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**Efficacy and safety of Xeligekimab in patients with moderate-to-severe plaque psoriasis with cardiovascular and/or metabolic comorbidities: a post-hoc analysis of a phase 3 trial**

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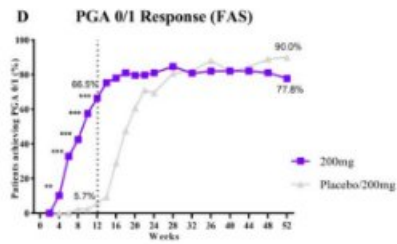
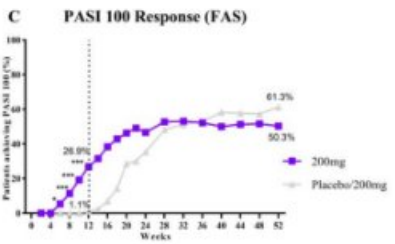
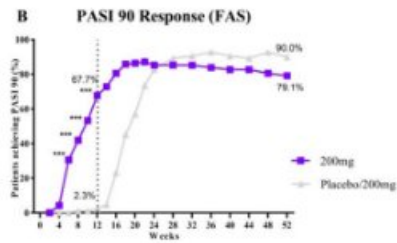
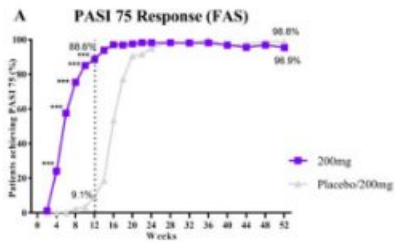
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**Introduction & Objectives:** Xeligekimab, a fully human monoclonal IgG4 antibody that selectively neutralizes interleukin (IL)-17A for moderate-to-severe psoriasis. Here, we present post-hoc analysis data to assess efficacy and safety in patients with moderate-to-severe plaque psoriasis with cardiovascular and/or metabolic comorbidities in a phase 3 trial.

**Materials & Methods:** Data for this post-hoc analysis were derived from A multicentre randomized double-blind placebo-controlled phase 3 trial, which assessed efficacy and safety of Xeligekimab in patients with moderate-to-severe plaque psoriasis. Eligible patients were randomized 2:1 to receive either 200 mg Xeligekimab(Xeligekimab group) or placebo (placebo group) Q2W for the first 12 weeks, which was followed by extending the treatment schedule to Xeligekimab every four weeks (Q4W) until 52 weeks. Patients in the placebo group received Xeligekimab 200 mg by SC injection Q2W from week 12 to week 24 and every 4 weeks thereafter. Patients with cardiovascular and/or metabolic diseases in the Xeligekimab group and the placebo group during baseline were regrouped to assess the change from baseline to week 52 in Psoriasis Area and Severity Index, Physician Global Assessment, treatment-emergent adverse events (TEAEs), and serious adverse events (SAE).

**Results:** The post hoc analysis included 167 patients in the Xeligekimab group and 88 patients in the placebo group, Baseline characteristics were comparable between the Xeligekimab and placebo groups. At week 2 there was an improvement in skin lesions in Xeligekimab group, At week 4, the Xeligekimab group and the placebo group showed a statistical difference( $p < 0.001$ ), At week 12, PASI 75, PASI 90 and PASI 100 were achieved in 88.6%, 67.7% and 26.9% of patients in the Xeligekimab group vs. 9.1%, 2.3% and 1.1% of patients in the placebo group, respectively. PGA 0/1 was achieved in 66.5% patients in the Xeligekimab group and 5.7% of patients in the placebo group. PASI 75 and PGA 0/1 were maintained until week 52. Overall 253 subjects (89.7%) experienced treatment-emergent adverse events (TEAEs), in which 162 (64%) were treatment related. Most TEAEs or treatment-related TEAEs were grade 1~2. 9 subjects (3.6%) experienced SAE and 1 subjects (0.4%) experienced treatment-related serious ADR. No TEAE led to death during the study.

**Conclusion:** In this post-hoc analysis, Xeligekimab demonstrated a rapid onset of action, high rates of skin clearance in patients with moderate-to-severe plaque psoriasis with cardiovascular and/or metabolic comorbidities, sustaining efficacy for up to 52 weeks. Safety findings in this patient population were consistent with other same-target drugs; no special risk signals were found for Xeligekimab. This data highlights the benefits of Xeligekimab as an alternative biologic medication in this subgroup.



	Xeligekimab group	Xeligekimab →Placebo group	Overall
	<b>12~52wk</b>	<b>0~52wk</b>	<b>12~52wk</b>
<b>N</b>	<b>164</b>	<b>167</b>	<b>86</b>
<b>TEAE</b>	140(85.4)	155(92.8)	72(83.7)
<b>ADR</b>	96(58.5)	118(70.7)	44(51.2)
<b>SAE</b>	6(3.7)	7(4.2)	2(2.3)
<b>SADR</b>	1(0.6)	1(0.6)	0(0)
<b>TEAEs</b>			
<b>Grade 1-2</b>	140(85.4)	155(92.8)	72(83.7)
<b>Grade 3-5</b>	8(4.9)	9(5.4)	8(9.3)
<b>Fatal TEAE</b>	0(0)	0(0)	0(0)

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