Cerizolizumab Pegol for the Treatment of Patients with Moderate-to-Severe Chronic Plaque Psoriasis: An Overview of 3 Randomized Controlled Trials

Andrew Blauvelt1, Kristin Reich2, Mark Lebwohl3, Daniel Burke4, Catherine Amsen5, Luke Peterson6, Robert Rolier7, Alice Gottlieb8
1Oregon Medical Research Center, Portland, OR; 2Dermatologikum Hamburg and SCIderm Research Institute, Hamburg, Germany; 3Kahn School of Medicine at Mount Sinai, New York, NY; 4Dermis, Inc., Menlo Park, CA; 5UCB Pharma, Brussels, Belgium; 6UCB Pharma, Raleigh, NC; 7New York Medical College at Metropolitan Hospital, New York, NY.

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Introduction
• Certolizumab pegol (CZP) is a humanized, pegylated, monoclonal antibody that selectively targets tumor necrosis factor (TNF) with a long half-life of approximately 2 weeks.

Methods
• Study Design: CZP in DLQI scores are adjusted least squares mean differences from an analysis of covariance (ANCOVA) model with biologic exposure (yes/no) as factors and Baseline DLQI score as a covariate using last observation carried forward (LOCF) imputation (p-values not adjusted for multiplicity). For DLQI 0/1 responder rates, missing data are imputed based on NRI method (p-values not calculated).

Results
• Disposition, Demographics, and Baseline Disease Characteristics
  • Of 850 patients randomized to CZP or placebo in CIMPASI-1, CIMPASI-2, or CIMPACT, 815 patients (95.9%) completed the study. Patient demographics and Baseline disease characteristics were similar between treatment groups (Table 1).

Pooled Efficacy
• Of 850 patients randomized to CZP or placebo in CIMPASI-1, CIMPASI-2, or CIMPACT, 815 patients (95.9%) completed the study. Patient demographics and Baseline disease characteristics were similar between treatment groups (Table 1).
• Pooled efficacy analysis results for the 16-week pooled analysis of CZP 400 mg Q2W and placebo groups are presented in Figure 3. CZP 400 mg Q2W versus placebo resulted in significantly higher rates of PASI 75 responders at Week 16 (p<0.001) and PGA 0/1 responders (p<0.001) compared with placebo (Figure 4). In addition, clinically meaningful improvements in quality of life, measured by CfB in DLQI and DLQI 0/1 responder rates, were observed as early as Week 4 for both CZP doses versus placebo (Figure 5).
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Pooled Safety
• Of 850 patients randomized to CZP or placebo in CIMPASI-1, CIMPASI-2, or CIMPACT, 815 patients (95.9%) completed the study. Patient demographics and Baseline disease characteristics were similar between treatment groups (Table 1).
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Conclusions
• In 3 phase 3, randomized, double-blind, placebo-controlled trials evaluating cerizolizumab pegol, a humanized, pegylated monoclonal antibody targeting TNF, in patients with moderate-to-severe chronic plaque psoriasis, cerizolizumab pegol demonstrated superior efficacy and safety compared with placebo (Table 2). In addition, cerizolizumab pegol was generally safe and well tolerated in patients with chronic plaque psoriasis.

Table 1. Patient Demographics and Baseline Disease Characteristics

Table 2. Treatment-Emergent Adverse Events Safety Set

References
1. Gottlieb et al. Oral presentation at: the 75th Annual Meeting of the American Academy of Dermatology; March 3-7, 2017; Orlando, FL.
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4. Blauvelt et al. Poster presentation at: 16th Annual Maui Derm for Dermatologists; March 18-22, 2019; Maui, HI.

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Author Disclosure
• The authors declare no conﬂict of interest related to the presentation of this poster or the research presented herein.