is Sustained at Least Three Years with Weekly Dosing: Results from a Phase 3 Open-Label Extension Study (PIONEER)

Christos C Zouboulis,1 Martin M Okun,2 Robert Gniadecki,3 Peter A Foley,4 Charles Lynde,5 Jamie Weisman,6 Piyalal Karunaratne,7 David A Williams3

1Departments of Dermatology, Venerology, Allergy and Immunology, Dessau Medical Center, Brandenburg Medical School Theodor Fontane, Dessau, Germany; 2Fort HealthCare, Fort Atkinson, WI, USA; 3Bispebjerg Hospital, Copenhagen, Denmark; 4Department of Medicine (Dermatology), The University of Melbourne, St Vincent’s Hospital Melbourne, Skin & Cancer Foundation Inc, and Probiy Medical Research, Carlton, Australia; 5The Lynde Centre for Dermatology and Probiy Medical Research, Markham, ON, Canada; 6Advanced Medical Research, PC, Atlanta, GA, USA; 7AbbVie Inc, North Chicago, IL, USA

INTRODUCTION

• Hidradenitis suppurativa (HS) is a painful, chronic skin disease, characterized by recurrent inflamed nodules and abscesses, fistula formation, purulent drainage, and subsequent scarring.

• The PIONEER I and II phase 3 trials2 evaluated treatment of patients with moderate-to-severe HS, with originator adalimumab (AbbVie) dosed every 2 weeks. Adalimumab (ADA) is approved for a wide range of inflammatory diseases, including moderate-to-severe HS.

• The PIONEER trials were followed by a phase 3, open-label extension trial (NCT01635764) designed to determine the long-term safety and efficacy of ADA in patients with moderate to severe HS.

• This analysis reports long-term results for patients who received weekly ADA weekly throughout PIONEER I and II, and continuing through the OLE to week 108.

METHODS

• Patients in this analysis entered the OLE if they completed Periods A and B or lost response during Period B of PIONEER I or II.

• In PIONEER I or II, patients were randomized to 40 mg weekly ADA at the start of the 12-week Period A, and upon completion of Period A, were re-randomized to 40 mg weekly ADA at the start of the 24-week Period B (Figure 1). Throughout the OLE, all patients received 40 mg weekly ADA.

Figure 1. Study Design for PIONEER I and II, and Open-Label Extension

STATISTICAL ANALYSIS

• ADAew Population: patients who received continuous 40 mg weekly ADA in Periods A and B of PIONEER I or II and in the OLE.

• PRR Population: patients in the ADAew Population who either achieved HiSCR at week 12, or did not achieve HiSCR but achieved at least a partial response to treatment at week 12.

• HiSCR (Hidradenitis Suppurativa Clinical Response) was defined as ≤50% reduction in inflammatory nodule count relative to baseline.

• Partial response was defined as ≤50% reduction in total inflammatory and abscess forming nodule (AN) count relative to baseline.

• All patients who were treated with ADA weekly in Periods A and B of PIONEER I or II, and entered the OLE, were included in the analysis.

• Missing values were handled by non-responders imputation (NRI) in Periods A and B of PIONEER I and II, and last-observation-carried-forward (LOCF) and observed case were used for both continuous and categorical variables.

• Results are reported as “study weeks,” which consist of PIONEER + OLE weeks, shown consecutively.

RESULTS

• For patients who were randomized to weekly ADA in Period A of the 2 trials, the primary endpoint outcome (pooled data was achievement of HiSCR at week 12) was 50.6% of patients (160/317), which was significantly higher than for patients randomized to placebo (26.8%; 85/317); P<0.001.

• In this analysis of results across PIONEER I and II (pooled data) into the OLE, 88 patients were in the ADAew population and 63 were in the PRR Population.

• The HiSCR rate (LOCF) increased from baseline to week 48 in both populations and was maintained to week 108 (Figure 2).

Figure 2. Achievement of HiSCR

• In both populations, there was a clinically meaningful decrease in DLQI (LOCF) from baseline to week 72 (Figure 5A). The percentage of patients who achieved DLQI 0 or 1 increased from baseline to week 48 and was generally maintained to week 108 (Figure 5B).

Figure 5. Improvement in Dermatology Quality of Life

• Improvement from baseline in pain (NRS) at worst at each visit among change in numeric rating scale (NRS) at worst at each visit among patients with moderate-to-severe HS.

SAFETY

• There were no adverse events of opportunistic infection excluding oral candidiasis, no events of tuberculosis, lymphoma, non-melanoma skin cancer, malignancy, or demyelinating disorder, and there were no deaths.

Table 2. Treatment-Emergent Adverse Events

CONCLUSIONS

• Data (LOCF) for the HS patient populations receiving weekly ADA spanning the PIONEER I and II studies and the OLE confirm that weekly ADA treatment maintained long-term response, demonstrated by:

  – 52.3% of the ADAew Population and 57.3% of the PRR Population achieved HiSCR at week 156
  – Pain decreased starting at week 2, and was generally maintained to week 156 for both populations
  – Clinically meaningful improvement in DLQI at week 72 of 6.3
  – The safety profile of long-term weekly ADA therapy in this analysis was consistent with the known ADA safety profile and no new safety risks were identified.

REFERENCES

1. Kimbl, NEJM.

DISCLOSURES

C Zouboulis has received honoraria from AbbVie for participation on ad boards, as a consultant, investigator, and speaker; his department received grants from AbbVie and Novartis for his participation as an investigator; M Okun received compensation from AbbVie for consultation services and is a former AbbVie employee. He has served as a consultant for Gilead Sciences and Crescento Biosciences; R Gniadecki has received honoraria from AbbVie, Janssen, Novartis, and Amgen for participation on advisory boards, as an investigator, and speaker; his department received grants from ABBV, Janssen and Novartis for his participation as an investigator; P Foley has served as a consultant, investigator, speaker and/or advisor for and/or received travel grants from Gilead, MSD/Genentech, Biogen, Dia, MeiraPharma, Bluebird Bio, Lyrilis, Mylan, andMetion; N Weisman has received honoraria from AbbVie, Amgen, Biogen, Boehringer Ingelheim and MFS; C Ginde has received honoraria as a principal investigator, speaker, and consultant for AbbVie, Amgen, Biogen, Boehringer Ingelheim, Celgene, Del Lilly, Janssen, Leo Pharma, Merck, Novartis, and Regeneron; J Weisman received research grants for investigator services from AbbVie, Allergan, Astra Zeneca, Biogen, Boehringer Ingelheim, Braintree, Celgene, Del Lilly, Glaxo Smith Klein, Janssen, Leo Pharma, Merck, Novartis, Pfizer, Regeneron, Steinhil; C Tigercat; and received honoraria for service on advisory boards, speaker’s bureau from AbbVie, Amgen, Celgene, Del Lilly, and Janssen; P Karunaratne, D Williams receive a salary as AbbVie employees, and may also receive stocks and/or stock options.

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