

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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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 PsA³
 - Previous 6-month (M) analysis showed similar persistence and effectiveness across various PsA domains with GUS and IL-17i⁴

Objective

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

Pt Selection

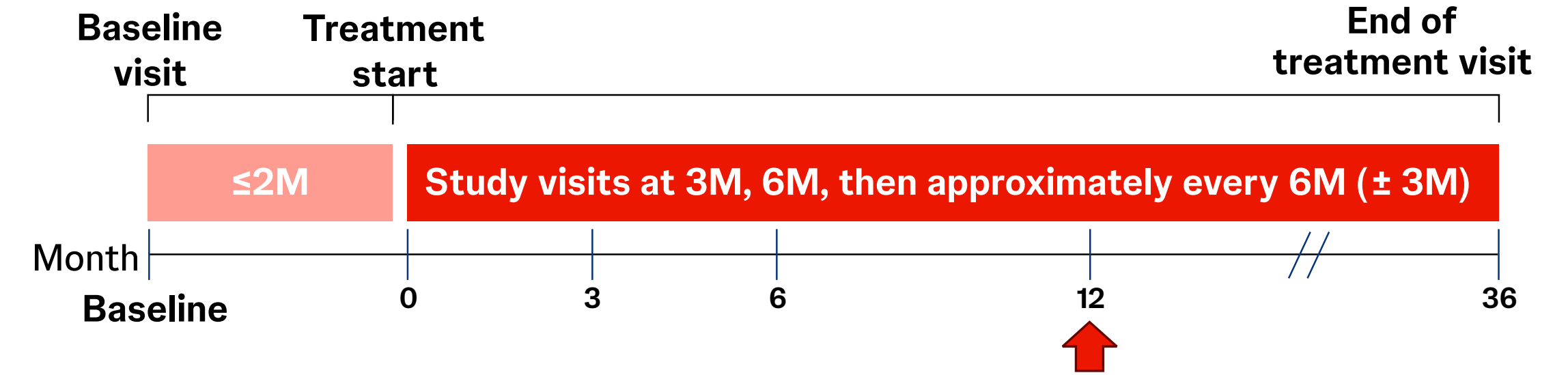
- Adults diagnosed with PsA
- Initiating GUS or an IL-17i as a 1st-to-4th line of biologic therapy^a per standard-of-care
- Enrollment completed in May 2024 with 1314 pts from 19 countries

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



^aMonotherapy or in combination with other agents. ^bDefined 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. ^cAmong pts with baseline score <cut-off. ^dCriteria include tender joint count ≤1, swollen joint count ≤1, BSA <3%, patient pain ≤5mm, PIGA ≤20mm, HAQ-DI ≤0.5, and total pain/tenderness enthesitis score ≤1 (or no enthesitis). ^eAmong non-MDA achievers at baseline. ^fAmong pts with BSA ≥3. ^gOnly pts receiving ≥1 dose of the index drug were included. ^hBSA=body surface area, ⁱcDAPSA=Clinical Disease Activity Index for PsA, ^jCI=confidence interval, ^kDAPSA=Disease Activity Index for PsA, ^lDLQI=Dermatology Life Quality Index, ^mIL-17i=interleukin-17 inhibitor, ⁿLDA=low disease activity, ^oLEI=Leeds Enthesitis Index, ^pLOCF=last observation carried forward, ^qM=month, ^rMCII=minimal clinically important improvement, ^sMDA=minimal disease activity, ^tPsA=psoriatic arthritis, ^uPsAID-12=PsA impact of disease-12, ^vPsO=psoriasis, ^wPIGA=patient global disease activity, ^xpts=participants, ^yPY=pt year, ^zREM=remission.

Results

Baseline characteristics were generally well-balanced between treatment cohorts

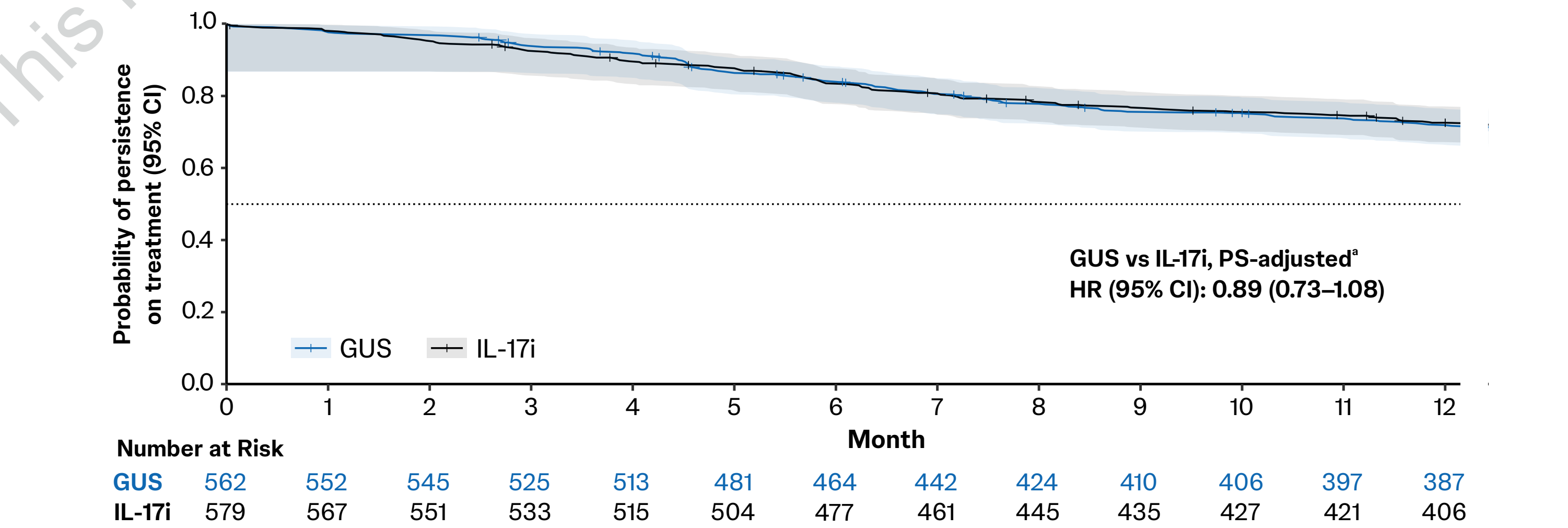
- A higher proportion of GUS pts were initiating their 4th treatment line

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/m ²	30.0 (6.5) ^a	29.4 (6.3) ^a
Disease Characteristics			
	PsA disease duration, years	8.0 (7.9) ^c	7.4 (9.0) ^d
	cDAPSA (0–154)	24.6 (14.6) ^a	27.6 (17.3) ^f
	DAPSA	25.8 (15.3) ^a	28.4 (16.8) ^h
	Enthesitis	47%	50%
	LEI (1–6)	2.4 (1.4) ^k	2.6 (1.5) ^j
	Dactylitis	16%	19%
	No. affected digits (0–20)	2.5 (2.2) ^m	2.4 (2.4) ⁿ
	Psoriatic BSA		
	3–10%	36% ^o	31% ^o
	>10%	12% ^o	9% ^o
	DLQI (0–30)	7.3 (7.2) ^b	6.1 (6.7) ^s
	Any PsO nail lesions	46% ⁱ	45% ^t
	No. of affected nails (0–20)	8.6 (6.3) ⁱ	8.4 (6.7) ^u
	PsAID-12 total score (0–10)	5.1 (2.2) ^v	5.1 (2.3) ^w
Initial bDMARD treatment line			
	1 st	36%	37%
	2 nd	27%	36%
	3 rd	22%	19%
	4 th	15%	8%

Data is presented as mean (SD) unless otherwise noted. ^aN=528, ^bN=523, ^cN=555, ^dN=578, ^eN=484, ^fN=489, ^gN=417, ^hN=396, ⁱN=534, ^jN=537, ^kN=249, ^lN=88, ^mN=101, ⁿN=604, ^oN=510, ^pN=524, ^qN=502, ^rN=229, ^sN=514, ^tN=522, ^ubDMARD=biological disease-modifying antirheumatic drug, ^vBMI=body mass index, ^wBSA=body surface area, ^xcDAPSA=Clinical Disease Activity Index for PsA, ^yDAPSA=Disease Activity Index for PsA, ^zDLQI=Dermatology Life Quality Index, ^{aa}GUS=guselkumab, ^{ab}IL-17i=interleukin-17 inhibitor, ^{ac}LEI=Leeds Enthesitis Index, ^{ad}PsA=psoriatic arthritis, ^{ae}PsAID-12=PsA impact of disease-12, ^{af}PsO=psoriasis, ^{ag}pts=participants, ^{ah}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; patients were right censored at their last observation or at study termination and were removed from these counts after their censoring time. ^aAdjusted for potential confounders at baseline including initial bDMARD treatment line, among others. ^bbDMARD=biological disease-modifying antirheumatic drug, ^cCI=confidence interval, ^dGUS=guselkumab, ^eHR=hazard ratio, ^fIL-17i=interleukin-17 inhibitor, ^gM=month, ^hPS=propensity score, ⁱpts=participants.



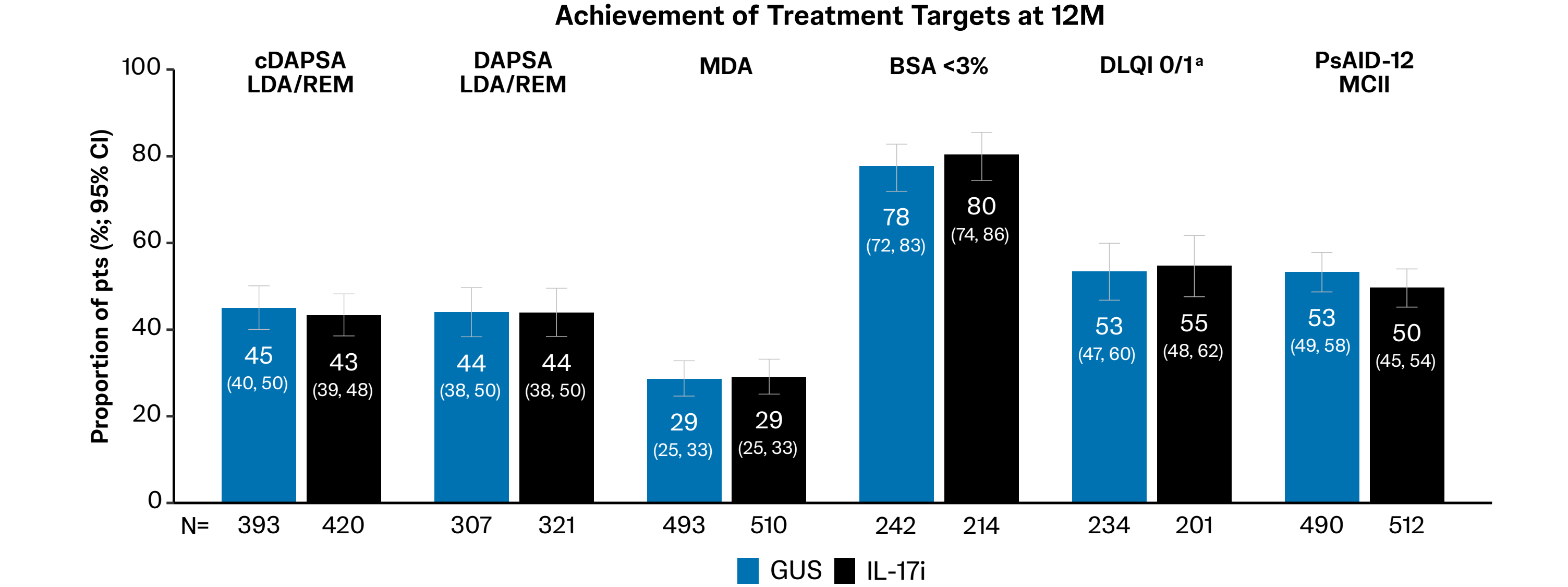
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Key Takeaways

- 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

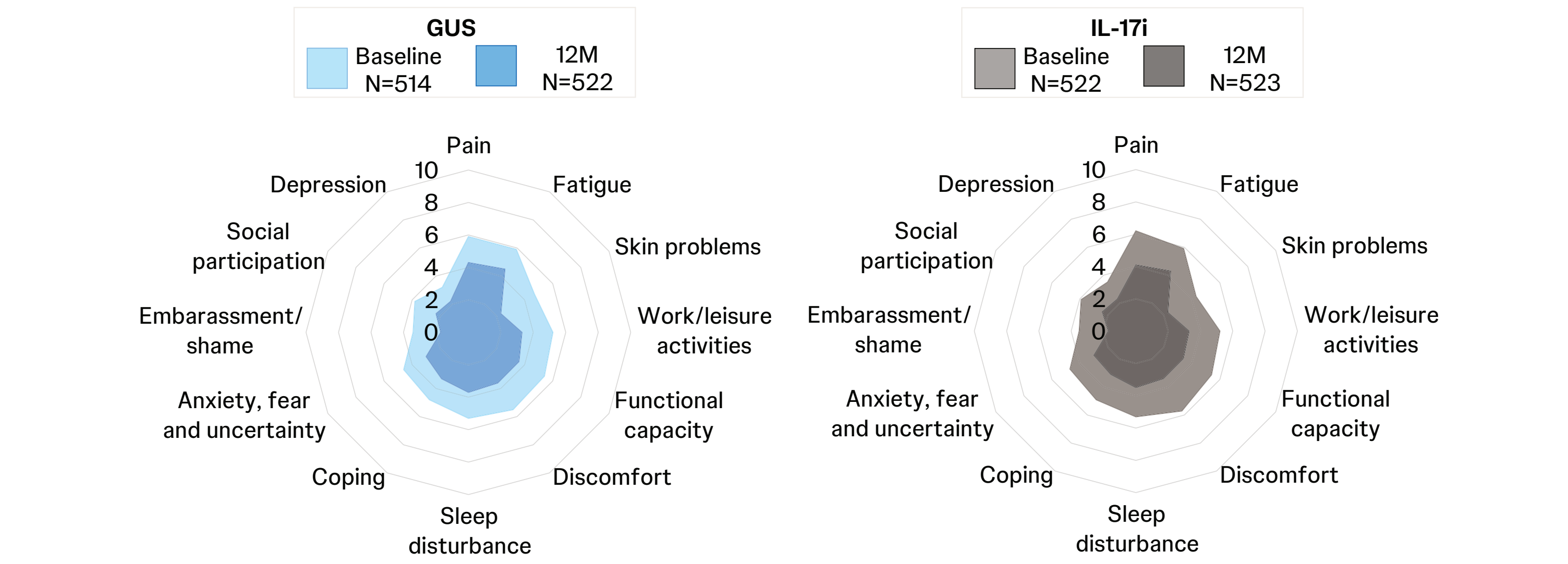
Treatment effectiveness was similar with GUS and IL-17i across PsA outcomes and PROs at 12M

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



Last observation carried forward was imputed for pts with no 12M visit. ^aAchievement of DLQI 0/1 among pts with % BSA >3 at baseline. ^bBSA=body surface area, ^ccDAPSA=Clinical Disease Activity Index for psoriatic arthritis, ^dCI=confidence interval, ^eDAPSA=Disease Activity Index for PsA, ^fDLQI=Dermatology Life Quality Index, ^gGUS=guselkumab, ^hIL-17i=interleukin-17 inhibitor, ⁱLDA=low disease activity, ^jM=month, ^kMCII=minimal clinically important improvement, ^lMDA=minimal disease activity, ^mPROs=patient-reported outcomes, ⁿPsA=psoriatic arthritis, ^oPsAID-12=PsA impact of disease-12, ^ppts=participants, ^qREM=remission.

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



Last observation carried forward was imputed for pts with no 12M visit. ^aGUS=guselkumab, ^bIL-17i=interleukin-17 inhibitor, ^cM=month, ^dPsAID-12=PsA impact of disease-12, ^epts=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%)	33 (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%). ^aIncludes all events with System Organ Class of 'Gastrointestinal Disorders'. ^bCI=confidence interval, ^cCOVID-19=Corona virus disease 2019, ^dGUS=guselkumab, ^eIL-17i=interleukin-17 inhibitor, ^fM=month, ^gPY=pt year.