Spesolimab decreases generalized pustular psoriasis (GPP) body surface area (BSA) over time in patients switching from conventional systemic treatments:

Results from the EFFISAYIL® 2 trial

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Objective

- To assess the efficacy of spesolimab on GPP BSA over time in patients who were switched from small-molecule systemic medications at baseline

Conclusions

- Total BSA involvement decreased over the 48 weeks of the trial in spesolimab-treated patients who stopped an off-label systemic medication for GPP at randomization, as well as those who were not receiving an off-label systemic medication at randomization
- This finding suggests spesolimab can effectively control GPP consistently in patients who have stopped previous off-label systemic medication, and those who have not

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Introduction

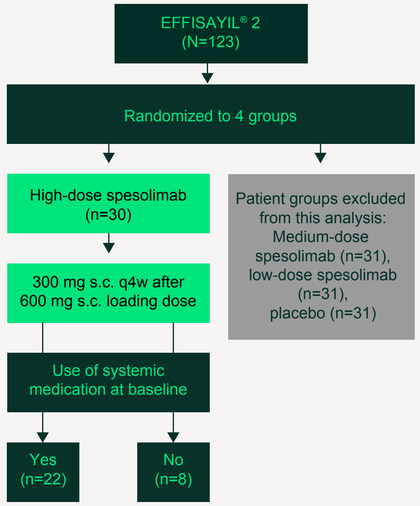
- GPP is a chronic inflammatory, and potentially life-threatening skin disease characterized by both chronic skin symptoms and episodic flares of widespread skin pustulation[1]
- Spesolimab is an anti-interleukin-36 receptor monoclonal antibody approved in the United States as an i.v. or s.c. formulation to treat GPP in adults and pediatric patients ≥12 years of age and weighing at least 40 kg.[2]
- In EFFISAYIL® 2 (NCT04399837), subcutaneous spesolimab (300 mg s.c. q4w*) was significantly superior to placebo in preventing flares, and reduced the risk of a GPP flare by 84%[1]
- Here, we report the effects on GPP BSA over time in patients switched from a small-molecule systemic therapy at randomization when treated with the US FDA-approved spesolimab dosing regimen (300 mg s.c. q4w after a 600 mg s.c. loading dose) in EFFISAYIL® 2

*Following a 600 mg s.c. loading dose

Methods

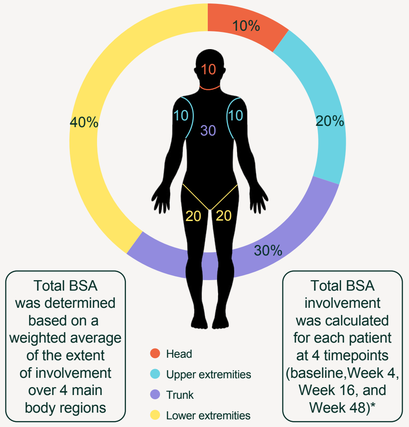
- Patients from the high-dose spesolimab group of EFFISAYIL® 2 were evaluated in this subgroup analysis (**Figure 1**)

Figure 1. Patients in EFFISAYIL® 2 stratified by baseline medication



- The average total BSA involvement was assessed for patients in the high-dose spesolimab group, stratified by baseline use of systemic therapy to treat GPP (**Figure 2**)

Figure 2. Assessment of body surface area



Total BSA was determined based on a weighted average of the extent of involvement over 4 main body regions

Total BSA involvement was calculated for each patient at 4 timepoints (baseline,Week 4, Week 16, and Week 48)*

*Data collected closest to the given time points were used by including the effect of potential i.v. spesolimab treatment and subsequent open-label s.c. spesolimab treatment in patients who experienced a flare. The data were analyzed as observed and by LOCF.

Results

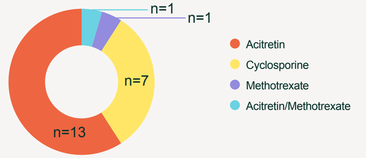
- The average age of patients in this group was 40 years, 60% were female, and all patients were Asian (70%) or White (30%) (**Table 1**)

Table 1. Baseline patient characteristics

	High-dose spesolimab (300 mg s.c. q4w*) n=30
Mean age (SD), years	40.2 (16.4)
Female, n (%)	18 (60)
Race, n (%)	
Asian	21 (70)
White	9 (30)
Mean BMI (SD), kg/m²	25.6 (7.3)
Mean GPPASI total score (SD)	3.92 (4.4)
GPPGA total score, n (%)	
0	3 (10)
1	27 (90)
Mean PSS total score (SD)	5.3 (3.8)
Mean historical number of flares per year (SD)	2.4 (1.9)
Concurrent plaque PsO at baseline, n (%)	7 (23)

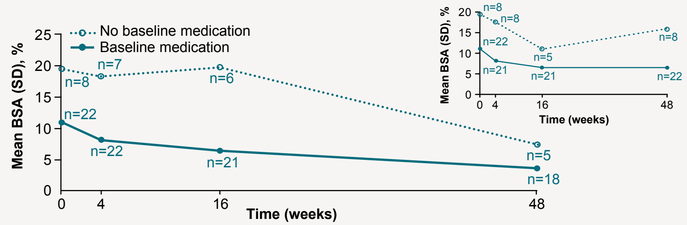
*Following a 600 mg s.c. loading dose

Figure 3. Number of patients randomized to high-dose spesolimab and treated with systemic medications at baseline (n=22)



- Among patients who received spesolimab, the most common systemic medication(s) at baseline included acitretin, followed by cyclosporine, then methotrexate and acitretin/methotrexate (**Figure 3**)
- Within the US FDA-approved spesolimab regimen group, the average BSA for patients who stopped a systemic medication for GPP was 11.1% at baseline, decreasing to 8.2% at Week 4, 6.4% at Week 16, and 3.6% at Week 48 (**Figure 4**)
- Data were also analyzed with LOCF to account for missing values (i.e. for the 3 patients who had flare events, and those who discontinued the trial prematurely). Even after imputation, BSA improved by Week 48 compared with baseline (**Figure 4, inset**)

Figure 4. Mean BSA in patients receiving high-dose spesolimab with or without baseline systemic medication, as observed, and by LOCF (inset)



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Abbreviations
BMI, body mass index; BSA, body surface area; FDA, Food and Drug Administration; GPP, generalized pustular psoriasis; GPPGA, Generalized Pustular Psoriasis Physician Global Assessment; GPPASI, Generalized Pustular Psoriasis Area and Severity Index; i.v., intravenous; LOCF, last observation carried forward; PsO, psoriasis; PSS, Psoriasis Symptom Scale; q4w, every 4 weeks; q12w, every 12 weeks; s.c., subcutaneous

References
1. Morita A, et al. *Lancet*. 2023;402:1541–51.
2. SPEVIGO® prescribing information. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761244s003lbl.pdf (accessed Aug 8, 2024).

Disclosures
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