



Abstract N°: 1312

Spesolimab improves Generalized Pustular Psoriasis Physicians Global Assessment (GPPGA), affected body surface area (BSA), and quality of life (QoL) in generalized pustular psoriasis (GPP): EFFISAYIL® 2 trial analyses

Bruce Strober¹, Joseph F. Merola², Alice B. Gottlieb², Arash Mostaghimi³, Boni Elewski⁴, Jennifer Hsiao⁵, Jason Hawkes⁶, Aaron Farberg⁷, Kenneth B. Gordon⁸, Laura K. Ferris⁹, Douglas DiRuggiero¹⁰, Tina Bhutani-Jacques¹¹, Jason Guercio¹², Ming Tang¹³, Christian Thoma¹⁴, Mark Lebwohl¹⁵

¹Yale University School of Medicine, New Haven, United States

²UT Southwestern Medical Center, Dallas, United States

³Brigham and Women's Hospital, Harvard Medical School, Boston, United States

⁴University of Alabama School of Medicine, Birmingham, United States

⁵Ronald Reagan UCLA Medical Center, Santa Monica, United States

⁶Oregon Medical Research Center, Portland, United States

⁷Bare Dermatology, Dallas, United States

⁸Medical College of Wisconsin, Milwaukee, United States

⁹University of Pittsburgh, Pittsburgh, United States

¹⁰Skin Cancer & Cosmetic Dermatology Center, Rome, United States

¹¹Synergy Dermatology, San Francisco, United States

¹²Boehringer Ingelheim Pharmaceuticals, Inc, Ridgefield, United States

¹³Boehringer Ingelheim (China) Investment Co. Ltd, Shanghai, China

¹⁴Boehringer Ingelheim International GmbH, Ingelheim am Rhein, Germany

¹⁵Icahn School of Medicine at Mount Sinai, New York, United States

Introduction & Objectives: GPP is an inflammatory, neutrophilic, potentially life-threatening skin disease characterized by episodic flares of widespread skin pustulation and chronic skin symptoms. EFFISAYIL® 2 investigated the effects of subcutaneous (SC) spesolimab, an anti-interleukin-36 receptor monoclonal antibody, on GPP symptoms and patient QoL.

Materials & Methods: The patients in this analysis received the FDA-approved dose of 300 mg SC spesolimab every 4 weeks (q4w) after 600 mg SC loading dose (n=30). GPPGA total score, average BSA involvement, Pain Visual Analog Scale (VAS), and Psoriasis Symptom Scale (PSS) scores were recorded at baseline and Weeks 4, 16, and 48. Dermatology Life Quality Index (DLQI) was measured at baseline and Weeks 4, 12, 36, and 48.

Results: In this analysis, average age was 40 years, 60% were female, and patients were either Asian (70%) or White (30%). The proportion of patients with GPPGA=0 increased over time, from 10.0% at baseline, to 27.6% at Week 4, 48.1% at Week 16, and 52.2% at Week 48. Continuous treatment with spesolimab decreased average total BSA involvement over time (baseline: 13.3%; Week 4: 10.6%; Week 16: 9.4%; Week 48: 4.5%). BSA involvement also decreased over time when patients were stratified by time since their GPP diagnosis (≤ 5 years [n=13]: 14.7%, 15.0%, 11.7%, 5.0%; or > 5 years [n=17]: 12.3%, 7.0%, 7.6%, 4.1%) and by use of systemic medication to treat GPP at baseline (yes [n=22]: 11.1%, 8.2%, 6.4%, 3.6%; or no [n=8]: 19.5%, 18.3%, 19.8%, 7.4%). Mean Pain VAS and PSS scores also decreased over time (Pain VAS: 29.1, 20.7, 12.6, 11.3; PSS: 5.34, 4.23, 3.19, 2.96). DLQI scores decreased from 11.14 at baseline to 8.62 at Week 4, 5.83 at Week 12, 5.35 at Week 36, and 4.57 at Week 48.

Conclusion: Continuous treatment with SC spesolimab improved GPPGA, BSA involvement, Pain VAS, PSS, and

DLQI scores over 48 weeks. These findings suggest SC spesolimab can effectively control GPP and improve patient QoL.

EADV Congress 2025, PARIS
17 SEPTEMBER - 20 SEPTEMBER 2025
POWERED BY M-ANAGE.COM

