Achievement of On-Treatment Remission With Risankizumab in Patients With Moderate-to-Severe Psoriasis

April W. Armstrong,[1] Tiago Torres,[2] Joseph F. Merola,[3] Brian Kirby,[4,5] Mark G. Lebwohl,[6] Tshepiso Madihlaba,[7] Blair Kaplan,[7] Richard Ta,[7] Cuiyong Yue,[7] Deepak M.W. Balak,[8] Richard B. Warren[9]

[1]Department of Dermatology, Keck School of Medicine, University of California Los Angeles, Los Angeles, CA, USA; [2]Department of Dermatology, Centro Hospitalar Universitário de Sto António, University of Porto, Porto, Portugal; [3]Department of Dermatology, University of Texas Southwestern Medical Center, Dallas, TX, USA; [4]The Charles Centre, Department of Dermatology, St. Vincent's University Hospital, Dublin, Ireland; [5]School of Health Sciences and Charles Institute, University College Dublin, Dublin, Ireland; [6]Icahn School of Medicine at Mount Sinai, New York, NY, USA; [7]AbbVie Inc., North Chicago, IL, USA; [8]Department of Dermatology, Leiden University Medical Center, Leiden, The Netherlands; [9]Dermatology Centre, Salford Royal NHS Foundation Trust, Manchester NIHR BRC, University of Manchester, Manchester, UK

OBJECTIVE

To evaluate the effectiveness of risankizumab in achieving National Psoriasis Foundation–defined on-treatment remission during the LIMMitless open-label extension study

CONCLUSIONS

A high proportion of patients with moderate-to-severe psoriasis achieved on-treatment remission with risankizumab

Achievement of on-treatment remission was associated with quality-of-life improvements that were maintained through 148 weeks

To obtain a PDF of this poster

Scan QR code or use the following link to download an electronic version of this presentation and other AbbVie Fall Clinical 2025 scientific presentations

https://abbvie1.outsystemsenterprise.com/CongressPublications/CongressHome?CongressId=b8758441-99a9-4a04-a4c8-75ef968362d3

QR code expiration: September 23, 2026

To submit a medical question, please visit www.abbviemedinfo.com

AbbVie funded this study and participated in the study design, research, analysis, data collection, interpretation of data, reviewing, and approval of the poster. All authors had access to relevant data and participated in the drafting, review, and approval of this poster. No honoraria or payments were made for authorship. AbbVie and authors thank all the trial investigators and the patients who participated in this clinical trial. Medical writing support was provided by Lamara D. Shrode, PhD, ISMPP CMPP, of JB Ashtin, and funded by AbbVie.

A.W. Armstrong has served as research investigator and/or scientific advisor to AbbVie, BI, BMS, Dermavant, Dermira, EPI, Incyte, Janssen, LEO, Lilly, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sanofi, Sun, and UCB. T. Torres has received honoraria for serving as a consultant and/or speaker for AbbVie, Almirall, Amgen, Arena, Biocad, Biogen, BI, BMS, Celgene, Fresenius Kabi, Janssen, LEO, Lilly, MSD, Mylan, Novartis, Sandoz, and UCB. J.F. Merola has served as a consultant and/or investigator for AbbVie, Amgen, AZ, Biogen, BI, BMS, Dermavant, Incyte, Janssen, LEO, Lilly, MoonLake, Novartis, Pfizer, Sanofi-Regeneron, Sun, and UCB. B. Kirby has received research support, was a principal investigator for clinical trials, consultant, member of scientific advisory boards for, and/or has received honoraria from AbbVie, Almirall, Celgene, Janssen, LEO, Lilly, MSD, MC2 Therapeutics, Moonlake, Novartis, Pfizer, UCB, and UNION. M.G. Lebwohl is an employee of Mount Sinai and receives research funds from and/or is also a consultant for AbbVie, Almirall, AltruBio, Amgen, AnaptysBio, Apogee, Arcutis, AZ, Atomwise, Avotres, Brickell Biotech, BI, BMS, Cara, Castle, Celltrion, Corevitas, Dermavant, EPI, Evommune, Facilitation of International Dermatology Education, Forte, Foundation for Research and Education in Dermatology, Galderma, Genentech, Incyte, Inozyme, Janssen, LEO, Lilly, Meiji Seika, Mindera, Ortho Dermatologics, Pfizer, Sanofi-Regeneron, Seanergy, Strata, Takeda, Trevi, UCB, and Verrica. T. Madihlaba, B. Kaplan, and C. Yue are full-time employees of AbbVie, and may own AbbVie stock and/or stock options. D.M.W. Balak has served as speaker and/or advisor for AbbVie, Almirall, BI, Celgene, Janssen, LEO, Lilly, Novartis, Sanofi, and UCB. R. Ta is a contractor of AbbVie and receives hourly wages. R.B. Warren has received research grants and/or consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, BI, BMS, Celgene, DiCE, Galderma, GSK, Immunocore, Janssen, LEO, Lilly, Meiji Pharma, Nektar Therapeutics, Novartis, Pfizer, RAPT, Sanofi, Sun, Takeda, UCB, and UNION.

References

1. Armstrong AW, et al. *J Eur Acad Dermatol Venereol.* 2022;36:2291–300.
2. Papp KA, et al. *Am J Clin Dermatol.* 2025 Jul 29. doi.org/10.1007/s40257-025-00964-6. Online ahead of print.
3. Papp KA, et al. *Br J Dermatol.* 2021;185:1135–45.
4. Warren RB, et al. *Br J Dermatol.* 2001;184:3–4.

Presented at Fall Clinical Dermatology Conference, October 23–26, 2025, Las Vegas, NV, USA [DV-016767]

BACKGROUND

- Psoriasis is a chronic inflammatory skin disease that often requires long-term therapy
- Broad availability of highly effective systemic treatments is making remission in patients with moderate-to-severe psoriasis increasingly relevant
- Although current treatment guidelines are aimed at achieving remission, the definition of on-treatment remission in psoriasis has not been well described
- Recently, the National Psoriasis Foundation published a consensus statement defining on-treatment remission for patients with psoriasis as maintaining a body surface area involvement of 0% (BSA 0) or an Investigator's Global Assessment score of 0 for at least 6 months[1]
- Risankizumab (RZB) selectively inhibits interleukin 23, a key inflammatory driver of psoriasis, and is approved for the treatment of moderate-to-severe plaque psoriasis in adults
- In the LIMMitless open-label extension (OLE) study, a large proportion of patients with moderate-to-severe psoriasis achieved and maintained a high degree of disease control with long-term RZB treatment[2]
- We report achievement of on-treatment remission among patients receiving RZB during the LIMMitless OLE study

METHODS

LIMMitless (NCT03047395)[2,3]

- A phase 3, global, multicenter, OLE study that evaluated the long-term efficacy and safety of RZB 150 mg through 304 weeks of continuous treatment
  - Adults with moderate-to-severe plaque psoriasis who were randomly assigned to receive RZB 150 mg and completed 1 of 5 double-blind, placebo-controlled, phase 2/3 studies (UltIMMa-1, UltIMMa-2, SustaIMM, IMMvent, or NCT03255382) were eligible to enroll
  - Patients continued receiving open-label RZB 150 mg once every 12 weeks
- Efficacy was assessed by the proportion of patients who achieved static Physician's Global Assessment of clear (sPGA 0), 100% improvement from baseline in Psoriasis Area and Severity Index (PASI 100), and Dermatology Life Quality Index of no effect on quality of life (DLQI 0/1), among other assessments

On-Treatment Remission

- Assessed as the proportion of patients who achieved sPGA 0 or PASI 100 and maintained the response for ≥6 or ≥12 months with 0 missed visits during the first 3 years of the LIMMitless study
- Correlations between BSA 0 and sPGA 0 or PASI 100 were established to support assessment of on-treatment remission based on sPGA 0 and PASI 100
  - Data from a phase 3, open-label, active-comparator study (IMMerge [NCT03478787]) that compared RZB with secukinumab were used[4]
  - Proportions of patients who achieved BSA 0 and sPGA 0 or PASI 100 at weeks 16 and 52 were tabulated
  - BSA 0 strongly correlated with sPGA 0 and PASI 100 at weeks 16 and 52 (tetrachoric coefficients >0.99)

Effect of On-Treatment Remission on Quality of Life

- Achievement of DLQI 0/1 was assessed among patients who achieved on treatment remission per sPGA 0 or PASI 100 for ≥6 or ≥12 months during the first 3 years of LIMMitless and had 0 missed visits

Analysis and Statistics

- A rolling statistical analysis was used
- An index date was defined as the first visit where a patient achieved sPGA 0 or PASI 100
- Data were reported as observed cases with no imputation for missing data
- Safety has been reported for this population[2] and was not analyzed separately for this analysis

RESULTS

Patients

- 897 patients enrolled in LIMMitless **(Table)**, and 661 (73.7%) completed the study

Table. Patient Demographics and Baseline Characteristics

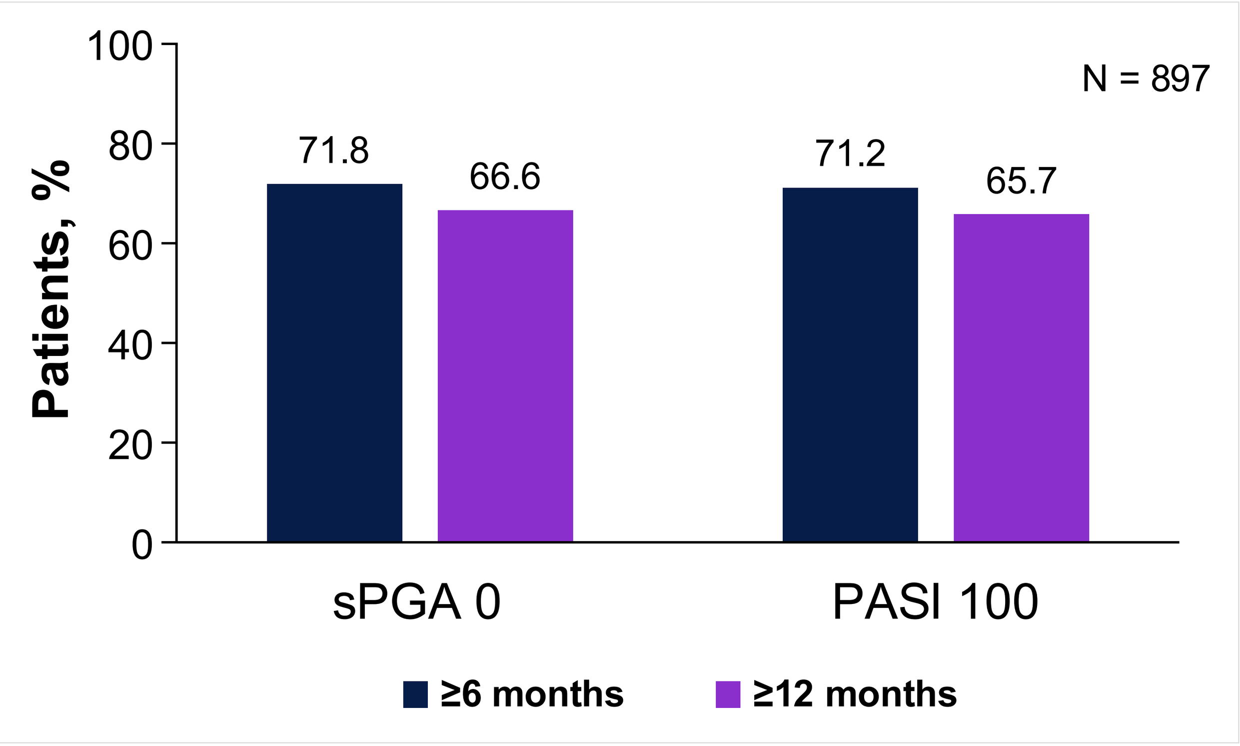
Characteristic[a]	RZB 150 mg N = 897
Male, n (%)	633 (70.6)
Age, years, mean (SD)	46.9 (13.5)
Weight, kg, mean (SD)	88.5 (22.4)
Psoriatic arthritis,[b,c] n (%)	195 (23.3)
Prior treatment, n (%)	
Naive to systemic therapy[c]	259 (30.9)
Prior biologic therapy[c]	317 (37.8)
Prior TNF antagonist therapy	163 (19.5)
BSA involvement, %, mean (SD)	26.7 (16.5)
PASI, mean (SD)	20.5 (8.0)
sPGA, n (%)	
Moderate (score of 3)	723 (80.6)
Severe (score of 4)	167 (18.6)
DLQI, mean (SD)	13.9 (7.2)

BSA, body surface area; DLQI, Dermatology Life Quality Index; PASI, Psoriasis Area and Severity Index; Q, quartile; RZB, risankizumab; sPGA, static Physician's Global Assessment; TNF, tumor necrosis factor.
Data were previously reported.[2]
[a]Baseline at the start of base study.
[b]Diagnosed or suspected.
[c]Based on n = 838; data were not collected in NCT03255382.

On-Treatment Remission in LIMMitless

- On-treatment remission rates defined by sPGA 0 and PASI 100 were highly similar, indicating strong concordance between these 2 measures **(Figure 1)**
  - More than 70% of patients in LIMMitless achieved and maintained on-treatment remission for at least 6 months
  - Two-thirds of patients in LIMMitless achieved and maintained on-treatment remission for at least 12 months

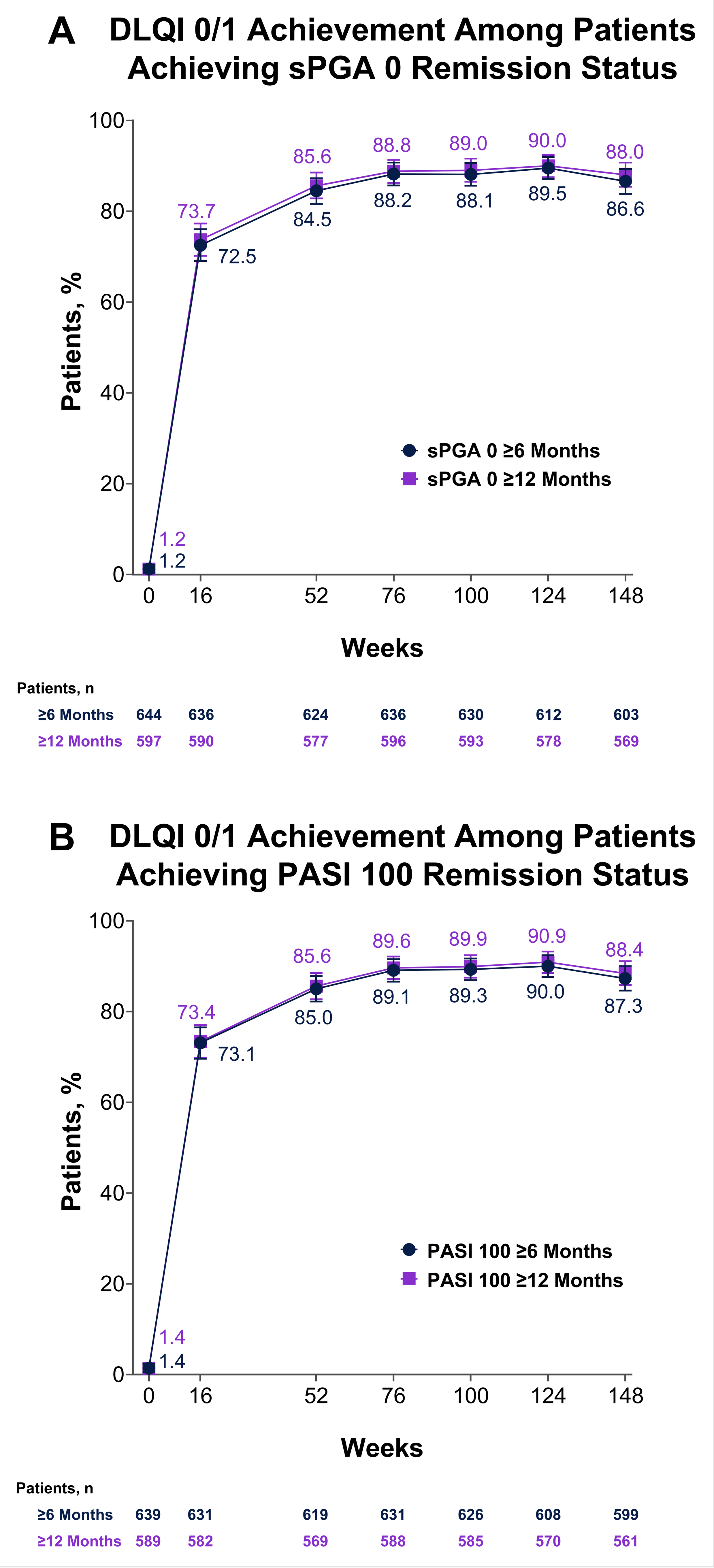
Figure 1. Achievement of On-Treatment Remission for ≥6 and ≥12 Months



PASI 100, 100% improvement from baseline in Psoriasis Area and Severity Index; RZB, risankizumab; sPGA 0, static Physician's Global Assessment of clear.
On-treatment remission was defined as achieving and maintaining sPGA 0 or PASI 100 for ≥6 or ≥12 months with 0 missed visits during the first 3 years of LIMMitless.

- DLQI 0/1 response rates were high among patients who achieved on-treatment remission per sPGA 0 **(Figure 2A)** and PASI 100 **(Figure 2B)** and were maintained at high levels through week 148

Figure 2. DLQI 0/1 Achievement by On-Treatment Remission Status



DLQI 0/1, Dermatology Life Quality Index of no effect on quality of life; PASI 100, 100% improvement from baseline in Psoriasis Area and Severity Index; sPGA, static Physician's Global Assessment of clear.
On-treatment remission was defined as achieving and maintaining sPGA 0 or PASI 100 for ≥6 or ≥12 months with 0 missed visits during the first 3 years of LIMMitless.