# Minimal Disease Activity at 12 Months with Guselkumab and IL-17 Inhibitors in Psoriatic Arthritis: Results from the Global PsABIOnd Study

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## Key Takeaways

- **Findings from the real-world, prospective PsABIOnd study showed similar rates of MDA achievement at 12 months with GUS and IL-17i**
  - ✓ **Achievement rates of MDA components tended to be higher for objective/clinical inflammatory measures than for patient-reported outcomes, which may warrant further study**
- **Male sex, absence of baseline fibromyalgia, and no prior biologic exposure were associated with higher rates of MDA achievement**

## Background

- Psoriatic arthritis (PsA) is a chronic, inflammatory disease of the joints and skin associated with reduced quality of life[1]
- Guselkumab (GUS), an interleukin (IL)-23 inhibitor (i), and IL-17i have demonstrated efficacy in randomized controlled trials (RCT) in PsA
  - Longer-term real-world evidence on achievement of minimal disease activity (MDA) is limited
- PsABIOnd (NCT05049798) is a global, observational study in participants with PsA initiating GUS and IL-17i as 1st-to-4th line of biologic therapy per standard of care[2]
- 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[3]

## Objective

**This analysis from the ongoing PsABIOnd study assessed 12-month achievement rates of MDA and its individual components among participants with PsA treated with GUS or IL-17i in a real-world setting, overall and by baseline characteristic subgroups**

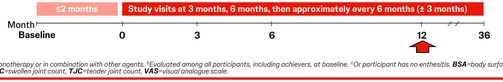
## Methods

### 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 08 August 2025, 1141 participants out of 1314 participants had available and analyzable 12-month visit data




### Outcomes and Analysis

| MDA achievement at 12 months[b] | |
|---|---|
| Defined as achievement of 5 out of the following 7 criteria | |
| **Achievement of MDA components at 12 months[b]** | |
| **Component** | **Cut-off** |
| TJC68 | ≤1 |
| SJC66 | ≤1 |
| PsO BSA | <3% |
| Total pain/tenderness enthesitis score[c] | ≤1 |
| Patient pain VAS | ≤15 mm |
| PtGA VAS | ≤20 mm |
| HAQ-DI | ≤0.5 |

- Participants with baseline and ≥1 follow-up assessment up to the 12-month visit (±3 months) were analyzed (1) according to initial treatment group allocation, irrespective of subsequent treatment changes, and (2) among those who remained on their initial treatment through 12 months
- MDA rates were also described by biological sex (male; female), FiRST score at baseline (<5; ≥5), and initial treatment line (1st–4th)
- Last observation carried forward was imputed for participants with no 12-month visit
- Treatment comparison was based on 95% CI

[a]Monotherapy or in combination with other agents. [b]Evaluated among all participants, including achievers, at baseline. [c]Or participant has no enthesitis. ***BSA***=body surface area; ***CI***=confidence interval; ***ePRO***=Electronic patient-reported outcome; ***FiRST***=Fibromyalgia Rapid Screening Tool; ***HAQ-DI***=Health Assessment Questionnaire-Disability Index; ***M***=month; ***PsO***=psoriasis; ***PtGA***=patient global assessment; ***SJC***=swollen joint count; ***TJC***=tender joint count. ***VAS***=visual analogue scale.

## Results

### *Baseline participant and disease characteristics were generally well balanced between cohorts*

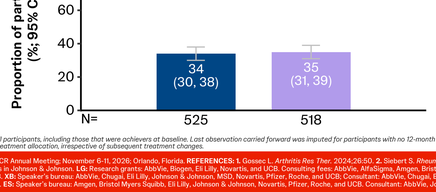
- A higher proportion of GUS participants were initiating their 4th treatment line

| Baseline Characteristics | GUS N=562 | IL-17i N=579 |
|---|---|---|
| **Demographics** | | |
| **Age**, years | 53.1 (12.8) | 53.4 (12.0) |
| **Female** | 60% | 59% |
| **Disease Characteristics** | | |
| **PsA disease duration**, years | 8.0 (7.9)[a] | 7.4 (9.0)[b] |
| **FiRST score ≥5** | 36%[c] | 37%[d] |
| **MDA** | 8%[e] | 6%[f] |
| TJC68/SJC66 ≤1 | 19%[g]/39%[g] | 16%[h]/37%[i] |
| PsO BSA <3% | 52%[j] | 60%[k] |
| Total pain/tenderness enthesitis score ≤1[l] | 65%[m] | 61%[n] |
| Patient pain VAS ≤15mm | 7%[o] | 6%[p] |
| PtGA VAS ≤20mm | 7%[e] | 7%[e] |
| HAQ-DI ≤0.5 | 22%[q] | 24%[e] |
| **Initial bDMARD treatment line** | | |
| **1st/2nd/3rd/4th** | 36%/27%/22%/15% | 37%/36%/19%/8% |

*Data are presented as mean (SD) unless otherwise noted.* [a]*N=555.* [b]*N=578.* [c]*N=540.* [d]*N=560.* [e]*N=524.* [f]*N=520.* [g]*N=491.* [h]*N=500.* [i]*N=501.* [j]*N=504.* [k]*N=510.* [l]*Or participant has no enthesitis.* [m]*N=502.* [n]*N=509.* [o]*N=519.* [p]*N=516.* [q]*N=525.* ***bDMARD***=biological disease-modifying antirheumatic drug; ***SD***=standard deviation

### *Achievement rates of MDA were comparable with GUS and IL-17i at 12 months*

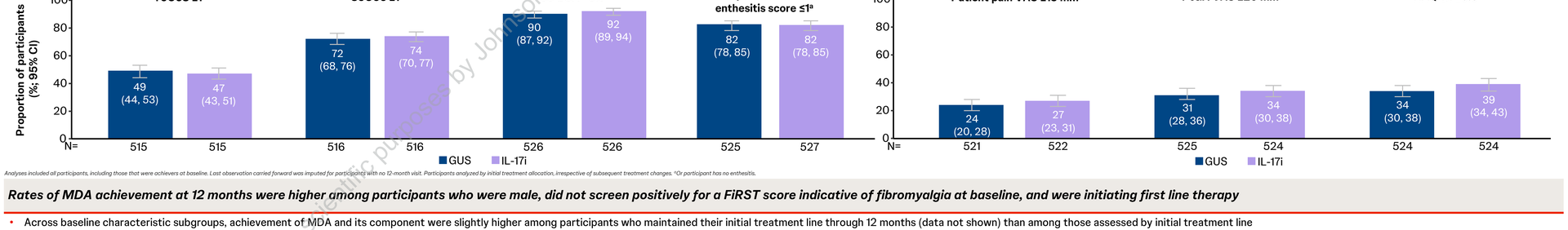
- 12-month MDA rates (95% CI) were comparable with GUS (40% [36, 45]) and IL-17i (41% [36, 45]), among participants who remained on their initial treatment line (data not shown)




*Analyses included all participants, including those that were achievers at baseline. Last observation carried forward was imputed for participants with no 12-month visit. Participants analyzed by initial treatment allocation, irrespective of subsequent treatment changes.*

### *Achievement rates were higher for MDA components evaluating skin and joint inflammatory measures compared with PRO components for both GUS and IL-17i at 12 months*

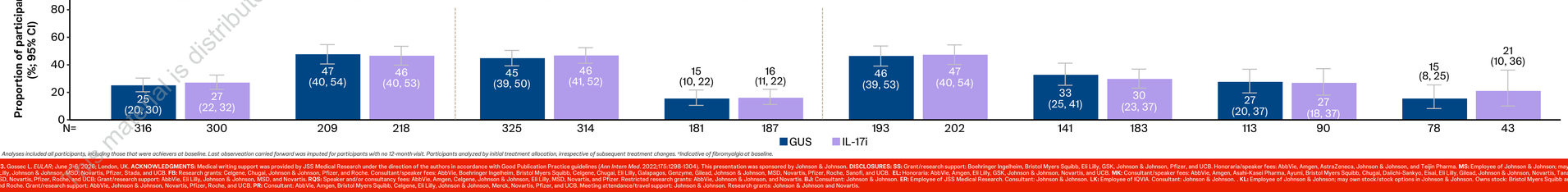
- Rates of achievement of all MDA components were comparable with GUS and IL-17i, among participants who remained on their initial treatment line through 12 months (data not shown)




*Analyses included all participants, including those that were achievers at baseline. Last observation carried forward was imputed for participants with no 12-month visit. Participants analyzed by initial treatment allocation, irrespective of subsequent treatment changes.* [a]*Or participant has no enthesitis.*

### *Rates of MDA achievement at 12 months were higher among participants who were male, did not screen positively for a FiRST score indicative of fibromyalgia at baseline, and were initiating first line therapy*

- Across baseline characteristic subgroups, achievement of MDA and its component were slightly higher among participants who maintained their initial treatment line through 12 months (data not shown) than among those assessed by initial treatment line




*Analyses included all participants, including those that were achievers at baseline. Last observation carried forward was imputed for participants with no 12-month visit. Participants analyzed by initial treatment allocation, irrespective of subsequent treatment changes.* [a]*Indicative of fibromyalgia at baseline.*

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