INTRODUCTION

Metabolic syndrome (MetS) is a constellation of cardiovascular risk factors (dyslipidemia, impaired glucose metabolism, increased blood pressure, obesity, and central adiposity) that appears to be associated with an increased risk of cardiovascular disease and death, and has key higher penetrance for cardiovascular disease events.

Tildrakizumab—a high-affinity, humanized, immunoglobulin G1κ, anti–IL-23p19 monoclonal antibody—is approved in the US, Europe, and Australia for the treatment of moderate to severe chronic plaque psoriasis. 

The efficacy and safety of tildrakizumab were demonstrated in 2 phase 3 clinical studies—reSURFACE 1 (NCT01587537) and reSURFACE 2 (NCT01587537)—which were double-blind, randomized, placebo-controlled studies of 52 weeks' duration in patients with chronic plaque psoriasis; full trial designs were published previously.

METHODS

This post hoc analysis of the reSURFACE 1 and reSURFACE 2 phase 3, double-blind, randomized, placebo-controlled trials included data from a subset of 34 patients with MetS (≥3 risk factors per the NIH National Cholesterol Education Program’s Adult Treatment Panel III definition) at baseline. 

RESULTS

Of patients who continuously received tildrakizumab 100 mg (n = 124) and 200 mg (n = 147), 26 (21%) and 34 (23%), respectively had MetS at baseline. 

Compared with patients without MetS (n = 359), the proportion of patients with MetS at baseline was lower for patients with MetS who received tildrakizumab 100 mg (20%) and 200 mg (17%) compared with patients without MetS (31%) at weeks 52 and 100 (Figure 4).

In reSURFACE 2, the proportion of patients receiving tildrakizumab 100 mg who achieved PASI 75/90/100 at week 148 did not differ between patients with and without MetS (17%, 100%, and 76%, respectively) compared with patients without MetS (27%, 100%, and 76%, respectively) (Figure 5).

CONCLUSIONS

Metabolic syndrome was a predictor of worse PASI outcomes with tildrakizumab in patients with chronic plaque psoriasis. 

REFERENCES


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