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Effect of skin clearance in patients with moderate-to-severe plaque psoriasis treated with vunakizumab on patient-reported outcomes: a post-hoc analysis of a randomised, phase 3 trial

Yan Zhang*[1]

[1]The Fourth Hospital of Hebei Medical University, Department of Dermatology, Shijiazhuang, China

Introduction & Objectives: Vunakizumab is a novel interleukin 17A monoclonal antibody for moderate-to-severe plaque psoriasis. Here, we assessed the effect of skin clearance on patient-reported outcomes (PRO) in patients with moderate-to-severe plaque psoriasis who received vunakizumab.

Materials & Methods: Data for this post-hoc analysis were derived from a randomised, double-blind, placebo-controlled, multicentre, phase 3 trial (NCT04839016), which assessed the efficacy and safety of vunakizumab for moderate-to-severe plaque psoriasis. Eligible adult patients were randomized 2:1 to receive either vunakizumab 240 mg or placebo on weeks 0, 2, 4, and 8. At week 12, all patients received vunakizumab 240mg every 4 weeks until week 52. Patients who achieved different levels of skin clearance (Psoriasis Area and Severity Index [PASI] 100 or PASI 75-99) during the 12 weeks of treatment with vunakizumab were grouped to assess the change from baseline to week 52 in the Pruritus Numerical Rating Scale (NRS), the Dermatology Life Quality Index (DLQI) and the 36-Item Short Form Health Survey (SF-36). For longitudinal data (NRS total score, DLQI total score and SF-36 health utility), mixed-effect models for repeated measures were used to calculate their changes from baseline. The model was adjusted with PRO total score as the dependent variable and PASI status grouping, visit duration, baseline values, interaction between PASI status grouping and visit, and interaction between baseline and visit as covariates. Least square means and confidence intervals for the changes were calculated.

Results: During the 12 weeks of treatment with vunakizumab, 178 patients achieved PASI 100 and 255 patients achieved PASI 75-99. There was an improvement in PROs in both groups during the 52 weeks of treatment. Furthermore, patients who achieved PASI 100 during the 12-week treatment period showed a more pronounced downward trend in pruritus NRS scores and DLQI scores from baseline than those who achieved PASI 75-99 (Figures 1 and 2). Similarly, a more pronounced upward trend in the change from baseline in SF-36 health utility was also observed in patients who achieved PASI 100 during the 12-week treatment period (Figure 3).

Conclusion: Patients with moderate-to-severe plaque psoriasis who received vunakizumab and achieved PASI 75 or above benefited. For patients who achieved complete skin clearance (i.e. PASI 100), the reduction in pruritus, improvement in quality of life, and enhancement in self-assessed psychological and physiological health conditions were much better than for those with partial clearance (i.e. PASI 75-99), indicating that targeting PASI 100 as a treatment goal for moderate to severe plaque psoriasis could bring about more benefits.

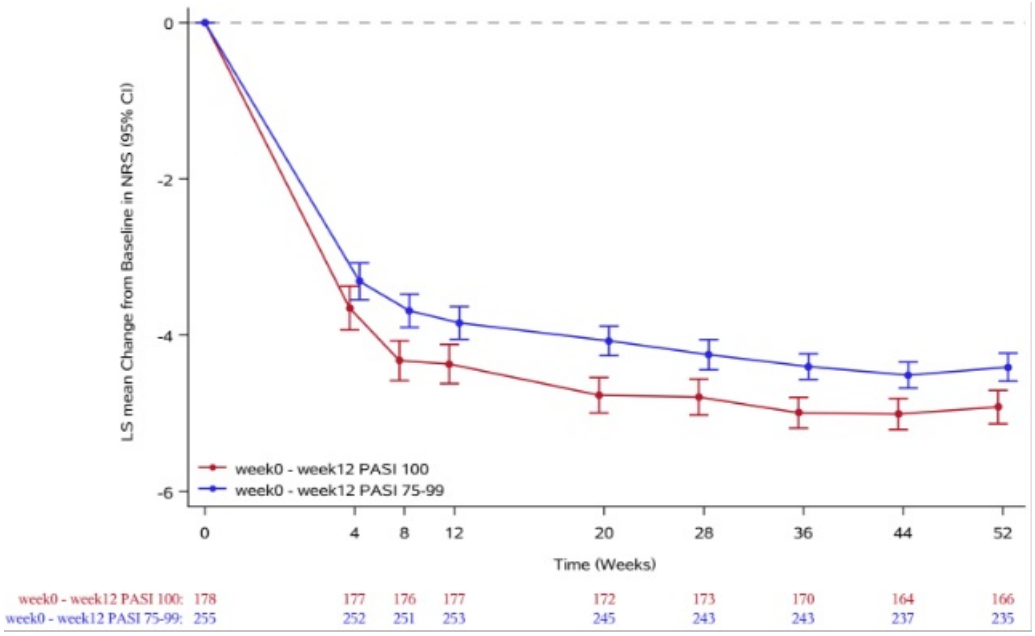

Figure 1. Changes from baseline in Pruritus Numerical Rating Scale (NRS) scores by each visit over a 52-week period

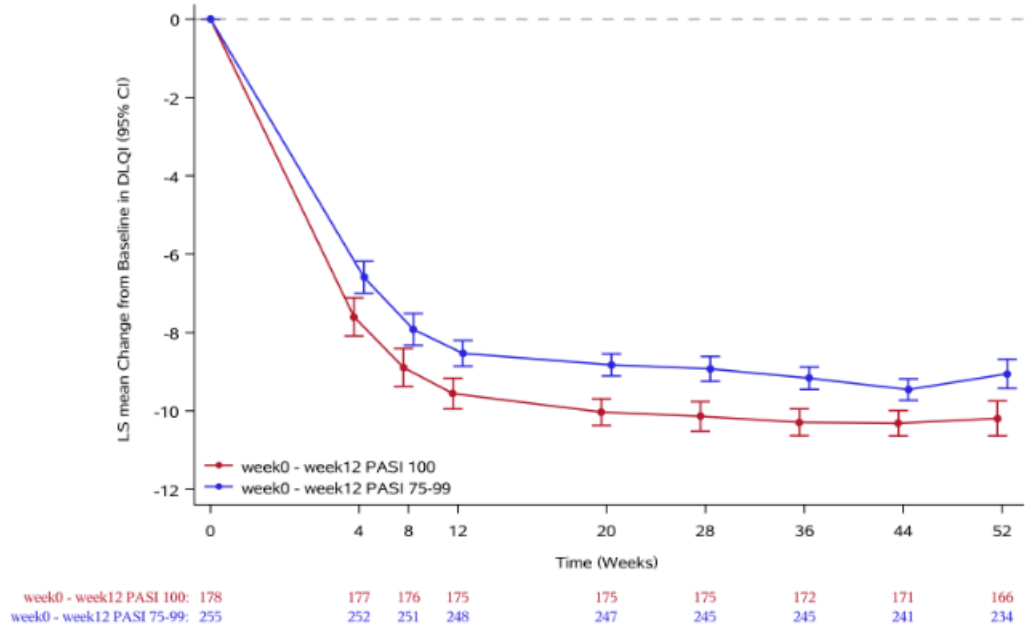

Figure 2. Changes from baseline in total scores on the Dermatology Life Quality Index (DLQI) by each visit over a 52-week period

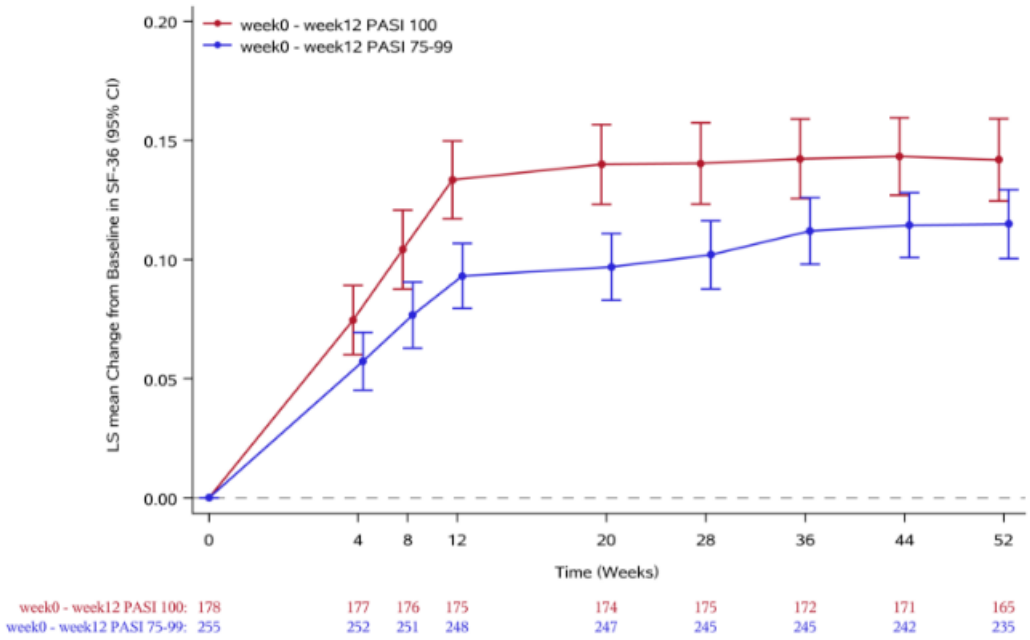

Figure 3. Changes from baseline in health utility on the 36-Item Short Form Health Survey (SF-36) by each visit over a 52-week period