Deucravacitinib long-term efficacy with continuous treatment in plaque psoriasis: 2-year results from the phase 3 POETYK PSO-1 and PSO-2 trials

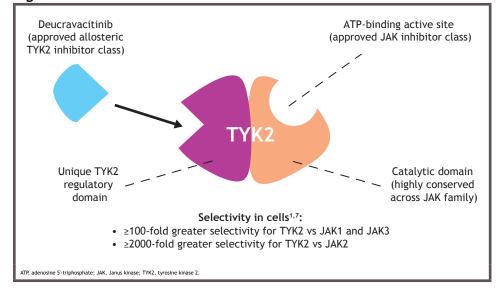
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Synopsis

- Tyrosine kinase 2 (TYK2) is an intracellular enzyme that mediates signaling of cytokines (eg, interleukin-23, Type I interferons) that are involved in psoriasis pathogenesis¹
- Deucravacitinib, an oral, selective, allosteric TYK2 inhibitor, is approved in the US, EU, and other countries for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy²⁻⁶
- Deucravacitinib uniquely binds to the regulatory domain of TYK2 rather than to the catalytic domain where Janus kinase (JAK) 1,2,3 inhibitors bind^{1,7} (**Figure 1**), representing the first in a new class of small molecules
- Two phase 3 trials, POETYK PSO-1 (NCT03624127) and POETYK PSO-2 (NCT03611751), demonstrated that deucravacitinib was significantly more efficacious than placebo (based on the coprimary endpoints of ≥75% reduction from baseline in Psoriasis Area and Severity Index [PASI 75] and static Physician Global Assessment score of 0 [clear] or 1 [almost clear] with a ≥2-point improvement from baseline [sPGA 0/1]) and apremilast at Week 16 and was well tolerated in patients with moderate to severe plague psoriasis^{8,9}
- Clinical responses were maintained through 52 weeks in patients who received continuous deucravacitinib treatment from baseline¹⁰
- Patients completing POETYK PSO-1 and PSO-2 could enroll in the POETYK long-term extension (LTE) trial (NCT04036435)

Figure 1. Mechanism of action of deucravacitinib



Objectives

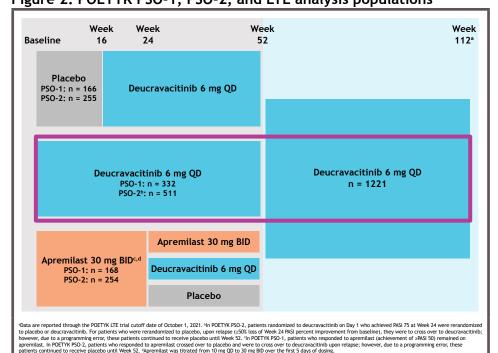
- To evaluate long-term efficacy responses (up to ≈2 years) in patients who were randomized to deucravacitinib in POETYK PSO-1 or PSO-2 and who entered the POETYK LTE trial:
- Patients who received continuous deucravacitinib treatment from baseline
- Patients who received continuous deucravacitinib treatment from baseline and who achieved PASI 75 at Week 24

Methods

Study designs

- POETYK PSO-1 and PSO-2 were 52-week, phase 3, double-blind trials that randomized adults with moderate to severe plaque psoriasis 1:2:1 to oral placebo, deucravacitinib 6 mg once daily, or apremilast 30 mg twice daily (Figure 2)
- Patients were diagnosed with moderate to severe plaque psoriasis based on PASI ≥12, sPGA ≥3, and body surface area (BSA) involvement ≥10%
- At Week 52, patients were eligible to enroll in the POETYK LTE trial and receive open-label deucravacitinib 6 mg once daily

Figure 2. POETYK PSO-1, PSO-2, and LTE analysis populations



Efficacy population

- Pooled POETYK PSO-1 and PSO-2 patient populations
- Overall analysis: patients who received continuous deucravacitinib treatment from Day 1 until Week 112
- Responder analysis: Week 24 PASI 75 responders who received continuous deucravacitinib treatment from Day 1 until Week 112
- Week 24 was chosen as the time point for peak responses observed with deucravacitinib
- In POETYK PSO-2, only patients who achieved PASI 75 and continued on deucravacitinib at Week 24 (50% of PASI 75 responders based on study design) were analyzed

Efficacy outcomes

• Achievement of PASI 75, ≥90% reduction from baseline in PASI (PASI 90), and sPGA 0/1

Statistical analysis

- Analyses were conducted through the data cutoff date of October 1, 2021 (Week 112)
- Consistent with recommendations for assessing long-term efficacy outcomes in psoriasis clinical trials,¹¹ two methods for imputation of missing data were used as sensitivity analyses in addition to as observed values:
- Modified nonresponder imputation (mNRI)¹²: patients who either discontinued treatment prior to Week 112 or reached Week 112 were included; patients with missing data who discontinued treatment due to worsening of psoriasis were imputed as nonresponders; all other missing data were imputed by multiple imputation
- Treatment failure rules (TFR)¹³: patients who discontinued treatment due to lack of efficacy or worsening of psoriasis were imputed as nonresponders; all other missing data were not imputed

Results

Baseline patient demographics and disease characteristics

- A total of 513 patients received continuous deucravacitinib treatment from Day 1 in POETYK PSO-1/PSO-2 until Week 112 in POETYK LTE (**Table 1**), including 336 patients who had achieved PASI 75 at Week 24 (PSO-1, n = 203; PSO-2 n = 133)
- Baseline patient demographics and disease characteristics were similar in both groups

Table 1. Baseline patient demographics and disease characteristics

	Davis and a state of the	Deucravacitinib Week 24
Parameter	Deucravacitinib (n = 513)	PASI 75 responders (n = 336)
Age, mean (SD), y	46.9 (13.3)	46.3 (13.8)
Weight, mean (SD), kg	89.9 (22.2)	86.6 (22.1)
Female, n (%)	159 (31.0)	122 (36.3)
Race, n (%)		
White	440 (85.8)	284 (84.5)
Asian	64 (12.5)	47 (14.0)
Black or African American	5 (1.0)	1 (0.3)
Other	4 (0.8)	4 (1.2)
Age at disease onset, mean (SD), y	29.0 (14.7)	28.8 (15.3)
Disease duration, mean (SD), y	18.8 (12.6)	18.3 (13.0)
PASI score, mean (SD)	21.1 (7.9)	21.3 (8.0)
sPGA score, n (%)		
3 (moderate)	401 (78.2)	265 (78.9)
4 (severe)	112 (21.8)	71 (21.1)
BSA involvement, mean (SD), %	26.9 (15.8)	27.0 (15.8)

SA, body surface area; PASI, Psoriasis Area and Severity Index; PASI 75, ≥75% reduction from baseline in PASI; SD, standard deviation; sPGA, static Physician Global Assessment.

Efficacy of continuous deucravacitinib treatment from Day 1

- High clinical response rates achieved at Week 52 in POETYK PSO-1/PSO-2 were maintained at Week 112 in the POETYK LTE trial among patients receiving continuous deucravacitinib treatment from Day 1 (mNRI) (Figures 3-5)
- PASI 75: Week 52, 73.0%; Week 112, 76.2%
- PASI 90: Week 52, 46.3%; Week 112, 48.3%
- sPGA 0/1: Week 52, 58.5%; Week 112, 58.4%
- Results were consistent regardless of data imputation methodology (mNRI, TFR, as-observed values)

Figure 3. PASI 75 response rates in patients who received continuous deucravacitinib from baseline until Week 112

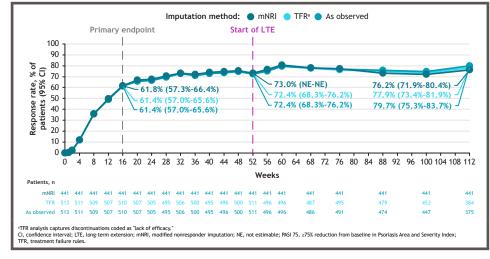


Figure 4. PASI 90 response rates in patients who received continuous deucravacitinib treatment from baseline until Week 112

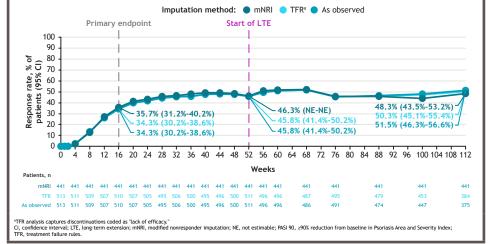
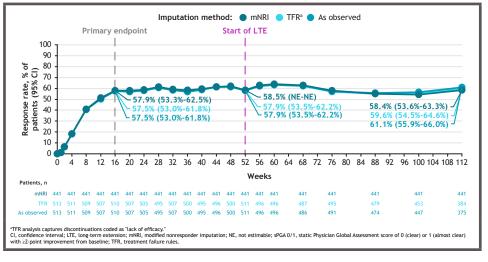


Figure 5. sPGA 0/1 response rates in patients who received continuous deucravacitinib treatment from baseline until Week 112



Efficacy in Week 24 PASI 75 responders

- High response rates at Week 52 in POETYK PSO-1/PSO-2 were maintained at Week 112 in the POETYK LTE trial among patients receiving continuous deucravacitinib treatment from Day 1 who had achieved PASI 75 at Week 24 (mNRI) (Figures 6-8)
- PASI 75: Week 52, 90.3%; Week 112, 89.2%
- PASI 90: Week 52, 62.1%; Week 112, 61.1%
- sPGA 0/1: Week 52, 73.8%; Week 112, 70.5%
- Results were consistent regardless of data imputation methodology

Figure 6. PASI 75 response rates in Week 24 PASI 75 responders who received continuous deucravacitinib treatment from baseline until Week 112

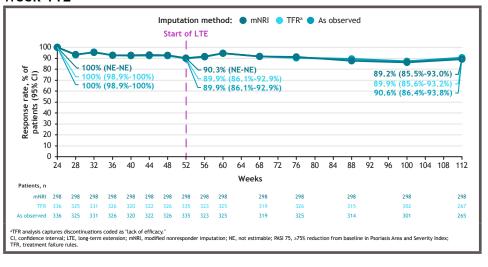


Figure 7. PASI 90 response rates in Week 24 PASI 75 responders who received continuous deucravacitinib treatment from baseline until Week 112

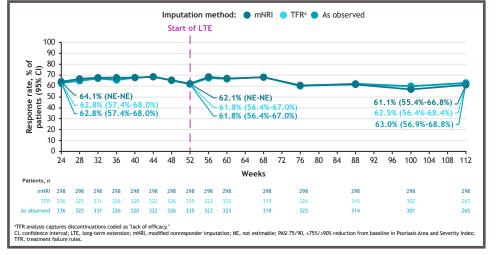
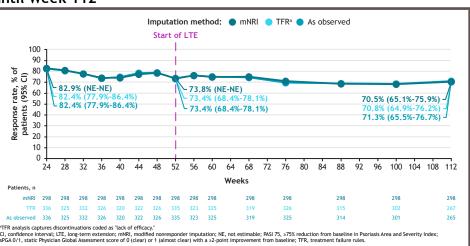


Figure 8. sPGA 0/1 response rates in Week 24 PASI 75 responders who received continuous deucravacitinib treatment from baseline until Week 112



Conclusions

- Clinical efficacy was maintained through 2 years in the pooled POETYK PSO-1/PSO-2 trials in deucravacitinib-treated patients who entered the POETYK LTE trial
- High clinical efficacy responses (PASI 75, PASI 90, and sPGA 0/1) achieved at Week 52 were maintained overall through Week 112 in patients who received continuous deucravacitinib treatment from
- Day 1 and in patients who achieved PASI 75 at Week 24

 Efficacy results were consistent across evaluated data imputation
- methods, including mNRI, TFR, and as-observed values
- These findings, which are consistent with previous results, 8-10 provide additional support that deucravacitinib is an efficacious long-term treatment for patients with moderate to severe plaque psoriasis

References

1. Burke JR, et al. *Sci Transl Med*. 2019;11:eaaw1736. 2. Sotyktu [package insert]. Princeton, NJ, USA: Bristol Myers Squibb; September 2022. 3. Sotyktu [summary of product characteristics]. Dublin, Ireland: Bristol Myers Squibb Pharmaceutical Operations; March 2023. 4. Sotyktu [package insert]. Tokyo, Japan: Bristol Myers Squibb K.K.; September 2022. 5. Sotyktu [product information]. Mulgrave, VIC, Australia: Bristol Myers Squibb Australia Pty. Ltd.; December 2022. 6. Sotyktu [product monograph]. Montreal, QC, Canada: Bristol Myers Squibb Canada Co.; November 2022. 7. Wrobleski ST, et al. *J Med Chem*. 2019;62:8973-8995. 8. Armstrong AW, et al. *J Am Acad Dermatol*. 2023;88:29-39. 9. Strober B, et al. *J Am Acad Dermatol*. 2023;88:41-50. 10. Warren RB, et al. Presented at the 30th EADV Congress; 29 September-2 October 2021. 11. Langley RGB, et al. *J Drugs Dermatol*. 2017;16:734-742. 12. Papp K, et al. *Br J Dermatol*. 2021;185:1135-1145. 13. Reich K, et al. *Br J Dermatol*. 2021;185:1146-1159.

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