



Scan the QR code.
The QR code is intended to
provide scientific information for
individual reference, and the
information should not be altered
or reproduced in any way.

Exploring Super Responders Who Remained Treatment-free for More Than 3 Years After Guselkumab Withdrawal: Insights From the Phase 3b GUIDE Trial in Psoriasis

Knut Schäkel¹, Matthias Hoffmann², Michael Sebastian³, Margrit Simon⁴, Maurizio Podda⁵, Peter Radny⁶, Matthias Hahn⁷, Jan C Simon⁸, Peter Weisenseel⁹, Khusru Asadullah^{10, 11}, Andreas Pinter¹², Carle Paul¹³, Friedemann Taut¹⁴, Judita Makuc¹⁵, Nenja Krüger¹⁵, Nikolas Spindler¹⁵, Kilian Eyerich¹⁶

¹Department of Dermatology, and Interdisciplinary Center for Inflammatory Diseases, Heidelberg University Hospital, Heidelberg, Germany, ²Dermatological Practice Dr. med. Matthias Hoffmann, Witten, Germany, ³Dermatological Practice Dr. med. Michael Sebastian, Mahlow, Germany, ⁴Dermatology Practice and Clinical Study Center Dr. med. Margrit Simon, Berlin, Germany, ⁵Department of Dermatology, Medical Center Klinikum Darmstadt, Teaching Hospital Goethe-University Frankfurt, Darmstadt, Germany, ⁶Derma-Study-Center-FN GmbH Dr. med. Peter Radny, Friedrichshafen, Germany, ⁷Department of Dermatology, University Medical Center, Eberhard Karls University Tübingen, Tübingen, Germany, ⁸Department of Dermatology, Venerology and Allergology, Leipzig University Medical Center, Leipzig, Germany, ⁹Dermatologikum Hamburg, Hamburg, Germany, ¹⁰Department of Dermatology, Venereology and Allergology, Charité – Universitätsmedizin, Berlin, Germany, ¹¹Dermatology Potsdam MVZ, Potsdam, Germany, ¹²University Hospital Frankfurt am Main, Frankfurt, Germany, ¹³Toulouse University, Toulouse, France, ¹⁴Taut Science and Service GmbH, Konstanz, Germany, ¹⁵Johnson & Johnson, Neuss, Germany, ¹⁶Department of Dermatology and Venereology, Medical Center, University of Freiburg, Freiburg, Germany

This presentation was sponsored by Johnson & Johnson.

Presented by Knut Schäkel at EADV; September 17-20, 2025; Paris, France

Conflicts of Interest

KS: Advisory board/consultant/speaker/clinical trials/honoraria/grants: AbbVie, Apogee, Alumis, Amgen, Almirall, Biogen, Bristol Myers Squibb, Boehringer Ingelheim, Celgene, Celldex Therapeutics, Chugai, Galderma, Incyte, Johnson & Johnson, Leo Pharma, Eli Lilly, Merck Sharp & Dohme Corp., Morphosys, Nektar Therapeutics, Novartis, Regeneron, Sanofi, Smerud, and UCB.

MHo: Advisory board/consultant/speaker/clinical trials/honoraria/grants: AbbVie, Almirall, Biofrontera, Bristol Myers Squibb, Dermapharm, Dermasence, Forward, Galderma, Incyte, Johnson & Johnson, Kiniksa, Leo Pharma, Eli Lilly, L'Oréal, MSD, Nektar Therapeutics, Novartis, Pierre Fabre, Pfizer, Sanofi, Schering-Plough, Smerud Medical Research, Stallergenes Greer, Viatris, and UCB.

MSe: Cooperation with: AbbVie, Affibody, Allergan, Almirall, Alumis, Amgen, Apogee, AstraZeneca, August Wolff, Boehringer Ingelheim, Bristol Myers Squibb, Dermapharm, Dermira, Incyte, Ipsen, Johnson & Johnson, Leo Pharma, Eli Lilly, MedImmune, Menlo Therapeutics, Merz Pharma, Moonlake, MSD, Mundipharma, Novartis, Pfizer, Regeneron, Sanofi Genzyme, Takeda, UCB, and Zuellig Pharma.

MSi: None to declare

MP: COIs could not be confirmed as Prof. Podda passed away during the preparation of the presentation.

PR: Advisory board/consultant/speaker/clinical trials/honoraria/grants: Abbvie, Almirall, Amgen, Beiersdorf, Biofrontera, Biogen, Bristol Myers Squibb, Cutanea Life Science, Dermapharm AG, Dermira, Eli Lilly, Foamix, Forward-Pharma, Galderma, Galenpharma, Hermall, Incyte, Inovio, Infectopharm, Johnson & Johnson, Leo Pharma, Leti, Medac, Medimmune, Moberg Derma AB, MSD, Novartis, Pfizer, Pharmaceuticals, Regeneron/Sanofi, Smerud, UCB, and VBL Therapeutics.

MHa: Advisory board/investigator/grants: AbbVie, Almirall, Alumis, Amgen, Argenex, Apogee Therapeutics, Bristol Myers Squibb, Boehringer Ingelheim, Celldex, Chugai, Concert, Immunovant, Incyte, Galapagos, Johnson & Johnson, Leo Pharma, Eli Lilly, Novartis, Pfizer, Sanofi, Takeda, Topas, and UCB.

JCS: Advisory boards/speaker: Almirall, Bristol-Myers Squibb, Johnson & Johnson, Leo Pharma, Eli Lilly, MSD, Novartis, Pfizer, and Pierre Fabre.

PW: Advisory board/speaker/clinical trials/grants: AbbVie, Almirall, Biogen, Bristol Myers Squibb, Celgene, Eli Lilly, Johnson & Johnson, Leo Pharma, Medac, Novartis, Pfizer, and UCB Pharma.

KA: Advisory board/speaker/clinical trials/grants: AbbVie, Akribes, Almirall, Antabio, Bayer, DEKA Biosciences, Emeriti Pharma, Galderma, Incyte, Johnson & Johnson, LEO Pharma, L'Oréal, Novartis, Pierre Fabre, Sanofi Genzyme, and UCB.

AP: Advisor/speaker/grants/clinical trials: AbbVie, Almirall Hermal, Amgen, Biogen Idec, BioNTech, Boehringer Ingelheim, Celgene, Celltrion, Eli Lilly, Galderma, GSK, Hexal, Johnson & Johnson, Klinge Pharma, Leo Pharma, MC2, Medac, Merch Serono, Mitsubishi, MSD, Noavartis, Pascoe, Pfizer, Regeneron, Roche, Sandoz Biopharmaceuticals, Sanofi Genzyme, Schering-Plough, Tigercat Pharma, UCB, and Zuellig Pharma.

CP: Advisory board/speaker/clinical trials/grants: AbbVie, Almirall, Amgen, Bristol Myers Squibb, Boehringer Ingelheim, Galderma, Eli Lilly, Iqvia, Johnson & Johnson, Merck, Mylan, Novartis, Pfizer, Sanofi, and UCB.

FT: Owns Taut Science & Service GmbH, a consultancy specialized in clinical research and medical affairs, receiving consultancy fees from Johnson & Johnson.

JM, NK, NS: Employee: Johnson & Johnson; Shareholder: Johnson & Johnson.

KE: Speaker/advisory board: AbbVie, Almirall, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly, Hexal, Johnson & Johnson, Leo Pharma, Novartis, Pfizer, Sanofi, Sitryx, and UCB. Co-founder/shareholder: Dermagnostix and Dermagnostix R&D.

Background



Psoriasis (PSO)

- Chronic, immune-driven, relapsing-remitting inflammatory skin disease¹
- Primarily driven by dysregulation of the IL-23/IL-17 axis²



Guselkumab (GUS)

- Fully human, mAb that selectively inhibits IL-23 by targeting its p19 subunit
- Proven efficacy in patients with moderate-to-severe plaque PSO³⁻⁶
- Approved to treat moderate-to-severe PSO, active psoriatic arthritis and moderately-to-severely active ulcerative colitis and Crohn's disease⁷



GUIDE study

- Prospective Phase 3b RCT investigating early intervention with GUS for disease modification in patients with PSO⁷

Methods

This material is distributed for scientific purposes on J&J Medical Connect, and is not for promotional use

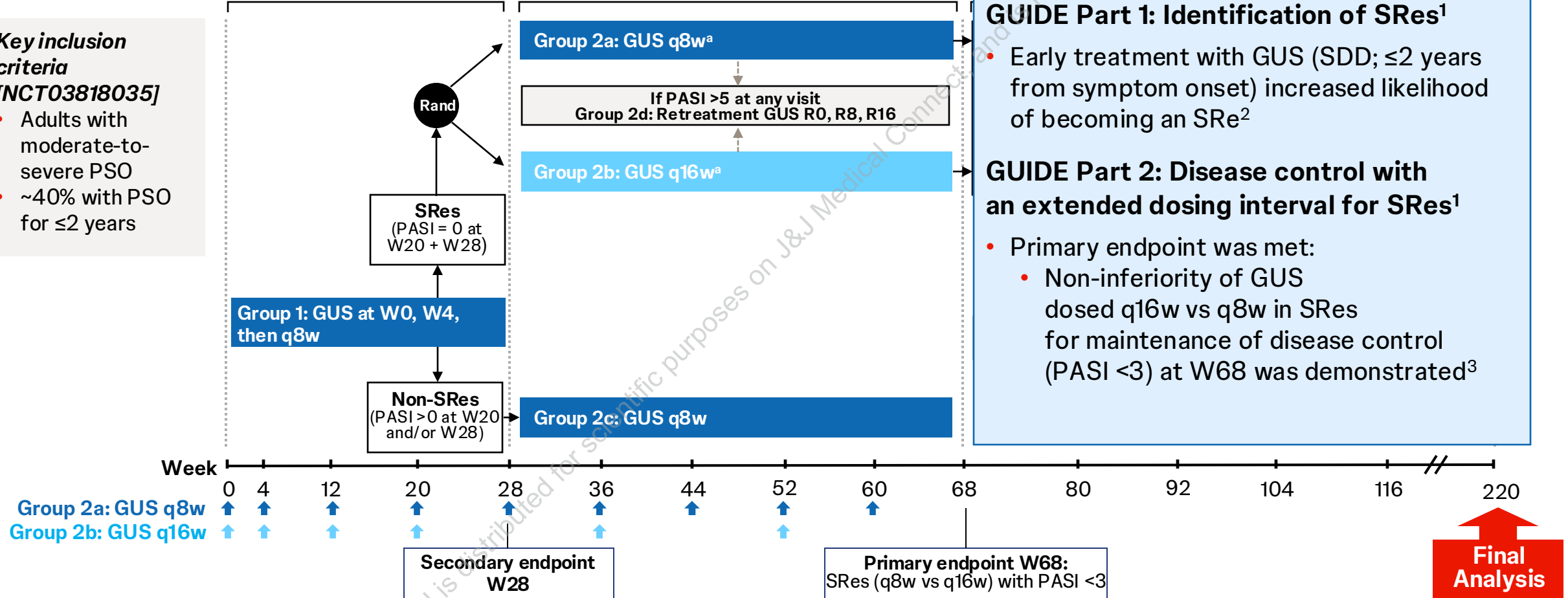
GUIDE study design – Parts 1 and 2

Key inclusion criteria [NCT03818035]

- Adults with moderate-to-severe PSO
- ~40% with PSO for ≤ 2 years

PART 1: Identification of SRes (N = 880)

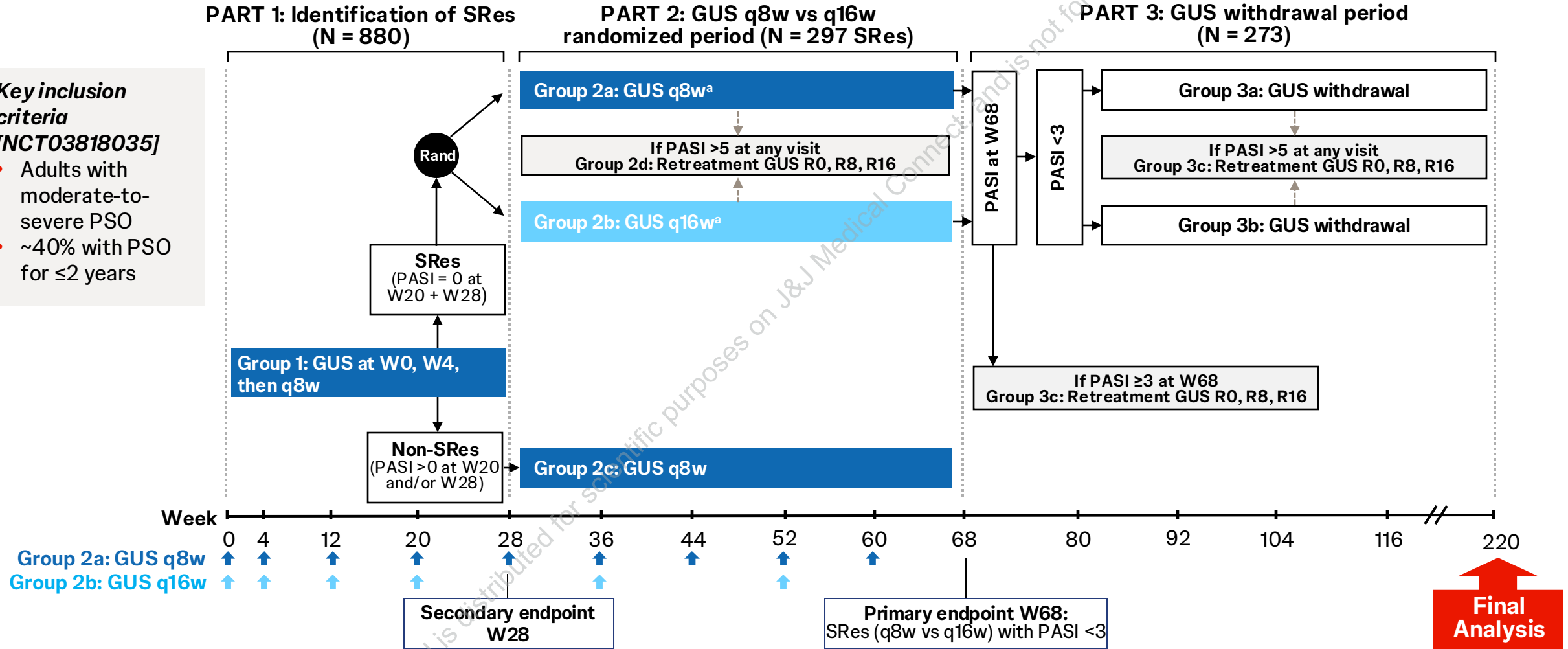
PART 2: GUS q8w vs q16w randomized period (N = 297 SRes)



GUIDE study design – Parts 1, 2 and 3

Key inclusion criteria [NCT03818035]

- Adults with moderate-to-severe PSO
- ~40% with PSO for ≤ 2 years



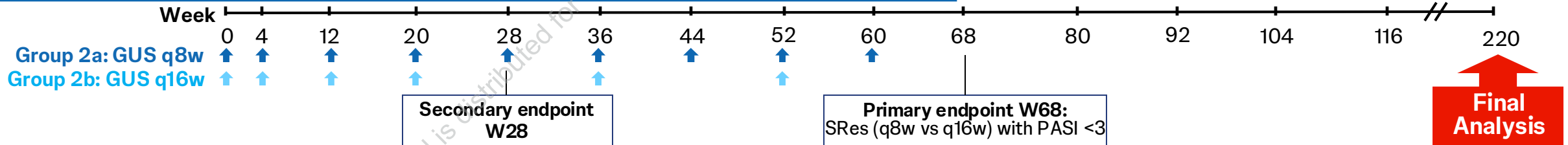
^aBlinded treatment. GUS=guselkumab, Non-SRe=non super responder, PASI=Psoriasis Area and Severity Index, PSO=psoriasis, q8w=every 8 weeks, q16w=every 16 weeks, R=retreatment, Rand=randomization, SRe=super responder, W=week.

GUIDE study design – Part 3

Phase 3b randomized, placebo-controlled, double-blind, parallel-group, multicentre study of adults with moderate-to-severe plaque PSO¹

Objectives of GUIDE Part 3 W220 analysis




- To determine how long patients can sustain disease control after GUS withdrawal
- To identify SRes who maintained response for >3 years after the last GUS dose
- To assess if disease duration has an impact on remaining treatment-free



Results

This material is distributed for scientific purposes on J&J Medical Connect, and is not for promotional use




SRes remaining treatment-free through 3 years tended to have shorter disease duration and received no prior systemic therapies

Baseline Characteristics of SRes Entering GUS Withdrawal in GUIDE Part 3		SRes remaining treatment-free until W220 (N = 13)	SRes initiating re-treatment prior to W220 (N = 260)
Demographics			
	Mean age, years (SD)	42.4 (12.4)	39.6 (14.1)
	Male, n (%)	9 (69.2)	178 (68.5)
	Female, n (%)	4 (30.8)	82 (31.5)
	Mean BMI, kg/m ² (SD)	26.1 (4.7)	27.0 (5.2)
Disease Characteristics			
	Mean PSO duration, years (SD)	2.0 (4.7)	10.6 (12.8)
	LDD (>2 years), n (%)	1 (7.7)	134 (51.5)
	SDD (≤2 years), n (%)	12 (92.3)	126 (48.5)
	USDD (<15 months), n (%)	11 (84.6)	56 (21.5)
	ISDD (≥15–≤24 months), n (%)	1 (7.7)	70 (26.9)
	Mean BSA with PSO, % (SD)	19.1 (11.6)	25.2 (15.4)
Hierarchical Prior PSO Medication^a			
	Topical therapy, n (%)	9 (69.2)	85 (32.7)
	Phototherapy ^b , n (%)	2 (15.4)	50 (19.2)
	Non-biologic systemic therapy ^c , n (%)	0 (0)	100 (38.5)
	Biologic therapy ^d , n (%)	0 (0)	21 (8.1)
GUS dosing in part 2: q8w/q16w, %		53.8/46.2	48.9/51.2

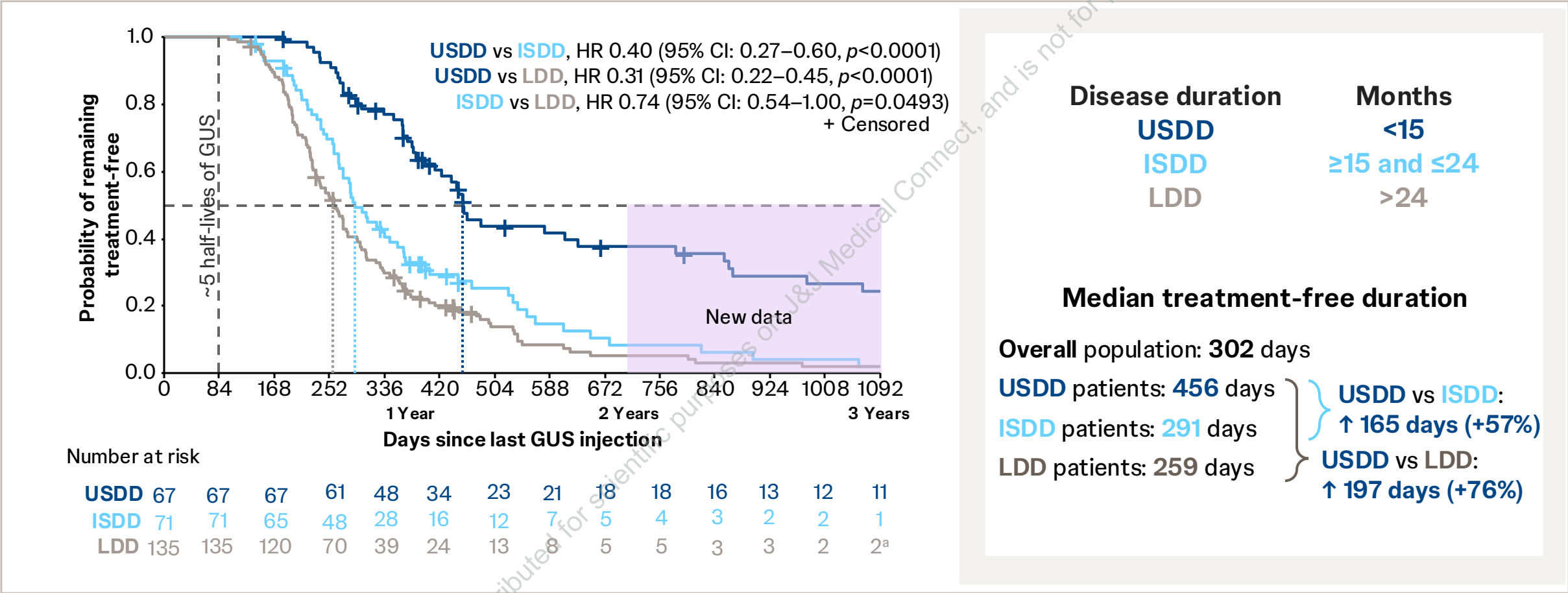
^aCounts per most advanced therapy regimen. ^bPUVA, UVB, UVA or photosole. ^cMethotrexate, cyclosporine, fumaric acid esters, acitretin, apremilast, tofacitinib, oral steroids, and other. ^dInfliximab, etanercept, adalimumab, efalizumab, ustekinumab, secukinumab, ixekizumab, brodalumab, certolizumab, and other. BMI=body mass index, BSA=body surface area, GUS=guselkumab, ISDD=intermediate-short disease duration, LDD=long disease duration, PASI=Psoriasis Area and Severity Index, PSO=psoriasis, PUVA=psoralen + ultraviolet A, q8w=every 8 weeks; q16w=every 16 weeks, SD=standard deviation, SDD=short disease duration, SRE=super responder, USDD=ultra-short disease duration, UV=ultraviolet, W=week.

Overall, 11 of 13 SRes remaining treatment-free through 3 years after withdrawing from GUS had <15 months PSO duration (USDD)

Baseline Characteristics of SRes Remaining Treatment-free in GUIDE Part 3

		Patient												
		1	2	3	4	5	6	7	8	9	10	11	12	13
Demographics														
	Age, years	37	19	50	51	26	55	41	34	43	58	58	31	48
	Sex	Male	Male	Female	Male	Male	Female	Male	Male	Male	Male	Male	Female	Female
	BMI, kg/m ²	29.1	20.5	26.5	30.3	22.2	22.6	22.6	30	24.8	36.2	30.1	20.9	24.1
Disease Characteristics														
	PSO duration, yrs	17.6	1.4	1.2	0.3	0.8	1.2	1.1	0.4	0.8	0.2	0.4	0.5	0.7
	PSO duration category	LDD	ISDD	USDD										
	PASI (0-72)	12.8	13.8	13	18.6	11.8	16.2	13.8	22.4	12.6	12.8	19.6	11.5	10.6
	DLQI (0-30)	22	21	28	21	15	12	27	24	13	24	23	11	12
PSO Medication Use														
	PSO therapy	Topical + PUVA	Topical + UVB	Only topical									No therapy	
	Biologic therapy	Biologic naïve												
GUS dosing in Part 2		q16w	q8w							q16w				

SRes with USDD (<15 months) had the highest probability of remaining treatment-free through 3 years after GUS withdrawal



p values are nominal.

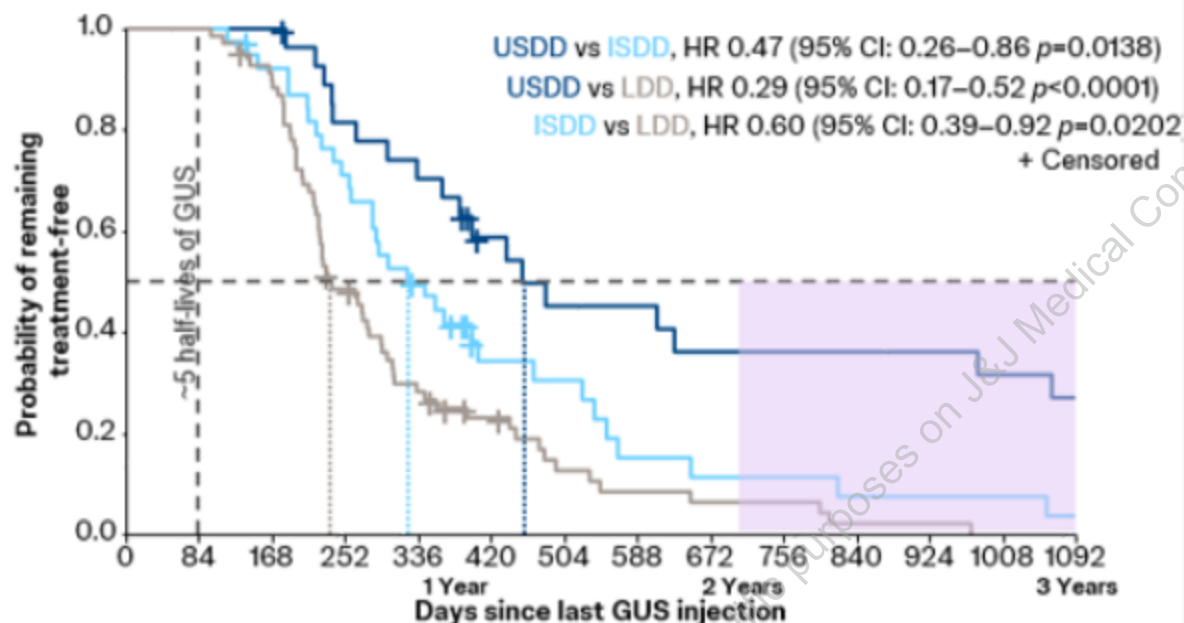
13 SRes remained treatment-free for >3 years following GUS withdrawal

Loss of maintenance of response was defined as PASI >5, at which point treatment was re-initiated. ^aOne patient with maintenance of disease control for >3 years experienced loss of disease control at W212 prior to W220. CI=confidence interval; GUS=guselkumab, HR=hazard ratio, ISDD=intermediate-short disease duration, LDD=long disease duration, PASI=Psoriasis Area and Severity Index, SRe=super responder, USDD=ultra-short disease duration.

11

SRes with USDD (<15 months) had the highest likelihood of

Similar results were observed in the subgroup of SRes withdrawing from GUS q8w dosing



Number at risk

USDD	28	28	28	22	19	13	10	10	8	8	8	8	7	6
ISDD	39	39	35	27	18	9	8	4	3	3	2	2	2	1
LDD	69	69	62	32	18	12	8	4	3	3	1	1	0	0

Disease duration

USDD

ISDD

LDD

Months

<15

≥15 and ≤24

>24

Median treatment-free duration

USDD patients: 456 days

ISDD patients: 344 days

LDD patients: 233 days

USDD vs ISDD:
 ↑ 112 days (+33%)
 USDD vs LDD:
 ↑ 223 days (+96%)

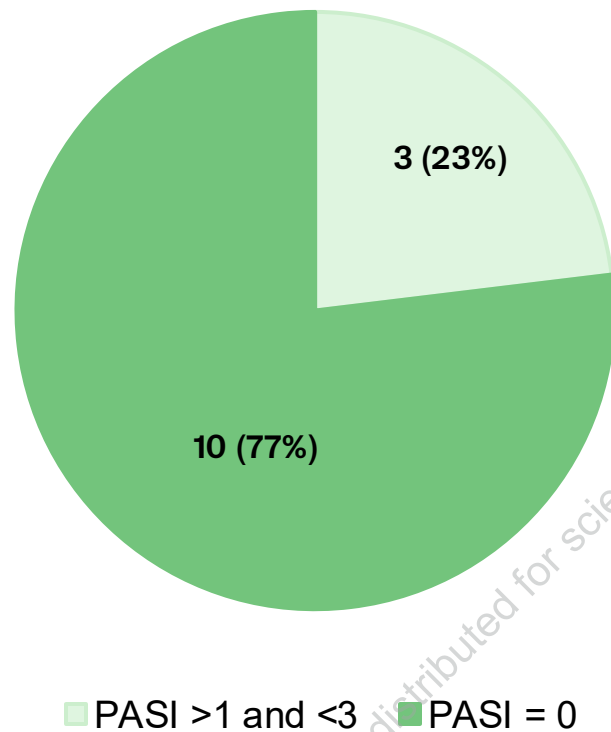
p values are nominal.

CI=confidence interval; GUS=guselkumab, HR=hazard ratio; ISDD=intermediate-short disease duration, LDD=long disease duration, q8w=every 8 weeks, SRe=super responder, USDD=ultra-short disease duration.

13

The 13 SRes who remained treatment-free for >3 years after withdrawing from GUS had high PASI responses at W220^a

Absolute PASI at W220 (OC)



At W220:

- All SRes achieved disease control (PASI <3)
- 10 of 13 SRes showed complete skin clearance (PASI = 0)

^aW220 corresponds to >3 years without GUS treatment, with the last injection at W52 or 60, for patients who received GUS q16w and q8w, respectively, during part 2 of GUIDE.
GUS=guselkumab, OC=observed cases, PASI=Psoriasis Area and Severity Index, SRe=super responder, W=week.

The 13 SRes who remained treatment-free for >3 years maintained overall low PASI scores after GUS withdrawal

Absolute PASI scores over time																									
Patient	PSO disease duration	PART 1: GUS q8w						PART 2: GUS q8w vs q16w					PART 3: GUS Withdrawal												
		W0	W4	W12	W16	W20	W28	W36	W44	W52	W60	W68	W80	W92	W104	W116	W128	W140	W152	W164	W176	W188	W200	W212	W220
1	LDD	12.8	2.4	0.1	0.1	0	0	0	0	1.2	0	0.6	0	0.6	2.4	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.8	2.6	2.7
8	USDD	22.4	10.4	2.9	1.6	0	0	0	0	0	0	0	0.3	1.8	0	0.8	2	0.6	0.4	0	0.8	2.4	-*	1.6	1.6
13	USDD	10.6	4.6	0	0	0	0	0	0	0	0	0	0	0	0	0	3.3	0.8	0.3	0.1	0.1	0.1	0.1	0.1	1.2
2	ISDD	13.8	7.8	0	0	0	0	0	0	0	0	0	0	0	0.2	0	0	0	0	0	0	0	0	0	0
5	USDD	11.8	9.8	0.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6	0	0	0	0	0
6	USDD	16.2	4.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.2	0	0	0	0
7	USDD	13.8	13.4	7.7	1.7	0	0	0	0	0	0	0	0	1.2	0	0.8	0	0	0	0	0.8	0.4	0	0	0
9	USDD	12.6	3.9	1	0.3	0	0	0	0	0	0	0	1.6	0	0	0.4	0	0	0	0	0	0	0	0	0
10	USDD	12.8	12.8	2	0	0	0	0	0.2	0.1	0.2	0.2	0	0.1	0	0.8	0.1	0	0	0	-*	0	0	0	0
11	USDD	19.6	1.2	1.2	0	0	0	0	0.6	0.6	0	0	4.8	0.6	0	0	0	0	0	0	0	0.6	0	0	0
12	USDD	11.5	0	0	0	0	0	0	0	0	0	0	0	0	1.6	0	0	0	0	0	0	0.6	0.2	0	0
3	USDD	13	10	3.6	2.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	USDD	18.6	2.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

71% of all PASI assessments showed complete skin clearance

In all, 3 SRes maintained low PASI scores with minor fluctuations after GUS withdrawal, showing no consistent pattern of increase over time

		Absolute PASI scores over time																								
Patient	PSO disease duration	PART 1: GUS q8w						PART 2: GUS q8w vs q16w					PART 3: GUS Withdrawal													
		W0	W4	W12	W16	W20	W28	W36	W44	W52	W60	W68	W80	W92	W104	W116	W128	W140	W152	W164	W176	W188	W200	W212	W220	
1	LDD	12.8	2.4	0.1	0.1	0	0	0	0	1.2	0	0.6	0	0.6	2.4	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.8	2.6	2.7	
8	USDD	22.4	10.4	2.9	1.6	0	0	0	0	0	0	0	0.3	1.8	0	0.8	2	0.6	0.4	0	0.8	2.4	-*	1.6	1.6	
13	USDD	10.6	4.6	0	0	0	0	0	0	0	0	0	0	0	0	0	3.3	0.8	0.3	0.1	0.1	0.1	0.1	0.1	1.2	
2	ISDD	13.8	7.8	0	0	0	0	0	0	0	0	0	0	0	0.2	0	0	0	0	0	0	0	0	0	0	
5	USDD	11.8	9.8	0.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6	0	0	0	0	0	0	
6	USDD	16.2	4.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.2	0	0	0	0	0	
7	USDD	13.8	13.4	7.7	1.7	0	0	0	0	0	0	0	0	1.2	0	0.8	0	0	0	0	0.8	0.4	0	0	0	
9	USDD	12.6	3.9	1	0.3	0	0	0	0	0	0	0	1.6	0	0	0.4	0	0	0	0	0	0	0	0	0	
10	USDD	12.8	12.8	2	0	0	0	0	0.2	0.1	0.2	0.2	0	0.1	0	0.8	0.1	0	0	0	0	0	0	0	0	
11	USDD	19.6	1.2	1.2	0	0	0	0	0.6	0	0	0	4.8	0.6	0	0	0	0	0	0	0	0.6	0	0	0	
12	USDD	11.5	0	0	0	0	0	0	0	0	0	0	0	0	1.6	0	0	0	0	0	0	0.6	0.2	0	0	
3	USDD	13	10	3.6	2.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4	USDD	18.6	2.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

A total of 8 SRes experienced isolated increases in PASI scores, re-achieving PASI = 0 at follow-up visits without the need for re-treatment

		Absolute PASI scores over time																							
Patient	PSO disease duration	PART 1: GUS q8w						PART 2: GUS q8w vs q16w						PART 3: GUS Withdrawal											
		W0	W4	W12	W16	W20	W28	W36	W44	W52	W60	W68	W80	W92	W104	W116	W128	W140	W152	W164	W176	W188	W200	W212	W220
1	LDD	12.8	2.4	0.1	0.1	0	0	0	0	1.2	0	0.6	0	0.6	2.4	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.8	2.6	2.7
8	USDD	22.4	10.4	2.9	1.6	0	0	0	0	0	0	0	0.3	1.8	0.8	0.8	2	0.6	0.4	0	0.8	2.4	-*	1.6	1.6
13	USDD	10.6	4.6	0	0	0	0	0	0	0	0	0	0	0	0	0	3.3	0.8	0.3	0.1	0.1	0.1	0.1	0.1	1.2
2	ISDD	13.8	7.8	0	0	0	0	0	0	0	0	0	0	0	0.2	0	0	0	0	0	0	0	0	0	0
5	USDD	11.8	9.8	0.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6	0	0	0	0	0
6	USDD	16.2	4.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.2	0	0	0	0
7	USDD	13.8	13.4	7.7	1.7	0	0	0	0	0	0	0	0	1.2	0	0.8	0	0	0	0	0.8	0.4	0	0	0
9	USDD	12.6	3.9	1	0.3	0	0	0	0	0	0	0	1.6	0	0	0.4	0	0	0	0	0	0	0	0	0
10	USDD	12.8	12.8	2	0	0	0	0	0.2	0.1	0.2	0.2	0	0.1	0	0.8	0.1	0	0	0	-*	0	0	0	0
11	USDD	19.6	1.2	1.2	0	0	0	0	0.6	0.6	0	0	4.8	0.6	0	0	0	0	0	0	0	0.6	0	0	0
12	USDD	11.5	0	0	0	0	0	0	0	0	0	0	0	0	1.6	0	0	0	0	0	0	0.6	0.2	0	0
3	USDD	13	10	3.6	2.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	USDD	18.6	2.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*Visit was remote. Red: PASI \geq 10, yellow: \geq 3<10, light green: >0-<3, dark green: PASI=0. GUS=guselkumab, ISDD=intermediate-short disease duration, LDD=long disease duration, PASI=Psoriasis Area and Severity Index, PSO=psoriasis, q8w=every 8 weeks, q16w=every 16 weeks, SRe=super responder, USDD=ultra-short disease duration, W=week.

In all, 2 SRes, both with USDD (<15 months), achieved complete skin clearance at all visits for >3 years after GUS withdrawal

		Absolute PASI scores over time																							
Patient	PSO disease duration	PART 1: GUS q8w						PART 2: GUS q8w vs q16w						PART 3: GUS Withdrawal											
		W0	W4	W12	W16	W20	W28	W36	W44	W52	W60	W68	W80	W92	W104	W116	W128	W140	W152	W164	W176	W188	W200	W212	W220
1	LDD	12.8	2.4	0.1	0.1	0	0	0	0	1.2	0	0.6	0	0.6	2.4	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.8	2.6	2.7
8	USDD	22.4	10.4	2.9	1.6	0	0	0	0	0	0	0	0.3	1.8	0.8	0.8	2	0.6	0.4	0	0.8	2.4	-*	1.6	1.6
13	USDD	10.6	4.6	0	0	0	0	0	0	0	0	0	0	0	0	0	3.3	0.8	0.3	0.1	0.1	0.1	0.1	0.1	1.2
2	ISDD	13.8	7.8	0	0	0	0	0	0	0	0	0	0	0	0.2	0	0	0	0	0	0	0	0	0	0
5	USDD	11.8	9.8	0.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6	0	0	0	0	0
6	USDD	16.2	4.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.2	0	0	0	0
7	USDD	13.8	13.4	7.7	1.7	0	0	0	0	0	0	0	0	1.2	0	0.8	0	0	0	0	0.8	0.4	0	0	0
9	USDD	12.6	3.9	1	0.3	0	0	0	0	0	0	0	1.6	0	0	0.4	0	0	0	0	0	0	0	0	0
10	USDD	12.8	12.8	2	0	0	0	0	0.2	0.1	0.2	0.2	0	0.1	0	0.8	0.1	0	0	0	-*	0	0	0	0
11	USDD	19.6	1.2	1.2	0	0	0	0	0.6	0	0	0	4.8	0.6	0	0	0	0	0	0	0	0.6	0	0	0
12	USDD	11.5	0	0	0	0	0	0	0	0	0	0	0	0	1.6	0	0	0	0	0	0	0.6	0.2	0	0
3	USDD	13	10	3.6	2.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	USDD	18.6	2.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Both patients achieved complete skin clearance as of W20 with GUS q8w in part 1 of the study

Key Takeaways

GUIDE is the **first prospective large scale RCT** to identify and characterize patients with moderate-to-severe PSO who **maintained disease control for >3 years** after PSO treatment withdrawal

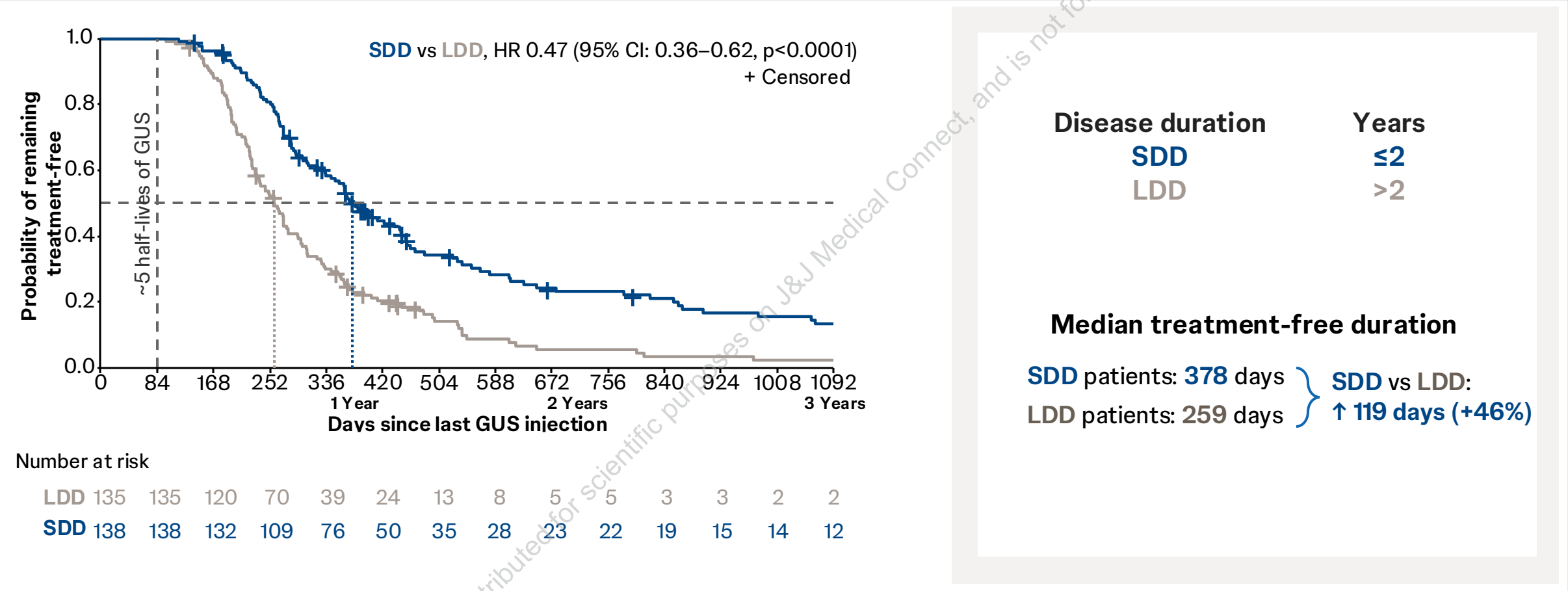
- ✓ **13 SRes maintained disease control for >3 years after GUS withdrawal**, with substantially lower disease activity throughout the withdrawal period than before GUS treatment was initiated
- ✓ SRes initiating **GUS within 15 months of disease onset** had a significantly **higher likelihood of remaining treatment-free** compared to those with longer disease duration
 - ✓ 11 of 13 SRes who maintained treatment-free status had USDD
 - ✓ 2 SRes, both with USDD, showed complete skin clearance at all visits for >3 years
 - ✓ ~1 in 6 SRes with USDD who initiated withdrawal, maintained treatment-free status for >3 years
- ✓ Overall PASI scores remained low during withdrawal, with a **majority of all assessments showing complete skin clearance**

Together with previous biomarker data¹⁻³, these findings suggest that **GUS may have disease-modifying properties in a subset of patients**, particularly those initiating treatment early in the disease course. The potential for disease modification with guselkumab treatment should be further explored.

Acknowledgements

- We give our thanks to all GUIDE patients, investigators, nurses and study coordinators who made this study possible
- In Memoriam: Dr. Maurizio Podda. As we conclude this work on the GUIDE study, we would like to take a moment to honor and remember our esteemed colleague, Dr. Maurizio Podda
- Medical writing support was provided by Joanna Dembowy, PhD of JSS Medical Research, under the direction of the authors in accordance with Good Publication Practice guidelines (*Ann Intern Med* 2022;175:1298–304)
- Sponsored by Johnson & Johnson

SRes with SDD (≤ 2 years) were 50% more likely to remain treatment-free vs SRes with LDD (< 2 years) through 3 years after GUS withdrawal



SRes with SDD (≤ 2 years) vs LDD (>2 years) had a higher probability of remaining treatment-free following withdrawal from GUS q8w dosing

