

Efficacy of spesolimab for the treatment of GPP flares across prespecified patient subgroups in the Effisayil 1 study A. David Burden¹, Yukari Okubo², Min Zheng³, Diamant Thaçi⁴, Peter van de Kerkhof⁵, Na Hu⁶, Christian Thoma⁷, Siew Eng Choon⁸

¹Institute of Infection, Immunity and Inflammation, University, Tokyo, Japan; ³Department of Dermatology, Tokyo, Japan; ⁴University, Tokyo, Japan; ⁵Department of Dermatology, Radboud University, Nijmegen, the Netherlands; ⁶Boehringer Ingelheim (China) Investment Co., Ltd, Shanghai, China; ⁷Boehringer Ingelheim International GmbH, Biberach, Germany; ⁸Department of Dermatology, Hospital Sultanah Aminah, Clinical School Johor Bahru, Monash University Malaysia, Subang Jaya, Malaysia



Subgroup analysis from the Effisayil 1 study showed that the efficacy of spesolimab (pustular and skin lesion clearance) was consistent across all prespecified patient populations, including those with or without IL36RN mutations

PURPOSE

To investigate the consistency of the spesolimab treatment effect by conducting a subgroup analysis of the primary and key secondary endpoints from the Effisayil 1 study, according to patient demographics and clinical characteristics at baseline.

INTRODUCTION

- GPP is a rare and potentially life-threatening autoimmune disease characterized by recurrent flares of widespread sterile pustules, with or without systemic inflammation^{1,2}
- Effisayil 1 (NCT03782792) was a multicenter, randomized, double-blind, placebo-controlled study of spesolimab, an anti-IL-36 receptor antibody, in patients presenting with a GPP flare. Within 1 week of a single dose of spesolimab, rapid pustular and skin clearance was observed compared with placebo³
- Primary endpoint (GPPGA pustulation subscore of 0; no visible pustules): 54% vs 6% (one-sided p<0.001)
- Key secondary endpoint (GPPGA total score of 0 or 1; clear or almost clear skin): 43% vs 11% (one-sided p=0.0118)

CONCLUSIONS

- Estimates of spesolimab treatment effect in each patient subgroup were generally similar to those of the overall population for both the primary and key secondary endpoints
- The efficacy of spesolimab (pustular and skin clearance) compared with placebo was consistent across all prescribed subgroups
- However, it should be noted that several subgroups had very few patients
- These data provide further evidence supporting the use of spesolimab to treat all patients presenting with a GPP flare

METHODS

- The efficacy of spesolimab was evaluated in prescribed patient subgroups from Effisayil 1, if at least 2 categories of the subgroup included ≥ 5 patients: sex, age, race, BMI, GPPGA pustulation subscore at baseline, GPPGA total score at baseline, JDA GPP severity score at baseline, presence of plaque psoriasis at baseline, and IL36RN status
- Scan the QR code at the bottom of this poster to see full details of the Effisayil 1 study design^{3,4}

Abbreviations BMI, body mass index; CI, confidence interval; FDA, U.S. Food and Drug Administration; GPP, generalized pustular psoriasis; GPPGA, Generalized Pustular Psoriasis Physician Global Assessment; IL-36, interleukin-36; IQR, interquartile range; IV, intravenous; JDA, Japanese Dermatological Association; SD, standard deviation; pain VAS, pain visual analog scale. References



RESULTS

Characteristic

Age, years, me **Female**, **n (%)** Race, n (%) Asian White BMI, kg/m², me **IL36RN** mutation **GPPGA** total scc 3 (moderate) 4 (severe) **GPPGA** pustulat 2 (mild) 3 (moderate) 4 (severe) Pain VAS, medi **JDA GPP severit** Mild Moderate Severe Missing Mean, SD Median, (min, **Medication for C** randomization, Clobetasol prc Acitretin Cyclosporin Betamethaso Methotrexate Betamethasc Betamethasor Emulsifying wa white soft paraffin (~ • /) Genotyping data were available for 46 patients. DNA sequencing was not performed in 7 patients. *Patients who were homozygous or heterozygous for an IL36RN mutation were considered positive. [†]Background medication for GPP in at least 3 patients of the overall population.

The placebo arm included a higher proportion of female and Asian patients than the spesolimab arm; clinical characteristics were generally balanced between study arms

Disclosures & Acknowledgments considerations. Geetha Vilventhraraja of OPEN Health Communications (London, UK) provided writing, editorial, and formatting support, which was contracted and funded by Boehringer Ingelheim.

1. Navarini AA, et al. J Eur Acad Dermatol Venereol 2017;31:1792–1799; 2. Fujita H, et al. J Dermatol 2018;45:1235–1270; 3. Bachelez H, et al. N Engl J Med 2021;385:2431–2440; 4. Choon SE, et al. BMJ Open 2021;11:e043666.

Previously presented at the 80th American Academy of Dermatology (AAD) Annual Meeting (March 25–29, 2022; Boston, MA, USA)

Baseline demographics and clinical characteristics

	Spesolimab (n=35)	Placebo (n=18)
an (SD)	43.2 (12.1)	42.6 (8.4)
	21 (60.0)	15 (83.3)
	16 (45.7)	13 (72.2)
	19 (54.3)	5 (27.8)
an (SD)	27 (8)	26 (10)
n positive*, n (%)	8 (22.9)	6 (33.3)
ore, n (%)		
	28 (80.0)	15 (83.3)
	7 (20.0)	3 (16.7)
tion subscore, n (%)		
	6 (17.1)	5 (27.8)
	16 (45.7)	7 (38.9)
	13 (37.1)	6 (33.3)
an (IQR)	79.8 (70.5–87.8)	70.0 (50.0–89.4)
ty index, n (%)		
	9 (25.7)	5 (27.8)
	19 (54.3)	8 (44.4)
	4 (11.4)	4 (22.2)
	3 (8.6)	1 (5.6)
	7.9 (3.0)	8.4 (2.8)
max)	8.0 (2, 14)	8.0 (4, 14)
GPP prior to n (%) [†]	18 (51.4)	9 (50.0)
opionate	5 (14.3)	1 (5.6)
	4 (11.4)	1 (5.6)
	2 (5.7)	3 (16.7)
ne valerate	2 (5.7)	2 (11.1)
	1 (2.9)	3 (16.7)
ne dipropionate	1 (2.9)	2 (11.1)
ne; calcipotriol	2 (5.7)	1 (5.6)
ax; paraffin, liquid, affin	1 (2.9)	2 (11.1)

Subgroup (n/N)*

Overall (19/35 vs 1/18)

Baseline GPPGA total score 3 (16/28 vs 1/15) 4 (3/7 vs 0/3)

Presence of plaque psoriasis at baseline No (15/29 vs 1/15)

Yes (4/6 vs 0/3)

Baseline GPPGA pustulation

subscore <4 (12/22 vs 1/12) =4 (7/13 vs 0/6)

Baseline JDA GPP severity index Mild or moderate (13/28 vs 1/13) Severe (4/4 vs 0/4)

Background medication

before randomization No (14/20 vs 1/10) Yes (5/15 vs 0/8)

Sex

Female (11/21 vs 1/15) Male (8/14 vs 0/3)

Race Asian (10/16 vs 1/13) White (9/19 vs 0/5)

BMI

<25 kg/m² (9/15 vs 0/9) 25 to <30 kg/m² (5/10 vs 1/6) ≥30 kg/m² (5/10 vs 0/3)

IL36RN mutation positive[†] No (9/21 vs 0/11)

Yes (7/8 vs 1/6)

Missing values or any use of other medication for GPP within the first week of the trial regarded as non-response for the analysis of these endpoints. *Single-dose IV spesolimab 900 mg vs placebo; subgroup analysis by age was not performed as only 2 patients were aged ≥65 years. Patients who were homozygous or heterozygous for an IL36RN mutation were considered positive

The efficacy of spesolimab (GPPGA pustulation subscore of 0) was consistent across patient subgroups

Presented at Winter Clinical Dermatology Conference Hawaii[®] (January 13–18, 2023; Kohala Coast, HI, USA) and Winter Clinical Miami[™] (February 17–20, 2023; Miami, FL, USA)

Subgroup analysis of GPPGA pustulation subscore of 0 at Week 1

Forest plot of risk difference for GPPGA pustulation subscore of 0 at Week 1

Response rate, % of patients	Risk difference (95% CI)				
54.3 vs 5.6	0.487 (0.215–0.672)		•		
57.1 vs 6.7 42.9 vs 0.0	0.505 (0.163–0.706) 0.429 (–0.343–0.816)		•		
51.7 vs 6.7 66.7 vs 0.0	0.451 (0.117–0.659) 0.667 (–0.109–0.957)		•		
54.5 ∨s 8.3 53.8 ∨s 0.0	0.462 (0.089–0.697) 0.538 (0.070–0.808)		•		
46.4 ∨s 7.7 100.0 ∨s 0.0	0.387 (0.038–0.614) 1.000 (0.261–1.000)			•	
70.0 vs 10.0 33.3 vs 0.0	0.600 (0.177–0.823) 0.333 (–0.069–0.616)		•		
52.4 vs 6.7 57.1 vs 0.0	0.457 (0.151–0.693) 0.571 (–0.191–0.823)		•		
62.5 ∨s 7.7 47.4 ∨s 0.0	0.548 (0.173–0.798) 0.474 (–0.073–0.716)		•		
60.0 vs 0.0 50.0 vs 16.7 50.0 vs 0.0	0.600 (0.204–0.837) 0.333 (–0.231–0.713) 0.500 (–0.215–0.826)		•		
42.9 vs 0.0 87.5 vs 16.7	0.429 (0.081–0.660) 0.708 (0.126–0.960)				
		-0.50 -0.25 0	Favors s	0.50 0.75 1.00 1.25 vors single-dose pesolimab 900 mg	

 The study was supported and funded by Boehringer Ingelheim, Eisai, Eli Lilly, Janssen, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Eisai, Eli Lilly, Janssen, LEO Pharma, Novartis, and UCB. YO declares grants or contracts from Eisai, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, JIMRO, Kyowa Kirin, LEO Pharma, Maruho Pharmaceutical, Novartis, Pfizer, Sanofinger Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, Jansen, Jansen activities as an advisor, speaker, or consultant for AbbVie, Boehringer Ingelheim, Eli Lilly, Janssen, LEO Pharma, MSD, Novartis, Pfizer, Sanofi, and UCB. The authors hip as recommended by the International Committee of Medical Journal Editors (ICMJE). The authors did not receive payment related to the department of the poster. Boehringer Ingelheim was given the opportunity to review the poster for medical Journal Editors (ICMJE). The authors met criteria for authors met criteria for authors did not receive payment related to the department of the poster. Boehringer Ingelheim was given the opportunity to review the poster for medical Journal Editors (ICMJE). The authors did not receive payment related to the department of the poster. Boehringer Ingelheim was given the opportunity to review the poster for medical Journal Editors (ICMJE). The authors did not receive payment related to the department of the poster. Boehringer Ingelheim was given the opportunity to review the poster for medical Journal Editors (ICMJE). The authors met criteria for authors did not receive payment related to the department of the poster. Boehringer Ingelheim was given the opportunity to review the poster for medical Journal Editors (ICMJE). The authors met criteria for authors did not receive payment related to the poster. Boehringer Ingelheim was given the opportunity to review the poster.

Risk difference Response rate (95% CI) % of patients 42.9 vs 11.1 0.317 (0.022–0.527) 46.4 vs 13.3 0.331 (0.000-0.564) 28.6 vs 0.0 0.286 (-0.418-0.710) 0.280 (-0.044-0.513) 41.4 vs 13.3 Yes (3/6 vs 0/3) 50.0 vs 0.0 0.500 (-0.283-0.902) 0.326 (-0.025-0.574) 40.9 vs 8.3 =4 (6/13 vs 1/6) 46.2 vs 16.7 0.295 (-0.206-0.649) 0.168 (-0.160-0.416) 32.1 vs 15.4 100.0 vs 0.0 1.000 (0.261–1.000) Severe $(4/4 \vee s O/4)$ 0.400 (-0.019-0.685) 60.0 vs 20.0 20.0 vs 0.0 0.200 (-0.176-0.481) Yes (3/15 vs 0/8) 47.6 vs 13.3 0.343 (0.026–0.604) ___****__ 35.7 vs 0.0 0.357 (-0.352-0.665) 50.0 vs 15.4 0.346 (-0.031-0.647) **____** 36.8 vs 0.0 0.368 (-0.178-0.619) 0.533 (0.118–0.787) 53.3 vs 0.0 30.0 vs 33.3 -0.033 (-0.532-0.430) 40.0 vs 0.0 0.400 (-0.313-0.755) 28.6 vs 9.1 0.195 (-0.151-0.454) ___****__ 75.0 vs 16.7 0.583 (0.018–0.902) Yes (6/8 vs 1/6) -0.50 -0.25 0.00 0.25 0.50 0.75 1.00 1.25 Favors Favors single-dose IV spesolimab 900 mg placebo

3 (13/28 vs 2/15) 4 (2/7 vs 0/3) No (12/29 vs 2/15) <4 (9/22 vs 1/12) Mild or moderate (9/28 vs 2/13 No (12/20 vs 2/10) Female (10/21 vs 2/15) Male (5/14 vs 0/3) Asian (8/16 vs 2/13) White (7/19 vs 0/5) \geq 30 kg/m² (4/10 vs 0/3)

Sex <25 kg/m² (8/15 vs 0/9) No (6/21 vs 1/11)

Forest plot of risk difference for GPPGA total score of 0 or 1 at Week 1 Subgroup (n/N)* **Baseline GPPGA total score** at baseline subscore **Baseline JDA GPP severity index** randomization Race BMI 25 to <30 kg/m² (3/10 vs 2/6)

Subgroup analysis of GPPGA total score of 0 or 1 at Week 1 Overall (15/35 vs 2/18) Presence of plaque psoriasis **Baseline GPPGA pustulation Background medication before** IL36RN mutation positive⁺

Missing values or any use of other medication for GPP within the first week of the trial were regarded as non-response for the analysis of these endpoints. *Single-dose IV spesolimab 900 mg vs placebo; subgroup analysis by age was not performed as only 2 patients were aged ≥65 years; [†]Patients who were homozygous or heterozygous for an IL36RN mutation were considered positive.

The efficacy of spesolimab (GPPGA pustulation subscore of 0 or 1) was consistent across patient subgroups



Scan the QR code for an interactive, electronic devicefriendly copy of the origina oresentation from AAD 202 s://bit.ly/3qGWhdc