Persistence, Effectiveness, Safety, and Patient Reported Impact of Guselkumab and IL-17 Inhibitors in Psoriatic Arthritis: Full Population Results of the PsABIOnd Global Observational Study Over 12 Months

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Key Takeaways

- **At 12M, in the full PsABIOnd population of pts with PsA, GUS and IL-17i showed:**
  - **High treatment persistence**
  - **Similar effectiveness across key PsA domains**
  - **Comparable improvements in PROs**
  - **Generally similar safety profiles**
- **Both mechanisms of action appear to be effective for long-term PsA management in routine clinical practice, supporting findings from RCTs**

Background

Psoriatic arthritis (PsA) is chronic inflammatory disease affecting both joints and skin, with substantial impact on health-related quality of life[1,2]

Interleukin (IL)-23 inhibitors (i) and IL-17i have shown efficacy across clinical and patient-reported outcomes (PROs) in randomized controlled trials (RCTs), but evidence from real-world practice remains limited

PsABIOnd (NCT05049798)

- Global, ongoing observational study evaluating the treatment persistence, effectiveness, and long-term safety of guselkumab (GUS) and IL-17i in routine participants (pts) with PsA[3]
- Previous 6-month (M) analysis showed similar persistence and effectiveness across various PsA domains with GUS and IL-17i[4]

Objectives

Evaluate 12M treatment persistence, effectiveness, PROs, and safety in pts initiating GUS or IL-17i from the real-world PsABIOnd study

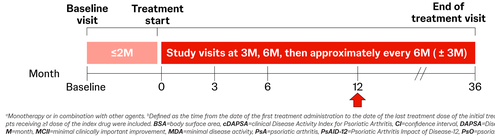
Methods

PsABIOnd Study Design

Participant Selection
- Adults diagnosed with PsA
- Initiating 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 pts from 19 countries

Study Objectives
- Primary: 36M treatment persistence
- Secondary: 36M effectiveness via physician-completed assessments and ePROs, safety, predictors of response and persistence, patterns of treatment lines, etc

Current Analysis
- As of 08 August 2025, 1141 out of 1314 pts had analyzable 12M visit data



Assessments and Analyses

Persistence on treatment with GUS and IL-17i over 12M
- Kaplan-Meier analysis of treatment persistence (i.e., no stop or switch)[b]
- Propensity score (PS) analysis: HR of stopping/switching GUS vs IL-17i prior to the 12M visit, adjusting for baseline variable imbalances across cohorts

Safety with GUS and IL-17i through 12M

Outcome	Analyses
Adverse event	• No. (%) of pts experiencing ≥1 adverse event • Exposure-adjusted rate of events (events/100 PY)

PsA clinical outcomes and PROs with GUS and IL-17i at the 12M visit

Outcome	Analyses
cDAPSA LDA/REM	Achievement of cDAPSA score ≤13[c]
DAPSA LDA/REM	Achievement of DAPSA score ≤14[c]
MDA	Achievement of 5 out of 7 criteria[d,e]
Mild psoriasis BSA	Achievement of BSA <3%[f]
LEI	Mean change from baseline to 12M
No. of digits affected by dactylitis	
No. of nails affected by PsO	
PsAID-12 MCII	PsAID-12 decrease ≥1.4[g]
PsAID-12 item scores	Mean at baseline and 12M
DLQI 0/1	Achievement of DLQI 0 or 1[f]

- Descriptive unadjusted data were analyzed
- LOCF was used for imputation of missing data in pts with no 12M visit
- Pts were analyzed by initial treatment line[a]
- Treatment comparison was based on 95% CI

[a]Monotherapy or in combination with other agents. [b]Defined as the time from the date of the first treatment administration to the date of the last treatment dose of the initial treatment line administration plus 1 dosing interval or until start of subsequent treatment. [c]Among pts with baseline score >cutoff. [d]Criteria include tender joint count ≤1, swollen joint count ≤1, BSA <3%, patient pain ≤15mm, PtGA ≤20mm, HAQ-DI ≤0.5, and total pain/tenderness enthesitis score ≤1 (or no enthesitis). [e]Among non-MDA achievers at baseline. [f]Among pts with BSA ≥3. [g]Only pts receiving ≥1 dose of the index drug were included. ***BSA***=body surface area, ***cDAPSA***=clinical Disease Activity Index for Psoriatic Arthritis, ***CI***=confidence interval, ***DAPSA***=Disease Activity Index for Psoriatic Arthritis, ***DLQI***=Dermatology Life Quality Index, ***ePRO***=electronic patient-reported outcome, ***GUS***=guselkumab, ***HAQ-DI***=Health Assessment Questionnaire-Disability Index, ***HR***=hazard ratio, ***HRQoL***=health-related quality of life, ***IL-17i***=interleukin-17 inhibitor, ***LDA***=low disease activity, ***LEI***=Leeds Enthesitis Index, ***LOCF***=last observation carried forward. ***M***=month, ***MCII***=minimal clinically important improvement, ***MDA***=minimal disease activity, ***PsA***=psoriatic arthritis, ***PsAID-12***=Psoriatic Arthritis Impact of Disease-12, ***PsO***=psoriasis, ***PtGA***=patient global assessment of disease activity, ***pts***=participants, ***PY***=patient-year, ***REM***=remission.

Results

Baseline characteristics were generally well-balanced between treatment cohorts

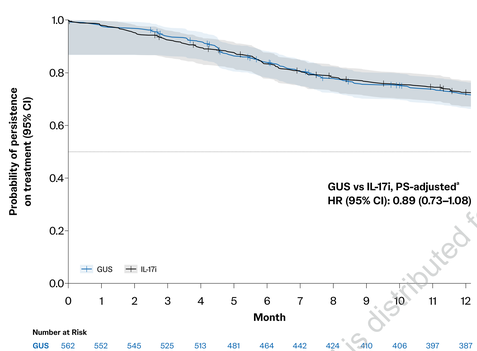
- A higher proportion of GUS pts were initiating their 4th treatment line

Baseline characteristics of PsABIOnd study pts	GUS (N=562)	IL-17i (N=579)
Demographics		
Age, years	53.1 (12.8)	53.4 (12.0)
Male	40%	41%
BMI, kg/m²	30.0 (6.5)[a]	29.4 (6.3)[b]
Disease Characteristics		
PsA disease duration, years	8.0 (7.9)[c]	7.4 (9.0)[d]
cDAPSA (0–154)	24.6 (14.6)[e]	27.6 (17.3)[f]
DAPSA	25.8 (15.3)[e]	28.4 (16.8)[f]
Enthesitis	47%[c]	50%[d]
LEI (1–6)	2.4 (1.4)[a]	2.6 (1.5)[c]
Dactylitis	16%[c]	19%[d]
No. affected digits (0–20)	2.5 (2.2)[a,c]	2.4 (2.4)[a,d]
Psoriatic BSA		
3–10%	36%[a]	31%[d]
>10%	12%[a]	9%[d]
DLQI (0–30)	7.3 (7.2)[a]	6.1 (6.7)[a]
Any PsO nail lesions	46%[c]	45%[d]
No. of affected nails (0–20)	8.6 (6.3)[c]	8.4 (6.7)[d]
PsAID-12 total score (0–10)	5.1 (2.2)[a]	5.1 (2.3)[a]
Initial bDMARD treatment line		
1st	36%	37%
2nd	27%	36%
3rd	22%	19%
4th	15%	8%

*Data is presented as mean (SD) unless otherwise noted. [a]N=528. [b]N=523. [c]N=555. [d]N=578. [e]N=484. [f]N=489. [g]N=417. [h]N=396. [i]N=534. [j]N=537. [k]N=349. [l]N=271. [m]N=88. [n]N=101. [o]N=524. [p]N=502. [q]N=507. [r]N=229. [s]N=227. [t]N=514. [u]N=522. **bDMARD**=biologic disease-modifying antirheumatic drug, **BMI**=body mass index, **BSA**=body surface area, **cDAPSA**=clinical Disease Activity Index for Psoriatic Arthritis, **DAPSA**=Disease Activity Index for Psoriatic Arthritis, **DLQI**=Dermatology Life Quality Index, **GUS**=guselkumab, **IL-17i**=interleukin-17 inhibitor, **LEI**=Leeds Enthesitis Index, **PsA**=psoriatic arthritis, **PsAID-12**=Psoriatic Arthritis Impact of Disease-12, **PsO**=psoriasis, **pts**=participants, **SD**=standard deviation.*

Treatment persistence was high with both GUS and IL-17i at 12M

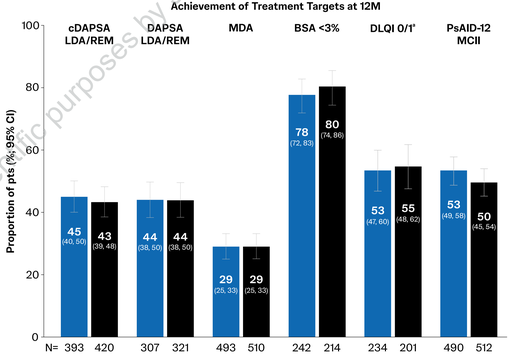
- At 12M, 76% of GUS and 77% of IL-17i pts remained on initial treatment line; lower than at 6M (95%/93%)
- Discontinuation reasons were similar (GUS/IL-17i: primary failure: 11.7%/9.8%; adverse events: 7.3%/9.2%)



*Number at risk shows pts remaining under observation and switch/stop event-free at each time point; pts were right-censored at their last observation or at study termination and were removed from these counts after their censoring time. *Adjusted for potential confounders at baseline including prior bDMARD treatment line, among others. **bDMARD**=biological disease-modifying antirheumatic drug, **CI**=confidence interval, **GUS**=guselkumab, **HR**=hazard ratio, **IL-17i**=interleukin-17 inhibitor, **PS**=propensity score, **pts**=participants.*

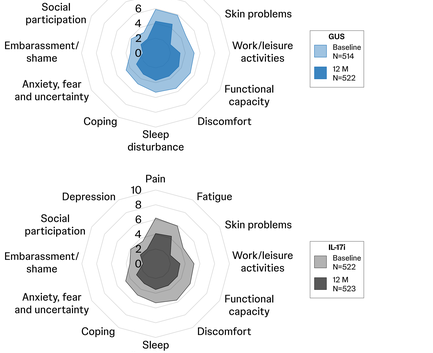
Treatment effectiveness was similar with GUS and IL-17i across PsA outcomes and PROs at 12M

- GUS/IL-17i: LEI (-1.3/-1.5); number of digits affected by dactylitis (-1.9/-2.1); number nails affected by PsO (-5.4/-4.9)



*LOCF was imputed for pts with no 12M visit. *Achievement of DLQI 0/1 among pts with ≥ BSA >3 at baseline. **BSA**=body surface area, **cDAPSA**=clinical Disease Activity Index for Psoriatic Arthritis, **CI**=confidence interval, **DAPSA**=Disease Activity Index for Psoriatic Arthritis, **DLQI**=Dermatology Life Quality Index, **GUS**=guselkumab, **IL-17i**=interleukin-17 inhibitor, **LDA**=low disease activity, **LOCF**=last observation carried forward, **M**=month, **MCII**=minimal clinically important improvement, **MDA**=minimal disease activity, **PsAID-12**=Psoriatic Arthritis Impact of Disease-12, **pts**=participants, **REM**=remission.*

PsAID-12 item scores were comparable between treatment cohorts at 12M



*LOCF was imputed for pts with no 12M visit. **GUS**=guselkumab, **IL-17i**=interleukin-17 inhibitor, **LOCF**=last observation carried forward, **M**=month, **pts**=participants.*

Exposure-adjusted adverse event rates were generally comparable with GUS and IL-17i through 12M

- Rates of gastrointestinal adverse events were lower with GUS
- No cases of active tuberculosis occurred in either cohort

Overall summary of adverse events through 12M	GUS (N=604)	IL-17i (N=641)
≥1 Adverse event	322 (53%)	368 (57%)
Event/100 PY (95% CI)	116.6 (108.1, 125.5)	156.0 (146.6, 165.9)
Common adverse events (>5%)		
COVID-19	45 (7%)	36 (6%)
Nasopharyngitis	32 (5%)	35 (5%)
≥1 Serious adverse event	41 (7%)	44 (7%)
Event/100 PY (95% CI)	9.4 (7.1, 12.2)	8.4 (6.3, 10.9)
Adverse event leading to study discontinuation	21 (3%)	21 (3%)
Event/100 PY (95% CI)	4.0 (2.5, 5.9)	4.4 (3.0, 6.3)
Gastrointestinal-related adverse event[a]	41 (7%)	72 (11%)
Event/100 PY (95% CI)	7.8 (5.7, 10.3)	15.5 (12.7, 18.8)
Malignancy	4 (0.7%)	3 (0.5%)
Event/100 PY (95% CI)	0.7 (0.2, 1.7)	0.5 (0.1, 1.3)
Death	0 (0%)	2 (0.3%)
Event/100 PY (95% CI)	0.0 (0.0, 0.0)	0.5 (0.1, 1.3)

*Data is presented as n (%) unless otherwise noted. Rates of special interest adverse events in GUS/IL-17i pts: Candida infection/candidiasis (≈1%/2%), fungal infection (including candidiasis) (1%/4%), other fungal infection (unspecified) (<1%/2%), uveitis (<1%/<1%). [a]Includes all events with System Organ Class of 'Gastrointestinal Disorders'. **CI**=confidence interval, **COVID-19**=coronavirus disease 2019, **GUS**=guselkumab, **IL-17i**=interleukin-17 inhibitor, **M**=month, **pts**=participants, **PY**=patient-year.*

PRESENTED AT: The American College of Rheumatology (ACR) Convergence 2026; November 6–11, 2026; Orlando, FL, USA. **REFERENCES: 1.** Walsh JA. *Joint Bone Spine.* 2023;90:105534. **2.** James L. *Ther Adv Musculoskelet Dis.* 2024;16:17597200241295920. **3.** Siebert S. *Rheumatol Ther.* 2023;10:489–505. **4.** Gossec L. *Arthritis Rheumatol.* 2025;77(suppl 9). **5.** Holland R. *Ann Rheum Dis.* 2018;77:343–47. **ACKNOWLEDGEMENTS:** Medical writing support was provided by JSS Medical Research, Inc, under the direction of the authors in accordance with Good Publication Practice guidelines (*Ann Intern Med.* 2022;175:1298-1304). This presentation was sponsored by Johnson & Johnson. Layout design and formatting for this encore presentation were provided by Amit Kavle of SIRO Medical Writing Pvt. Ltd., India (funded by Johnson & Johnson). **DISCLOSURES: LG:** Research grants: AbbVie, Biogen, Eli Lilly, Novartis, and UCB; Consulting fees: AbbVie, AstaSigma, Amgen, Bristol Myers Squibb, Celltrion, Johnson & Johnson, Eli Lilly, MSD, Novartis, Pfizer, Stada, and UCB. **MS:** Employee: Johnson & Johnson. Owns stock: Johnson & Johnson. **FB:** Research grants: Celgene, Chugai, Johnson & Johnson, Pfizer, and Roche; Consultant/speaker fees: AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Chugai, Eli Lilly, Galapagos, Genzyme, Gilead, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, Sanofi, and UCB. **EL:** Honoraria: AbbVie, Amgen, Eli Lilly, GlaxoSmithKline, Johnson & Johnson, Novartis, and UCB. **MK:** Consultant/speaker fees: AbbVie, Amgen, Asahi-Kasei Pharma, Ayumi, Bristol Myers Squibb, Chugai, Daiichi-Sankyo, Eisai, Eli Lilly, Gilead, Johnson & Johnson, Novartis, Tanabe-Mitsubishi, and UCB. **XB:** Speaker's bureau: AbbVie, Chugai, Eli Lilly, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, and UCB; consultant: AbbVie, Chugai, Eli Lilly, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, and UCB; Grant/research support: AbbVie, Eli Lilly, Johnson & Johnson, MSD, and Novartis. **RQS:** Speaker and/or consultancy fees: AbbVie, Amgen, Celgene, Johnson & Johnson, Eli Lilly, MSD, Novartis, and Pfizer. Restricted research grants: AbbVie, Johnson & Johnson, and Novartis. **ER:** Employee: JSS Medical Research; Consultant: Johnson & Johnson. **LKi:** Employee: IQVIA; Consultant: Johnson & Johnson. **KL:** Employee: Johnson & Johnson; Owns stock: Johnson & Johnson and Bristol Myers Squibb. **ERS:** Speaker's bureau: Amgen, Bristol Myers Squibb, Eli Lilly, Johnson & Johnson, Novartis, Pfizer, Roche, and UCB; Consultant: AbbVie, Johnson & Johnson, Novartis, and Roche; Grant/research support: AbbVie, Johnson & Johnson, Novartis, Pfizer, Roche, and UCB. **PR:** Consultant: AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly, Johnson & Johnson, Merck, Novartis, Pfizer, and UCB; Meeting attendance/travel support: Johnson & Johnson; Research grants: Johnson & Johnson and Novartis. **SSz:** Grant/research support: Eli Lilly, GlaxoSmithKline, Johnson & Johnson, Pfizer and UCB; Honoraria/speaker fees: AbbVie, Amgen, AstraZeneca, Johnson & Johnson, Novartis. Syncona. Shattuck Labs, Teijin Pharma, and UCB.
PREVIOUSLY PRESENTED AT: The European Alliance of Associations for Rheumatology (EULAR) annual meeting; June 3–6, 2026; London, UK.

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