Treatment Persistence and Effectiveness Across PsA Patient Subgroups Treated with Guselkumab and IL-17 Inhibitors: 12-Month Findings from the Global PsABIOnd Study

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Key Takeaways

- **In the PsABIOnd study, GUS demonstrated high treatment persistence and effectiveness at 12 months and was comparable to IL-17i:**
  - ✓ **Overall and across age, biological sex, BMI, and biologic treatment history subgroups**
  - ✓ **Despite a higher proportion of 4th line treatment initiation with GUS**
- **These findings support the real-world effectiveness of both treatment approaches across PsA subpopulations**

Background

- Psoriatic arthritis (PsA) is a chronic, heterogeneous inflammatory disease involving both the joints and skin
- Guselkumab (GUS), an Interleukin (IL)-23 inhibitor (i), and IL-17i have demonstrated efficacy in randomized controlled trials (RCT), but real-world data on their effectiveness across diverse PsA patient populations remain limited
- Older, obese, and biologic-experienced patients represent clinically relevant subgroups, as they are often associated with worse treatment outcomes[1]
- 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 similar 6-month persistence and effectiveness across baseline subgroups[3] and similar persistence and effectiveness in the overall population at 12 months[4] with GUS and IL-17i

Objective

- **This analysis from the ongoing PsABIOnd study assessed treatment persistence and effectiveness by baseline subgroups at the 12-month visit in participants initiating either 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



[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 dose of the initial treatment line plus 1 dosing interval or until start of subsequent treatment. [c]Only participants receiving ≥1 dose of the index drug were included. ***BMI***=body mass index, ***BSA***=body surface area, ***cDAPSA***=clinical disease activity index for PsA, ***DLQI***=Dermatology Life Quality Index, ***LDA***=low disease activity, ***LEI***=Leeds enthesitis index, ***PsO***=psoriasis, ***REM***=remission, ***SJC***=swollen joint count, ***TJC***=tender joint count.

Outcomes and Analysis

Persistence on treatment with GUS and IL-17i up to the 12-month visit

Kaplan-Meier analysis of treatment persistence
- Treatment persistence (i.e., no stop or switch)[b] was assessed:
  - By subgroups defined by baseline age, biological sex (male and female), BMI category and prior biologic treatment experience
- Participants were analyzed by initial treatment line[c]

Treatment effectiveness with GUS and IL-17i at the 12-month visit

Achievement Rates at Baseline and 12 months	
Outcome	**Cut-off**
cDAPSA LDA/REM	cDAPSA score ≤13
Mild PsO BSA	BSA <3%
Mean Scores at Baseline and 6 months	
TJC68 (0-68)	
SJC66 (0-66)	
LEI (0-6)	
DLQI (0-30)	
Number of nails affected by PsO disease (0-20)	

- Outcomes were analyzed by baseline age, biological sex (male and female), BMI category and prior biologic treatment experience
- Participants were analyzed by initial treatment line[c]
- Dactylitis was not assessed due to its low prevalence at baseline

Results

Baseline participant and disease characteristics were generally well balanced between cohorts

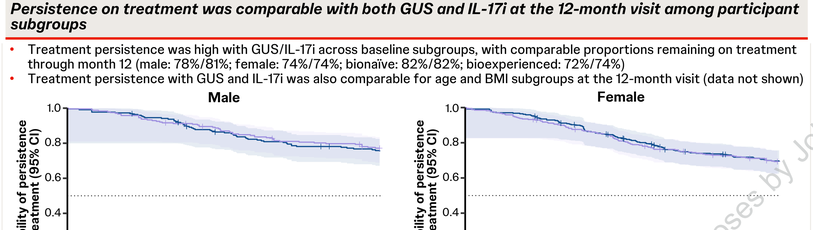
- A higher proportion of GUS participants were initiating their 4th treatment line

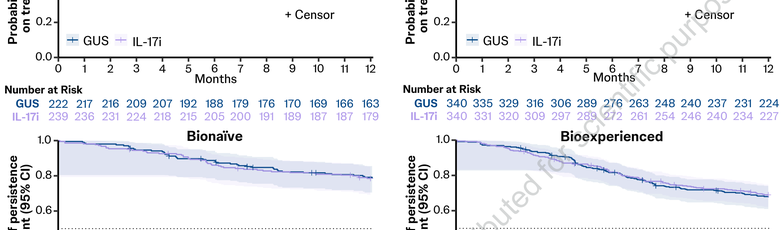
Baseline Characteristics	GUS N=562	IL-17i N=579
Demographics		
Age, years	53.1 (12.8)	53.4 (12.0)
Male	40%	41%
BMI, kg/m^2	30.0 (6.5)[a]	29.4 (6.3)[b]
Disease Characteristics		
PsA disease duration, years	8.0 (7.9)[c]	7.4 (9.0)[d]
cDAPSA, (0-154)	24.6 (14.6)[e]	27.6 (17.3)[f]
Enthesitis	47%[g]	50%[h]
LEI (0-6)	2.4 (1.4)[i]	2.6 (1.5)[j]
TJC68, (0-68)	9.2 (9.9)[k]	10.9 (12.0)[l]
SJC66, (0-66)	3.9 (4.6)[k]	4.5 (5.8)[m]
PsO BSA		
3-10%	36%[n]	31%[o]
>10%	12%[n]	9%[o]
Any PsO nail lesions	46%[p]	45%[q]
Nails affected by PsO	8.6 (6.3)[r]	8.4 (6.7)[s]
DLQI (0-30)	7.3 (7.2)[b]	6.1 (6.7)[t]
Initial bDMARD treatment line		
1st	36%	37%
2nd	27%	36%
3rd	22%	19%
4th	15%	8%

Data are 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=534.* [h]*N=537.* [i]*N=249.* [j]*N=271.* [k]*N=491.* [l]*N=500.* [m]*N=501.* [n]*N=504.* [o]*N=510.* [p]*N=502.* [q]*N=507.* [r]*N=229.* [s]*N=227.* [t]*N=524.* ***bDMARD***=*biological disease-modifying antirheumatic drug,* ***SD***=*standard deviation.*

Persistence on treatment was comparable with both GUS and IL-17i at the 12-month visit among participant subgroups

- Treatment persistence was high with GUS/IL-17i across baseline subgroups, with comparable proportions remaining on treatment through month 12 (male: 78%/81%; female: 74%/74%; bionaïve: 82%/82%; bioexperienced: 72%/74%)
- Treatment persistence with GUS and IL-17i was also comparable for age and BMI subgroups at the 12-month visit (data not shown)

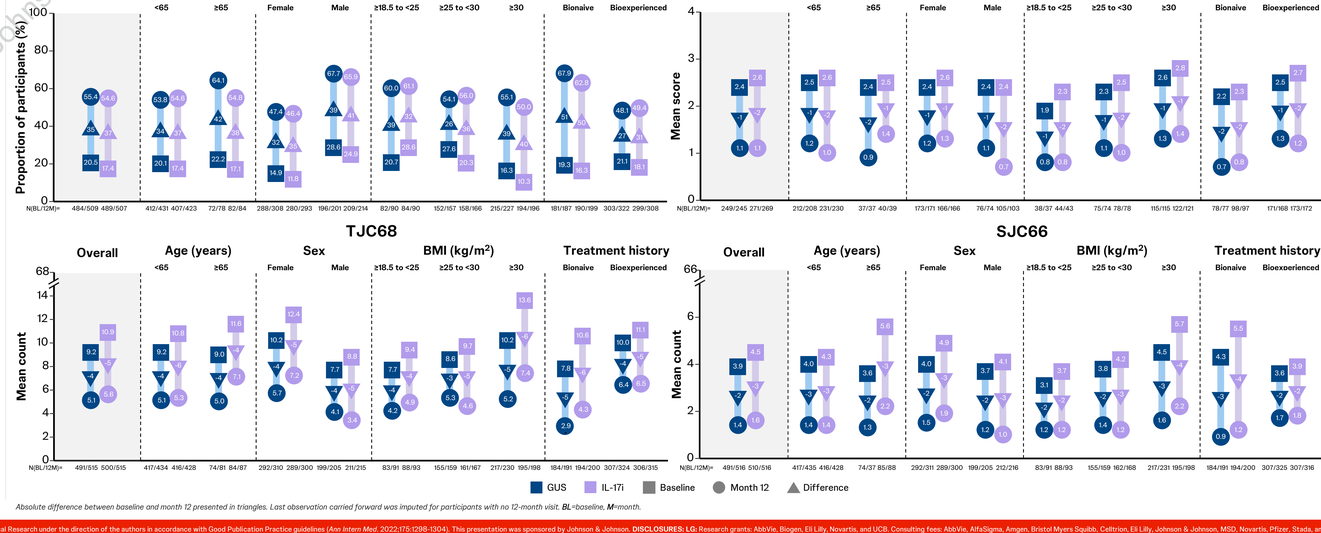




Number at risk shows participants remaining under observation and switch/stop event-free at each time point; patients were right censored at their last observation or at study termination and were removed from these counts after their censoring time. ***CI***=*confidence interval.*

Improvements in PsA domains were comparable across subgroups with GUS and IL-17i at the 12-month visit

- Similar improvements in DLQI, nail PsO and achievement of BSA <3% were observed with GUS and IL-17i across subgroups at 12 months



Absolute difference between baseline and month 12 presented in triangles. Last observation carried forward was imputed for participants with no 12-month visit. ***BL***=*baseline,* ***M***=*month.*

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