

Treatment outcomes and management of generalized pustular psoriasis with spesolimab

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Background

- Spesolimab is a humanized anti-IL-36 monoclonal antibody approved in the US to treat GPP in adults and adolescents ≥12 years and weighing ≥40 kg as an IV dosage to treat flares and a SC dosage to treat GPP when patients are not experiencing a flare¹
- Here, we describe the outcomes in 10 patients with GPP flare who received IV spesolimab at hospital and outpatient clinical practices across the US

Conclusions

- Access to targeted treatment is crucial to improve outcomes in patients experiencing GPP flare
- These 10 cases demonstrate the safety and efficacy of spesolimab in providing rapid improvement in GPP symptoms and patient QoL



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Case presentations

Figure 1. Summary of patient cases

Case Report	Patient Demographics	GPP Presentation	GPP History	Hospitalized	MisDx	Skin Presentation	
						Before	After*
1	36-year-old American Indian male	Severe GPP presentation with systemic symptoms		✓			
2	58-year-old White female	Moderate to severe flare of sterile pustules that progressed to whole body, with no systemic symptoms			✓		
3	40-year-old White female	Pustular plaques on the extremities and trunk with systemic symptoms		✓	✓		
4	18-year-old Asian male	Plaques studded with pustules of moderate skin severity affecting 15–20% of BSA	✓		✓		
5	73-year-old White male	Numerous annular and arcuate erythematous plaques studded with pustules, and with trailing scale			✓		
6	62-year-old White female	Severe, diffuse erythematous rash with sheets of desquamation and sensation of heat in skin, fever, and chills	✓	✓			
7	92-year-old White female	Erythematous, scaly papules coalescing into plaques on trunk and extremities; fever, arthralgias, and altered mental status		✓			
8	72-year-old Black female	Severe erythroderma and widespread pustules, skin pain, fever, and chills	✓	✓			
9	47-year-old Black female	Erythema, swelling, and pustules on trunk and extremities; severe joint pain and muscle aches	✓		✓		
10	39-year-old White male	Localized erythematous eczematous rash to anterior neck and trunk, with no systemic symptoms			✓	Not available	Not available

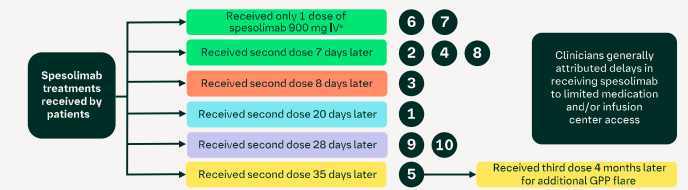
*After 1 dose of 900 mg IV spesolimab



Results

- All 10 patients received FDA-approved IV spesolimab 900 mg over a 90-minute infusion for the treatment of their GPP flare (Figure 2)
 - Initiation of spesolimab was delayed in 8 patients (5 patients by 3–4 weeks, 2 patients by 4 months, and 1 patient by 20 months)
- 2 patients did not receive a second dose of IV spesolimab; 1 elderly patient achieved skin clearance after the first dose, while another developed diffuse HSV-1 infection attributed to either spesolimab or concurrent cyclosporine
- All other patients received a second infusion of spesolimab 7–35 days following the first infusion to facilitate further skin clearance
- 1 patient had an additional GPP flare requiring a third infusion of spesolimab

Figure 2. Summary of spesolimab 900 mg IV doses received by 10 patients

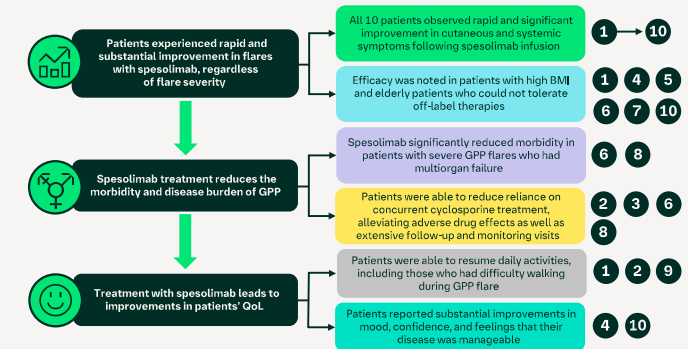


*FDA-approved dosing regimen of spesolimab

- Across all patients, treatment with IV spesolimab resulted in rapid and significant improvements in cutaneous and systemic symptoms (Figure 3)
- 7 patients had significant skin improvement within 1 week after the first IV spesolimab dose, while the remaining 3 patients achieved significant improvement in their skin following their second spesolimab infusion

Figure 3. Outcomes following treatment with spesolimab*

*The listed cases reported these as salient outcomes, and are not necessarily the only cases experiencing the outcomes



- The severity and morbidity of GPP flares in these patients highlight the need for immediate diagnosis and treatment
- Multiorgan failure and impaired QoL can also be profoundly debilitating for patients with GPP, and necessitates consideration of long-term management strategies for GPP

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Abbreviations
BSA: body surface area; FDA: Food and Drug Administration; GPP: generalized pustular psoriasis; HSV-1: herpes simplex virus 1; QoL: quality of life; SC: subcutaneous

References
1. Spesolimab prescribing information. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/4753244Orig1s01.pdf (accessed November 21, 2024).

Disclosures
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