Patient Reported Impact and Satisfaction With Guselkumab and IL-17 Inhibitors in Psoriatic Arthritis: 12-month Results of the PsABIOnd Observational Study

P2542

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Key Takeaways

- **Interim 1-year findings from the real-world, global, prospective PsABIOnd study of participants with PsA showed that with both GUS and IL-17i treatment:**
  - ✓ **More than half of participants achieved clinically meaningful improvements in multidomain PROs**
  - ✓ **Majority (>60%) of participants reported achieving acceptable disease state**
  - ✓ **High levels of satisfaction with treatment were reported**
- **Results suggest that both mechanisms of action appear to be effective in PsA over 1-year of treatment**

Background

- Psoriatic arthritis (PsA) is a chronic inflammatory disease with joint and skin manifestations that negatively impact health-related quality of life (HRQoL)[1,2]
- Patient perception of their health status, captured with patient-reported outcome (PRO) measures is key to a comprehensive assessment of the impact of PsA on HRQoL and the effectiveness of treatment[3]
- Interleukin (IL)-23 inhibitors (i) and IL-17i have shown significant early and durable efficacy in randomized controlled trials (RCTs) in PsA; however, real-world long-term data are limited
- PsABIOnd (NCT05049798) is an ongoing, global, observational study assessing treatment persistence, effectiveness and long-term safety of guselkumab (GUS) and IL-17i in routine clinical practice in participants with PsA[4]
- Previous interim analysis of the PsABIOnd study showed similar improvements in patient-reported symptoms and PsA burden with GUS and IL-17i at 6 months[5]

Objectives

This analysis of a partial population (1015 out of 1313) from the ongoing PsABIOnd study assessed PsA PROs and patient satisfaction with GUS and IL-17i treatment at the 12-month visit in a real-world setting

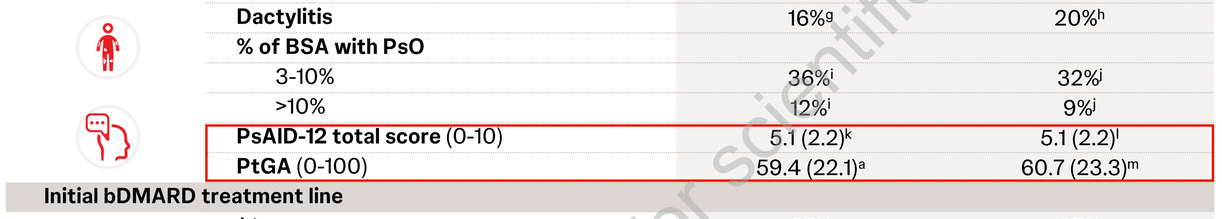
Methods

PsABIOnd Study Design

Participant Selection
- Adults diagnosed with PsA
- Initiating GUS or an IL-17i as a 1st-to-4th line of biologic therapy (monotherapy or in combination with other agents) per standard of care
- Enrollment completed in May 2024 with 1313 participants from 20 countries

Study Objectives
- Primary: Persistence on treatment over 36 months
- Secondary: 36-month effectiveness via physician-completed assessments and ePROs, safety, predictors of response and persistence, patterns of treatment lines, etc

Current Interim Analysis
- As of 14 June 2024, 1015 out of 1313 participants had available and analyzable 12-month visit data



ePRO=electronic patient-reported outcome.

Outcomes and Analyses

- Participants were analyzed by initial treatment line[a]
- Last observation carried forward was used for imputation of missing data in participants with no 12-month visit
- Treatment comparison was based on 95% CIs

PRO measures		
Outcome	**Summary**	**Analyses**
PsAID-12	• Assesses symptoms and impact of PsA • 12 items: scored 0 (no impact) to 10 (worst impact)	• Mean (95% CI) change from baseline to 12 months • Achievement of MCII (decrease ≥1.4)[6]
PtGA	• Assesses overall disease activity • Measured on a 0 (very well) to 100 (very poor) mm VAS	• Mean (95% CI) change from baseline to 12 months
PASS	• Overall health state at which patients consider themselves well	• Proportions of participants (95% CI) rating their overall well-being as better and their symptoms as acceptable
TSQM-9	• Gauges patient's experience with their medication • 9 questions: scored 0 to 100 (higher satisfaction) in the effectiveness, convenience, and global satisfaction domains	• Mean (95% CI) score at 12-month visit for each domain

*[a]Only participants receiving ≥1 dose of the index drug were included. **CI**=confidence interval, **MCII**=minimal clinically important improvement, **PASS**=Patient Acceptable Symptom State scale, **PsAID-12**=PsA Impact of Disease-12, **PtGA**=patient global assessment of PsA activity, **VAS**=visual analog scale.*

Results

Baseline participant and disease characteristics were generally well balanced between cohorts

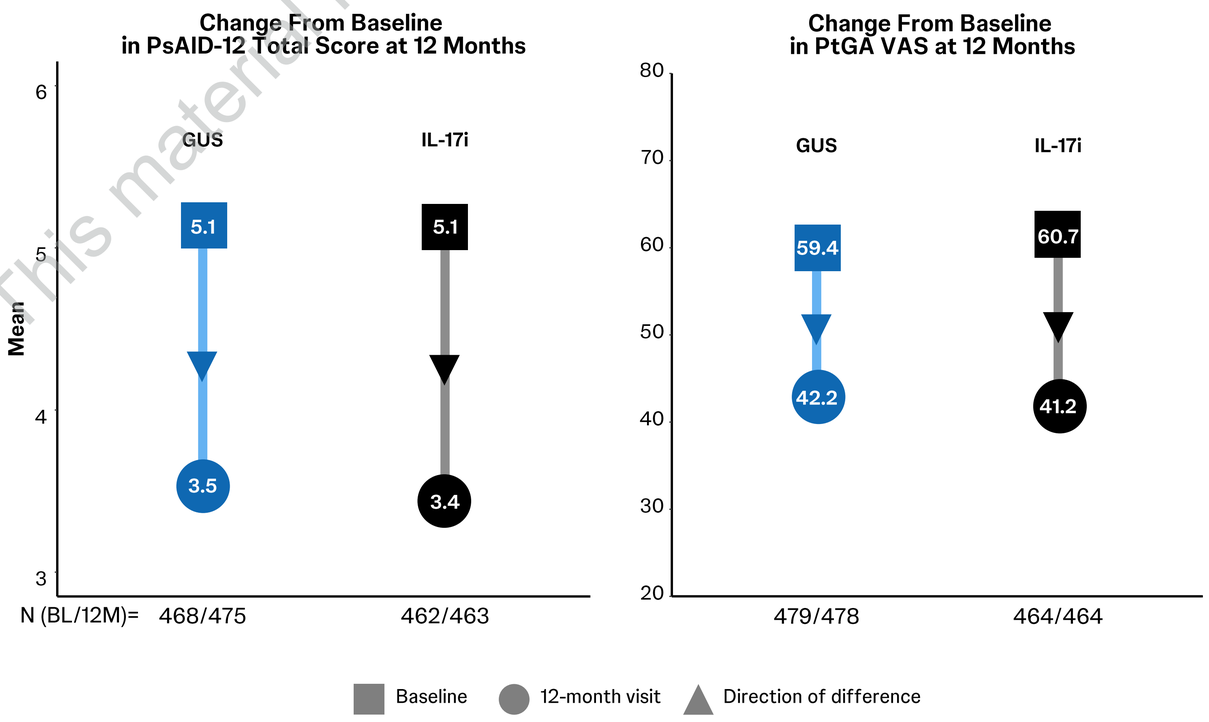
- PsA disease burden was high across cohorts at baseline
- A higher proportion of participants in the GUS cohort were initiating their 4th biologic treatment line

Baseline Characteristics		GUS (N = 511)	IL-17i (N = 504)
Demographics			
	Age, yrs	53.0 (12.9)	53.7 (11.9)
	Females	61%	60%
	BMI, kg/m²	30.0 (6.4)[a]	29.5 (6.3)[b]
Characteristics			
	PsA disease duration, yrs	7.9 (8.2)[c]	7.4 (8.5)[d]
	cDAPSA (0-154)	24.9 (14.6)[e]	27.2 (16.8)[f]
	Enthesitis	48%[g]	48%[h]
	Dactylitis	16%[g]	20%[h]
	% of BSA with PsO		
	3-10%	36%[i]	32%[j]
	>10%	12%[i]	9%[j]
	PsAID-12 total score (0-10)	5.1 (2.2)[k]	5.1 (2.2)[l]
	PtGA (0-100)	59.4 (22.1)[a]	60.7 (23.3)[m]
Initial bDMARD treatment line			
	1st	37%	37%
	2nd	27%	36%
	3rd	20%	19%
	4th	16%	8%

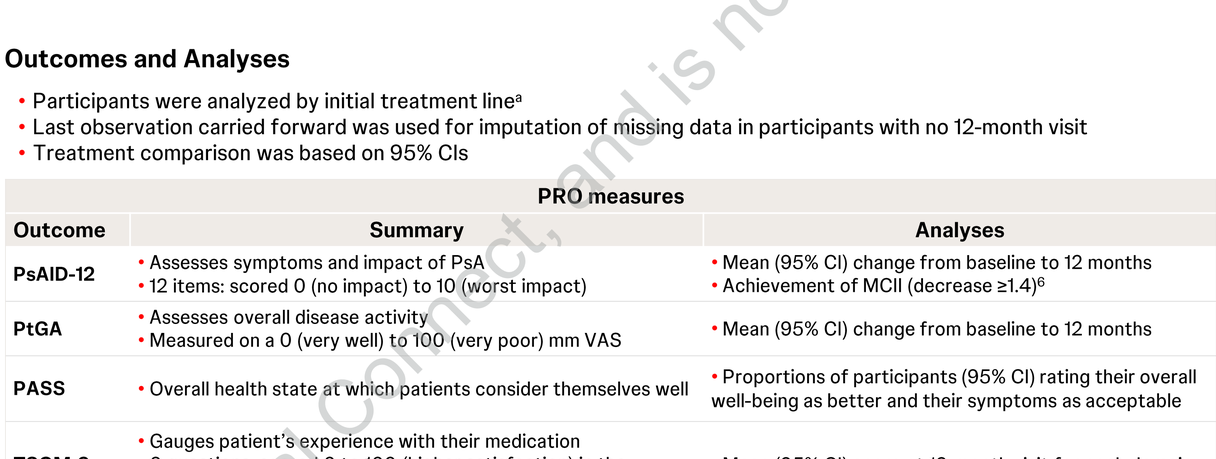
*Data shown are mean (SD) unless otherwise noted. [a]N=479. [b]N=453. [c]N=502. [d]N=503. [e]N=439. [f]N=432. [g]N=489. [h]N=476. [i]N=459. [j]N=449. [k]N=468. [l]N=462. [m]N=464. **bDMARD**=biological disease-modifying antirheumatic drug, **BMI**=body mass index, **BSA**=body surface area, **cDAPSA**=Clinical Disease Activity index for PsA, **SD**=standard deviation.*

Improvement in disease burden and in patient-rated overall disease activity was consistent with GUS and IL-17i at the 12-month visit

- Mean (95% CI) changes from baseline in PsAID-12 total score were-1.6 (-1.8, -1.4) with GUS and -1.7 (-1.9, -1.5) with IL-17i
- Mean (95% CI) changes from baseline in PtGA VAS were -17.0 (-19.7, -14.4) with GUS and -19.1 (-22.0, -16.3) with IL-17i



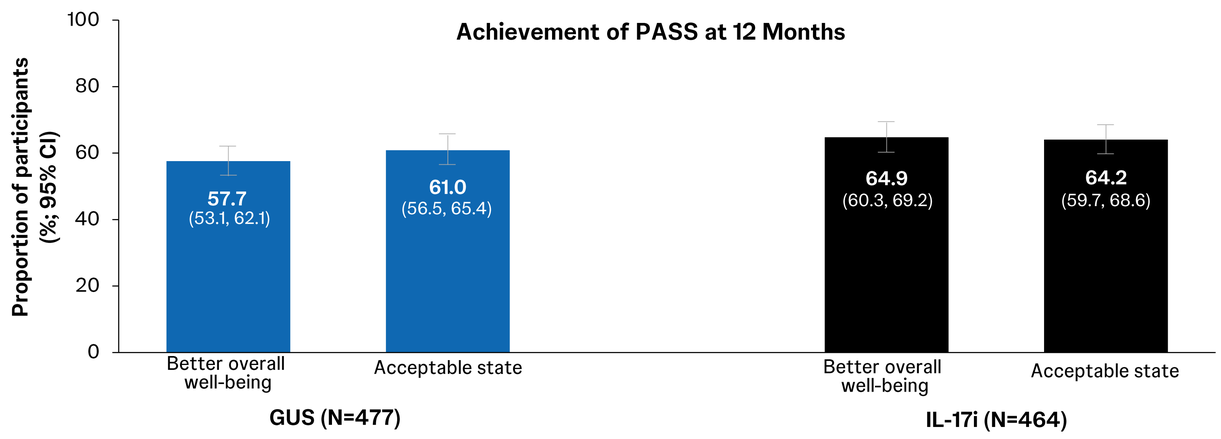
Clinically meaningful improvement in PsAID-12 was similar between cohorts at the 12-month visit



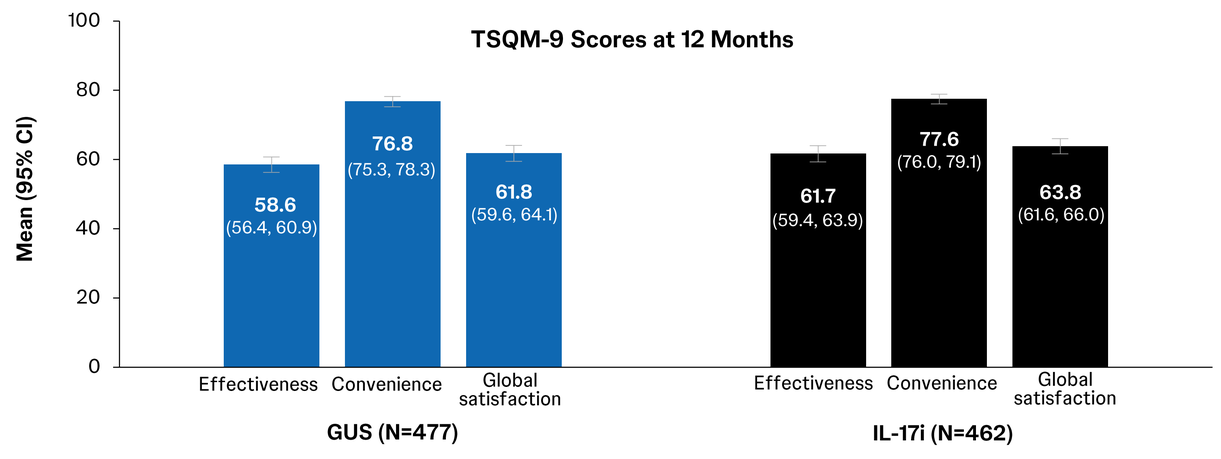
[a]Among participants with baseline PsAID-12 ≥1.4.

Achievement of an acceptable symptom state was comparable across cohorts at the 12-month visit

- Proportions of participants reporting overall well-being as better were also comparable across cohorts



Patient treatment satisfaction was high with GUS and IL-17i at the 12-month visit



PRESENTED AT: EADV 2025; September 17-20, 2025; Paris, France. Previously presented at APLAR 2025; September 3-7, 2025; Fukuoka, Japan. **REFERENCES: 1.** Walsh JA, et al. Joint Bone Spine. 2023;90:105534. **2.** James L, et al. Ther Adv Musculoskelet Dis. 2024;16:1759720X241295920. **3.** Lo Monaco M, et al. Front Med (Lausanne). 2024;16:1332432. **4.** Siebert S, et al. Rheumatol Ther. 2023;10:489-505. **5.** Siebert S, et al. Arthritis Rheumatol. 2024; 76 (suppl 9). **6.** Holland R. Ann Rheum Dis. 2018;77:343-47. **ACKNOWLEDGMENTS:** Medical writing support was provided by JSS Medical Research, Inc, under the direction of the authors in accordance with Good Publication Practice guidelines (Ann Intern Med. 2022;175:1298-1304). This presentation was sponsored by Johnson & Johnson. **DISCLOSURES: LG:** Research grants: AbbVie, Biogen, Eli Lilly, Novartis, and UCB; Consulting fees: AbbVie, AlfaSigma, Amgen, Bristol Myers Squibb, Celltrion, Johnson & Johnson, Eli Lilly, MSD, Novartis, Pfizer, Stada, and UCB. **MS:** Employee: Johnson & Johnson, Dubai, United Arab Emirates; Owns stock: Johnson & Johnson. **XB:** Speaker's bureau: AbbVie, Chugai, Eli Lilly, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, and UCB; consultant: AbbVie, Chugai, Eli Lilly, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, and UCB; Grant/research support: AbbVie, Eli Lilly, Johnson & Johnson, MSD, and Novartis. **MK:** Consultant/speaker fees: AbbVie, Amgen, Asahi-Kasei Pharma, Astellas, Ayumi, Bristol Myers Squibb, Chugai, Daiichi-Sankyo, Eisai, Eli Lilly, Gilead, Johnson & Johnson, Novartis, Tanabe-Mitsubishi, and UCB. **RQS:** Speaker and/or consultancy fees: AbbVie, Amgen, Celgene, Johnson & Johnson, Ely Lilly, MSD, Novartis, and Pfizer. Restricted research grants: AbbVie, Johnson & Johnson, and Novartis. **EL:** Honoraria: AbbVie, Amgen, Eli Lilly, GlaxoSmithKline, Johnson & Johnson, Novartis, and UCB. **ER:** Employee: JSS Medical Research; Consultant: Johnson & Johnson. **LK:** Employee: IQVIA; Consultant: Johnson & Johnson. **KL:** Employee: Johnson & Johnson; Owns stock: Johnson & Johnson, and Bristol Myers Squibb. **CR:** Consultant: Galapagos. **ES:** Speaker's bureau: AbbVie, Amgen, Bristol Myers Squibb, Eli Lilly, Johnson & Johnson, Novartis, Pfizer, Roche, and UCB; Consultant: AbbVie, Johnson & Johnson, Novartis, and Roche; Grant/research support: AbbVie, Johnson & Johnson, Novartis, Pfizer, Roche, and UCB. **PR:** Consultant: AbbVie; Amgen, Bristol Myers Squibb, Celgene, Eli Lilly, Johnson & Johnson, Merck, Novartis, Pfizer, and UCB; Meeting attendance/travel support: Johnson & Johnson; Research grants: Johnson & Johnson and Novartis. **FB:** Research grants: Celgene, Chugai, Johnson & Johnson, Pfizer, and Roche; Consultant/speaker fees: AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Chugai, Eli Lilly, Galapagos, Genzyme, Gilead, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, Sanofi, and UCB. **SS:** Grant/research support: Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly, GlaxoSmithKline, Johnson & Johnson, and UCB; Honoraria/speaker fees: AbbVie, Amgen, AstraZeneca, Johnson & Johnson, Novartis, Pfizer, Syncona, Teijin Pharma, and UCB.

Encore poster