Effect of spesolimab on achieving sustained disease remission in patients with generalized pustular psoriasis: Results from the Effisayil 2 study

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Spesolimab demonstrated sustained remission of GPP symptoms compared with placebo, with two thirds of patients achieving clear or almost clear skin over 48 weeks

AIM

To analyze the effect of high-dose spesolimab vs placebo on the sustained remission of GPP up to Week 48, using data from the Effisayil 2 trial

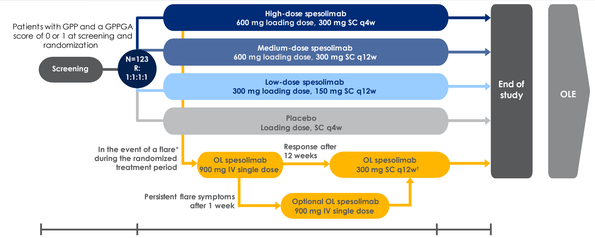
INTRODUCTION

- GPP is a chronic, rare, and potentially life-threatening skin disease, characterized by the extensive development of sterile pustules[1,2]
- A key goal for the treatment of patients with GPP is the long-term prevention of flares, which are a common but unpredictable feature of GPP, and the control of residual symptoms that patients may experience between flares[3]
- Spesolimab, a monoclonal antibody targeted specifically at the interleukin-36 receptor, is effective and approved for the treatment of GPP flares,[4,5] and has been evaluated for the prevention of flares in the pivotal, randomized, placebo-controlled Effisayil 2 trial (NCT04399837)[6]

METHODS

- GPPGA total scores and GPPGA pustulation subscores were recorded at baseline and at every visit and then compared between patients receiving high-dose spesolimab and placebo
- Sustained remission was defined as a GPPGA total score of 0 or 1 at all visits up to Week 48
- An additional, more stringent analysis defined sustained remission as a GPPGA total score of 0 or 1 and all GPPGA subscores ≤2 at all visits up to Week 48
- Sustained pustular clearance was defined as a GPPGA pustulation subscore of 0 at all visits from Week 4 to Week 48
- Any use of IV spesolimab or another investigator-prescribed standard of care for GPP worsening was considered a failure of remission

Figure 1. Study design



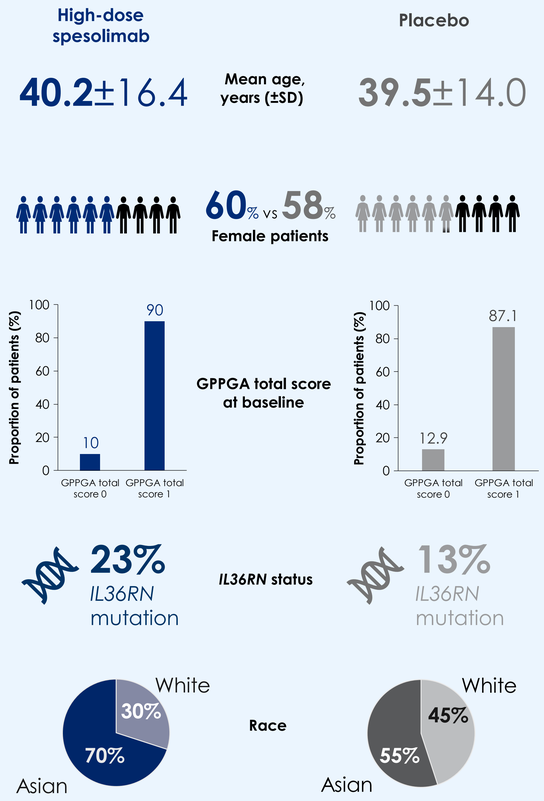
*Increase in GPPGA total score of ≥2 from baseline and GPPGA pustulation subscore ≥2. †Patients receiving OL SC spesolimab 300 mg q12w had the option to escalate to SC 300 mg q4w if there was an increase in the pustular component of GPPGA score of ≥1 from any of the previous OL visit(s).

CONCLUSIONS

- Relative to the placebo arm, the proportion of patients achieving sustained remission of GPP and sustained pustular clearance was considerably higher in the high-dose spesolimab arm, with two thirds of patients achieving clear or almost clear skin over 48 weeks
- Overall, high-dose SC spesolimab q4w is effective for the long-term management of GPP skin symptoms

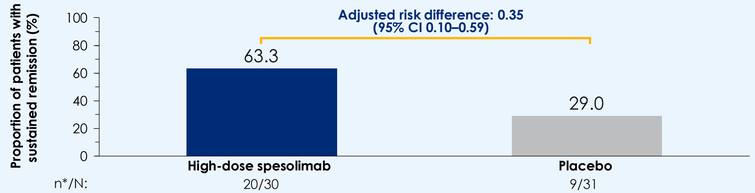
RESULTS

Figure 2. Baseline patient demographics and characteristics



Baseline characteristics were similar across treatment groups

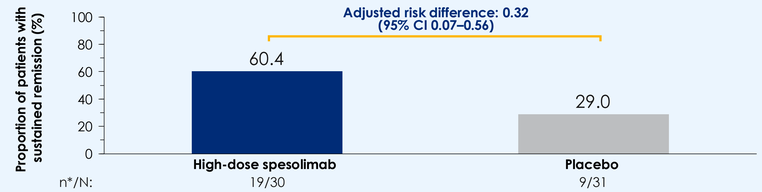
Figure 3. Patients achieving sustained remission (GPPGA total score of 0 or 1 at every visit) up to Week 48



*Before imputation. Missing data were imputed by a sequential logistic regression multiple imputation method, and adjusted risk difference was calculated by the Mantel–Haenszel type weighted average of differences.

A higher proportion of patients achieved sustained remission with high-dose spesolimab vs placebo

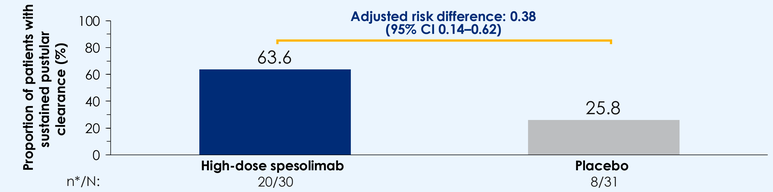
Figure 4. Patients with a GPPGA total score of 0 or 1 and all GPPGA subscores ≤2 at every visit up to Week 48



*Before imputation. Missing data were imputed by a sequential logistic regression multiple imputation method, and adjusted risk difference was calculated by the Mantel–Haenszel type weighted average of differences.

A higher proportion of patients achieved sustained remission with high-dose spesolimab vs placebo under more stringent definition criteria

Figure 5. Patients achieving sustained pustular clearance, defined as a GPPGA pustulation subscore of 0 at all visits, from Week 4 to Week 48



*Before imputation. Missing data were imputed by a sequential logistic regression multiple imputation method, and adjusted risk difference was calculated by the Mantel–Haenszel type weighted average of differences.

A higher proportion of patients achieved sustained pustular clearance with high-dose spesolimab vs placebo

Abbreviations

CI, confidence interval; GPP, generalized pustular psoriasis; GPPASI, Generalized Pustular Psoriasis Area and Severity Index; GPPGA, Generalized Pustular Psoriasis Physician Global Assessment; IV, intravenous; OL, open label; OLE, open-label extension; q4w, every 4 weeks; q12w, every 12 weeks; R, randomization; SC, subcutaneous; SD, standard deviation.

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