Introduction

The Physician’s Global Assessment (sPGA) and body surface area (BSA) composite tool (sPGA x BSA) offers a clinically useful alternative to PASI for assessing disease severity in moderate to severe plaque psoriasis. This tool has been shown to strongly correlate with PASI and provide more information on the nature of a patient’s disease, including plaque quality and severity. Cutoffs defining minimal disease activity for sPGA x BSA have been published.

Methods

The Phase 2 trial included adult patients with moderate to severe plaque psoriasis and a body mass index of 25 kg/m² or greater. Patients were randomized to receive oral BMS-986165 (6 mg bid or 12 mg QD), or placebo for 12 weeks. The percent improvement from baseline in sPGA x BSA or PASI scores at Week 12 for the combined group of patients receiving the 3 most effective BMS-986165 doses (3 mg bid, 6 mg bid, and 12 mg QD) was similar to placebo (Figure 3).

Results

Patient population

This post-hoc analysis included all 187 patients who were randomized and treated in the Phase 2 trial. The demographic and baseline disease characteristics were generally similar across treatment groups (Table 1). The trend in percentage mean change from baseline to Week 12 across all BMS-986165 treatment groups was similar for sPGA x BSA and PASI, with the exception of BMS-986165 3 mg bid, which was more effective than both placebo and PASI (Figure 1).

Efficacy assessments and outcomes

There was a strong correlation between sPGA x BSA and PASI score at Week 12 for all BMS-986165 treatment groups and placebo (Figure 4). The proportion of patients achieving PASI 75 (Figure 5) and PASI 90 (Figure 6) were similar across all treatment groups. Patients with moderate to severe plaque psoriasis treated with BMS-986165 (n=134) were less likely to achieve PASI 75 compared to PASI 90 (Figure 7).

Conclusions

These data further support sPGA x BSA as a simple, accurate, and convenient alternative to PASI that can be used in both clinical trial and practice settings. These data further support sPGA x BSA as a simple, accurate, and convenient alternative to PASI that can be used in both clinical trial and practice settings. These data further support sPGA x BSA as a simple, accurate, and convenient alternative to PASI that can be used in both clinical trial and practice settings. These data further support sPGA x BSA as a simple, accurate, and convenient alternative to PASI that can be used in both clinical trial and practice settings.