Real-World Achievement of Skin Clearance Targets and Improved Quality of Life With Risankizumab in Psoriasis Patients With Moderate Skin Involvement (BSA ≥ 3–10%)

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OBJECTIVE

To evaluate the effectiveness of risankizumab after 12 months of continuous treatment among psoriasis patients with moderate skin involement (BSA ≥ 3–10%), including subgroups with high-impact area involvement, scalp involvement, prior topical experience, and those naïve to biologic and advanced oral systemic therapy

CONCLUSIONS

- Psoriasis patients with moderate skin involvement (BSA ≥ 3–10%) who received continuous treatment with risankizumab for 12 months experienced high levels of skin clearance and improvements in health-related quality of life
- Among systemic eligible patients with moderate skin involvement (BSA ≥ 3–10%), the majority of patients treated with risankizumab also achieved National Psoriasis Foundation treat-to-target goals
- Patients with high-impact area involvement, scalp involvement, prior topical therapy experience, or those naïve to biologic and advanced oral systemic therapy also achieved consistent improvements in skin clearance and health-related quality of life with continuous risankizumab treatment for 12 months

INTRODUCTION

- The International Psoriasis Council (IPC) has reclassified patients with psoriasis (PsO) as eligible for systemic therapy (including biologics) to include those with ≥ 1 of the following[1]:
  - PsO lesions on ≥ 10% of body surface area (BSA); OR
  - PsO lesions on high-impact areas of the body (ie, hands/feet, face, genitals, scalp); OR
  - Topical therapy failed to control symptoms
- Patients with PsO in high-impact areas may experience worse health-related quality of life compared with patients without high-impact area involvement who report the same level of disease severity[2]
- Limited data exists for PsO patients with moderate skin involvement (BSA ≥ 3–10%), who may be eligible for systemic therapy per IPC
- Risankizumab is an interleukin-23 inhibitor approved to treat moderate-to-severe plaque PsO[3]
- This study evaluated the effectiveness of risankizumab as the first biologic (and first advanced systemic) treatment in patients with PsO with moderate skin involvement (BSA ≥ 3–10%), including subgroups with high-impact area involvement, scalp involvement, prior topical therapy experience, and patients naïve to biologic and advanced oral systemic therapy

METHODS

Study Design and Participants

- This analysis used data from the CorEvitas Psoriasis Registry, an independent, prospective, multicenter, observational cohort of patients with PsO in the United States or Canada
- A cohort of biologic-naïve adults with moderate-to-severe plaque PsO (Investigator's Global Assessment [IGA] ≥ 3) and moderate skin involvement (BSA ≥ 3–10%) who initiated risankizumab at a registry visit (April 2019–August 2023) and had consistent use after 12 ± 3 months were included

METHODS CONTINUED

Outcomes

- At 12 months, skin clearance was assessed using:
  - The Psoriasis Area and Severity Index (PASI; ≥ 90% [PASI 90] or 100% [PASI 100] reduction from baseline)
  - National Psoriasis Foundation (NPF) treat-to-target goals (acceptable response [BSA ≤ 3% or BSA improvement ≥ 75% from baseline] or target response [BSA ≤ 1%])
  - Mean change from baseline in PASI and BSA
- Health-related quality of life was assessed as achievement of 0/1 on the Dermatology Life Quality Index (DLQI; 0/1 [indicates no or little effect on quality of life])

Statistical Analysis

- Descriptive analyses were used to examine demographic, clinical, and treatment characteristics
- Outcomes were assessed overall and stratified by any high-impact area involvement, scalp involvement, prior topical therapy experience, and among patients who were naïve to biologic and advanced oral systemic therapy
- Paired Student's *t*-test estimated difference of mean at baseline and follow-up visits

RESULTS

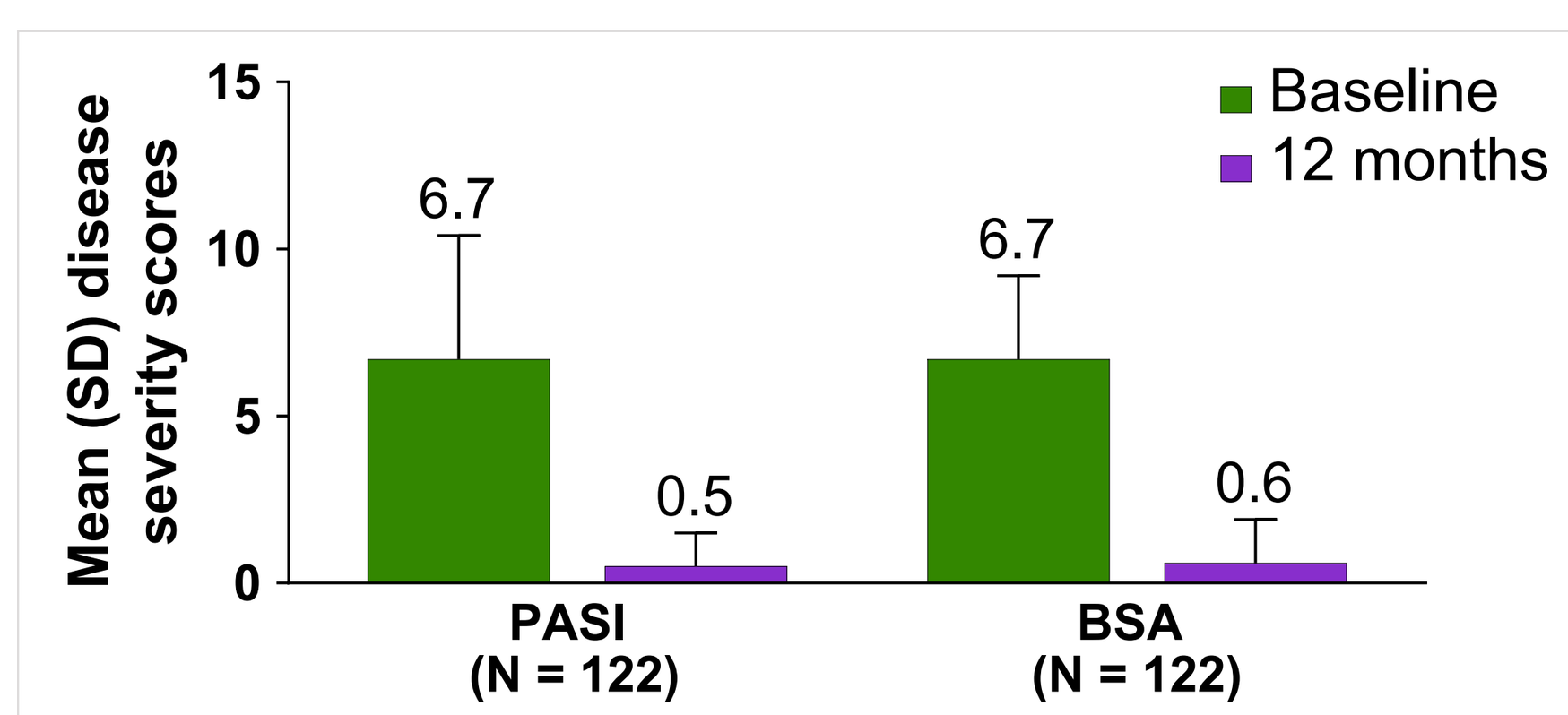
Table. Demographics and Baseline Characteristics of Patients

	Patients with moderate skin involvement	Subgroup of interest among patients with moderate skin involvement			
	BSA ≥ 3–10% N = 123	Any high-impact area involvement N = 78	Scalp involvement N = 69	Prior topical therapy experience N = 105	Biologic and advanced oral systemic-naïve N = 95
Age (years), mean (SD)	47.3 (15.4)	47.7 (16.1)	47.1 (16.2)	47.4 (15.2)	47.1 (15.4)
Female, n (%)	54 (43.9)	39 (50.0)	35 (50.7)	49 (46.7)	44 (46.3)
White, n (%)	92 (74.8)	60 (76.9)	53 (76.8)	80 (76.2%)	70 (73.7)
Hispanic ethnicity, n (%)	22 (18.3)	10 (13.0)	8 (11.8)	17 (16.7)	18 (19.6)
Body mass index, n (%)					
Underweight/normal (< 18.5–24.9)	31 (25.8)	22 (28.6)	19 (27.9)	28 (27.2)	24 (26.1)
Overweight (25.0–29.9)	48 (40.0)	27 (35.1)	23 (33.8)	39 (37.9)	35 (38.0)
Obese (≥ 30.0)	41 (34.2)	28 (36.4)	26 (38.2)	36 (35.0)	33 (35.9)
IGA = 3 (moderate), n (%)	101 (82.1)	63 (80.8)	56 (81.2)	85 (81.0)	75 (78.9)
BSA (% involvement), mean (SD)	6.7 (2.5)	6.5 (2.6)	6.5 (2.6)	6.6 (2.6)	6.7 (2.6)
PASI (score: 0 – 72), mean (SD)	6.8 (3.7)	6.4 (3.6)	6.5 (3.6)	6.8 (3.8)	6.9 (3.8)
DLQI (score: 0 – 30), mean (SD)	8.8 (5.9)	9.0 (5.7)	9.1 (5.7)	9.2 (5.9)	8.6 (5.9)
Prior PDE-4 inhibitor, n (%)	28 (22.8)	17 (21.8)	15 (21.7)	24 (22.9)	0 (0.0)
Special area involvement, n (%)					
Scalp	69 (56.1)	69 (88.5))	69 (100.0)	65 (61.9)	54 (56.8)
Genital	17 (13.8)	17 (21.8)	15 (21.7)	16 (15.2)	14 (14.7)
Palmoplantar	14 (11.4)	14 (17.9))	7 (10.1)	13 (12.4)	12 (12.6)
Nail	20 (16.3)	20 (25.6)	18 (26.1)	20 (19.0)	14 (14.7)
Any	78 (63.4)	78 (100.0)	69 (100.0)	73 (69.5)	61 (64.2)

BSA, body surface area; DLQI, Dermatology Quality of Life Index; IGA, Investigator's Global assessment; PASI, Psoriasis Area and Severity Index; PDE-4; Phosphodiesterase-4.

- The demographics and baseline characteristics were similar among subgroups with high-impact area involvement, scalp involvement, prior topical therapy experience, and patients naïve to biologic and advanced oral systemic therapy **(Table)**

Figure 1. Mean PASI and BSA Among Patients With Moderate Skin Involvement Treated With Continuous Risankizumab for 12 Months

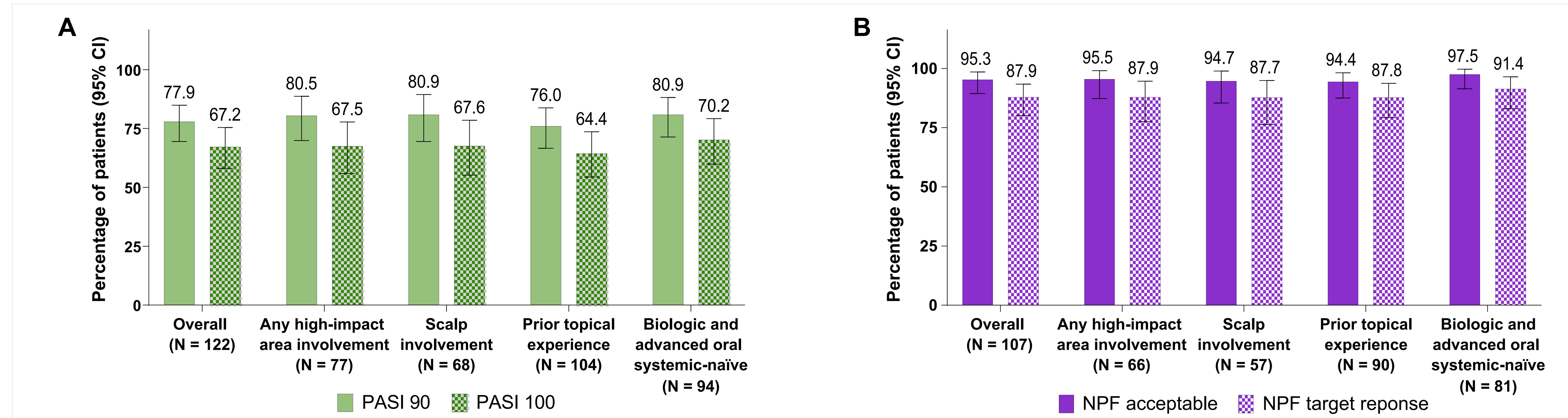


BSA, body surface area; PASI, Psoriasis Area and Severity Index; SD, standard deviation.

	PASI	BSA
Baseline ± SD	6.7 ± 3.7	6.7 ± 2.5
12 months ± SD	0.5 ± 1.0	0.6 ± 1.3

- After 12 months of treatment (**Figure 1**):
  - The mean ± SD improvement from baseline for PASI was 6.2 ± 3.7 (95% CI: 5.6–6.9; *P* <.001)
  - The mean ± SD improvement from baseline for BSA was 6.1 ± 2.8 (95% CI: 5.6–6.6; *P* <.001)

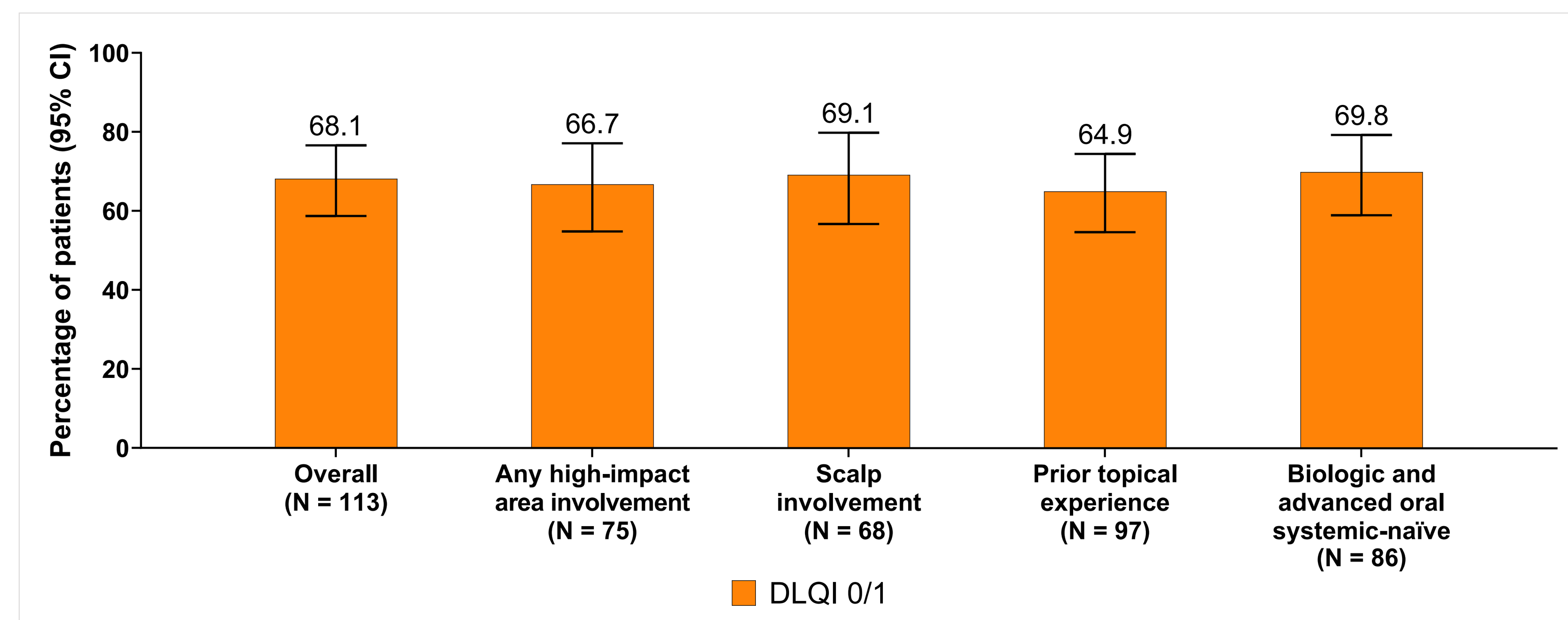
Figure 2. Proportion of Patients Achieving (A) PASI 90 and PASI 100 and (B) National Psoriasis Foundation Treat-To-Target Goals Among Patients With Moderate Skin Involvement (BSA ≥ 3–10%) Treated With Continuous Risankizumab for 12 Months



BSA, body surface area; DLQI, Dermatology Quality of Life Index; NPF, National Psoriasis Foundation; PASI, Psoriasis Area and Severity Index; NPF acceptable response is defined as acheivement of BSA ≤ 3% or BSA improvement ≥ 75% from baseline and a target response is defined as acheivement of BSA ≤ 1%.

- After 12 months of continuous risankizumab treatment in patients with moderate skin involvement (BSA ≥ 3 –10%) **(Figure 2A** and **2B)**:
  - 95 (77.9%) and 82 (67.2%) patients achieved PASI 90 and PASI 100, respectively
  - 102 (95.3%) and 94 (87.9%) patients achieved the NPF acceptable and target response, respectively
  - Skin clearance results were consistent among patients with any high-impact area involvement, scalp involvement, prior topical therapy experience, and among patients naïve to biologic and advanced oral systemic therapy

Figure 3. Proportion of Patients With Improved HRQoL as Measured by Achievement of DLQI 0/1 After 12 Months of Continuous Risankizumab Treatment



DLQI, Dermatology Quality of Life Index; HRQoL, Health-related quality of life.

- After 12 months of continuous risankizumab treatment in patients with moderate skin involvement (BSA ≥ 3–10%) **(Figure 3)**:
  - 77 (68.1%) patients achieved DLQI 0/1
  - Acheivement of DLQI 0/1 was consistent among patients with any high-impact area involvement, scalp involvement, prior topical therapy experience, and among patients naïve to biologic and advanced oral systemic therapy

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