PASI IMPROVEMENT IN THE FIRST 12 WEEKS FROM THE PHASE 3 VOYAGE 1, VOYAGE 2, ORION, AND ECLIPSE GUSELKUMAB CLINICAL TRIALS

Kim A Papp^{1,2}, Ronald Vender³, Richard G Langley⁴, Vincent Ho⁵, Laura Park-Wyllie⁶, Nastaran Abbarin⁶, Megan Miller⁷, Yin You⁷, Ya-Wen Yang⁸

¹Probity Medical Research Inc., Waterloo, CAN; ²K Papp Clinical Research, Waterloo, CAN; ³Dermatrials Research Inc, Hamilton, CAD; ⁴Dalhousie University, Halifax, CAN; ⁵Dept. of Dermatology and Skin Science, UBC, Vancouver, CAN; ⁶Janssen Medical Affairs, Janssen Inc, Toronto, CAN; ⁷Janssen Research & Development, LLC, Spring House, USA; ⁸Immunology Global Medical Affairs, Janssen Pharmaceutical Companies of Johnson & Johnson, Horsham, USA

BACKGROUND/OBJECTIVE

- Psoriasis (PsO) places a substantial clinical and humanistic burden on patients. Patients with moderate to severe plaque PsO may experience reduced health-related quality of life.¹
- Guselkumab (GUS) demonstrated clinical benefits vs. placebo, adalimumab, and secukinumab in four phase 3, double-blind, randomized controlled trials (VOYAGE 1, VOYAGE 2, ORION, and ECLIPSE).²⁻⁵
- The objective of this analysis was to evaluate the relative PASI improvement from baseline over the early phase of treatment among GUS-treated subjects.

METHODS

- Analyses were performed using treatment failure rules in which
 patients who discontinued due to lack of efficacy or worsening of
 PsO, or who used a protocol prohibited PsO treatment were set to
 zero improvement, regardless of the observed data.
- In addition, for VOYAGE 1 & 2, LOCF was performed for the missing data after the treatment failure rules were applied.

CONCLUSIONS

- Patients treated with GUS showed high levels of relative PASI improvement from baseline (>90%) at week 12 after only two doses (Figure 1; Table 2).
- This is in line with previously reported GUS findings from the primary endpoints (week 16).

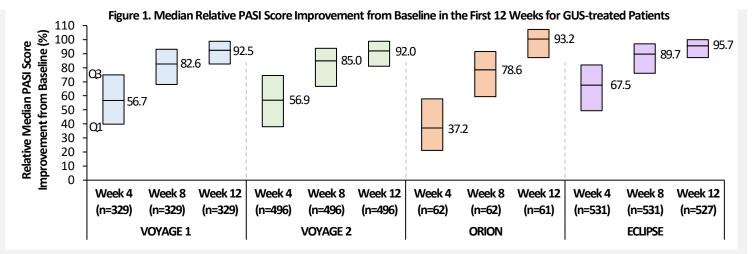
RESULTS

Table 1. Baseline Demographics and Disease Characteristics

Characteristic	VOYAGE 1 (n=329) VOYAGE 2 (n=496)	ORION (n=62)	ECLIPSE (n=534)
Mean (SD) age, years	43.9 (12.7)	43.7 (12.2)	46.2 (12.9)	46.3 (13.7)
Male, n (%)	240 (72.9)	349 (70.4)	41 (66.1)	365 (68.4)
White, n (%)	262 (79.6)	408 (82.3)	57 (91.9)	499 (93.4)
Mean (SD) BMI, kg/m ²	29.7 (6.2)	29.6 (6.5)	31.4 (6.6)	29.8 (7.1)
Mean (SD) dur., years	17.9 (12.3)	17.9 (12.0)	19.1 (12.6)	18.5 (12.2)
Patients with PsA, n (%)	64 (19.5)	89 (17.9)	13 (21.0)	97 (18.2)
Mean (SD) % of BSA	28.3 (17.1)	28.5 (16.4)	20.1 (9.2)	23.7 (12.9)
Mean (SD) PASI score	22.1 (9.5)	21.9 (8.8)	17.9 (4.5)	20.0 (7.4)
IGA score = 3, n (%)	252 (76.6)	380 (76.6)	52 (83.9)	407 (76.2)
IGA score = 4, n (%)	77 (23.4)	115 (23.2)	10 (16.1)	127 (23.8)

Table 2. Relative PASI Score Improvement (%) from Baseline

		•	. ,		
Week	Value	VOYAGE 1	VOYAGE 2	ORION	ECLIPSE
4	Mean (SD)	54.6 (24.9)	54.0 (26.5)	41.0 (26.4)	64.6 (22.9)
	Median (IQR)	56.7 (39.8, 75.0)	56.9 (37.9, 74.5)	37.2 (21.1, 57.7)	67.5 (49.3, 81.9)
	[Range]	[-97.5, 100.0]	[-63.5, 100.0]	[0.0, 100.0]	[-47.6, 100.0]
8	Mean (SD)	77.9 (20.2)	76.9 (23.7)	71.8 (27.0)	84.4 (17.3)
	Median (IQR)	82.6 (68.1, 93.1)	85.0 (66.7, 93.8)	78.6 (59.5, 91.6)	89.7 (76.0, 97.1)
	[Range]	[-7.7, 100.0]	[-26.1, 100.0]	[0.0, 100.0]	[-36.2, 100.0]
12	Mean (SD)	86.5 (18.2)	84.8 (21.1)	85.0 (20.5)	90.9 (14.5)
	Median (IQR)	92.5 (82.6, 98.8)	92.0 (81.0, 98.9)	93.2 (80.0, 100.0)	95.7 (87.2, 100.0)
	[Range]	[-7.7, 100.0]	[-13.9, 100.0]	[7.2, 100.0]	[-78.8, 100.0]



Acknowledgements: Supported by Janssen Scientific Affairs, LLC, Horsham, USA and Janssen Medical Affairs, Janssen Inc, Toronto, CAN. Disclosures: KP has received grant funding and/or honoraria from AbbVie, Akros, Amgen, Anacor, Arcutis, Avillion, Bausch Health/Valeant, Boehringer Ingelheim, BMS, Can-Fite Biopharma, Celgene, Celltrion, Coherus, Dermavant, Dermira, Dice Pharmaceuticals, Dow Pharma, Eli Lilly, Evelo, Galderma, Gilead, GSK, Incyte, Janssen, Kyowa Hakko Kirin, Leo, Meiji Seika Pharma, Merck, Mitsubishi Pharma, Novartis, Pfizer, Regeneron, Reistone, Roche, Sanofi-Aventis/Genzyme, Sandoz, Sun Pharma, Takeda, UCB, vTv Therapeutics, and Xencor. RV has consulted, spoken, or received grant funding and/or honoraria from AbbVie, Actelion, Amgen, Arcutis, Bausch-Health, Boehringer Ingelheim, BMS, Celgene, Centocor, Cipher, Demira, Demmarant, Eli Lily, Galderma, GSK, Innovaderm, Janssen, Kabi-Care, Leo, Meiji, Merck, Novartis, Palladin, Pfizer, Regeneron, Sandoz, Sun Pharma, Takeda, UCB, Viatris-Mylan. RGL has received grant funding and/or honoraria from AbbVie, Amgen, Astellas Pharma, Boehringer Ingelheim, Celgene, Centocor Ortho, Eli Lilly, Genentech, Isotechnika Pharma, Janssen, LEO Pharma, Merck, Novartis, Pfizer, Sun Pharma, and UCB. VH has spoken or received grant funding and/or honoraria from Abbvie, BMS, Janssen, Novartis, Pfizer, and UCB. LPW, NA, NIM, YY, and YWY, are employees of Janssen Pharmaceutical Companies, a subsidiary of Johnson & Johnson and may own stock/stock options in Johnson & Johnson. References: 1. Kimball 2005 Am J Clin Dermatol. 6: 383-392. 2. Blauvelt 2017 J Am Acad Dermatol. 76: 405-417. 3. Reich 2017 J Am Acad Dermatol. 76: 418-431. 4. Ferris 2020 J Dermatol Treat. 31: 152-159. 5. Reich 2019 Lancet. 394: 831-839.

The QR code is intended to provide scientific information for individual reference, and the information should not be altered or reproduced in any way.



