Icotrokinra, a Targeted Oral Peptide That Selectively Blocks the Interleukin-23-Receptor, for the Treatment of Moderate-to-Severe Plaque Psoriasis: Results Through Week 24 of the Phase 3, Randomized, Double-blind, Placebo-Controlled ICONIC-LEAD Trial

Robert Bissonnette, Jennifer Soung, Adelaide Hebert, Andrew E. Pink, Andreas Pinter, Yuling Shi, Megan Miller, Joseph Cafone, Jing Zhi (Gigi) Jiang, Sarah Ofori, Cynthia DeKlotz, Mark G. Lebwohl

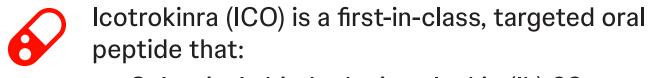
¹Innovaderm Research, Montreal, QC, Canada; ²Southern California Dermatology, Santa Ana, CA, USA; ³UTHealth McGovern Medical School, Houston, TX, USA; ⁴St John's Institute of Dermatology, King's College London and Guy's and St Thomas's Hospitals, London, UK; ⁵Department of Dermatology, University Hospital Frankfurt, Frankfurt am Main, Germany; ⁶Department of Psoriasis, Tongji University School of Medicine, Shanghai, China; ⁷Johnson & Johnson, Spring House and Horsham, PA, USA; ⁸Johnson & Johnson, Milpitas, CA, USA; ⁹Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York City, NY, USA

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Background

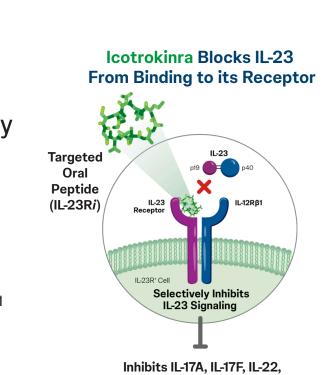


Patients with moderate-to-severe plaque psoriasis (PsO) are generally limited to injectable therapies to achieve high-level efficacy with a favorable safety profile



Selectively binds the interleukin (IL)-23

- receptor and inhibits IL-23 pathway signaling¹
- Demonstrated significant skin clearance and no safety signals through 1 year in Phase 2 PsO studies^{2,3}
- Is being evaluated in Phase 3 studies in adults receptor beta 1, IL-17A=Interleukin-17A, and adolescents with moderate-to-severe plaque PsO (ICONIC-LEAD)



Objectives



Here we report key clinical and patient-reported outcomes (PROs) and safety-related findings from the pivotal ICONIC-LEAD study through Week (W) 24

ICONIC-LEAD study design

Moderate-to-severe plaque PsO (N=684)

Key inclusion criteria

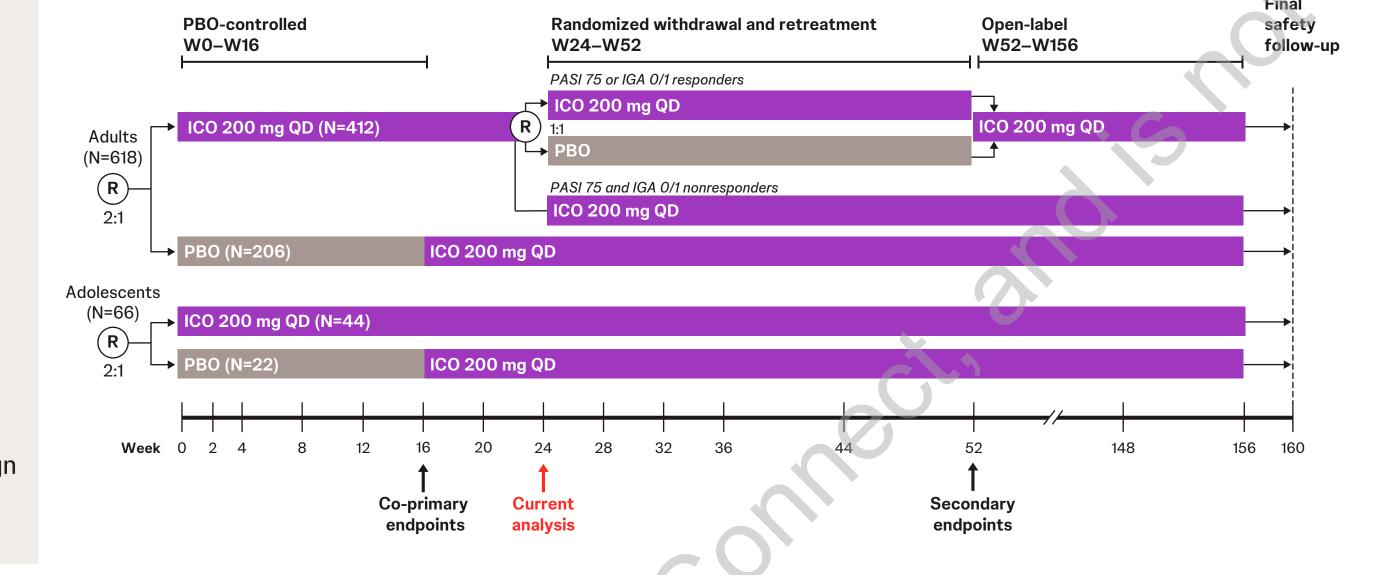
- ≥12 years
- Plaque PsO for ≥26 weeks
- Body surface area (BSA) ≥10%, Psoriasis Area and Severity Index (PASI) score ≥12, and Investigator's Global Assessment (IGA) score ≥3
- Candidate for phototherapy or systemic treatment for plaque PsO

Endpoints

- **Co-primary endpoints:**
- IGA 0/1 at W16
- PASI 90 at W16

Key secondary endpoints:

- Clinical outcomes (PASI 75/90/100, IGA 0) at W4, W8, and/or W16
- PROs (≥4-point improvement from baseline in Psoriasis Symptom and Sign Diary [PSSD] Itch, PSSD Symptom 0) at W4, W8, and/or W16
- Scalp PsO (scalp-specific [ss]-IGA 0/1) at W16



Key Takeaways



In ICONIC-LEAD, among the first pivotal trials evaluating the novel targeted oral peptide ICO in adults and adolescents with moderate-to-severe plaque PsO:

- ICO demonstrated significantly higher rates of clear/almost clear skin and scalp disease and PsO symptom relief than PBO at W16
- ICO demonstrated separation from PBO as early as W4, with increasing response rates through W24
- Rates of AEs were similar between the ICO and PBO groups
- ✓ No safety signal was identified through W24

Results

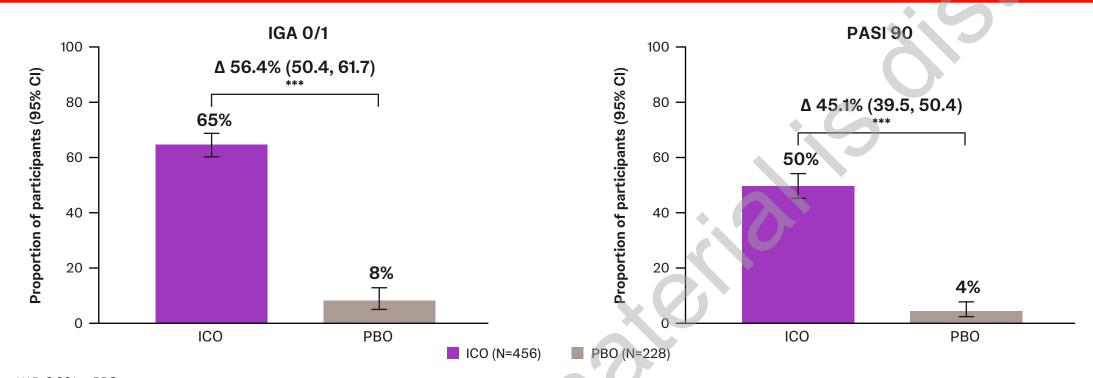
Baseline characteristics were similar between groups

Overall, 5% of participants (ICO: 4%; placebo [PBO]: 6%) discontinued prior to W16^a

Baseline c	haracteristics	ICO 200 mg QD (N=456)	PBO (N=228)
) emograp	hic characteristics		
	Age, year, mean (SD)	42.4 (16.3)	43.2 (16.6)
	Adolescent cohort, year	15.0 (1.8)	15.0 (1.5)
	Male	64%	68%
	White	72%	72%
	BMI , kg/m², mean (SD) ^b	29.2 (6.9)	29.3 (7.0)
isease cl	naracteristics		
	Psoriasis disease duration, year, mean (SD)	17.3 (13.9)	16.6 (12.7)
	% BSA with psoriasis, mean (SD)	24.6 (14.3)	27.1 (16.2)
	IGA score		
,	Moderate (3)	75%	76%
	Severe (4)	25%	24%
	PASI (0–72), mean (SD)	19.4 (7.1)	20.8 (8.1)
sO involv	ring the scalp area		
	ss-IGA score ^c		
	Moderate (3)	59%	51%
لہ ا	Severe (4)	17%	22%
rior treat	ment for PsO		
•	Phototherapy (PUVA and UVB)	30%	29%
	Systemic therapy ^d	72%	71%
	Biologic therapy ^e	32%	37%

lack of efficacy in the PBO group (n=8 [4%]). ICO: N=455; PBO: N=227. CO: N=451; PBO: N=227. Conventional nonbiologic systemics, novel nonbiologic systemics, 1,25-vitamin D3 and analogues, phototherapy, and biologics. "Adalimumab, alefacept, briakinumab, brodalumab, certolizumab pegol, efalizumab, etanercept, guselkumab, infliximab, ixekizumab, natalizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab. BMI=Body mass index, BSA=Body surface area, ICO=Icotrokinra, IGA=Investigator's Global Assessment, PASI= Psoriasis Area and Severity Index, PBO=Placebo, PsO=Psoriasis, PUVA=Psoralen plus ultraviolet A, QD=Once daily, SD=Standard deviation, ss-IGA=Scalp-specific Investigator's Global Assessment, UVB=Ultraviolet B, W=Week

ICO demonstrated significantly higher rates of IGA 0/1 and PASI 90 vs PBO at W16 (co-primary endpoints)



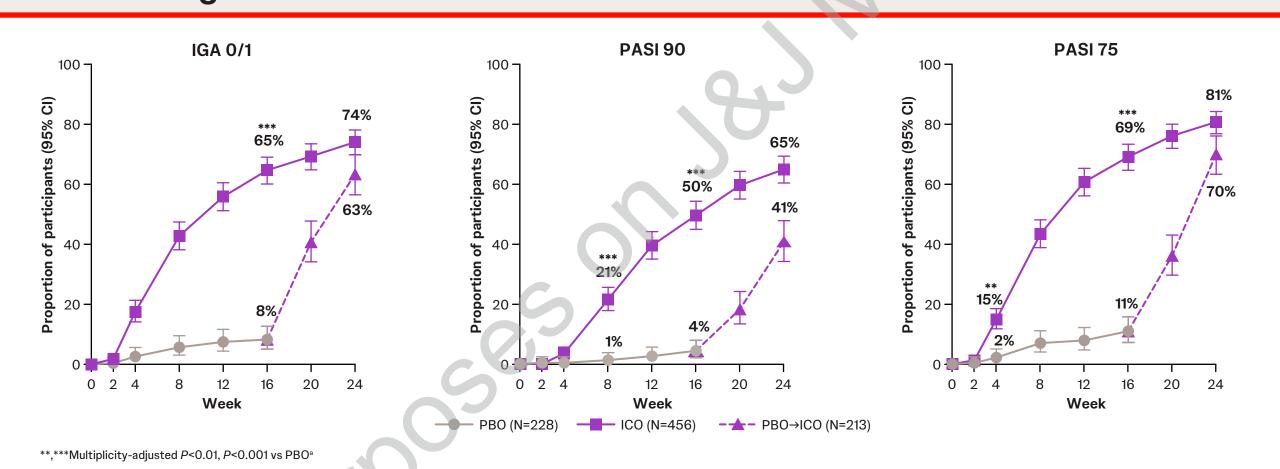
^aP values were calculated based on Cochran-Mantel-Haenszel chi-square test stratified by age group, baseline weight category (adults only), and geographic region. CI=Confidence interval, ICO=Icotrokinra, IGA=Investigator's Global Assessment, PASI=Psoriasis Area and Severity Index, PBO=Placebo

ICO demonstrated early separation from PBO; rates of clear/almost clear skin increased through W24

Symptom and Sign Diary, QD=Once daily, R=Randomization, ss-IGA=Scalp-specific Investigator's Global Assessment, ss-IGA 0/1=ss-IGA score of 0 (clear)/1 (almost clear) and a ≥2-grade improvement from baseline, W=Week

***Multiplicity-adjusted P<0.001 vs PBO

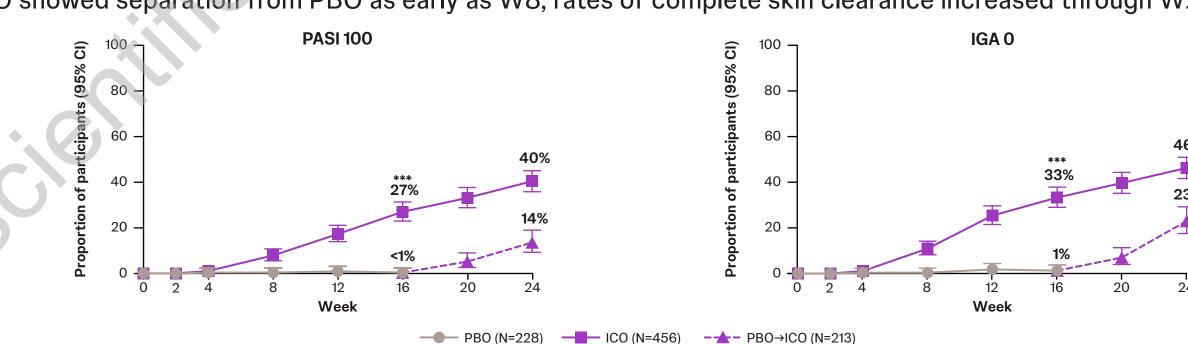
Participants with the following intercurrent events were considered as nonresponders: discontinued study drug due to a lack of efficacy or AE of worsening PsO or initiated prohibited medication that could impact PsO. After accounting for these intercurrent events, nonresponder imputation was applied to participants with missing data. **AE**=Adverse event, **ICO**=Icotrokinra, **IGA 0/1**=Investigator's Global Assessment score of 0 (clear)/1 (almost-clear) and a ≥2-grade improvement, **PASI 75/90/100**=Reduction from baseline of 75%/90%/100% in the Psoriasis Area and Severity Index score, **PBO**=Placebo, **PsO**=Psoriasis, **PSSD**=Psoriasis



^aP values were calculated based on Cochran-Mantel-Haenszel chi-square test stratified by age group, baseline weight category (adults only), and geographic region, if applicable. CI=Confidence interval, ICO=Icotrokinra, IGA=Investigator's Global Assessment, PASI=Psoriasis Area and Severity Index, PBO=Placebo

ICO demonstrated significantly higher rates of complete skin clearance vs PBO

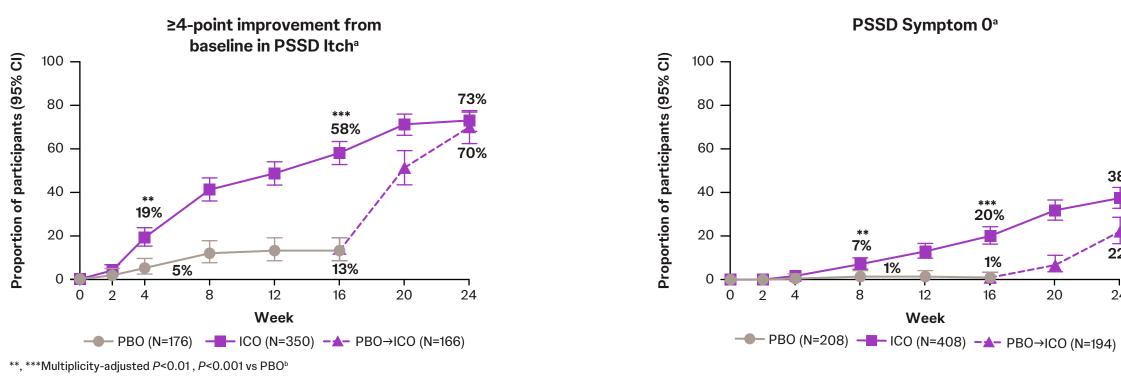
ICO showed separation from PBO as early as W8; rates of complete skin clearance increased through W24



^aP values were calculated based on Cochran-Mantel-Haenszel chi-square test stratified by age group, baseline weight category (adults only), and geographic region. CI=Confidence interval, ICO=Icotrokinra, IGA=Investigator's Global Assessment, PASI=Psoriasis Area and Severity Index, PBO=Placebo

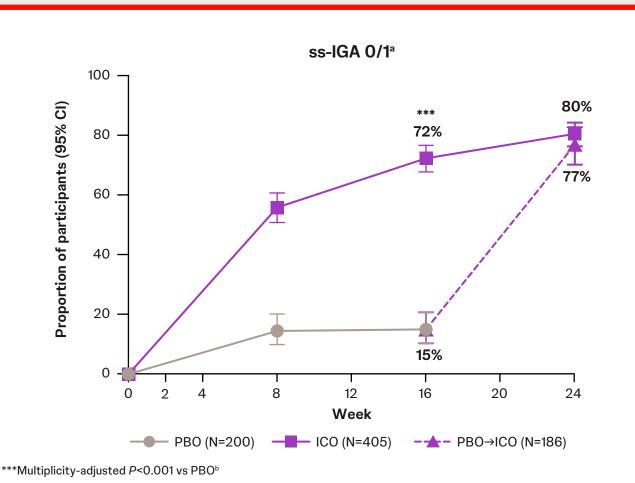
Significantly higher proportions of ICO- vs PBO-treated participants reported meaningful improvements in PsO itch

ICO demonstrated early separation from PBO on improving itch and resolving symptoms; response rates increased through W24



^aAmong participants with a baseline PSSD Itch score ≥4 or PSSD Symptom score >0. ^bP values were calculated based on Cochran-Mantel-Haenszel chi-square test stratified by age group, baseline weight category (adults only), and geographic region, if applicable. Fisher's exact test was used for PSSD Symptom 0 at W8. CI=Confidence interval, ICO=Icotrokinra, PBO=Placebo, PSSD=Psoriasis Symptom and Sign Diary, W=Week

ICO demonstrated significantly higher rates of clear/almost clear scalp PsO vs PBO



^aAmong participants with a baseline ss-IGA score ≥2. ^bP values were calculated based on Cochran-Mantel-Haenszel chi-square test stratified by age group, baseline weight category (adults only), and geographic region. CI=Confidence interval, ICO=Icotrokinra, PBO=Placebo, ss-IGA=Scalp-specific Investigator's Global Assessment

Adverse event (AE) rates were generally similar between groups through W16

• Through W24 of ICO treatment, the most commonly reported AEs were similar to those observed through W16 and

no safety signal emerged		
	ICO 200 mg QD (N=456)	PBO (N=228)
Safety through W16		
Mean weeks of follow-up	15.9	15.8
Any AE	225 (49%)	112 (49%)
Most common AEs (≥5%)		
Nasopharyngitis	31 (7%)	15 (7%)
Upper respiratory tract infection	30 (7%)	16 (7%)
SAE ^a	6 (1%)	6 (3%)
Infection	107 (23%)	51 (22%)
Serious infection	1 (<1%)	0
AE leading to discontinuation ^b	6 (1%)	1 (<1%)
Gastrointestinal AE	26 (6%)	13 (6%)
Active TB	0	0
Malignancy ^c	2 (<1%)	0

^aSAEs through W16 included acute cholecystitis, concussion, craniofacial fracture, pelvic fracture, psoriasis, and hypertensive urgency in the PBO group; and adenocarcinoma of the colon, prostate cancer, pancreatitis, bacterial gastroenteritis (serious infection), arthralgia, and subarachnoid hemorrhage in the ICO group. bAEs leading to discontinuation through W16 included blood glucose increased in the PBO group; and adenocarcinoma of the colon, prostate cancer, hypertriglyceridemia, subarachnoid hemorrhage, erectile dysfunction, and psoriasis in the ICO group. Malignancies reported were adenocarcinoma of the colon (n=1 in a participant who had a history of smoking; the participant reported mild gastroenteritis during screening, and severe colitis starting on study day 7, and severe ileus on day 14 leading up to the diagnosis of grade 3 adenocarcinoma of the colon on day 19) and prostate cancer (n=1 in a 62-year-old male, former smoker [30 pack years], with a family history [brother] of prostate cancer, and an elevated prostate-specific antigen level prior to baseline was diagnosed with grade 1 prostate cancer on study day 48 following a positive biopsy). AE=Adverse event, ICO=Icotrokinra, PBO=Placebo, QD=Once daily, SAE=Serious adverse event, TB=Tuberculosis, W=Week