

SPECTREM: Guselkumab Effects on Uncontrolled Psoriatic Arthritis in Participants With Moderate, Low Body Surface Area, High-Impact Site Psoriasis Through Week 48

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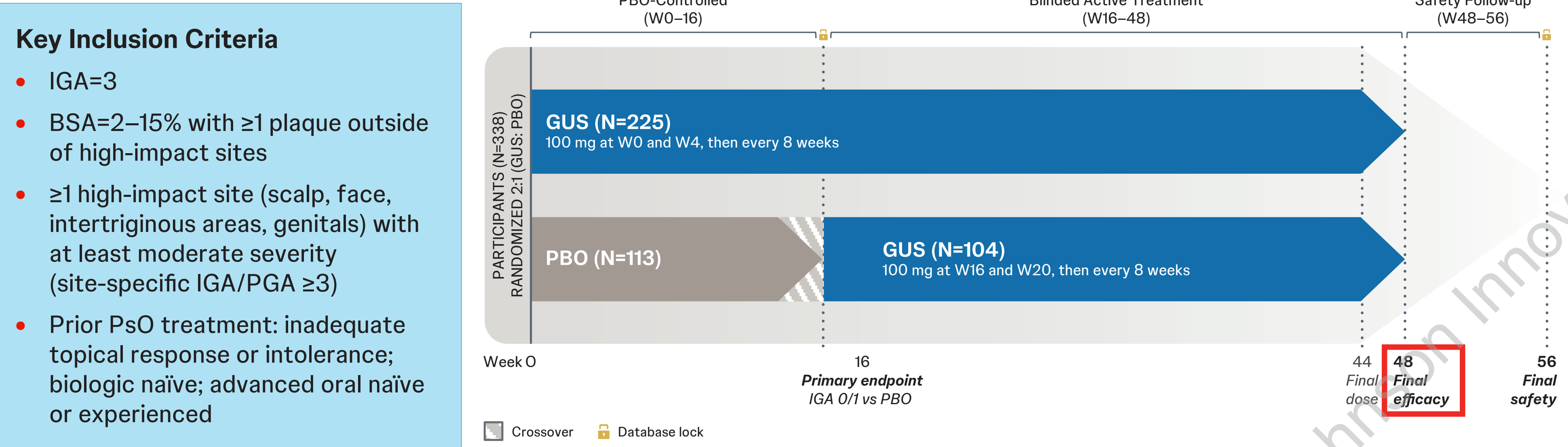
Background

- In patients with psoriasis (PsO), high-impact site involvement (scalp and intertriginous areas, especially the intergluteal/perianal regions) is a risk factor for psoriatic arthritis (PsA)¹⁻³
- SPECTREM is a phase 3b, randomized, double-blind, placebo (PBO)-controlled study that evaluated the efficacy and safety of guselkumab (GUS) in participants with low body surface area (BSA) (2% to 15%), moderate PsO (Investigator’s Global Assessment [IGA]=3) involving ≥1 high-impact site (scalp, face, intertriginous areas, or genitals)
- At baseline, approximately 1 in 5 (71/338) SPECTREM participants had PsA based on a history of rheumatologist-diagnosed PsA or Psoriasis Epidemiology Screening Tool (PEST) ≥3 at screening, of which 52 participants had uncontrolled PsA based on 12-item Psoriatic Arthritis Impact of Disease questionnaire (PsAID-12) score >4.0

Objective

This post-hoc analysis reports PsAID-12 results through Week 48 for participants with uncontrolled PsA at baseline in SPECTREM

SPECTREM – Study Design



Results

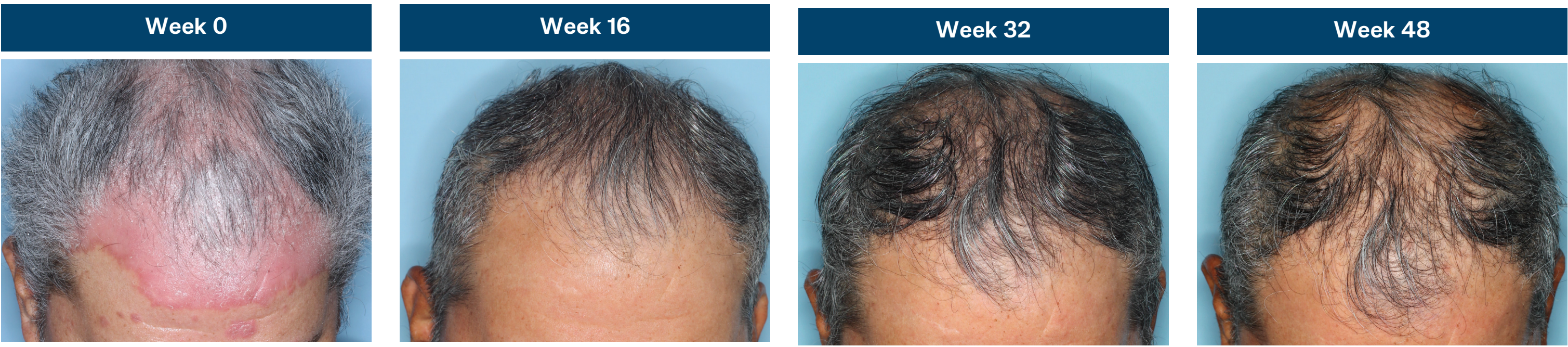
At baseline, 21% (71/338) of SPECTREM participants had PsA based on a history of rheumatologist-diagnosed PsA or PEST ≥3 at screening. Of these, 73% (N=52/71) had uncontrolled PsA based on PsAID-12 score >4.0

- Baseline demographics and disease characteristics were generally comparable between PsA patients diagnosed by a rheumatologist and those diagnosed by PEST screening, and between GUS and PBO treatment groups (data not shown)

Baseline Characteristics		
Demographics		
Age, years	49.4 (12.1)	52.1 (12.8)
Male	29%	47%
Race, White	64%	76%
BMI, kg/m ²	32.3 (6.7)	31.4 (7.2)
Disease Characteristics		
PsA disease duration, years	17.5 (9.9)	21.7 (15.3)
IGA, moderate (3)	100%	100%
BSA, %	7.1 (3.6)	7.6 (4.1)
PASI (0–72)	8.9 (3.1)	9.1 (4.1)
PsAID-12 (0–10)	6.8 (1.4)	6.3 (1.5)
Previous Medication Use		
Topical agents ^a	100%	100%
Phototherapy ^b	7%	21%
Conventional systemics ^c	21%	16%
Methotrexate	21%	11%
Advanced orals ^d	0%	5%

Data shown are mean (SD), unless otherwise indicated. ^aTopical anthralin, keratolytics, tar. ^bPUVB, UVB. ^cPUVA, methotrexate, cyclosporine, acitretin. ^dApremilast, deucravatinib. BMI=body mass index, BSA=body surface area, GUS=guselkumab, IGA=Investigator’s Global Assessment, PASI=Psoriasis Area Severity Index, PBO=placebo, PEST=Psoriasis Epidemiology Screening Tool, PsA=psoriatic arthritis, PsAID-12=12-item Psoriatic Arthritis Impact of Disease, PUVA=psoralen plus ultraviolet A, SD=standard deviation, UVB=ultraviolet B.

Photographic skin clearance journey of a GUS-randomized participant with scalp psoriasis (baseline to Week 48)



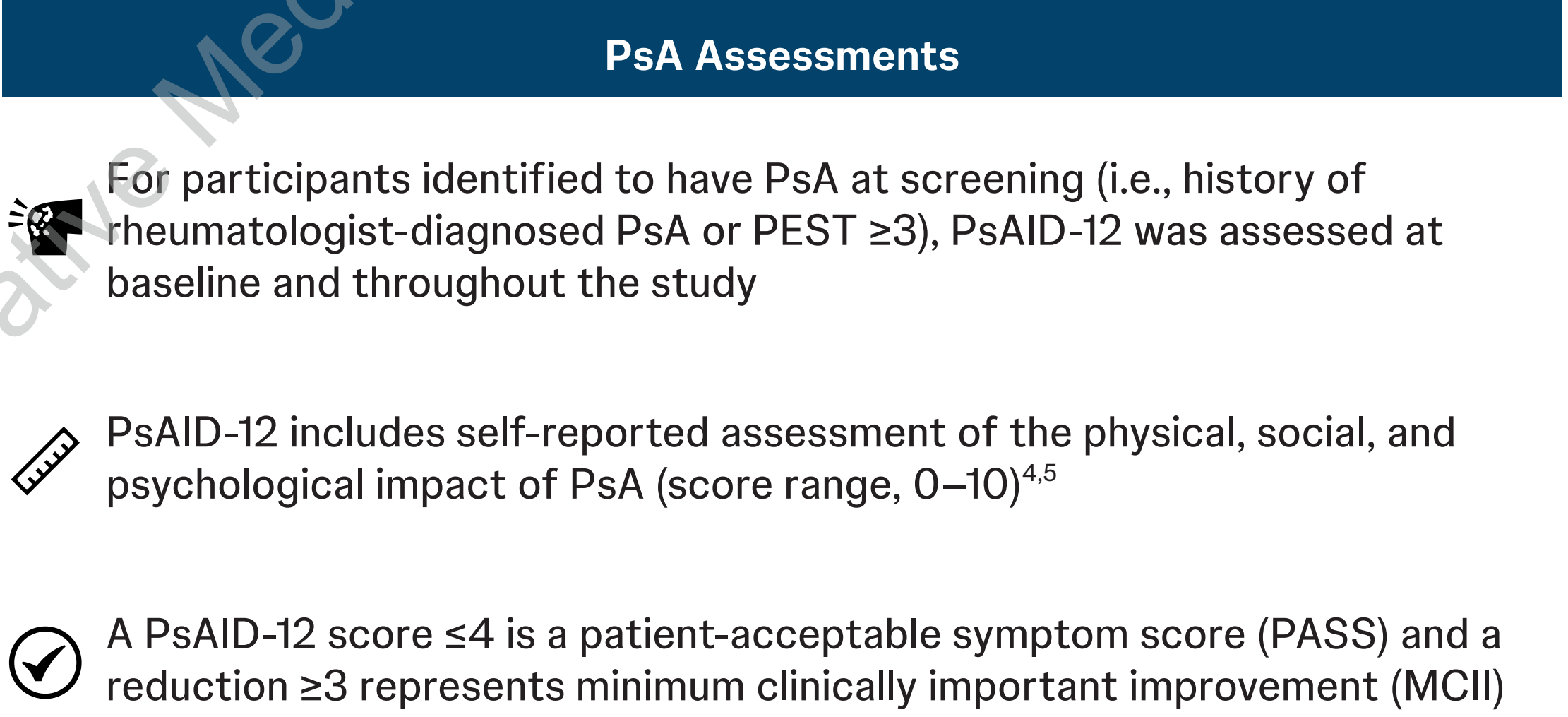
GUS=guselkumab



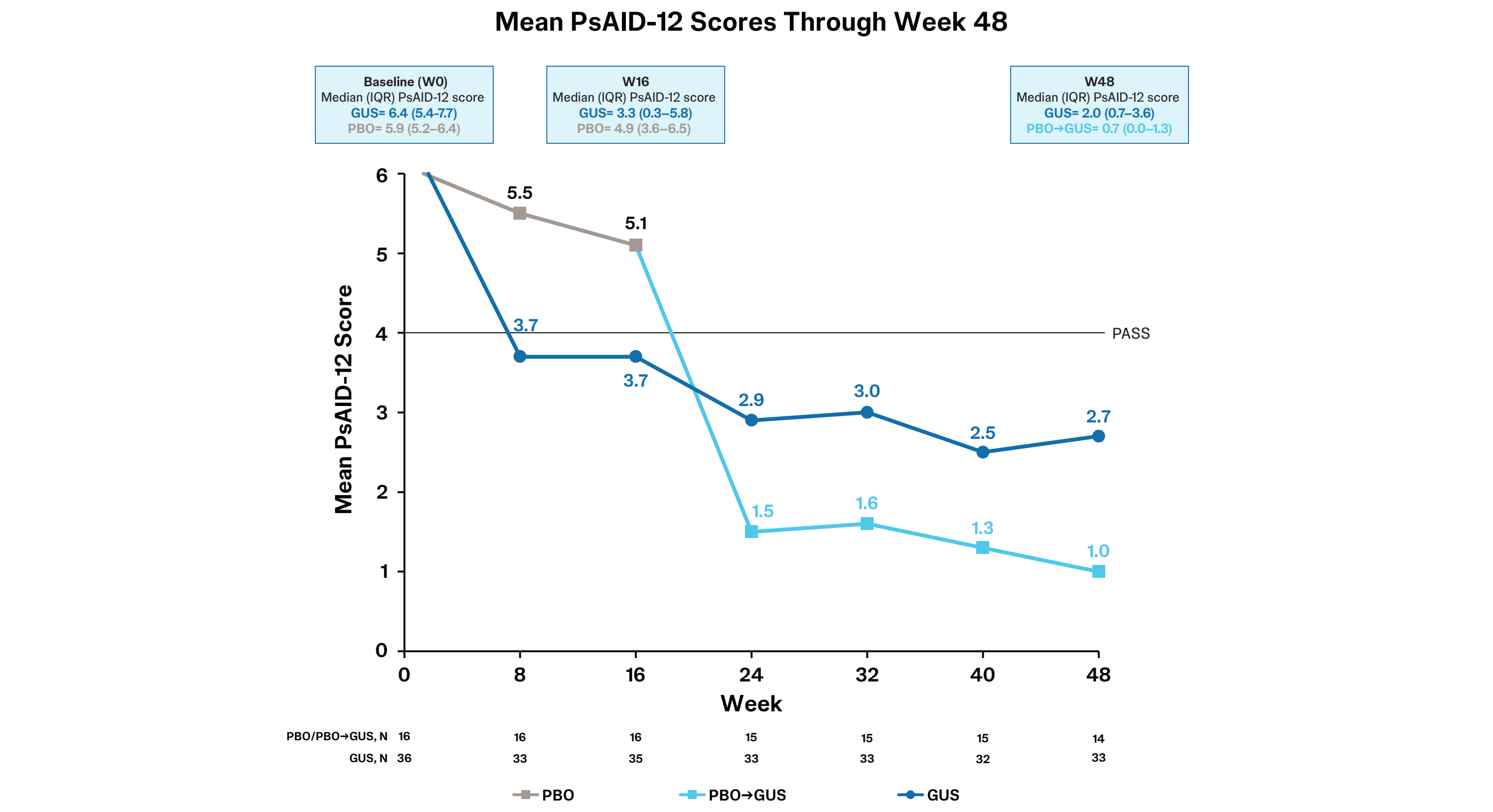
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Key Takeaways

- At baseline, approximately 1 in 5 SPECTREM participants had PsA based on diagnosis by a rheumatologist diagnosis or PEST ≥3. Of these, 73% (52 of 71) had uncontrolled PsA based on having a PsAID-12 score above the PASS threshold of 4.0, indicating a lack of awareness of the need for improved routine PsA screening by dermatologists.
- Specifically, PEST screening for PsO patients with low BSA and PsA risk factors should be considered to enable early detection of PsA and initiation of appropriate treatment to achieve improved outcomes
- Participants with uncontrolled and often undiagnosed PsA at baseline achieved clinically meaningful improvements in the physical and psychological impact of joint disease, based on mean PsAID-12 scores decreasing below the PASS after 3 doses of GUS
- Improvements in PsAID-12 scores continued and were maintained through 48 weeks of treatment



Mean PsAID-12 scores improved in the GUS-randomized group and after crossover to GUS in the PBO-randomized group, and were maintained through W48



At Week 48, more than 70% of GUS-treated participants with uncontrolled PsA at baseline achieved PASS (PsAID-12 score ≤4.0)

