

Consistency of Skin Clearance With the Targeted Oral Peptide Icotrokinra: Results From a Large Pooled Cohort of Phase 3 Study Participants With Moderate-to-Severe Plaque Psoriasis

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Background

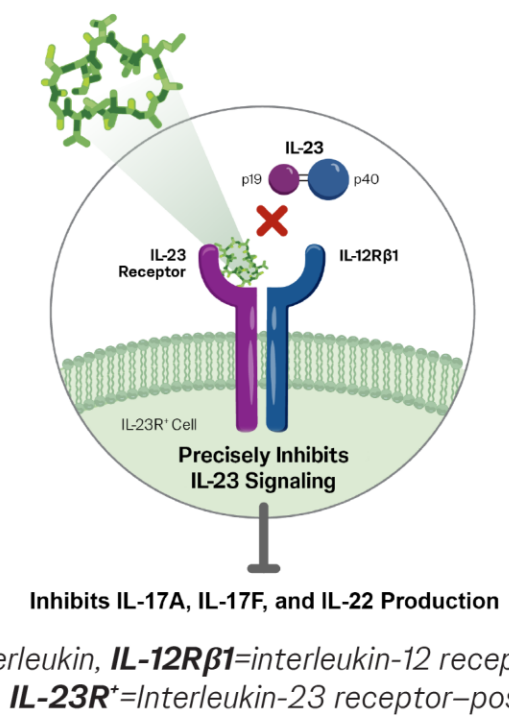


Icotrokinra (ICO) for Plaque Psoriasis (PsO)
First and only targeted oral peptide that precisely blocks the interleukin-23 (IL-23) receptor and inhibits IL-23 pathway signaling¹

Evaluated for the treatment of moderate-to-severe plaque PsO in the phase 3 ICONIC-LEAD, ICONIC-ADVANCE 1, and ICONIC-ADVANCE 2 studies^{2,3}

- Co-primary endpoints of each study were met, with ICO demonstrating significantly higher rates of clear/almost clear skin versus placebo (PBO) at Week (W) 16

Icotrokinra Blocks IL-23 From Binding to its Receptor



Objective



Evaluate the consistency of ICO versus PBO skin clearance response at W16 across baseline subgroups of high clinical interest in a large pooled cohort of phase 3 study participants

Pooled ICONIC-LEAD, ICONIC-ADVANCE 1, and ICONIC-ADVANCE 2: ICO Versus PBO Through W16 by Baseline Subgroups

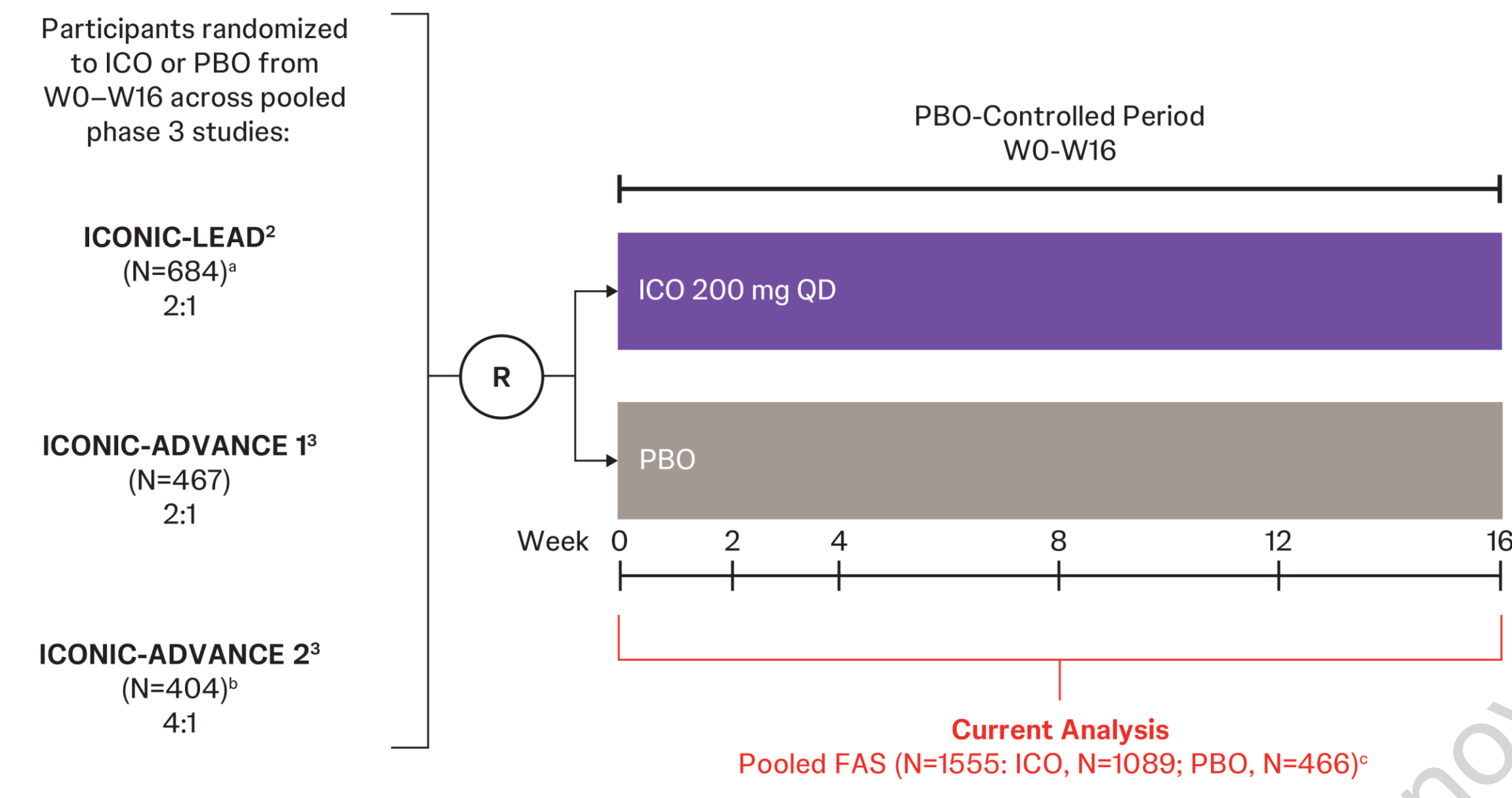
Moderate-to-Severe Plaque PsO (N=1555)

Key inclusion criteria

- ≥12 yrs ICONIC-LEAD
- ≥18 yrs ICONIC-ADVANCE 1 & 2
- Plaque PsO ≥26 weeks
- BSA ≥10%, PASI score ≥12, IGA score ≥3
- Candidate for phototherapy or systemic treatment for plaque PsO

Co-primary endpoints

- IGA score of 0/1 and ≥2-grade improvement from baseline (IGA 0/1) versus PBO at W16
- ≥90% reduction in PASI score from baseline (PASI 90) versus PBO at W16



*Adolescents, n=66. ¹ICONIC-ADVANCE 2 enrolled 404 participants in the ICO and PBO groups, of whom 401 were evaluable for efficacy. ²Includes participants who were randomized to ICO or PBO from the pooled phase 3 ICONIC-LEAD, ICONIC-ADVANCE 1, and ICONIC-ADVANCE 2 studies. Among participants in the pooled FAS, 1552 were evaluable for efficacy (ICO, N=1087; PBO, N=465). ³Includes participants who were randomized to ICO or PBO from the pooled phase 3 ICONIC-LEAD, ICONIC-ADVANCE 1, and ICONIC-ADVANCE 2 studies. Among participants in the pooled FAS, 1552 were evaluable for efficacy (ICO, N=1087; PBO, N=465). BSA=body surface area, FAS=full analysis set, ICO=icotrokinra, IGA=Investigator's Global Assessment, PASI=Psoriasis Area and Severity Index, PBO=placebo, PsO=psoriasis, QD=once daily, R=randomization, W=week.

Outcomes & Analyses

W16 IGA 0/1 Response^{a,c}

- Proportion difference (95% CI) between ICO and PBO IGA 0/1 response
- Subgroups of high clinical interest:
 - Demographic characteristics (sex, age, body weight, and body mass index)
 - PsO disease characteristics (PASI and IGA)
 - Prior PsO treatment (biologics and systemics)

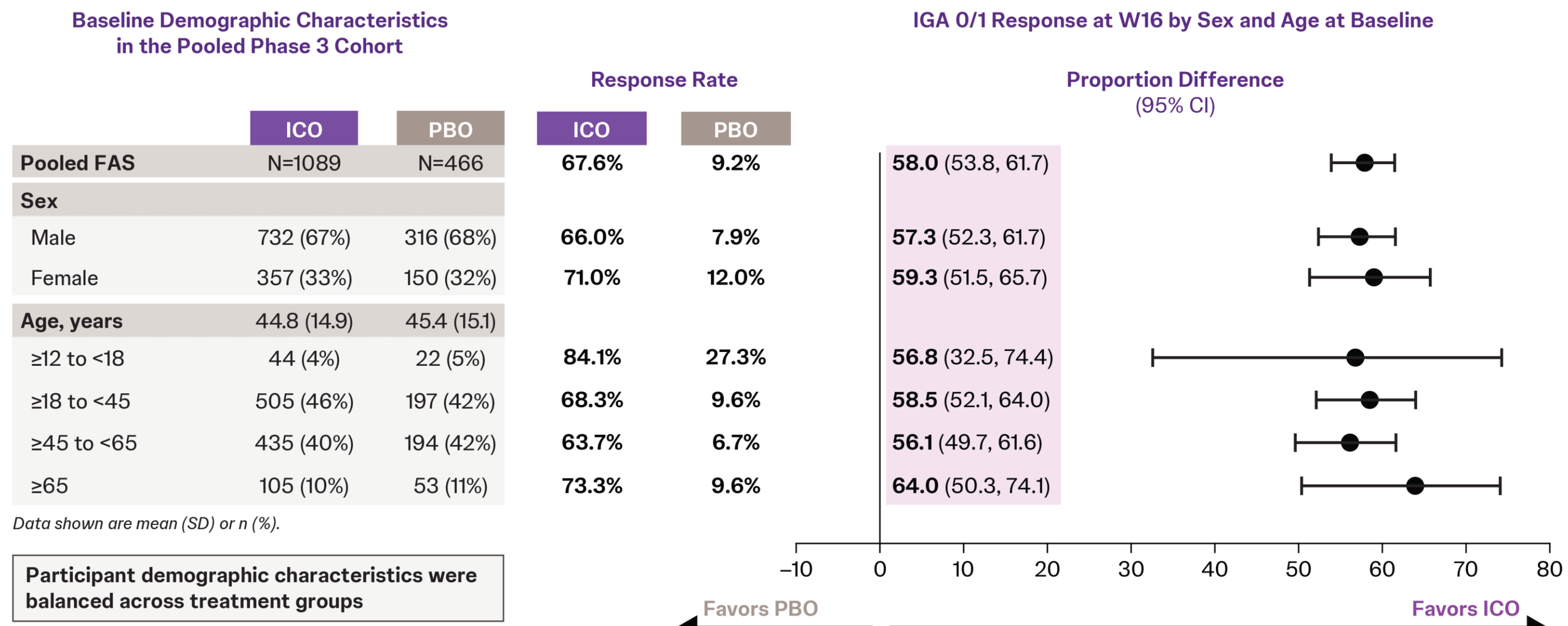
W16 Percent PASI Improvement^{b,d}

- LS mean percent improvement from baseline in PASI score
- Subgroups of interest:
 - Body weight quartiles
 - Body mass index categories

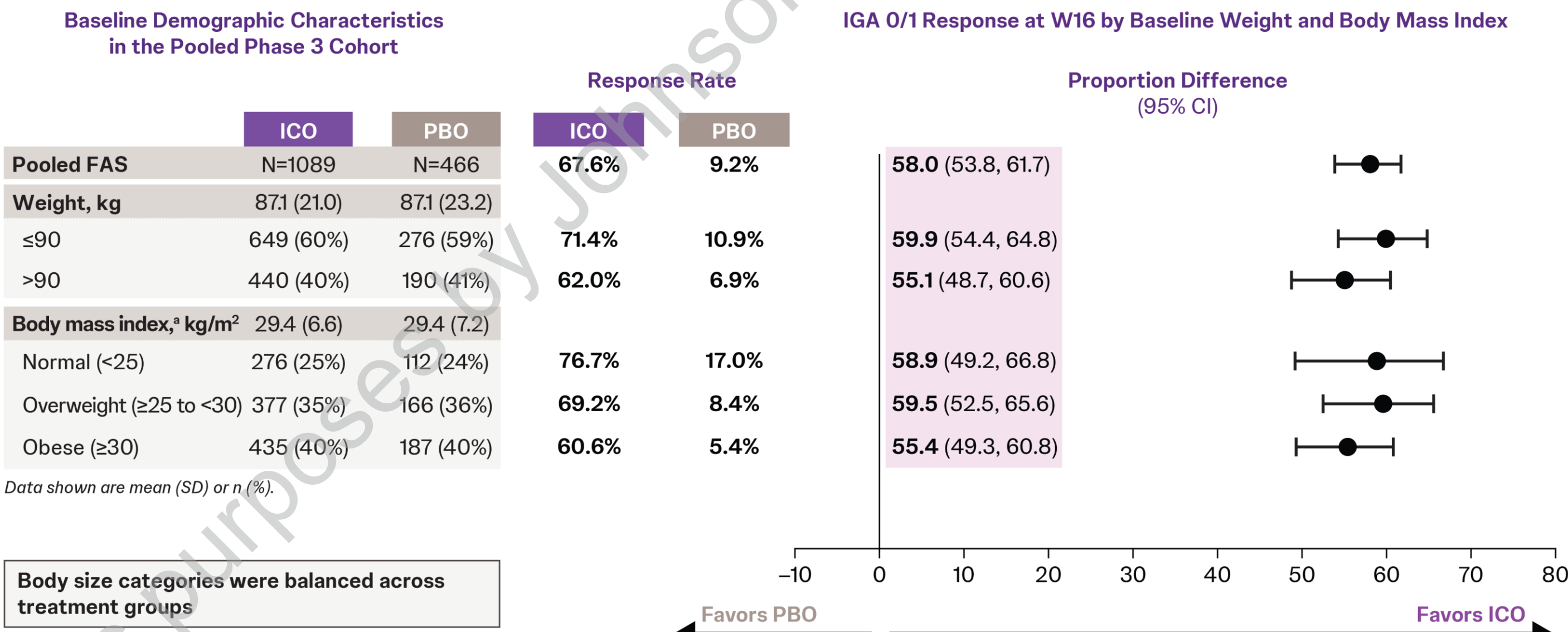
^aNonresponder imputation ¹No improvement from baseline assigned after participants discontinued the study drug due to a lack of efficacy or an AE of worsening PsO or initiated prohibited medication that could impact PsO. Observed data were used for participants who discontinued the study drug for other reasons. ²After accounting for the intercurrent events, participants with missing data were considered nonresponders. ³The remaining missing data were not imputed and were accounted for through the MMRM model. ⁴AE=adverse event, CI=confidence interval, ICO=icotrokinra, IGA=investigator's global assessment, LS=least square, MMRM=mixed-effect model for repeated measures, PASI=Psoriasis Area and Severity Index, PBO=placebo, PsA=psoriatic arthritis, PsO=psoriasis, W=week.

Results

ICO consistently demonstrated higher IGA 0/1 response rates versus PBO at W16 across subgroups defined by sex, age, weight, body mass index, baseline disease severity, and prior biologic/systemic treatment

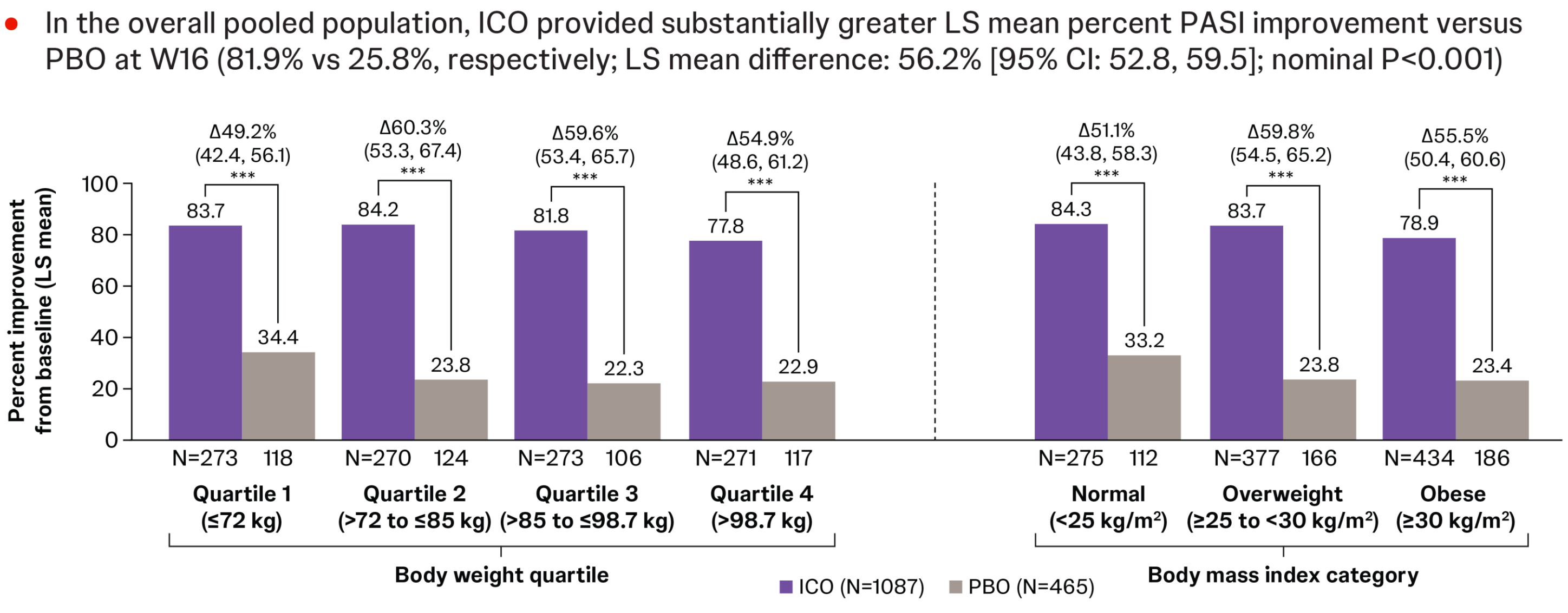


95% CI for difference in proportion is based on the Miettinen-Nurminen method using Mantel-Haenszel weights adjusted by study. Among participants in the pooled FAS, 1552 were evaluable for efficacy (ICO, N=1087; PBO, N=465). CI=confidence interval, FAS=full analysis set, ICO=icotrokinra, IGA=investigator's global assessment, PBO=placebo, SD=standard deviation, W=week.

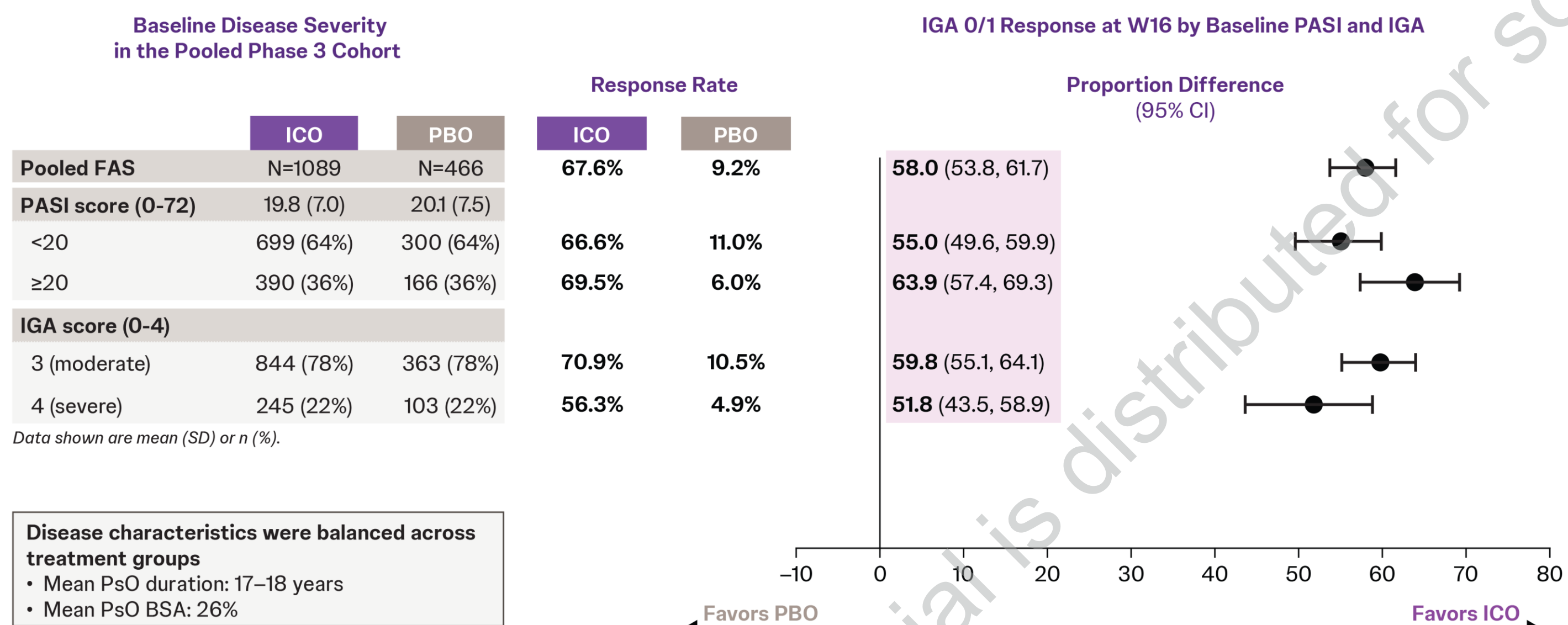


*ICO, N=1088; PBO, N=465. 95% CI for difference in proportion is based on the Miettinen-Nurminen method using Mantel-Haenszel weights adjusted by study. Among participants in the pooled FAS, 1552 were evaluable for efficacy (ICO, N=1087; PBO, N=465). CI=confidence interval, FAS=full analysis set, ICO=icotrokinra, IGA=investigator's global assessment, PBO=placebo, SD=standard deviation.

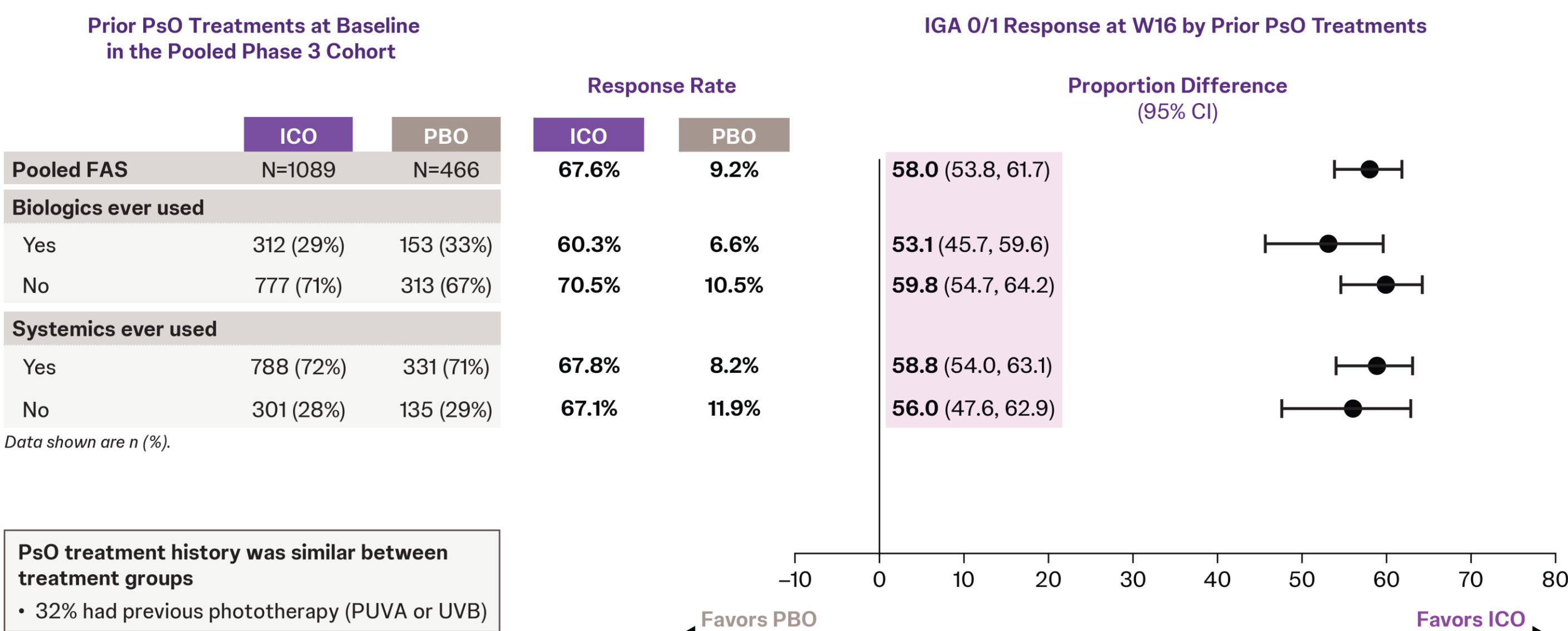
ICO consistently demonstrated greater mean percent PASI improvements versus PBO at W16 regardless of weight and body mass index



***Nominal P<0.001 versus PBO. LS means, LS mean differences, and p-value were based on the MMRM model with treatment group, visit, study, baseline PASI total score, and treatment group by visit interaction as covariates. Participants with missing baseline body weight or body mass index were not included in the analysis. Among participants in the pooled FAS, 1552 were evaluable for efficacy (ICO, N=1087; PBO, N=465). FAS=full analysis set, ICO=icotrokinra, LS=least square, MMRM=mixed-effect model for repeated measures, PASI=Psoriasis Area and Severity Index, PBO=placebo, W=week.



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95% CI for difference in proportion is based on the Miettinen-Nurminen method using Mantel-Haenszel weights adjusted by study. Biologics: adalimumab, alefacept, brikinumab, brodalumab, certolizumab pegol, efalizumab, etanercept, guselkumab, infliximab, ixekizumab, natalizumab, risankizumab, secukinumab, tiludrakumab, and ustekinumab. Systemics: conventional nonbiologic systemics, novel nonbiologic systemics, 125-vitamin D3 and analogs, phototherapy, and biologics. Among participants in the pooled FAS, 1552 were evaluable for efficacy (ICO, N=1087; PBO, N=465). CI=confidence interval, FAS=full analysis set, ICO=icotrokinra, IGA=investigator's global assessment, PBO=placebo, PsO=psoriasis, PUVA=psoralen plus ultraviolet A, UVB=ultraviolet B, W=week.

In this large pooled cohort, the ICO AE profile was similar to PBO through W16

Pooled safety through W16,* n (%)	ICO (N=1088)	PBO (N=465)
Mean weeks of follow-up, n	15.9	15.6
Any AE	531 (49%)	249 (54%)
Most common AEs (≥5%)		
Nasopharyngitis	68 (6%)	28 (6%)
Upper respiratory tract infection	53 (5%)	24 (5%)
Serious AEs	20 (2%)	10 (2%)
AEs leading to discontinuation	20 (2%)	13 (3%)
Infections	252 (23%)	125 (27%)
Serious infections	2 (<1%)	1 (<1%)
Gastrointestinal AEs	71 (7%)	27 (6%)
Malignancy	5 (<1%)	1 (<1%)

*Safety analysis set included all randomized and treated participants. AE=adverse effects, ICO=icotrokinra, PBO=placebo, W=week.