Early Systemic and Skin Pharmacodynamic Effects of Icotrokinra in Participants with Moderate-to-Severe Plaque Psoriasis: Results Through Week 24 of the Phase 3, ICONIC-LEAD Study

J Angsana¹, ME Polak¹, S Nischal¹, E Chen¹, D Balakrishna¹, CH Chou¹, C Sisk¹, L Tomsho¹, A Kannan¹, C DeKlotz¹, M Miller¹, J Cafone¹, P Newbold¹, YW Yang¹, M Leung¹, D Waterworth¹, N Sabins¹, JG Krueger², A Pinter³, R Bissonnette⁴

¹Johnson & Johnson, USA; ²The Rockefeller University, New York, NY, USA; ³Goethe University Frankfurt, Frankfurt, Germany; ⁴Innovaderm Research, Montreal, QC, Canada

Background



Icotrokinra (ICO) is a first-in-class, targeted oral peptide for plaque psoriasis (PsO) that selectively binds the interleukin (IL)-23 receptor and inhibits IL-23 pathway signaling¹



ICONIC-LEAD, a Phase 3 study of ICO in adults and adolescents with moderate-to-severe

- plaque PsO demonstrated efficacy and safety² Co-primary endpoints were met with once daily ICO showing significant skin clearance vs
- IGA 0/1: 65% (ICO) vs 8% (PBO)

• PASI90: 50% (ICO) vs 4% (PBO)

placebo (PBO) at Week (W) 16

- ICO demonstrated separation from PBO as early as W4, with increasing response rates through W24
- Similar adverse event rates between ICO and PBO through W16, and no safety signals emerged through W24



To evaluate ICO pharmacodynamic (PD) effects using serum and tissue biomarker data from the pivotal ICONIC-LEAD study through W24

ICO mechanism of action Inhibits IL-17A, IL-17F and IL-22 production by activated T cells Inhibits keratinocyte activation/hyperproliferation and production of IL-19 and beta defensin-2 (BD-2)

Restoration of immune homeostasis

BD-2=beta defensin-2, **ICO**=icotrokinra, **IFN**=interferon, **IGA**=Investigator's Global Assessment, IL=interleukin, IL-12R\(\beta1\)=interleukin-12 receptor beta 1, IL-23R=interleukin-23 receptor, IL-23Ri=interleukin-23 receptor inhibitor, PASI=Psoriasis Area and Severity Index, PBO=placebo, PsO=psoriasis, W=week

Key Takeaways



ICO demonstrated both early and substantial PD effects, with levels of IL-23 pathway biomarkers for systemic and skin inflammation normalizing to a healthy state



Serum protein data demonstrated:

- Reduction of PsO serum biomarkers as early as W4 with continued reduction through W16
- Serum levels approaching those of healthy controls



Skin transcriptomic data showed:

- √ Reduction of PsO skin biomarkers as early as 8 weeks after starting ICO following crossover
- Normalization of skin inflammation towards baseline non-lesional skin at W24
- ✓ Similar outcomes were achieved with ICO treatment or following crossover to ICO



These comprehensive biomarker findings are consistent with significant skin clearance achieved with this first in class targeted oral peptide to selectively inhibit IL-23 pathway activation

Methods

ICONIC-LEAD Study Design and Biomarker Sample Collection Up to W24

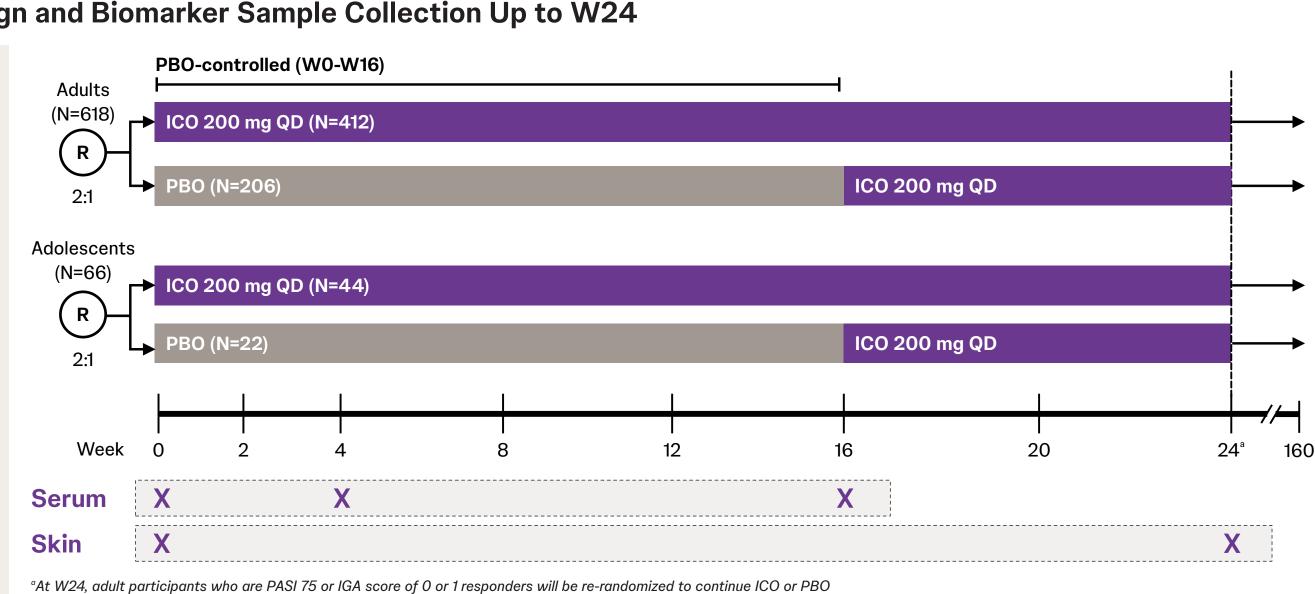
Moderate-to-severe plaque

PsO (N=684)

Key inclusion criteria • ≥12 years

Plaque PsO for

- ≥26 weeks Body surface area (BSA) ≥10%, Psoriasis Area and Severity Index (PASI) score ≥12, and Investigator's Global Assessment (IGA) score
- Candidate for phototherapy or systemic treatment for plaque PsO



BSA=body surface area, ICO=icotrokinra, IGA=Investigator's Global Assessment, PASI=Psoriasis Area and Severity Index, PBO=placebo, PsO=psoriasis, QD=daily, R=randomization, W=week.

ICONIC-LEAD Biomarker Data Generation and Analysis

Systemic PD:

- Serum samples were analyzed for PsO-relevant biomarkers: IL-17A, IL-17F, IL-19, IL-22, and beta defensin-2 (BD-2) W0, W4, and W16 serum samples from a sub-cohort of 166 (IL-22) and 167 (IL-17A, IL-17F, IL-19, and BD-2) study participants were analyzed. 53 subjects were on PBO, 113 (IL-22) and 114 (other cytokines) on ICO
- Serum samples from a distinct healthy cohort of 30 subjects was included as control (BioIVT, Hicksville, NY)
- Serum IL-17A was measured with an S-PLEX assay by MSD, IL-17F was measured using SMC assay by Millipore, IL-19 was measured with an ELISA assay by R&D Systems, IL-22 was measured using custom SMC assay by Millipore, and BD-2 was measured using custom assay by MSD

Tissue PD:

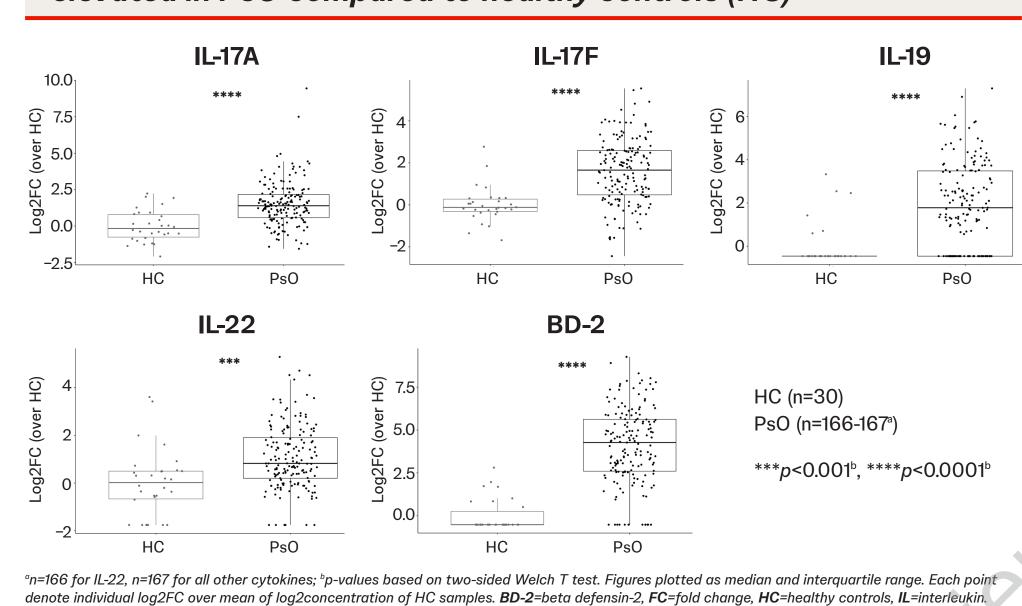
- Skin biopsies samples were used for transcriptomic analysis using RNA sequencing
- WO non-lesional and lesional and W24 (8 weeks after PBO crossover) lesional skin samples from 46-65 consenting participants of an optional sub-study were analyzed

Data Analysis:

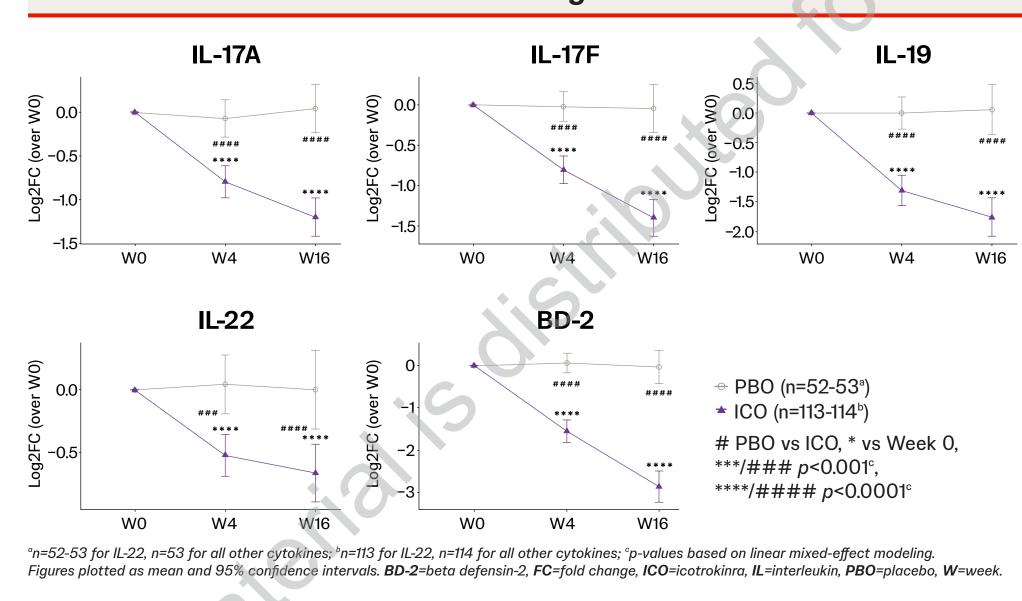
- Comparison between ICO and PBO used linear mixed-effect modeling that included effects for WO levels, interaction between time and treatment, participant random effect, and other co-variates as appropriate
- Statistical significance was defined as having p-value ≤ 0.05 ; for volcano plot, adjusted p-value ≤ 0.05 and |logFC|>1

Results

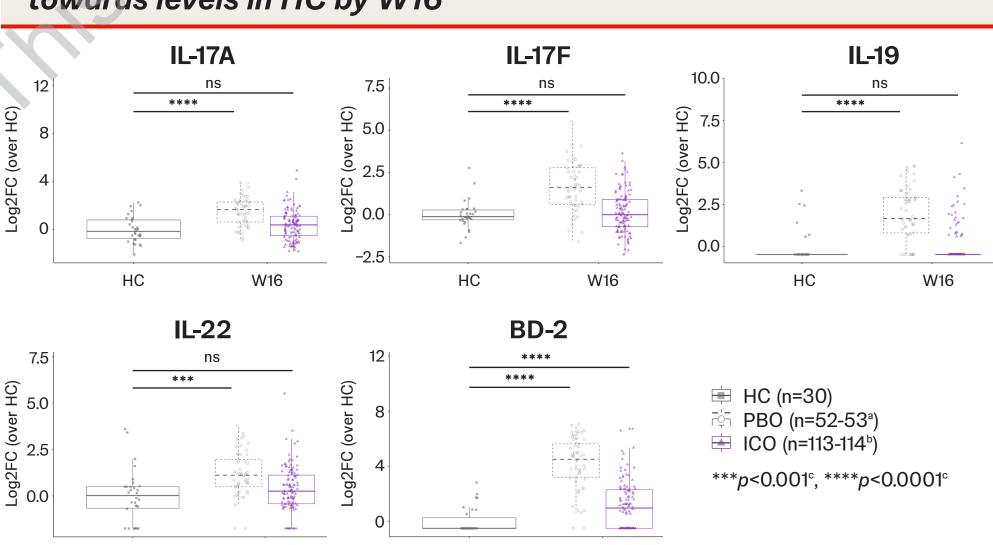
At baseline, IL-17A, IL-17F, IL-19, IL-22, and BD-2 serum levels are elevated in PsO compared to healthy controls (HC)



ICO reduced serum levels of PsO relevant biomarkers as early as W4 with continued reduction through W16



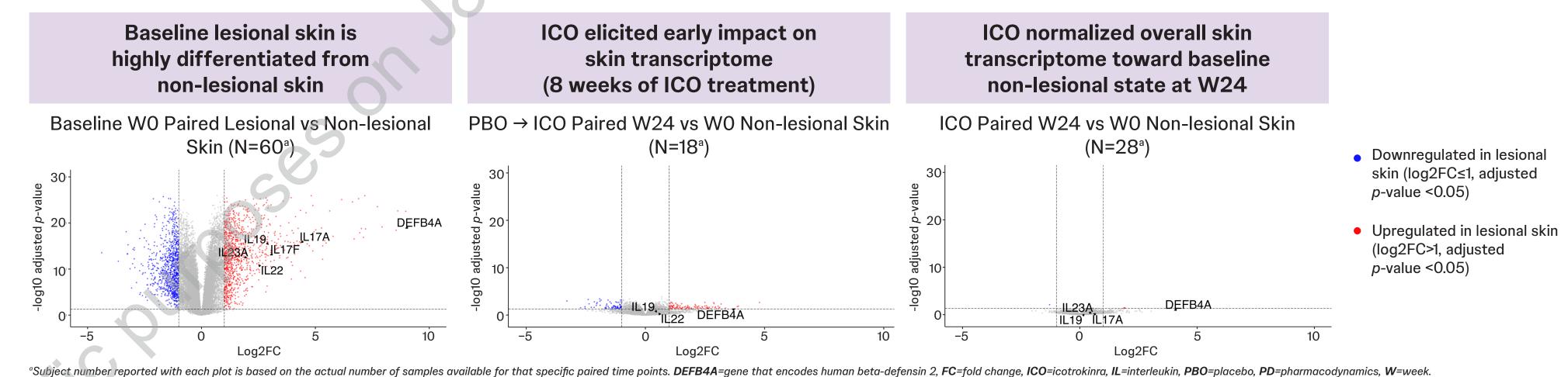
ICO normalized serum levels of IL-17A, IL-17F, IL-19, and IL-22 towards levels in HC by W16



"n=52 for IL-22, n=53 for all other cytokines; "n=113 for IL-22, n=114 for all other cytokines; "p-values based on two-sided Welch T test. Figures plotted as median and interquartile range. Each point denote individual log2FC over mean of log2concentration of HC samples. BD-2=beta defensin-2,

FC=fold change, HC=healthy controls, ICO=icotrokinra, IL=interleukin, PBO=placebo, W=week.

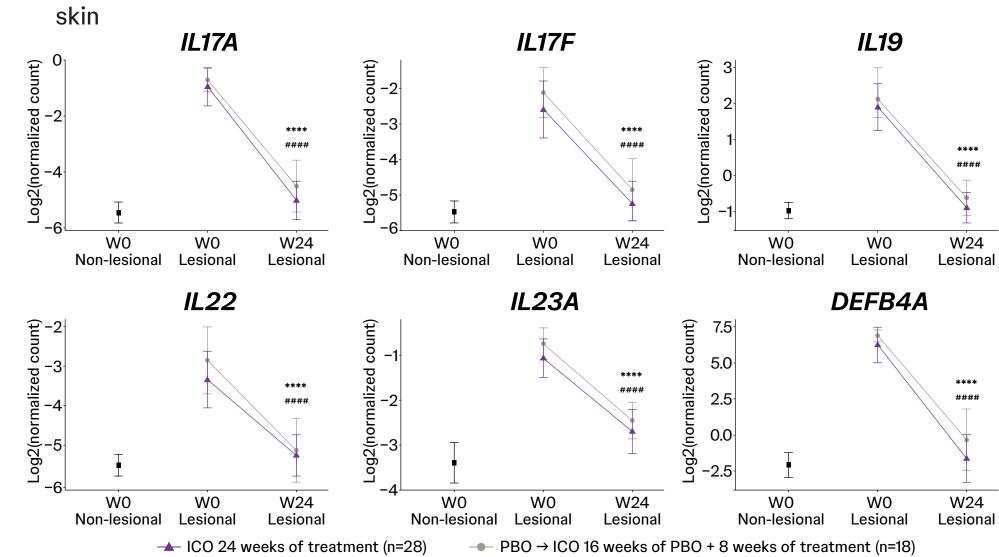
ICO improved skin PD as early as W8 and normalized PsO lesional skin transcriptome towards baseline non-lesional skin by W24



- At WO, 1020 genes were significantly upregulated and 917 significantly downregulated in lesional vs non-lesional skin (paired sample analysis). In a similar unpaired sample
- analysis, (n=65) 1026 genes were significantly upregulated and 970 significantly downregulated. In PBO → ICO cohort, majority of genes have been normalized to baseline non-lesional skin level 8 weeks after crossover from PBO to ICO.
- In ICO cohort, overall normalization of skin transcriptome toward baseline non-lesional skin was seen after 24 weeks of treatment.

Early and robust reduction of PsO-related genes with ICO treatment in skin

- Downregulation observed as early as 8 weeks following crossover in PBO → ICO cohort
- At W24, gene expression level approached those seen in baseline (W0) non-lesional

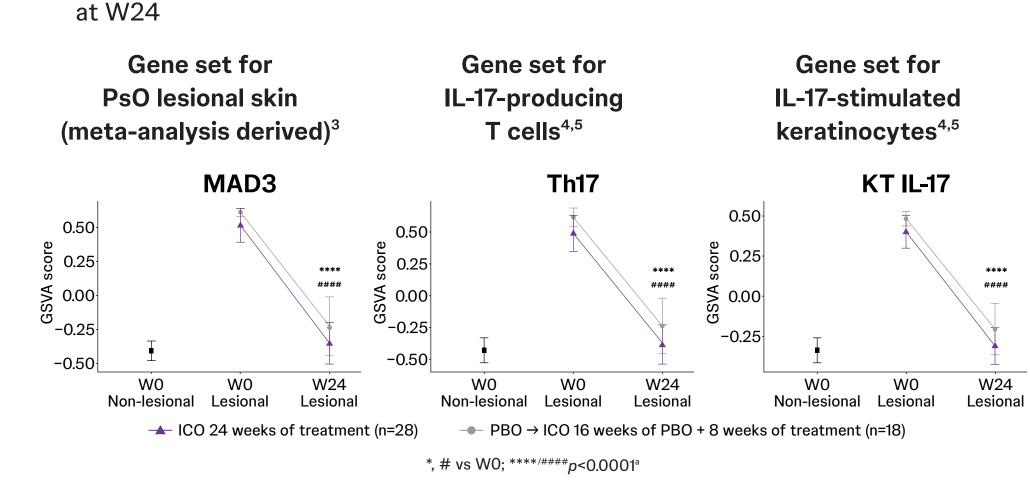


^ap-values based on linear mixed-effect modeling. **DEFB4A**=gene that encodes human beta-defensin 2, **ICO**=icotrokinra, **IL17A**=interleukin-17A gene, IL17F=interleukin-17F gene, IL19=interleukin-19 gene, IL22=interleukin-22 gene, IL23A=interleukin-23A gene, PB0=placebo, W=week.

*, # vs W0; ****/###p<0.0001

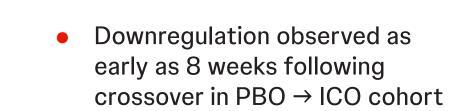
Early and robust normalization of PsO-related gene sets with ICO treatment by W24 in skin

- Downregulation observed as early as 8 weeks after crossover in the PBO → ICO cohort
- In the ICO cohort, gene set expression level was similar to baseline non-lesional skin

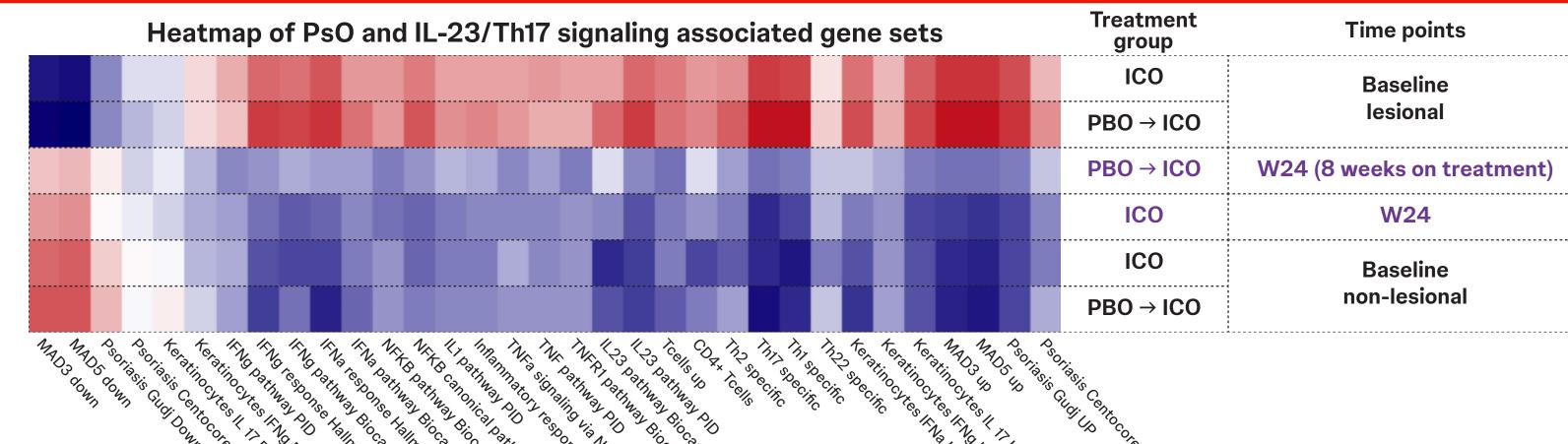


^ap-values based on linear mixed-effect modeling. **GSVA**=gene set variation analysis, **ICO**=icotrokinra, **IL**=interleukin, **KT**=keratinocyte, **MAD**=meta-analysis derived, PBO=placebo, PsO=psoriasis, Th17=T helper 17 cell, W=week.

Early and sustained shift of PsO-related gene sets with ICO treatment in skin



Overall shift in expression of well-characterized PsO associated gene sets³⁻⁷ toward baseline non-lesional state at W24



ICO=icotrokinra, IL=interleukin, PBO=placebo, PsO=psoriasis, Th17=T helper 17 cell, W=week