Treatment of Plaque Psoriasis Involving High-Impact Sites With Icotrokinra: Subgroup Analyses of the Phase 3, ICONIC-LEAD Trial

Jennifer Soung, H. Chih-ho Hong, Benjamin Ehst, Dariusch Mortazawi, Megan Miller, Joseph Cafone, Gigi Jiang, Safiya Ransome, Ya-Wen Yang, Robert Bissonnette, Mark G. Lebwohl

¹Southern California Clinical Research, Santa Ana and Harbor University of California Los Angeles, CA, USA; ²University of British Columbia and Probity Medical Research, BC, Canada; ³Oregon Medical Research Center, Portland, OR, USA; ⁴Clinical Research Center, Remscheid, Germany; ⁵Johnson & Johnson, Spring House/Horsham, PA, USA; ⁶Innovaderm Research, Montreal, QC, Canada; ⁷Icahn School of Medicine at Mount Sinai, New York, NY, USA

Background



- Plaque psoriasis (PsO) involving difficult-to-treat sites (e.g., scalp, genitals, palms/soles, nails) can highly impact patients
- Current treatment guidelines include PsO patients with high-impact site involvement as candidates for systemic therapy, regardless of body surface area (BSA) affected¹

- Icotrokinra (ICO)
- Targeted oral peptide that selectively binds the interleukin (IL)-23 receptor and inhibits IL-23 pathway signaling²
- Demonstrated significantly higher skin response rates and similar adverse event (AE) rates vs placebo (PBO) at Week (W)16, and no safety signals through W24, in adults and adolescents with moderate-to-severe plaque PsO (ICONIC-LEAD)³
- Showed significant skin clearance, including in the scalp and genital areas, and generally similar AE rates, vs PBO at W16 in participants (pts) with plaque PsO involving high-impact sites (ICONIC-TOTAL)⁴

Objective



Evaluate the effect of ICO in subsets of ICONIC-LEAD pts with PsO involving difficult-to-treat, high-impact sites, including the scalp, genitals, hands/feet, and nails through W24

Icotrokinra Blocks IL-23 From Binding to its Receptor

IL-23R=interleukin-23 receptor, **IL-23Ri**=interleukin-23 receptor inhibitor.

Key Takeaways

In ICONIC-LEAD, a pivotal phase 3 study evaluating the targeted oral peptide ICO in pts with moderate-tosevere plaque PsO and high-impact site involvement:



ICO demonstrated higher rates of scalp, genital, and hand/foot PsO clearance vs PBO at W16

- ✓ Approximately 80% of ICO-treated pts achieved clear/almost clear — and 62–70% achieved completely clear - high-impact site **PsO at W24**

ICO substantially improved nail PsO at W16, an early timepoint for nail assessment

✓ Approximately 30% of ICO-treated pts achieved completely clear nail PsO at W24

Methods



ICONIC-LEAD Key Inclusion Criteria

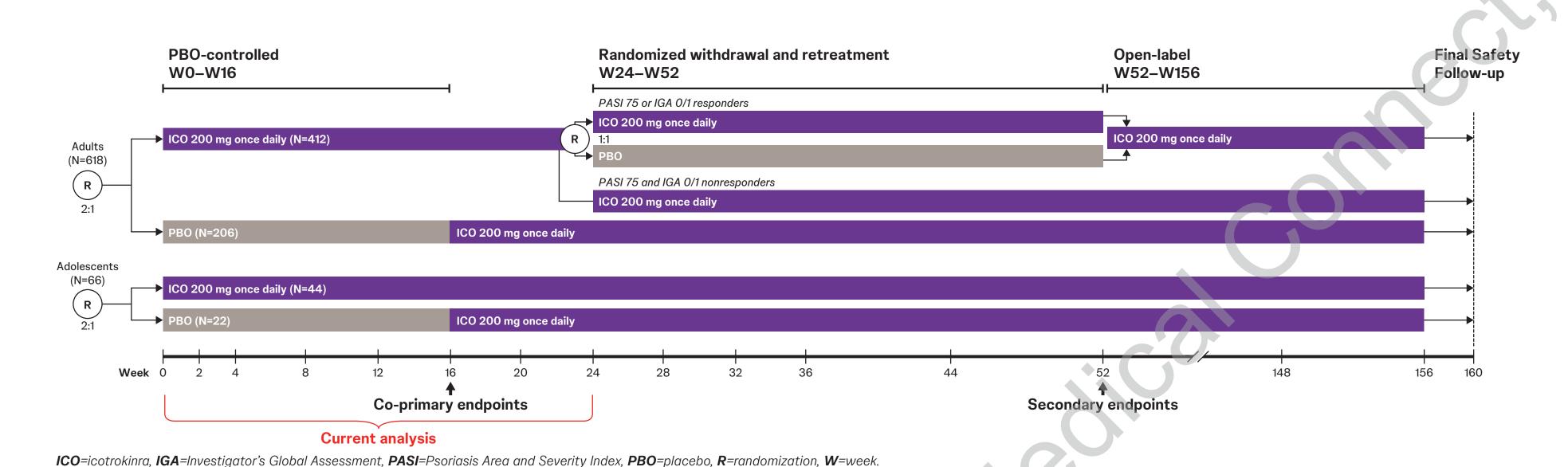
Moderate-to-severe plaque PsO (N=684)

- ≥12 years
- Plaque PsO for ≥26 weeks
- BSA ≥10%

• PASI score ≥12

- IGA score ≥3
- Candidate for phototherapy or systemic treatment for plaque PsO

BSA=body surface area, IGA=Investigator's Global Assessment, PASI=Psoriasis Area and Severity Index, PsO=psoriasis.



Outcomes & Analyses

ICO vs PBO at W16 and ICO at W24

- Scalp-specific IGA (ss-IGA) score of 0/1 and 0^a
- Static Physician's Global Assessment of Genitalia (sPGA-G) score of 0/1 and 0a
- PGA of hands and feet (hf-PGA) score of 0/1 and 0^a
- Fingernail PGA (f-PGA) score of 0/1 and 0^a
- Modified Nail Psoriasis Severity Index (mNAPSI) percent improvement from

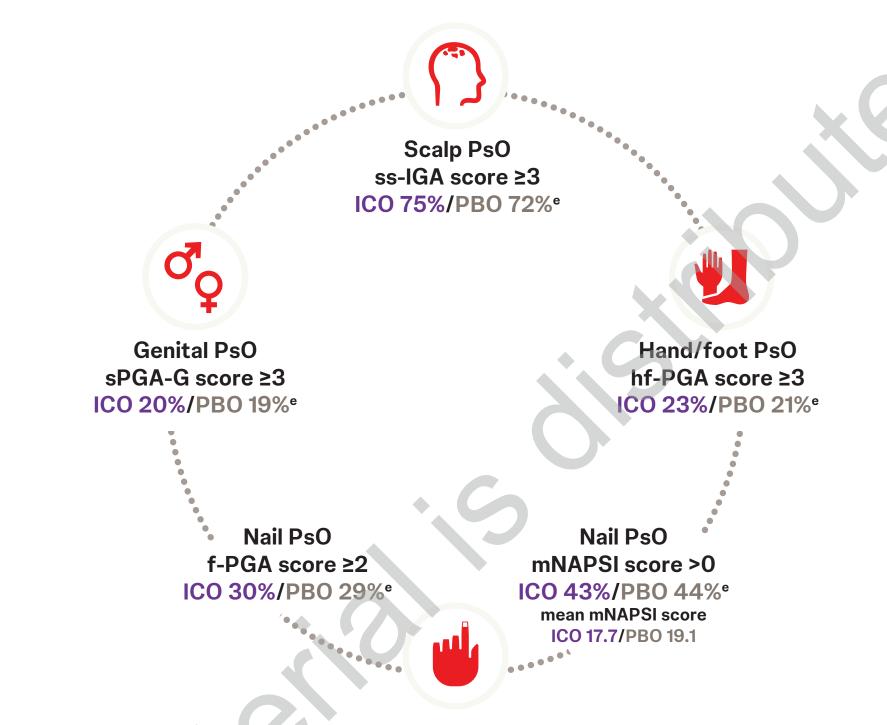
^aNonresponder imputation/ ^bzero percent improvement from baseline assigned after pts discontinued study drug due to a lack of efficacy or an AE of worsening of PsO, or initiated prohibited medication that could impact PsO. Observed data were used for pts who discontinued study agent for other reasons. ^aAfter accounting for these intercurrent events, pts with missing data were considered nonresponders. ^bThe remaining missing data were not imputed and were accounted for through correlation of repeated measure in the MMRM model. **AE**=adverse event, **MMRM**=mixed-effect model repeated measure, **PsO**=psoriasis.

Results

Baseline characteristics were similar between groups

Baseline Characteristics		ICO 200 mg QD (N=456)	PBO (N=228)
Demographics			
	Age, yrs	42.4 (16.3)	43.2 (16.6)
	Female	36%	32%
	Race, Asian/Black/White	24/1/72%	25/1/72%
	BMI, kg/m ²	29.2 (6.9) ^a	29.3 (7.0) ^a
Disease Characteristics			
	PsO disease duration, yrs	17.3 (13.9)	16.6 (12.7)
	% BSA with PsO	24.6 (14.3)	27.1 (16.2)
	IGA score		
	Moderate (3)	75%	76%
	Severe (4)	25%	24%
	PASI (0-72)	19.4 (7.1)	20.8 (8.1)
Prior PsO treatments			
	Phototherapy ^b	30%	29%
	Systemic therapy ^c	72%	71%
	Biologic therapy ^d	32%	37%

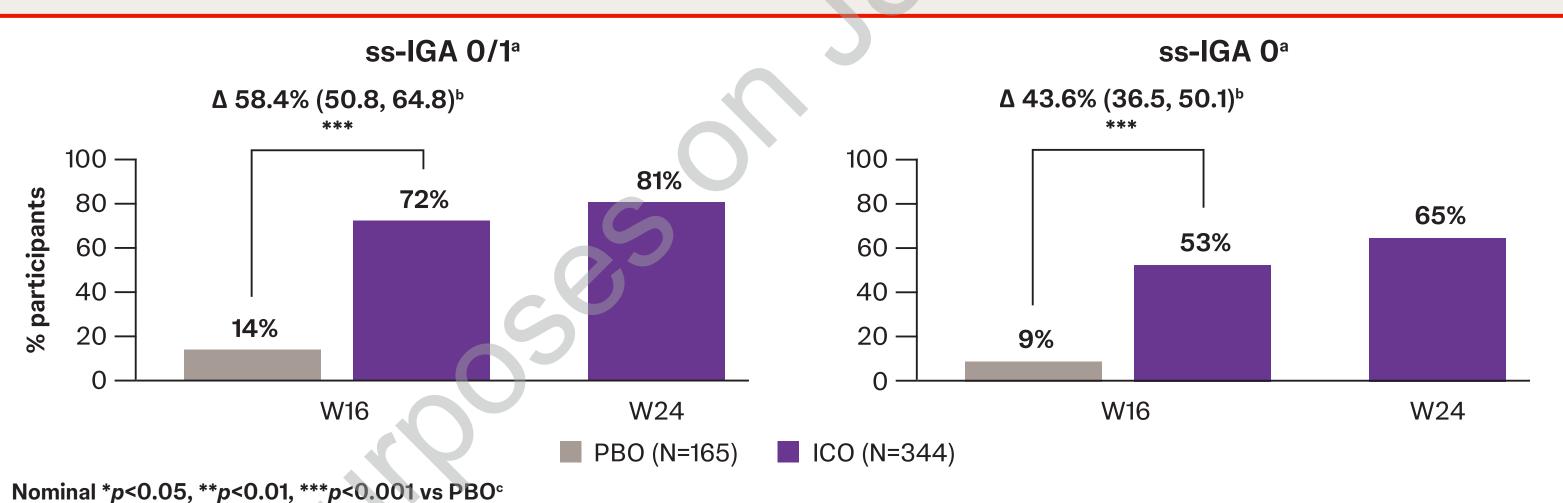




Data shown are mean (SD) unless otherwise noted. PsO involving high-impact sites was not mutually exclusive. °ICO: N=455; PBO: N=227. bPUVA and UVB. °Conventional nonbiologic systemics, novel nonbiologic systemics, 1,25-vitamin D3 and analogs, phototherapy, and biologics. dAdalimumab, alefacept, briakinumab, brodalumab, certolizumab pegol, efalizumab, etanercept, guselkumab, infliximab, ixekizumab, natalizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab. *Among all randomized pts (ICO N=456/PBO N=228). **BMI**=body mass index, **BSA**=body surface area, f/hf-PGA=fingernail/hands and feet-Physician's Global Assessment, ICO=icotrokinra, IGA=Investigator's Global Assessment, mNAPSI=Modified Nail Psoriasis Severity Index, PASI=Psoriasis Area and Severity Index, PBO=placebo, PsO=psoriasis, PUVA=psoralen plus ultraviolet A, QD=once daily,

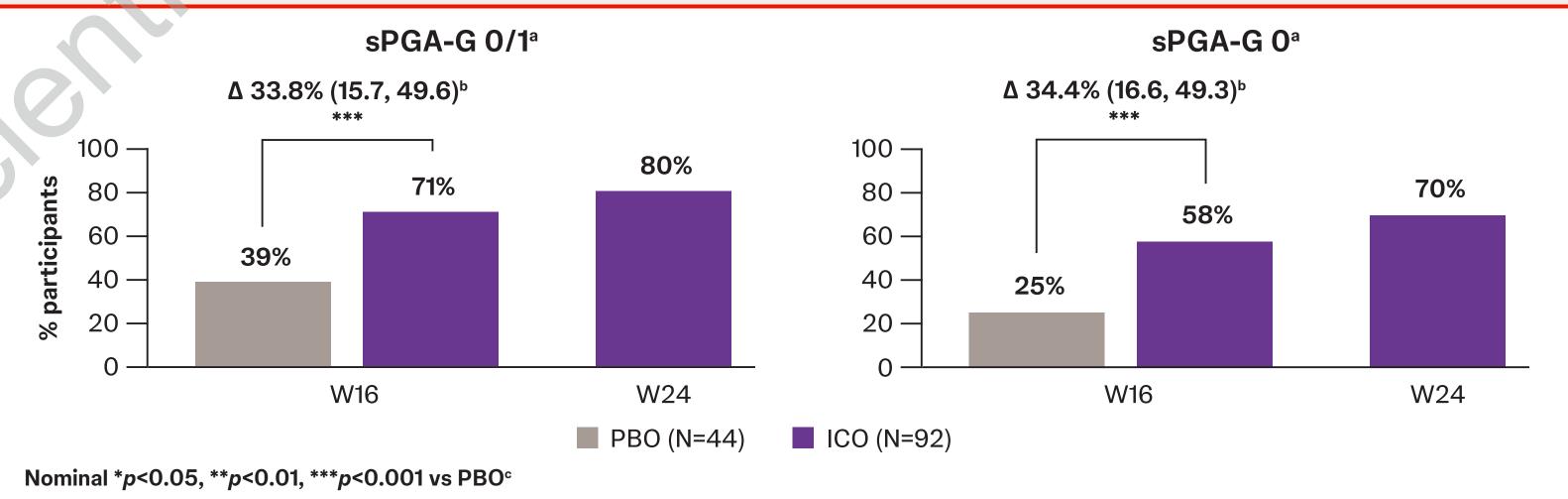
SD=standard deviation, **sPGA-G**=Static Physician's Global Assessment of Genitalia, **ss-IGA**=Scalp-specific IGA, **UVB**=ultraviolet B.

ICO demonstrated high rates of scalp PsO clearance at W16 & W24



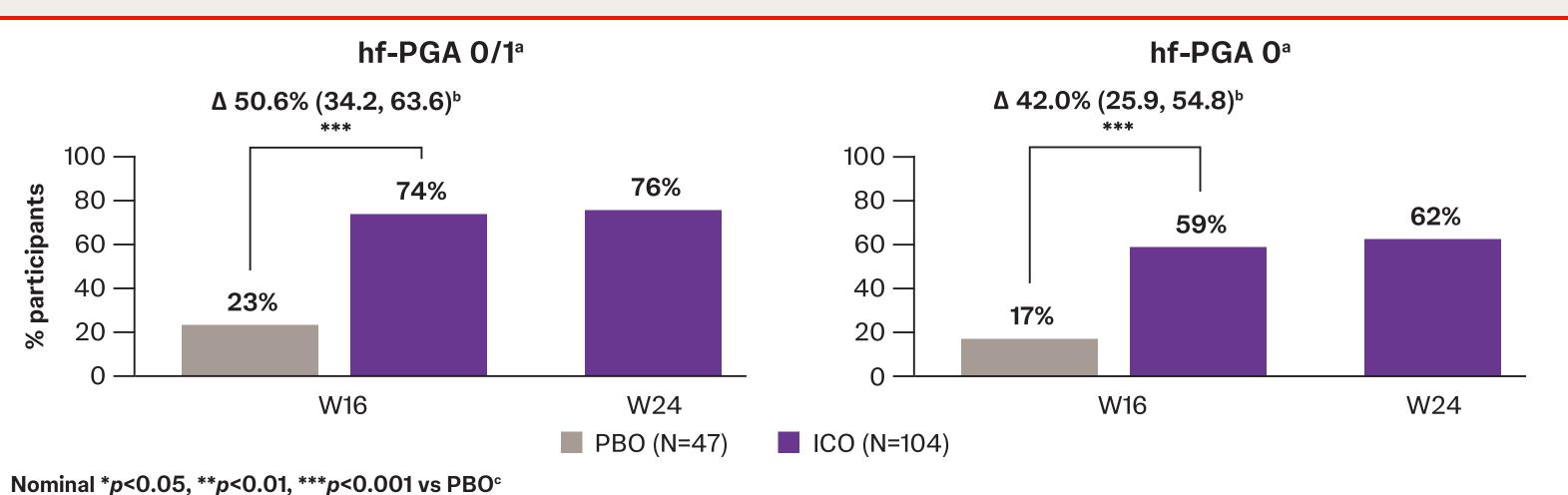
"Among pts with a baseline ss-IGA score ≥3. "Treatment difference and 95% CI (using Miettinen-Nurminen method) were calculated adjusting for age group, baseline weight category for adults, and geographic region using Mantel-Haenszel weights. "P-values were based on CMH chi-square test stratified by age group, baseline weight category for adults, and geographic region. CI=confidence interval; CMH=Cochran-Mantel-Haenszel, ICO=icotrokinra, PBO=placebo, ss-IGA=Scalp-specific Investigator's Global

Substantial proportions of ICO-treated pts achieved genital PsO clearance at W16 & W24



^aAmong pts with a baseline sPGA-G score ≥3. ^bTreatment difference and 95% CI (using Miettinen-Nurminen method) were calculated adjusting for age group and baseline weight category for adults using Mantel-Haenszel weights. ^aP-values were based on CMH chi-square test stratified by age group and baseline weight category for adults. CI=confidence interval, CMH=Cochran-Mantel-Haenszel, ICO=icotrokinra, PBO=placebo, sPGA-G=Static Physician's Global Assessment of Genitalia, W=week.

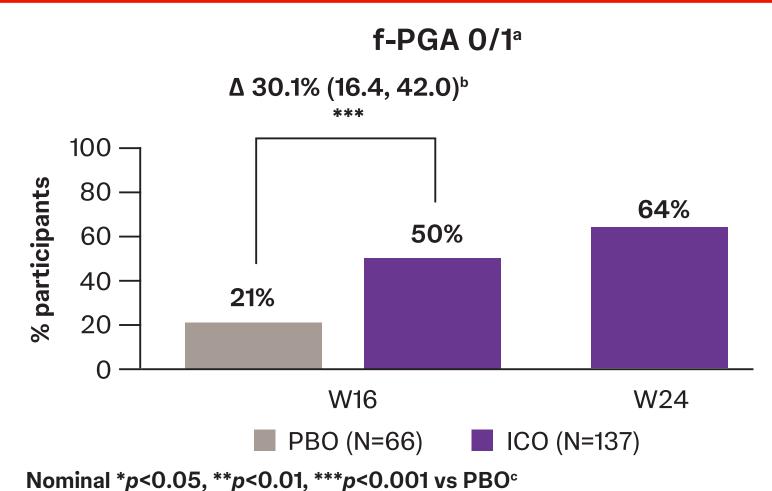
ICO cleared hand/foot PsO at high rates at W16 & W24



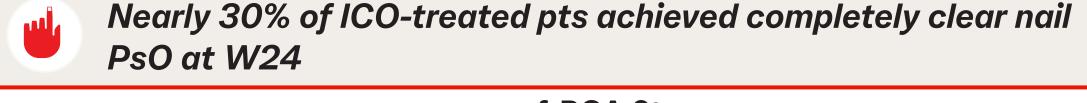
"Among pts with a baseline hf-PGA score ≥3. bTreatment difference and 95% CI (using Miettinen-Nurminen method) were calculated adjusting for age group and baseline weight category for adults using Mantel-Haenszel weights. P-values were based on CMH chi-square test stratified by age group and baseline weight category for adults. CI=confidence interval, CMH=Cochran-Mantel-Haenszel, ICO=icotrokinra, PBO=placebo, hf-PGA=hands and feet-Physician's Global Assessment, W=week.

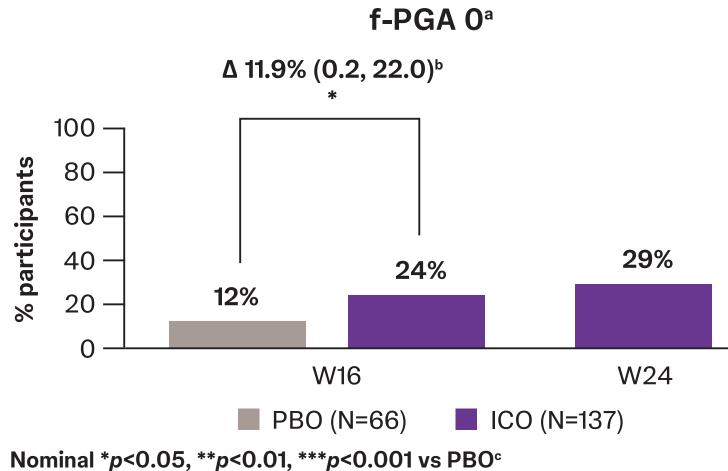
Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Castle Biosciences, Celltrion, Corevitas, Dermavant Sciences, Celltrion, Corevitas, Dermavant Sciences, Calderma, Mindera, Mirium Pharmaceuticals, Meiji Seika Pharma, Mindera, Mirium Pharmaceuticals, Oruka, Pfizer, Sanofi-Regeneron, Revolo, Seanergy, Strata, Sun Pharma, Takeda, Trevi, and Verrica. Previously presented at AAD Innovation Academy; Chicago, IL, USA; July 10–13, 2025.

ICO demonstrated high rates of clear/almost clear nail PsO at W16 & W24

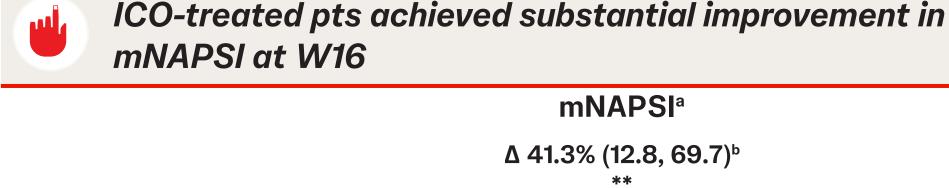


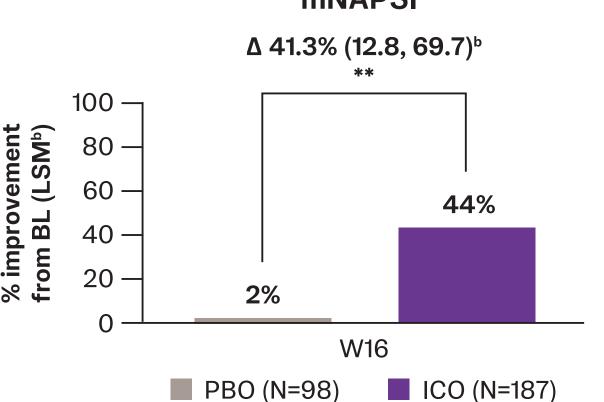
^aAmong pts with a baseline f-PGA score ≥2. ^bTreatment difference and 95% CI (using Miettinen-Nurminen method) were calculated adjusting for age group and baseline weight category for adults using Mantel-Haenszel weights. °P-values were based on CMH chi-square test stratified by age group and baseline weight category for adults. CI=confidence interval, CMH=Cochran-Mantel-Haenszel, ICO=icotrokinra, PBO=placebo, f-PGA=fingernail-Physician's Global Assessment, **W**=week.





^aAmong pts with a baseline f-PGA score ≥2. ^bTreatment difference and 95% CI (using Miettinen-Nurminen method) were calculated adjusting for age group and baseline weight category for adults using Mantel-Haenszel weights. °P-values were based on CMH chi-square test stratified by age group and baseline weight category for adults. CI=confidence interval, CMH=Cochran-Mantel-Haenszel, ICO=icotrokinra, PBO=placebo, f-PGA=fingernail-Physician's Global Assessment, **W**=week.





Nominal *p<0.05, **p<0.01, ***p<0.001 vs PBOb ^aAmong pts with a baseline mNAPSI score >0. ^bLS Mean, LS Mean difference, and p-value were based on the MMRM model with treatment group, visit, treatment group by visit interaction, age group, baseline weight, geographic region, baseline mNAPSI total score, and baseline mNAPSI total score by visit interaction as covariates. **BL**=baseline, **ICO**=icotrokinra, **LSM**=least squares mean, **PBO**=placebo, **MMRM**=mixed-effect model repeated measure, **mNAPSI**=Modified Nail Psoriasis Severity Index, **W**=week.