

# THE VISIBLE STUDY: BURDEN OF COMORBIDITIES IN PARTICIPANTS WITH MODERATE-TO-SEVERE PSORIASIS ACROSS ALL SKIN TONES

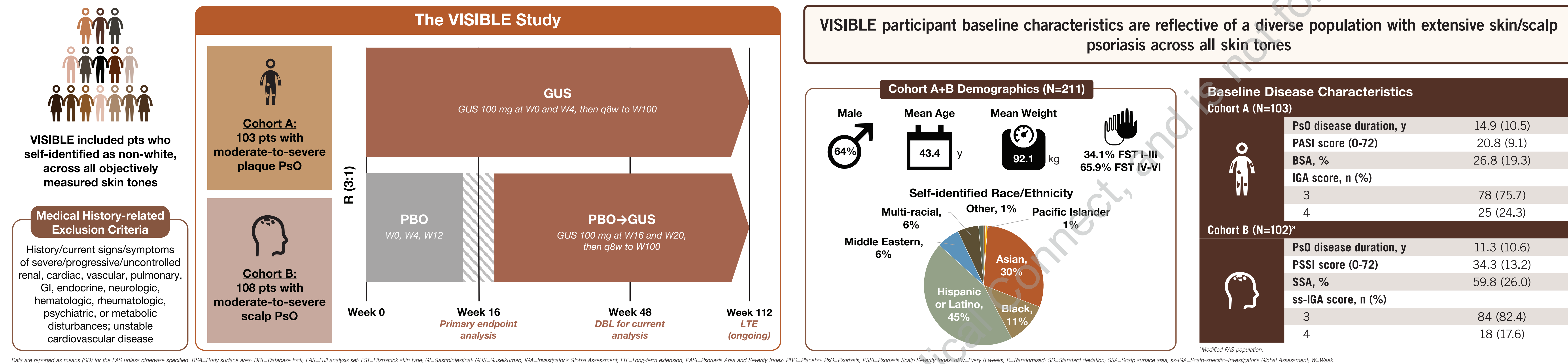
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## BACKGROUND/OBJECTIVE

- Psoriasis is frequently associated with psoriatic arthritis (PsA) and/or cardiovascular and metabolic comorbidities
- As a first of its kind study 100% dedicated to people of color, VISIBLE provides insights into the prevalence of psoriatic comorbidities in a diverse population
- To examine the frequency of comorbid PsA and cardiometabolic conditions at baseline in VISIBLE clinical trial participants (pts), based on medical history and/or screening/baseline laboratory parameters and vital signs

## METHODS AND BASELINE CHARACTERISTICS



## RESULTS

VISIBLE participants have a high burden of psoriatic comorbidities, based on medical history and/or laboratory results and vital signs at the screening/baseline visits

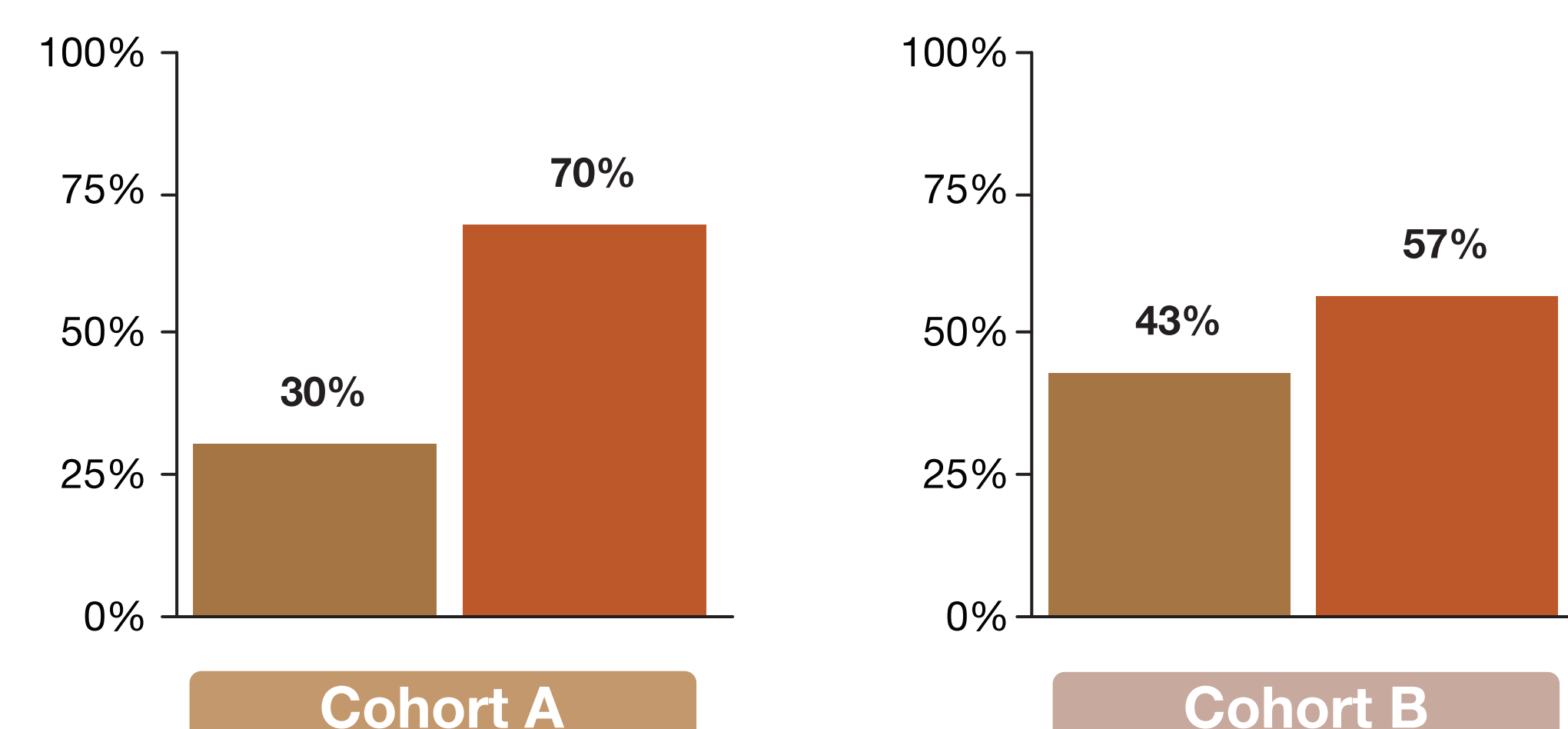
### PsA

#### Prevalence at Baseline in VISIBLE<sup>b</sup>

Cohort A (N=103)	Cohort B (N=102) <sup>c</sup>
32.0% (n=33)	27.5% (n=28) <sup>c</sup>

Proportions of *pts with PsA* who were identified by:

■ Rheumatologist-confirmed diagnosis ■ Screening PEST ≥3 (previously undiagnosed)



<sup>a</sup>Criteria for identification of PsA: Rheumatologist-confirmed diagnosis of PsA OR Screening PEST score ≥3. <sup>b</sup>Evaluated in the efficacy analysis set. PEST=Psoriasis Epidemiology Screening Tool.

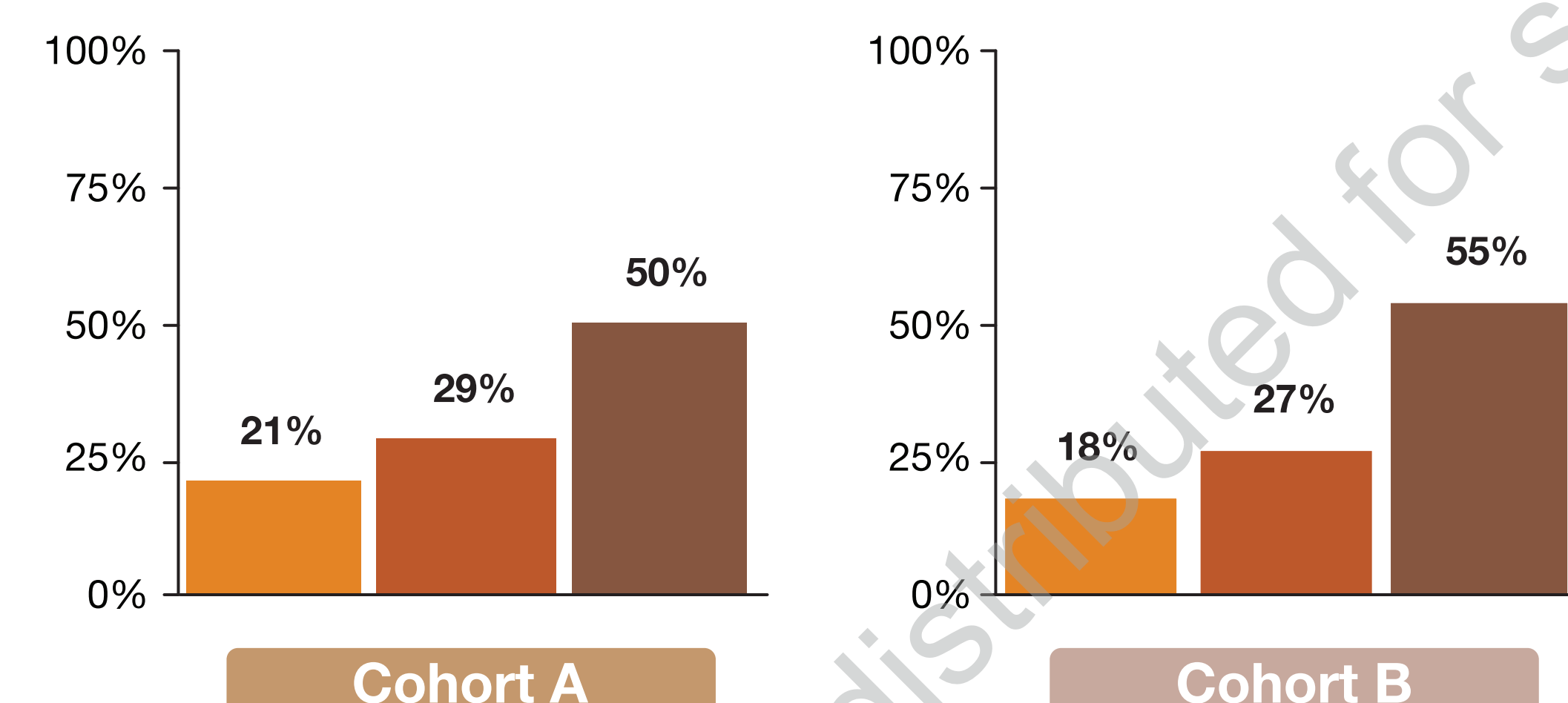
### Diabetes

#### Prevalence at Baseline in VISIBLE<sup>d</sup>

Cohort A (N=103)	Cohort B (N=108)
23.3% (n=24)	20.4% (n=22)

Proportions of *pts with diabetes* who were identified by:

■ MHx only ■ MHx AND abnormal HbA1c ■ Abnormal HbA1c only (previously undiagnosed)



PAS participants. <sup>a</sup>Criteria for identification of diabetes: MedDRA preferred term of Diabetes mellitus or Type 2 diabetes mellitus OR HbA1c ≥6.5% at Week 0. HbA1c=Hemoglobin A1c; MedDRA=Medical Dictionary for Regulatory Activities; MHx=Medical history.

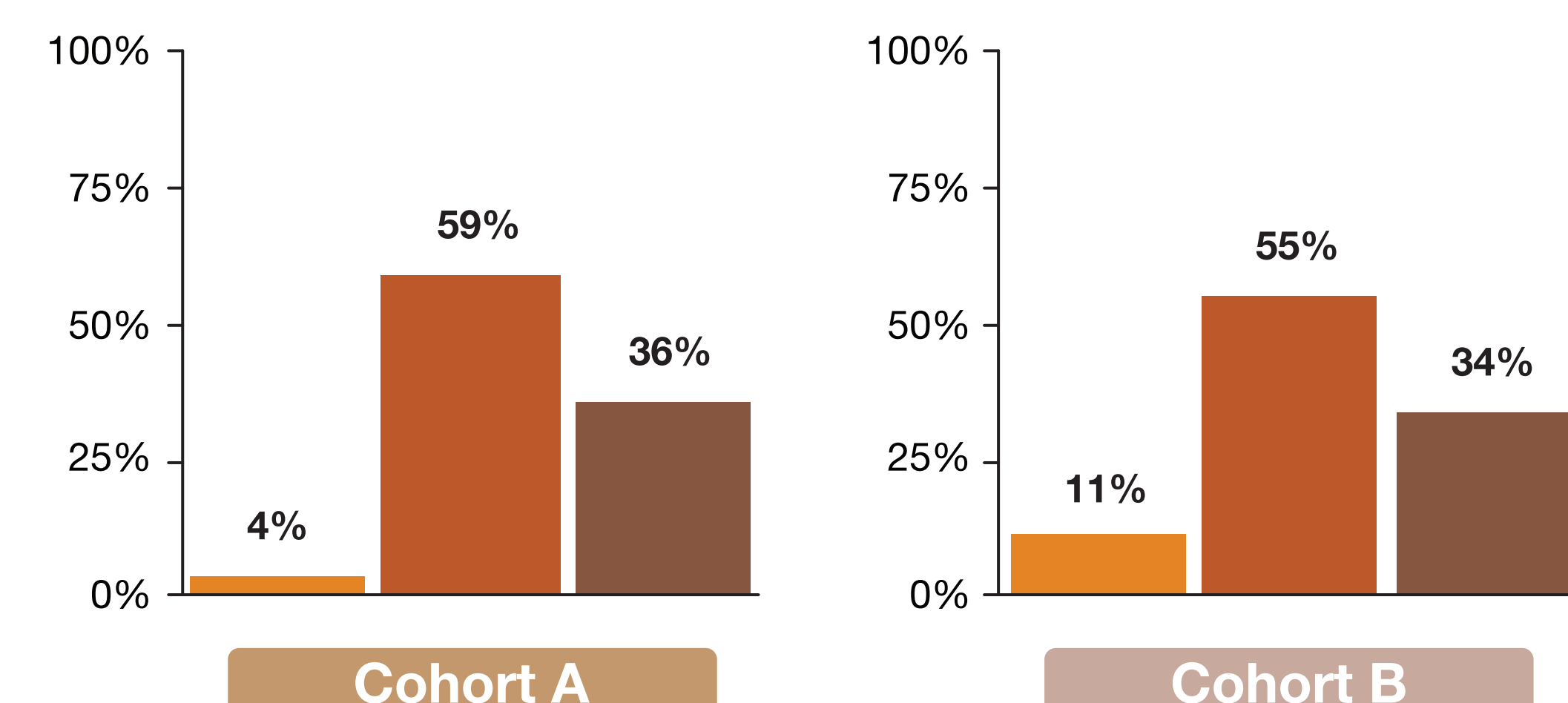
### Hypertension

#### Prevalence at Baseline in VISIBLE<sup>e</sup>

Cohort A (N=103)	Cohort B (N=108)
67.0% (n=69)	59.3% (n=64)

Proportions of *pts with hypertension* who were identified by:

■ MHx only ■ MHx AND high SBP and/or DBP<sup>f</sup> ■ High SBP and/or DBP<sup>f</sup> only (previously undiagnosed)



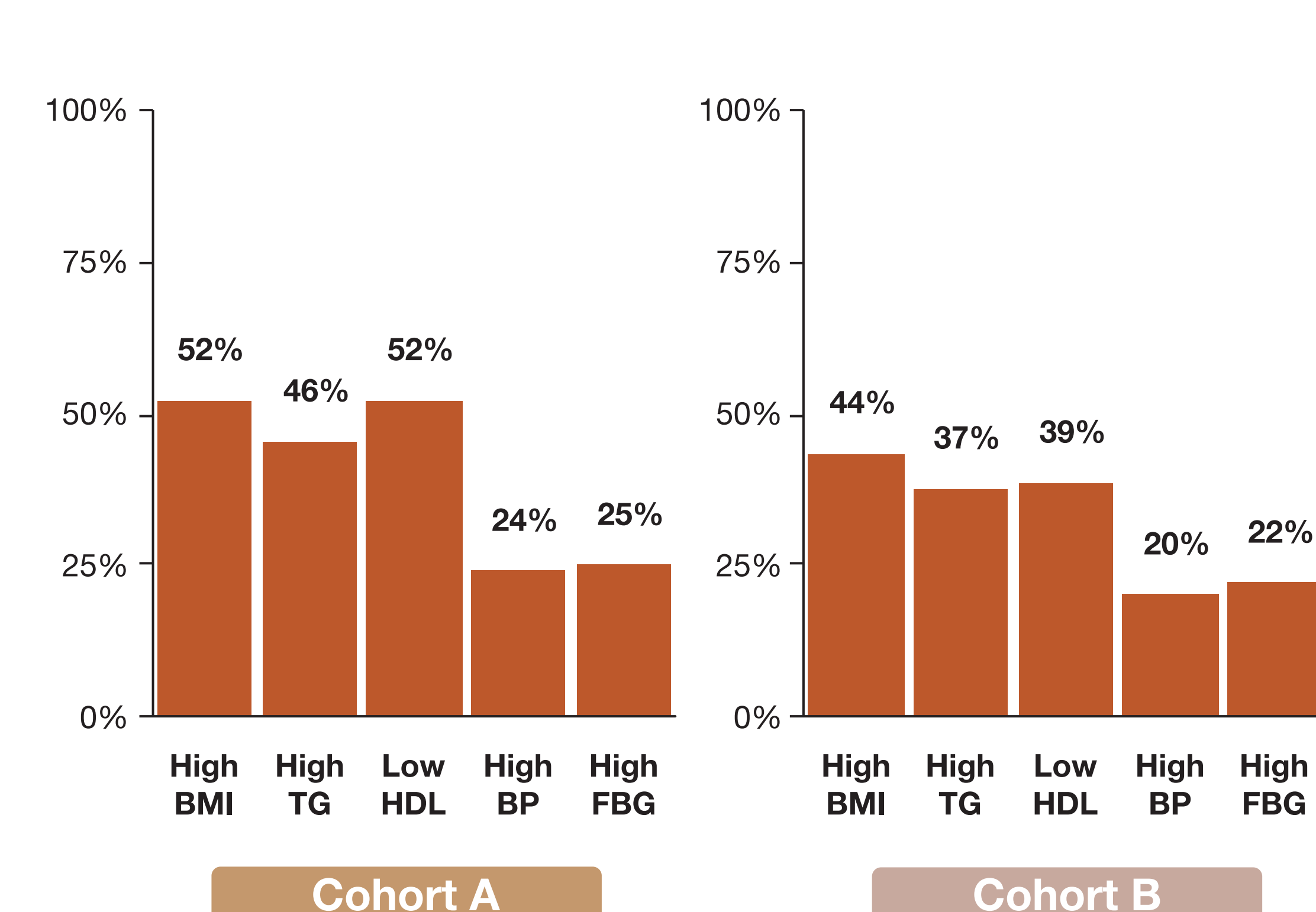
PAS participants. <sup>a</sup>Criteria for identification of hypertension: MedDRA preferred term of Hypertension OR SBP ≥130 mmHg or DBP ≥80 mmHg at ≥2 assessments among screening, Week 0, and Week 4. Among Cohort A+B pts with hypertension: 28%/29% had high SBP and 80%/72% had high DBP identifying 42%/44% with both high SBP and high DBP; DBP=Diastolic blood pressure; SBP=Systemic blood pressure.

### Metabolic Syndrome

#### Prevalence at Baseline in VISIBLE<sup>g</sup>

Cohort A (N=103)	Cohort B (N=108)
38.8% (n=40)	25.9% (n=28)

Proportions of *all pts* meeting individual criteria for metabolic syndrome<sup>g</sup>:



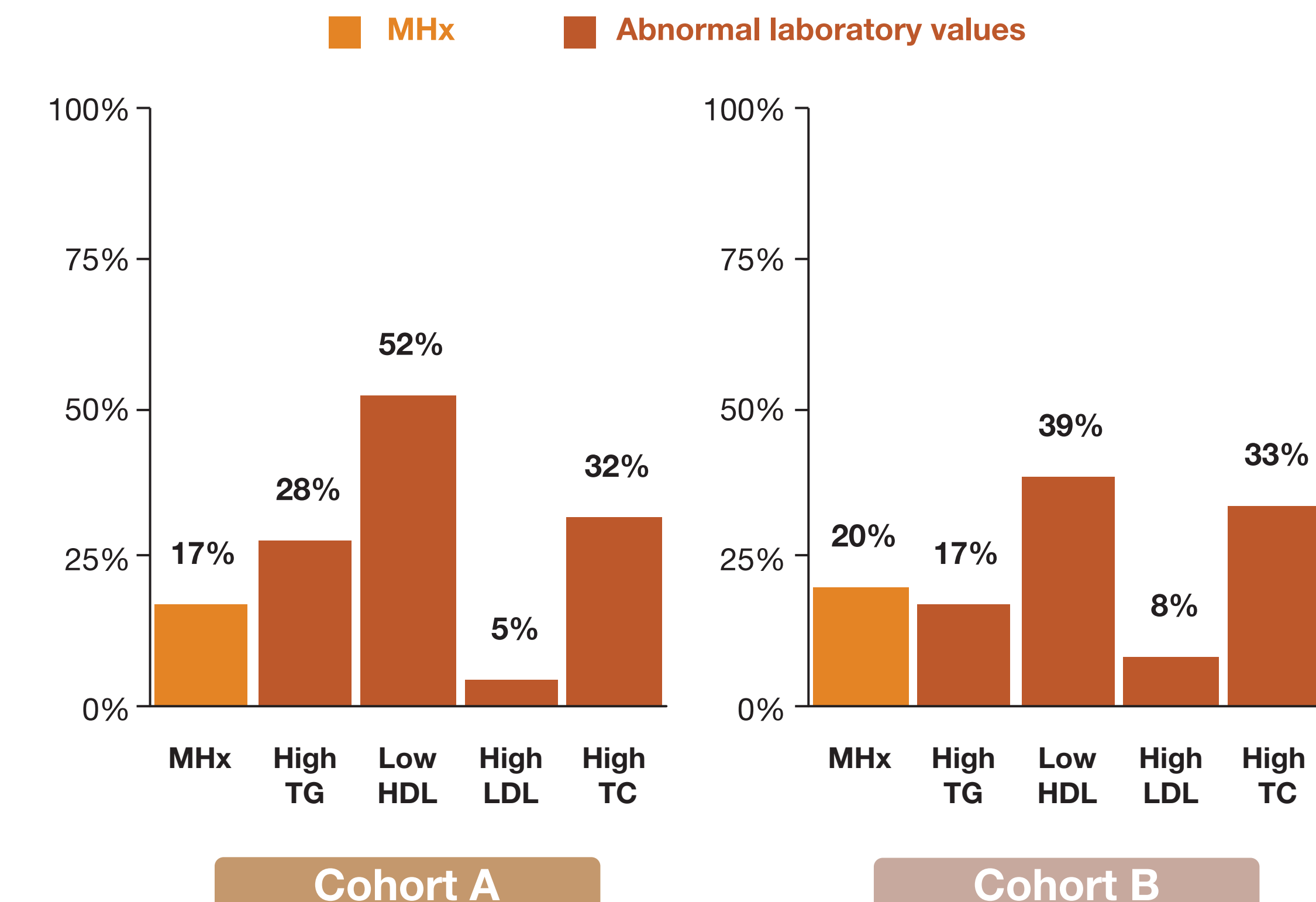
PAS participants. <sup>a</sup>Criteria for identification of metabolic syndrome: Any 3 of the following criteria at Week 0: BMI ≥30 kg/m<sup>2</sup>, TG ≥150 mg/dL, HDL <40/50 (males/females) mg/dL, BP ≥130/85 mmHg, FBG ≥100 mg/dL. BMI=Body mass index; BP=Blood pressure; FBG=Fasting blood glucose; HDL=High-density lipoprotein; TG=Triglycerides.

### Dyslipidemia

#### Prevalence at Baseline in VISIBLE<sup>h</sup>

Cohort A (N=103)	Cohort B (N=108)
76.7% (n=79)	66.7% (n=72)

Proportions of *all pts* meeting individual criteria for dyslipidemia<sup>h</sup>:



PAS participants. <sup>a</sup>Criteria for identification of dyslipidemia: MedDRA preferred term of Blood cholesterol increased, Hypercholesterolemia, High-density lipoprotein decreased, Hyperlipidemia, or Hypertriglyceridemia OR TG ≥200 mg/dL, LDL ≥160 mg/dL, TG ≥200 mg/dL, or HDL <40/50 (males/females) mg/dL at W0. LDL=Low-density lipoprotein; TG=Total cholesterol.

Method of identification of comorbidities, whether by medical history and/or screening in VISIBLE, indicates whether a participant has a **well-controlled comorbidity**, **undiagnosed comorbidity**, or **sub-optimally controlled comorbidity**

**Acknowledgments:** This poster was supported by Johnson & Johnson, Horsham, PA, USA. **Disclosures:** **L. Stein Gold:** investigator/advisor and/or speaker for AbbVie, Amgen, Arcutis, BMS, Dermavant, Eli Lilly, Janssen, Novartis, Pfizer, and UCB. **G. Han:** consultant, speaker, or research support from AbbVie, Amgen, Atherex, Beiersdorf, BMS, Boehringer Ingelheim, Bond Avillion, Castle Biosciences, Celgene, Ceravie, Dermavant, Dermtech, Janssen, LEO Pharma, Lilly, MC2, ModX, Novartis, Ortho Dermatologics, Pfizer, Regeneron/Sanofi, SUN Pharma, Takeda, and UCB. **M. Shahriari:** consultant/received honoraria from AbbVie, Apogee, Arcutis, BMS, Dermavant, Galderma, Incyte, Janssen, LEO, Novartis, Ortho Dermatologics, Regeneron, Sanofi, SUN Pharma, Takeda, and UCB. **T. Alkousakis, D. Chan, and T. Ma:** are employees and stockholders of Johnson & Johnson. **L. Green:** investigator, speaker, or consultant to Amgen, Arcutis, BMS, Dermavant, Galderma, Highlight, Incyte, Janssen, Lilly, OrthoDerm, Pfizer, UCB, and Ventyx. **A. Farberg:** advisor and/or investigator for Amgen, Boehringer Ingelheim, BMS, Dermavant, Galderma, Incyte, Janssen, Novartis, Pfizer, Regeneron, Sanofi, and Sun Pharma. **S.G. Kwatra:** advisory board member/consultant for AbbVie, Amgen, Arcutis Biotherapeutics, Asian Pharmaceuticals, BMS, Cara Therapeutics, Castle Biosciences, Dermavant, Galderma, Incyte Corporation, Johnson & Johnson, LEO Pharma, Novartis Pharmaceuticals Corporation, Pfizer, Regeneron Pharmaceuticals, and Sanofi; has served as an investigator for Galderma, Incyte, Pfizer, and Sanofi. **A. Alexis:** received grants (funds to institution) from AbbVie, Amgen, Arcutis, Castle, Dermavant, Galderma, and LEO; served on an advisory board or consulted for AbbVie, Allergan, Almirall, Alphyn, Apogee, Arcutis, Avita, Bausch Health, Beiersdorf, BMS, Canfield, Cara, Castle, Cutera, Dermavant, Eli Lilly, Epi, Galderma, Genentech, Incyte, Janssen, LEO, L'Oréal, Ortho, Pfizer, Sanofi-Regeneron, Swiss American, UCB, and VisualDx; served as a speaker for BMS, Janssen, Johnson & Johnson, L'Oréal, Regeneron, and Sanofi-Genzyme; has received royalties from Springer, Wiley-Blackwell, and Wolter Kluwer Health; has received equipment from Aerolase.