Secukinumab Sustains Individual Clinical Responses Over Time in Patients With Psoriatic Arthritis: 2-Year Results From a 3-Year Trial

INTRODUCTION

The assessment of safety, efficacy, and tolerability of secukinumab at every 4 weeks thereafter. Placebo-treated patients were re-randomized (1:1) to secukinumab (300, 150, or 75 mg) or placebo at Weeks 0, 1, 2, 3, and 4 and once every 4 weeks thereafter (every 11 mg) to receive secukinumab (300 or 150 mg) at Week 16 (non-responders) or placebo at Week 24. (responders’ follow-up).

METHODS

Study Design and Patients • Full names of all authors listed in order of contribution.

Endpoints and Assessments • Psoriasis area and severity index (PASI) score.

Statistical Analyses • Data are presented as observed in patients with data available at Weeks 24 and 104. The shift analyses were performed on ACR, DAS28-CRP, PASI, and MDA responses between Weeks 24 and 104 for subgroups of secukinumab-treated patients categorized by their highest responses at the earlier time point, by assessing whether these responses were sustained, improved, or worsened at the later time point, using mutually exclusive response categories.

RESULTS

In total, 86/100 (86%) and 76/100 (76%) patients receiving secukinumab 300 and 150 mg, respectively, completed 104 weeks of treatment in the secukinumab 300 and 150 mg groups, a majority (84% and 75%, respectively) of ACR70 responders (ACR70 responders; 57% and 49%, respectively, either maintained or improved their response at Week 104 (Figure 1). The majority of patients who were in the MoDA, LDA, or REM status related to sustained their response at Week 104 whereas in the secukinumab 150 mg group, a majority (75% and 72% with LDA and REM, respectively) of patients improved or maintained their status at Week 104.

CONCLUSIONS

• Improvements in individual ACR and PASI responses and disease status observed with secukinumab at Week 24 were sustained or improved further through 2 years in a majority of patients with PsA.

• Secukinumab demonstrated more stringent efficacy criteria such as ACR70 and MDA were numerically higher with secukinumab 300 mg, extending the results previously reported at group level.

REFERENCES


Figure 2. Shift Analysis of DAS28-CRP Status From Week 24 to Week 104

Figure 4. Shift Analysis of PASI Response From Week 24 to Week 104

Figure 3. Shift Analysis of MDA Response From Week 24 to Week 104

Figure 1. Shift Analysis of ACR Responses From Week 24 to Week 104

In the secukinumab 300 mg group, 53% of patients with LDA improved to REM and a majority (76%) of patients with REM maintained their status from Week 24 to 104 whereas in the secukinumab 150 mg group, a majority (75% and 72% with LDA and REM, respectively) of patients improved or maintained their status at Week 104 (Figure 2).

During the assessment of safety, efficacy, and tolerability of secukinumab, a fully human monoclonal antibody that selectively neutralizes interleukin (IL)-17A, has demonstrated significant efficacy in the treatment of moderate to severe psoriasis1 and PsA2, demonstrating a rapid onset of action and sustained responses.

In the phase 3 FUTURE 2 study (NCT01752634), secukinumab provided sustained improvement in the signs and symptoms of active PsA over 104 weeks.

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