Persistence and Effectiveness Across PsA Patient Subgroups with Guselkumab and IL-17 Inhibitors: 6-Month Results of the PsABIOnd Observational Study

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Key Takeaways

- **Six-month findings from the real-world, global, prospective PsABIOnd study of participants with PsA showed that with both GUS and IL-17i treatment:**
  - ✓ **Regardless of age, biological sex, BMI, or treatment history, and despite more 4th line treatment initiation in the GUS cohort:**
    - ✓ **Treatment persistence was comparable**
    - ✓ **Effectiveness was comparable**
- **These results support the real-world effectiveness of GUS and IL-17i across PsA subpopulations**

Background

- Psoriatic arthritis (PsA) is a chronic and heterogenous inflammatory disease that affects joints and skin
- Randomized controlled trials have demonstrated the efficacy of interleukin (IL)-23 inhibitors (i) and IL-17i in PsA; however, real-world data on their effectiveness in heterogeneous patient subgroups in routine care are limited
- Some subgroups, such as older, obese, or biologic-experienced patients, are of particular interest as patients in these groups report worse treatment outcomes[1]
- PsABIOnd (NCT05049798) is a global (20 countries) observational study in participants with PsA starting guselkumab (GUS) and IL-17i as 1st-to-4th line of biological therapy per their standard of care[2]
- Previous interim analysis of the PsABIOnd study showed similar 6-month GUS and IL-17i persistence and effectiveness across PsA domains[3]

Objectives

- **This analysis from the ongoing PsABIOnd study assessed treatment persistence and effectiveness across older, obese, or biologic-experienced participant subgroups at the 6-month visit in participants initiating either GUS or IL-17i in a real-world setting**

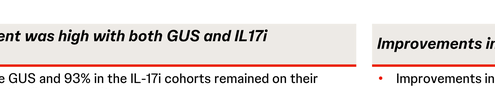
Methods

PsABIOnd Study Design

Participant Selection
- Adults diagnosed with PsA
- Initiated GUS or an IL-17i as a 1st-to-4th line of biologic therapy (monotherapy or in combination with other agents) per standard of care
- Enrollment completed in May 2024 with 1314 participants from 20 countries

Study Objectives
- Primary: Persistence on treatment over 36 months
- Secondary: 36-month effectiveness via physician-completed assessments and ePROs, safety, predictors of response and persistence, patterns of treatment lines, etc

Current Interim Analysis
- As of June 14th, 2024, 1134 participants with over 6 months of follow up had available and analyzable data



Outcomes and Analysis

Persistence on treatment with GUS and IL-17i up to the 6-month visit

Kaplan-Meier analysis of treatment persistence
- Treatment persistence (i.e., no stop or switch)[a] was assessed:
  - For the overall population
  - By subgroups defined by baseline age, biological sex, BMI category and prior biologic treatment experience
- Participants were analyzed by initial treatment line[b]

Propensity score (PS) analysis
- Hazard ratio (HR) of stopping/switching GUS vs IL-17i prior to the 6-month visit, adjusting for baseline imbalances across cohorts
- Participants were analyzed by initial treatment line[b]

Treatment effectiveness with GUS and IL-17i at the 6-month visit

Achievement Rates at Baseline and 6 months	
Outcome	**Cut-off**
cDAPSA LDA/REM	cDAPSA score ≤13
Mild psoriasis BSA	BSA <3%
Mean Scores at Baseline and 6 months	
SJC66 (0-66)	
TJC68 (0-68)	
LEI (0-6)	
DLQI (0-30)	
Number of nails affected by psoriatic disease (0-20)	

- Participants were analyzed by initial treatment line[b]
- Dactylitis was not assessed due to its low prevalence at BL

[a]Defined as the time from the date of the first treatment administration to the date of the last treatment dose of the initial treatment line administration plus 1 dosing interval or until start of subsequent treatment. [b]Only participants receiving ≥1 dose of the index drug were included. ***BSA***=body surface area, ***BMI***=body mass index, ***cDAPSA***=clinical disease activity index for PsA, ***DLQI***=Dermatology Quality of Life Index, ***ePRO***=Electronic patient-reported outcome, ***LDA***=low disease activity, ***LEI***=Leeds enthesitis index, ***PsO***=psoriasis, ***REM***=remission, ***SJC***=swollen joint count, ***TJC***=tender joint count.

Results

Baseline participant and disease characteristics were generally well balanced between cohorts

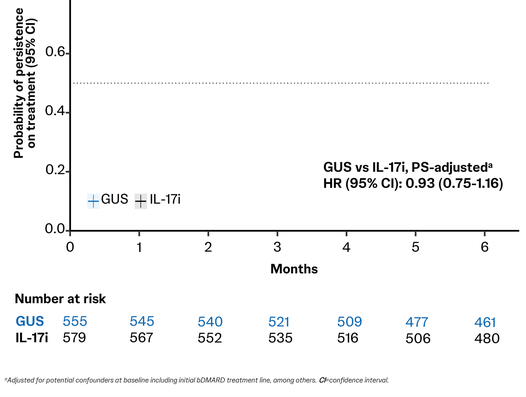
- A higher proportion of participants in the GUS cohort were initiating their 4th biologic treatment line

Baseline Characteristics	GUS (N=555)	IL-17i (N=579)
Demographics		
Age, yrs	53.2 (12.8)	53.5 (12.0)
Female	60%	59%
BMI, kg/m^2	30.1 (6.51)[a]	29.4 (6.32)[b]
Disease Characteristics		
PsA disease duration, yrs	8.0 (8.0)[c]	7.7 (9.2)[d]
cDAPSA (0-154)	24.5 (14.3)[e]	27.6 (17.2)[f]
TJC (0-68)	9.1 (9.8)[g]	10.9 (12.0)[h]
SJC (0-66)	3.8 (4.5)[g]	4.6 (5.8)[i]
Enthesitis	47%[j]	51%[k]
LEI (0-6)	2.4 (1.4)[l]	2.5 (1.5)[m]
Nails affected by PsO (0-20)	8.5 (6.3)[n]	8.4 (6.7)[o]
Psoriatic BSA		
<3%	52%[h]	60%[p]
3-10%	36%[h]	31%[p]
>10%	12%[h]	9%[p]
DLQI (0-30)	7.3 (7.21)[q]	6.2 (6.7)[r]
Line of bDMARD treatment		
1st	37%	38%
2nd	27%	36%
3rd	21%	18%
4th	15%	8%

Data shown are mean (SD) unless otherwise indicated.[a]*N=521.* [b]*N=525.* [c]*N=518.* [d]*N=536.* [e]*N=480.* [f]*N=490.* [g]*N=487.* [h]*N=500.* [i]*N=501* [j]*N=529.* [k]*N=538.* [l]*N=88.* [m]*N=109;* [n]*N=225;* [o]*N=230.* [p]*N=519.* [q]*N=526.* ***bDMARD***=biological disease-modifying antirheumatic drug.

Persistence on treatment was high with both GUS and IL17i at the 6-month visit

- 95% of participants in the GUS and 93% in the IL-17i cohorts remained on their initial treatment line up to the 6-month visit
- Reasons for initial treatment line discontinuation were consistent between treatment groups
- Persistence on GUS and IL-17i was also comparable among participant subgroups (data not shown)



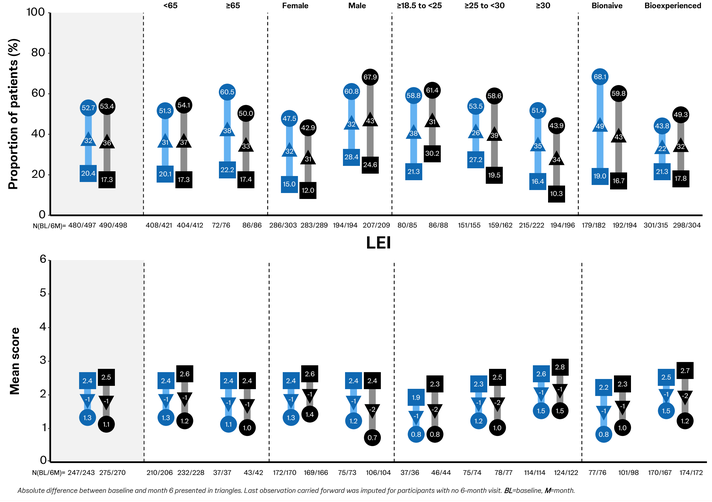
Number at risk

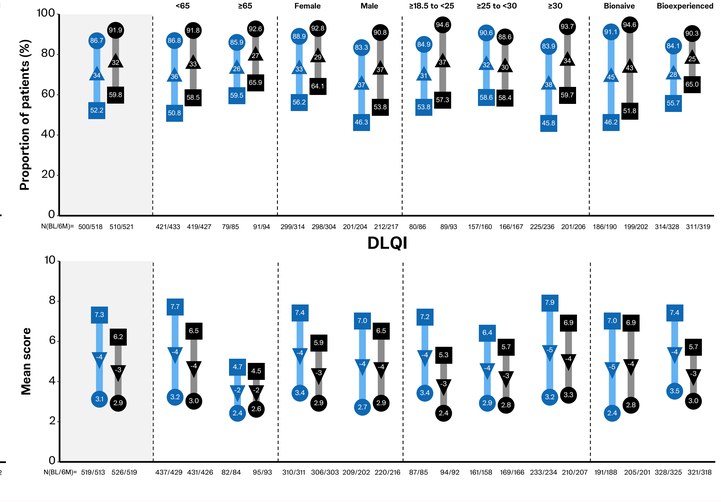
GUS	555	545	540	521	509	477	461
IL-17i	579	567	552	535	516	506	480

[a]*Adjusted for potential confounders at baseline including initial bDMARD treatment line, among others.* ***CI***=*confidence interval.*

Improvements in PsA domains were comparable across subgroups with GUS and IL-17i at the 6-month visit

- Improvements in SJC66, TJC68, and nail psoriasis were also comparable across subgroups with GUS and IL-17i at 6 months





Absolute difference between baseline and month 6 presented in triangles. Last observation carried forward was imputed for participants with no 6-month visit. ***BL***=*baseline,* ***M***=*month.*

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