Baseline Characteristics and 12-Month Effectiveness of Guselkumab and IL-17 Inhibitors Among Participants with Oligoarticular Psoriatic Arthritis in the Global PsABIOnd Study

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Key Takeaways

- **Findings from the real-world, prospective PsABIOnd study in participants with PsA initiating GUS or IL-17i showed:**
  - **Participants with oligoarticular PsA were more likely to be males and had lower baseline BMI than those with polyarticular PsA**
  - **GUS and IL-17i effectiveness was generally comparable at 12 months in both oligoarticular and polyarticular PsA**
- **These results support the use of both therapies in routine clinical practice for the treatment of patients with oligoarticular PsA, a subpopulation that is underrepresented in RCTs**

Background

- Psoriatic arthritis (PsA) is a chronic, heterogeneous inflammatory disease affecting the peripheral joints and skin
- Guselkumab (GUS), an interleukin (IL)-23 inhibitor (i), and IL-17i have demonstrated durable efficacy in randomized controlled trials (RCT) in PsA, but real-world data in PsA are limited
  - Oligoarticular disease remains particularly underrepresented in RCTs due to restrictive inclusion criteria
- PsABIOnd (NCT05049798) is a global, prospective, observational study in participants with PsA initiating GUS or IL-17i as 1st-to-4th line of biologic therapy per standard of care[1]
- Previous interim analyses of the PsABIOnd study showed comparable persistence and effectiveness across PsA domains in the overall population at 12 months with GUS and IL-17i[2]

Objective

- **This analysis from the ongoing PsABIOnd study assessed baseline characteristics and 12-month effectiveness outcomes among participants with oligoarticular and polyarticular PsA treated with GUS or IL-17i in a real-world setting**

Methods

PsABIOnd Study Design

Participant Selection
- Adults diagnosed with PsA
- Initiated GUS or an IL-17i as a 1st-to-4th line of biologic therapy[a] per standard of care
- Enrollment completed in May 2024 with 1314 participants from 19 countries

Study Objectives
- Primary: Treatment persistence 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 August 8, 2025, 1141 out of 1314 participants had available and analyzable 12-month visit data[b]



[a]Monotherapy or in combination with other agents. [b]Among participants with available SJC and TJC at baseline (N=980). [c]Among all participants, including achievers at baseline. [d]Criteria include TJCs≤1, SJCs≤1, BSA <3%, patient pain ≤15mm, PtGA ≤20mm, HAQ-DI ≤0.5, and total pain/tenderness enthesitis score ≤1 (or no enthesitis). [e]Indicating no effect on participant's quality of life. [f]Only participants receiving ≥1 dose of the index drug were included. **BSA**=body surface area; **cDAPSA**=Clinical Disease Activity Index for PsA; **CI**=confidence interval; **DLQI**=Dermatology Quality of Life Index, **ePRO**=electronic patient-reported outcome, **HAQ-DI**=Health Assessment Questionnaire-Disability Index, **LDA**=low disease activity, **MCII**=minimal clinically important improvement, **MDA**=minimal disease activity, **PsAID-12**=Psoriatic Arthritis Impact of Disease-12, **PsO**=psoriasis, **PtGA**=patient global assessment, **REM**=remission, **SJC**=swollen joint count, **TJC**=tender joint count.

Outcomes and Analyses

Stratification of participants by joint involvement at baseline[b]	
Disease classification	**Cut-off**
Oligoarticular PsA	<5 tender and <5 swollen joint counts
Polyarticular PsA	≥5 tender and/or ≥5 swollen joint counts

PsA clinical outcomes and PROs with GUS and IL-17i at the 12-month visit	
Outcome	**Description**
cDAPSA LDA/REM[c]	Achievement of cDAPSA score ≤13
MDA[c]	Achievement of 5 out of 7 criteria[d]
Mild PsO[e]	Achievement of BSA <3%
DLQI 0/1[e,e]	Achievement of DLQI 0 or 1
PsAID-12 MCII	≥1.4-point reduction in PsAID-12[3]

- Participants with baseline and ≥1 post-baseline assessment up to the 12-month visit (±3 months) were analyzed by initial treatment allocation[f]
- Last observation carried forward (LOCF) was used for imputation of missing data in participants with no 12-month visit
- Descriptive unadjusted summary statistics were produced
- Treatment comparison was based on 95% CI

Results

Baseline participant and disease characteristics were generally comparable between treatment groups

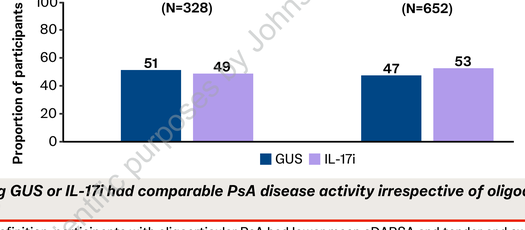
- Participants with oligoarticular PsA were more frequently males and had a lower mean baseline BMI compared to polyarticular
- Within the GUS group, a higher proportion of participants with polyarticular vs oligoarticular PsA were initiating their 4th treatment line

Baseline Characteristics	Oligoarticular			Polyarticular		
	GUS N=168	IL-17i N=160	Total N=328	GUS N=309	IL-17i N=343	Total N=652
Demographics						
Age, years	52.8 (13.2)	52.8 (13.2)	52.8 (13.2)	52.8 (12.7)	53.5 (11.6)	53.1 (12.1)
Male	43%	48%	46%	35%	37%	36%
BMI[a], kg/m2	29.4 (6.3)	27.6 (5.0)	28.5 (5.8)	30.5 (6.7)	30.2 (6.6)	30.3 (6.6)
Disease Characteristics						
PsA disease duration[b], years	7.2 (7.5)	7.9 (11.1)	7.5 (9.4)	8.1 (8.1)	7.2 (8.1)	7.7 (8.1)
Enthesitis[c]	37%	42%	40%	59%	61%	60%
LEI (0-6)[d,e]	1.7 (1.0)	1.9 (0.9)	1.8 (1.0)	2.7 (1.5)	2.8 (1.5)	2.7 (1.5)
Dactylitis[f]	12%	11%	11%	22%	25%	24%
No. affected digits (0-20)[d,g]	1.8 (1.3)	2.1 (1.1)	1.9 (1.2)	2.7 (2.4)	2.5 (2.6)	2.6 (2.5)
Psoriatic BSA[h]						
<3%	51%	59%	55%	52%	61%	57%
3% to 10%	35%	34%	34%	36%	29%	32%
>10%	14%	7%	10%	12%	10%	11%
Any PsO nail lesions[i]	44%	36%	40%	49%	50%	49%
No. of affected nails[d,j]	9.4 (6.8)	8.2 (6.8)	8.9 (6.8)	8.0 (5.9)	8.3 (6.6)	8.2 (6.3)
DLQI (0-30)[k]	6.8 (6.5)	5.5 (6.2)	6.2 (6.4)	7.9 (7.8)	6.5 (6.9)	7.2 (7.4)
PsAID-12 (0-10)[l]	4.5 (2.2)	4.4 (2.2)	4.4 (2.2)	5.6 (1.9)	5.6 (2.1)	5.6 (2.0)
Initial bDMARD treatment line						
1st	43%	36%	40%	36%	39%	37%
2nd	30%	40%	35%	24%	33%	29%
3rd	17%	16%	16%	21%	20%	20%
4th	10%	8%	9%	19%	9%	13%

*Data presented are mean (SD), unless otherwise specified. Number (N) of participants used as denominator (Oligoarticular | Polyarticular): [a]GUS N=160, IL-17i N=139, total N=299 | GUS N=287, IL-17i N=314, total N=601. [b]GUS N=166, IL-17i N=160, total N=326 | GUS N=304, IL-17i N=342, total N=646. [c]GUS N=155, IL-17i N=141, total N=296 | GUS N=294, IL-17i N=321, total N=615. [d]Among participants with disease characteristic of interest at baseline. [e]GUS N=58, IL-17i N=59, total N=117 | GUS N=172, IL-17i N=197, total N=369. [f]GUS N=155, IL-17i N=141, total N=296 |GUS N=295, IL-17i N=321, total N=616. [g]GUS N=18, IL-17i N=16, total N=34 | GUS N=65, IL-17i N=81, total N=146. [h]GUS N=154, IL-17i N=142, total N=296 | GUS N=294, IL-17i N=320, total N=614. [i]GUS N=155, IL-17i N=139, total N=294 | GUS N=294, IL-17i N=320, total N=614. [j]GUS N=68, IL-17i N=50, total N=118 |GUS N=144, IL-17i N=159, total N=303. [k]GUS N=156, IL-17i N=138, total N=294 | GUS N=293, IL-17i N=320, total N=613. [l]GUS N=154, IL-17i N=138, total N=292 | GUS N=288, IL-17i N=319, total N=607. **bDMARD**=biologic disease-modifying antirheumatic drug, **BMI**=body mass index, **LEI**=Leeds enthesitis index.*

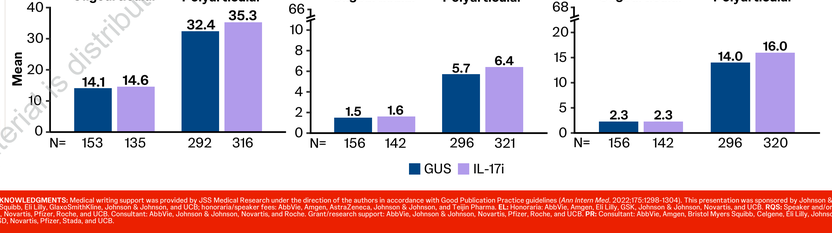
Participants with oligoarticular and polyarticular PsA initiated GUS and IL-17i at similar rates

- Approximately 2/3 of participants initiating GUS or IL-17i had polyarticular PsA at baseline; 1/3 had oligoarticular PsA



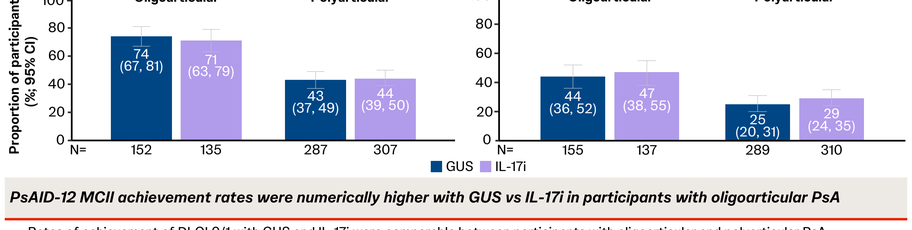
Participants initiating GUS or IL-17i had comparable PsA disease activity irrespective of oligoarticular or polyarticular disease

- As expected per the definition, participants with oligoarticular PsA had lower mean cDAPSA and tender and swollen joint counts at baseline compared to those with polyarticular PsA



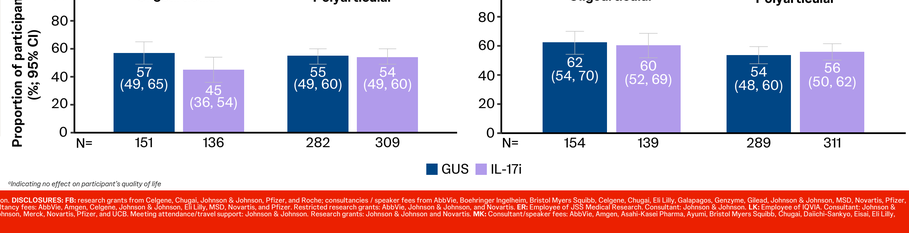
Effectiveness outcome achievement rates at 12 months were numerically higher in oligoarticular vs polyarticular PsA

- Rates of achievement of BSA <3% with GUS/IL-17i were also comparable between participants with oligoarticular (89%/95%) and polyarticular PsA (89%/91%; data not shown)



PsAID-12 MCII achievement rates were numerically higher with GUS vs IL-17i in participants with oligoarticular PsA

- Rates of achievement of DLQI 0/1 with GUS and IL-17i were comparable between participants with oligoarticular and polyarticular PsA



[a]Indicating no effect on participant's quality of life

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