Patient Reported Impact and Patient Satisfaction With Guselkumab (IL-23i) and IL-17 Inhibitors in Psoriatic Arthritis: 12-month Results of the PsABIOnd Observational Study

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PsABIOnd Study & Current Analysis

Patient-reported outcome (PRO) measures are key to comprehensively assess the impact of PsA on HRQoL and the effectiveness of treatment[1]

PsABIOnd (NCT05049798) is an **ongoing, global, observational study** assessing treatment persistence, effectiveness and long-term safety of guselkumab (GUS; IL-23i) and IL-17i in routine clinical practice in participants with PsA[2]

Participant selection

- Adults diagnosed with PsA
- Initiating GUS or an IL-17i as a 1st-to-4th line of biologic therapy per standard of care

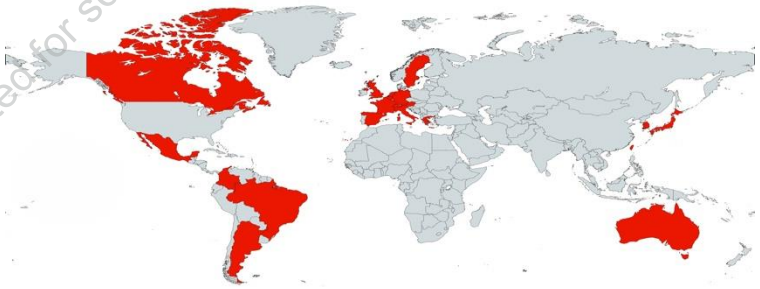
PsABIOnd

Data collection

- At baseline, 3 months, and every 6 (± 3) months for 3 years or change to non-index drug or after 2nd treatment change
- As of June 14, 2024, 1015 out of 1313 participants had available and analyzable 12-month visit data

Study progress

- Enrollment completed in May 2024 with 1313 participants from 20 countries
- 3-year follow-up to be completed by August 2027

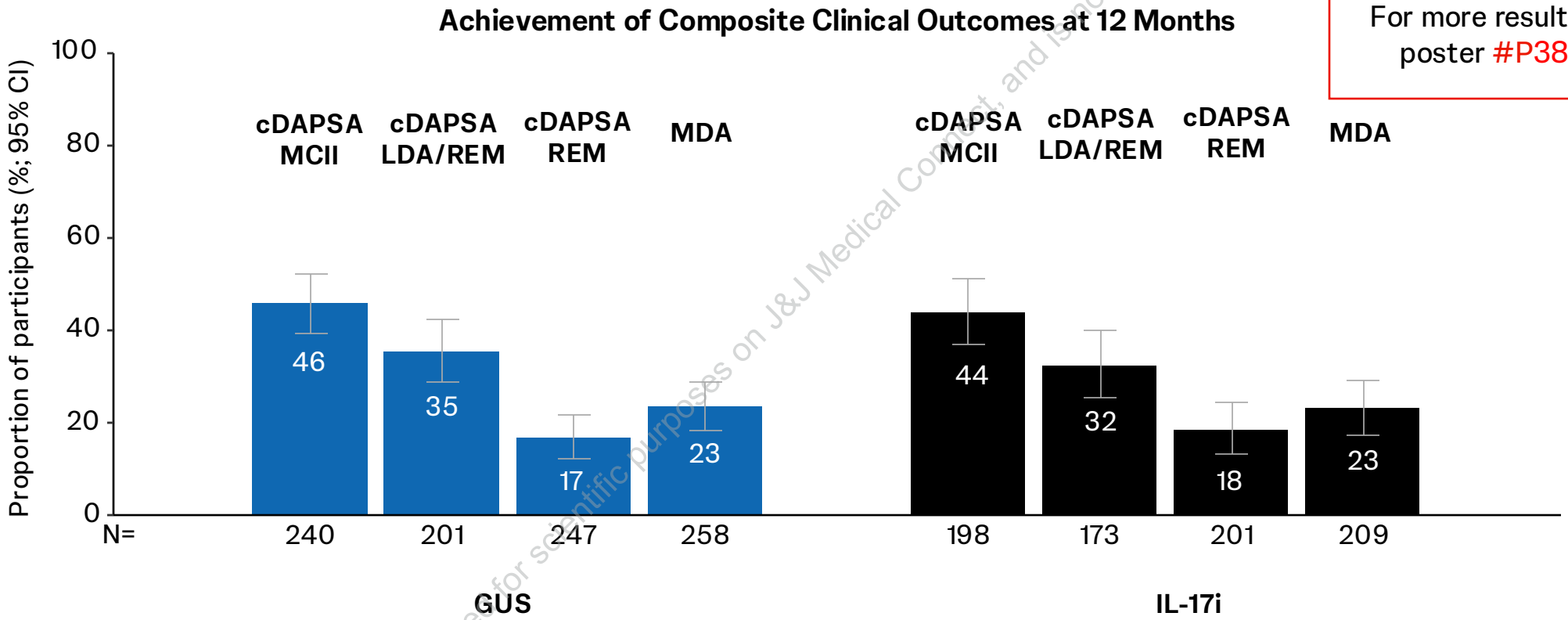


Objective of current analysis

Analysis of a partial PsABIOnd study population (1015 out of 1313) to assess PsA PROs and patient satisfaction with GUS and IL-17i at 12 months in a real-world setting

1. Lo Monaco M, et al. Front Med (Lausanne). 2024;16:1332432. **2.** Siebert S, et al. Rheumatol Ther. 2023;10:489-505. **HRQoL**=health-related quality of life, **i**=inhibitor, **IL**=interleukin, **PsA**=psoriatic arthritis.

Treatment effectiveness was similar with GUS and IL-17i across PsA outcomes at 12 months

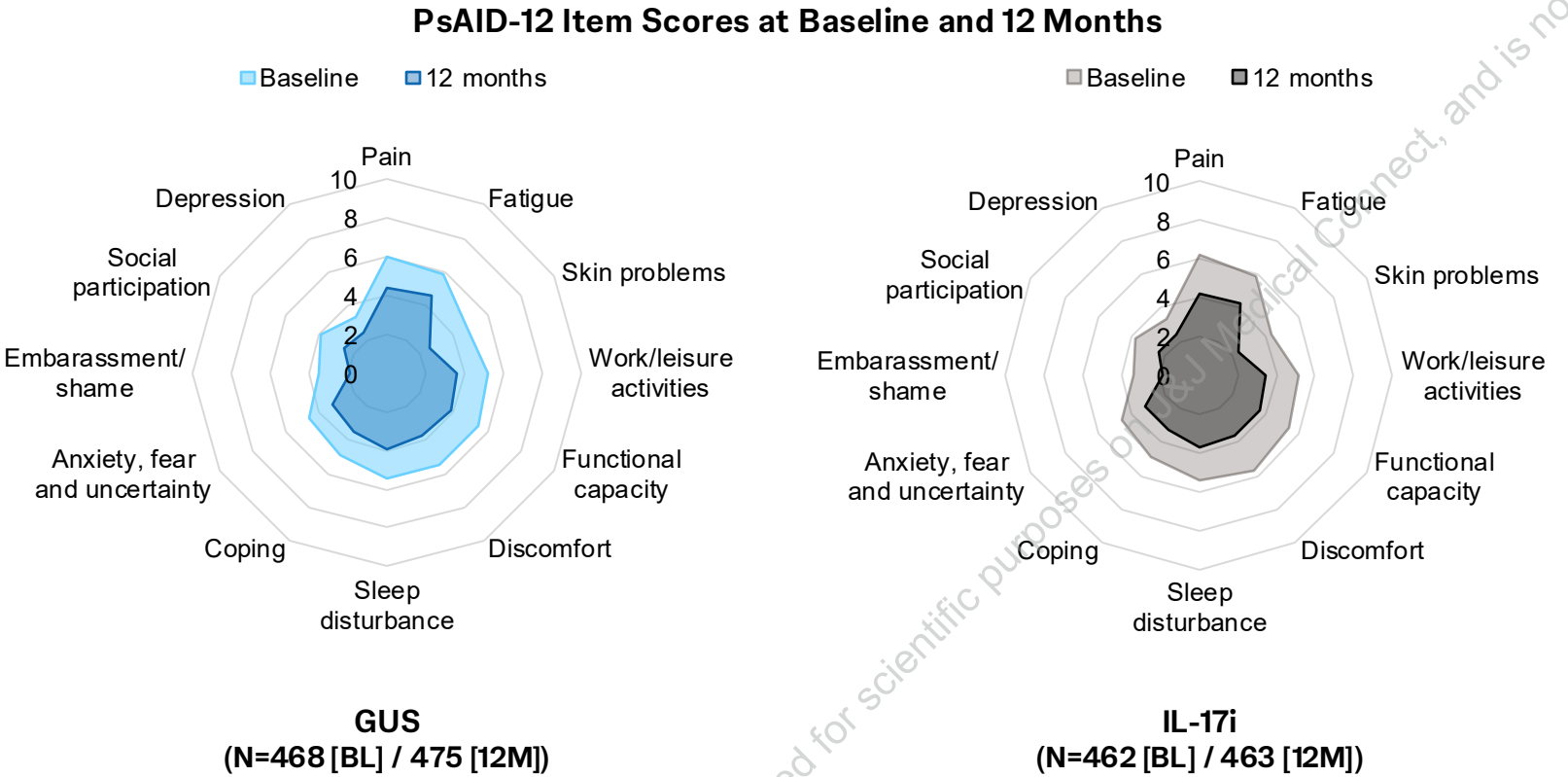


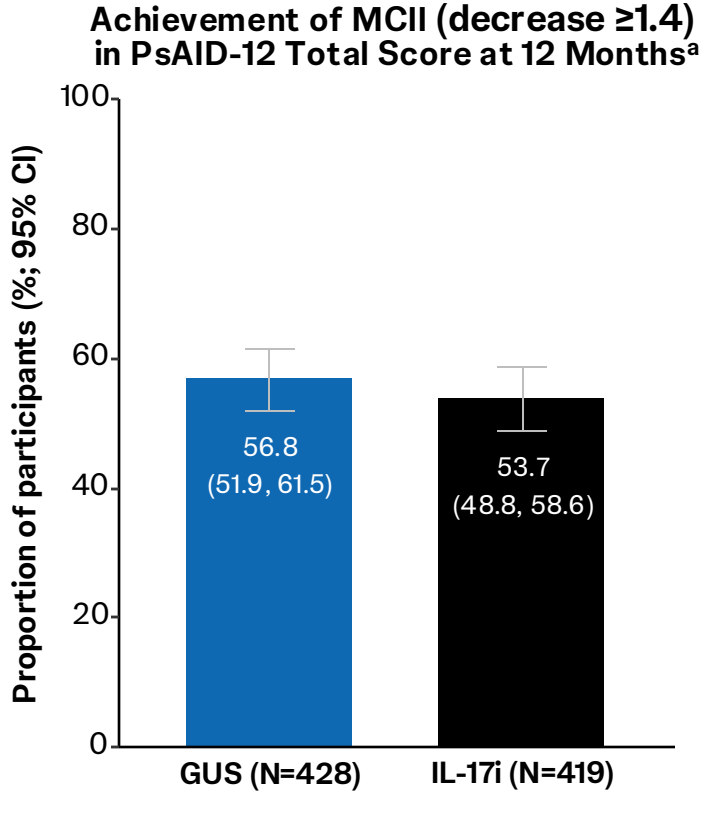
For more results see poster #P3828

- Treatment effectiveness was comparable despite more severe disease and 4th line treatment initiation in the GUS cohort

cDAPSA=Clinical Disease Activity for Psoriatic Arthritis, **CI**=confidence interval, **GUS**=guselkumab, **i**=inhibitor, **IL**=interleukin, **LDA**=low disease activity, **MCII**=minimal clinically important improvement, **MDA**=minimal disease activity, **PsA**=psoriatic arthritis, **REM**=remission.

Improvements across PsAID-12 items were comparable with GUS and IL-17i at 12 months

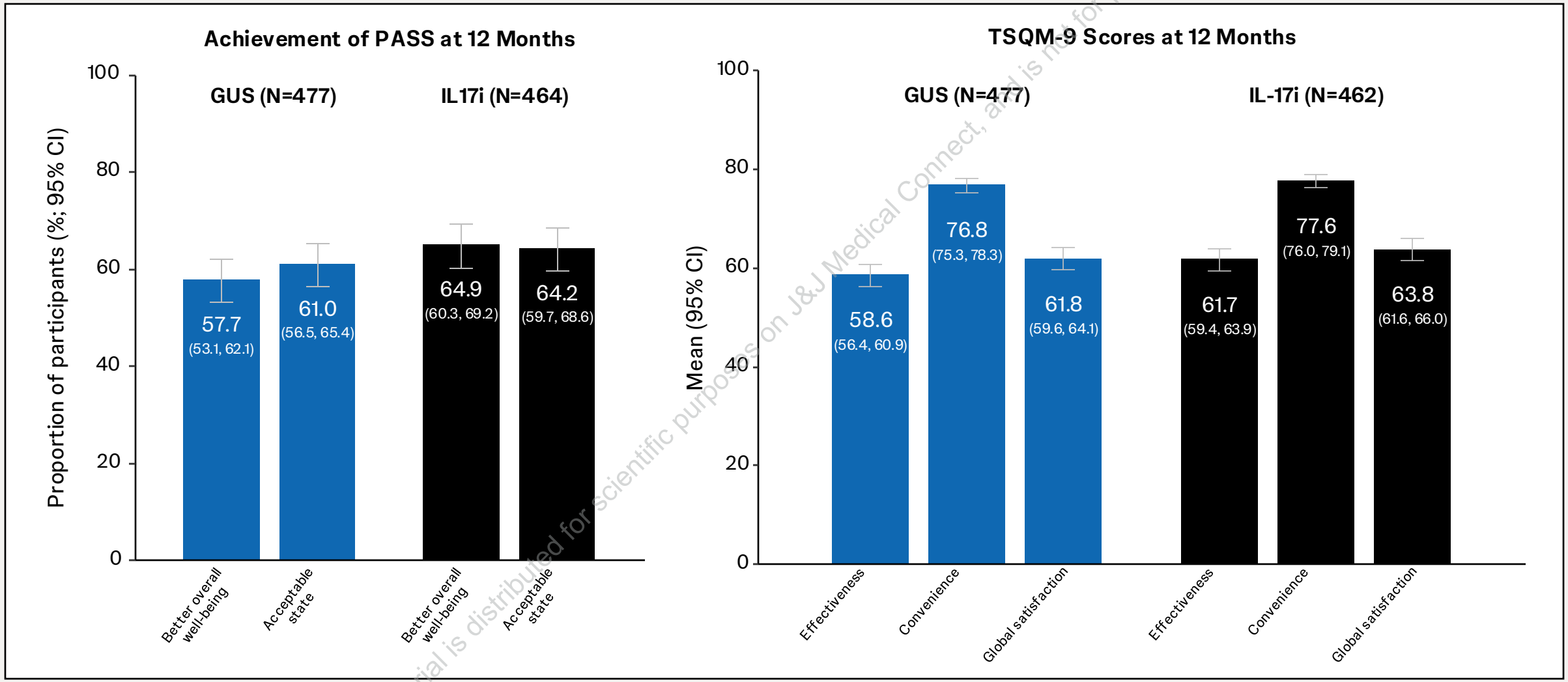




- >50% of participants achieved clinically meaningful improvements in PsAID-12 total score with GUS and IL-17i at 12 months
- Mean changes from baseline in PsAID-12 total score (-1.6/-1.7) were similar with GUS and IL-17i at 12 months

[a]Among participants with baseline PsAID-12 score ≥1.4. **CI**=confidence interval, **GUS**=guselkumab, **i**=inhibitor, **IL**=interleukin, **MCII**=minimal clinically important improvement, **PsA**=psoriatic arthritis, **PsAID-12**=PsA Impact of Disease-12.

Patient satisfaction was high with GUS vs IL-17i at 12 months



CI=confidence interval, **GUS**=guselkumab, **i**=inhibitor, **IL**=interleukin, **PASS**=Patient Acceptable Symptom State scale, **TSQM-9**=Treatment Satisfaction Questionnaire for Medication-9.

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**
  - ✓ **PRO findings were aligned with overall and joint disease improvements**
- **Results suggest that both mechanisms of action appear to be effective in PsA over 1-year of treatment**

GUS=guselkumab, **i**=inhibitor, **IL**=interleukin, **PsA**=psoriatic arthritis, **PRO**=patient-reported outcome.