**Secukinumab Provides Complete or Almost-complete Psoriasis Clearance in Moderate-to-Severe Plaque Psoriasis: Pooled Analysis of 4 Phase 3 Trials**

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**ABSTRACT**

A systematic literature review and meta-analysis of four phase 3, randomized, double-blind, placebo-controlled trials of secukinumab (300 mg or 150 mg) or placebo in adults with moderate-to-severe plaque psoriasis (PASI 10–72) was conducted. With secukinumab 300 mg or 150 mg, 29.9% and 15.1% of patients achieved Investigator’s Global Assessment modified 2011 (IGA mod 2011) 0/1 (clear or almost clear) responses as early as Week 4 through Week 12, compared with 5.3% and 0.3% with etanercept (9.6%) and placebo (0.3%; both $P < 0.0001). The safety profile of secukinumab remained favorable and consistent across studies.

**RESULTS**

- In the pooled analysis, a greater proportion of patients in the secukinumab groups achieved IGA mod 2011 0/1 (clear or almost clear) response rates at Week 12 compared with etanercept and placebo.
- The median time to a 50% reduction in mean Psoriasis Area and Severity Index (PASI) was 2.6 weeks.
- The safety profile of secukinumab was similar between IGA mod 2011 0 and PASI 100 responders at any time up to 12 weeks.

**CONCLUSIONS**

- Secukinumab provides early and sustained skin clearance for patients with moderate-to-severe psoriasis.
- Upper respiratory tract infections were the most common adverse events across all treatment groups.
- The safety profile of secukinumab remained favorable and consistent with previous studies.

**REFERENCES**


**DISCLOSURES**

A. Blauvelt has received speaker honoraria and/or travel and accommodation expenses (as a participant) from AbbVie, Amgen, Celgene, AbbVie, BMS, GSK, Janssen, Lilly, Novartis, Pfizer, Roche/Genentech, Sandoz, UCB, and UCB for a reprint of this poster. A. Armstrong received speaker honoraria from AbbVie, Amgen, Celgene, AbbVie, BMS, Janssen, Lilly, Novartis, Pfizer, Roche/Genentech, Sandoz, UCB, and UCB for a reprint of this poster. P. Rich has received speaker honoraria from AbbVie, Amgen, Celgene, AbbVie, BMS, Janssen, Lilly, Novartis, Pfizer, Roche/Genentech, Sandoz, UCB, and UCB for a reprint of this poster. R. Kisa has received speaker honoraria from AbbVie, Amgen, Celgene, AbbVie, BMS, Janssen, Lilly, Novartis, Pfizer, Roche/Genentech, Sandoz, UCB, and UCB for a reprint of this poster. A. Guana has received speaker honoraria from AbbVie, Amgen, Celgene, AbbVie, BMS, Janssen, Lilly, Novartis, Pfizer, Roche/Genentech, Sandoz, UCB, and UCB for a reprint of this poster. X. Mengi has received speaker honoraria from AbbVie, Amgen, Celgene, AbbVie, BMS, Janssen, Lilly, Novartis, Pfizer, Roche/Genentech, Sandoz, UCB, and UCB for a reprint of this poster. K. Callis Duffin has received speaker honoraria from AbbVie, Amgen, Celgene, AbbVie, BMS, Janssen, Lilly, Novartis, Pfizer, Roche/Genentech, Sandoz, UCB, and UCB for a reprint of this poster.

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**Figure 1. Study Design**