SOLSTICE: Efficacy of Guselkumab in Participants With Active Psoriatic Arthritis and Inadequate Response and/or Intolerance to One Prior Tumor Necrosis Factor Inhibitor Across Baseline Subgroups

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Background

- Guselkumab (GUS), a fully human, dual-acting,[1] monoclonal antibody that selectively inhibits the interleukin (IL)-23p19 subunit, is approved to treat moderate-to-severe plaque psoriasis (PsO), active psoriatic arthritis (PsA), and moderately to severely active Crohn's disease and ulcerative colitis[2]
- SOLSTICE is an ongoing Phase 3b, multicenter, randomized, double-blinded placebo (PBO)-controlled study evaluating the efficacy and safety of GUS in participants with active PsA who had an inadequate response (IR; inadequate efficacy and/or intolerance) to one prior tumor necrosis factor inhibitor (TNFi)
- At Week (W)24, GUS demonstrated significant improvements across PsA signs and symptoms, including joint and skin outcomes, compared with placebo[3]

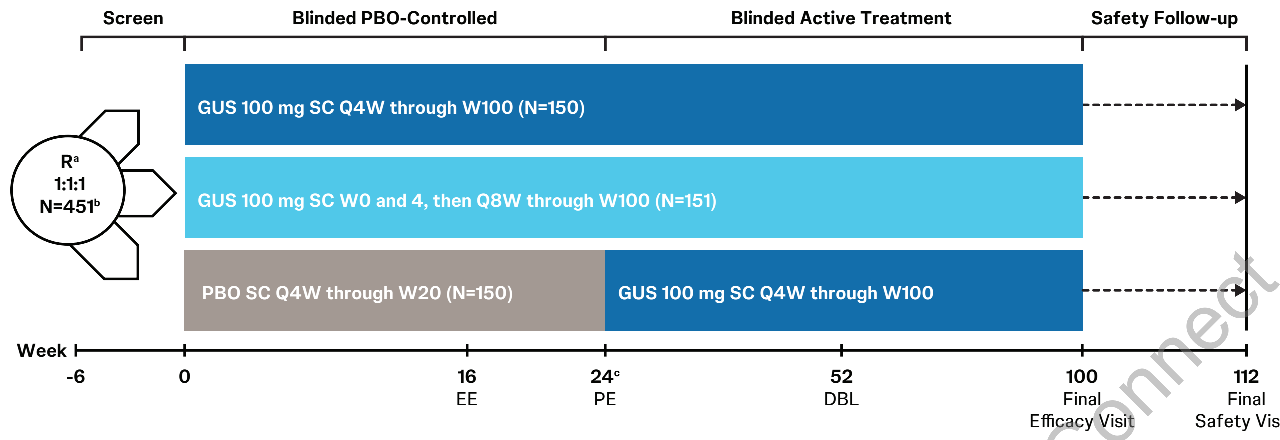
Objective

This analysis assessed the consistency of GUS clinical responses at W24 across SOLSTICE participant subgroups

Methods

Inclusion Criteria

- ✓ Age ≥18 years
- ✓ Active PsA (≥3 SJC; ≥3 TJC; CRP ≥0.3 mg/dL); CASPAR criteria met
- ✓ **Inadequate response and/or intolerance to 1 prior TNFi therapy**
- ✓ Active (≥1 PsO plaque ≥2 cm and/or nail PsO) or history of PsO



Baseline Subgroups	Clinical Responses
Demographics (sex and BMI) **Disease characteristics** (PsA duration, SJC, TJC, PASI) **Medication history** (concomitant csDMARD use, reason for d/c of prior TNFi)	Primary Endpoint: **ACR20** Select major secondary endpoints: **ACR50, MDA, IGA 0/1**[e]

Statistical Analysis:

- Participants were considered nonresponders if they discontinued study agent for any reason other than ND/MD, initiated or increased the dose from baseline of csDMARDs or oral corticosteroids, or initiated protocol-prohibited PsA therapies through W24
- Missing data due to ND/MD were imputed using MI. Other missing data imputed using NRI. Response rates shown are the average proportion of participants achieving response, over the 200 MI datasets.

[a]Randomization was stratified by baseline use of csDMARDs. [b]Total number randomized=453, the full analysis set of 451 excludes 1 participant who was double randomized. [c]Crossover. [d]Final safety follow-up at W112 is 12 weeks after final study agent administration. [e]IGA 0/1 response was evaluated among participants who had a baseline BSA of PsO ≥3% and an IGA ≥2. **ACR20/50**=≥20%/50% improvement in American College of Rheumatology response criteria, **BMI**=body mass index, **BSA**=body surface area, **CASPAR**=ClASsification criteria for Psoriatic ARthritis, **CRP**=C-reactive protein, **csDMARD**=conventional synthetic disease-modifying antirheumatic drug, **DBL**=database lock, **d/c**=discontinuation, **EE**=early escape, **IGA**=Investigator's Global Assessment of psoriasis, **MD**=Major Disruption (Ukraine and neighboring countries/territories beginning 24 February 2022), **MDA**=Minimal Disease Activity, **MI**=multiple imputation, **ND**=Natural Disaster (COVID-19 site access restrictions), **NRI**=nonresponder imputation, **PASI**=Psoriasis Area and Severity Index. **PE**=primary endpoint, **Q4W/Q8W**=every 4/8 weeks, **R**=randomization, **SC**=subcutaneous, **SJC**=swollen joint count, **TJC**=tender joint count.

Key Takeaways

- ✓ In participants with active PsA who were TNFi-IR to one prior TNFi, guselkumab treatment demonstrated efficacy across PsA domains, including achievement of almost clear or clear skin at W24
- ✓ Guselkumab treatment effect observed with both dosing regimens remained generally consistent across a broad range of subgroups of diverse patient profiles

Results

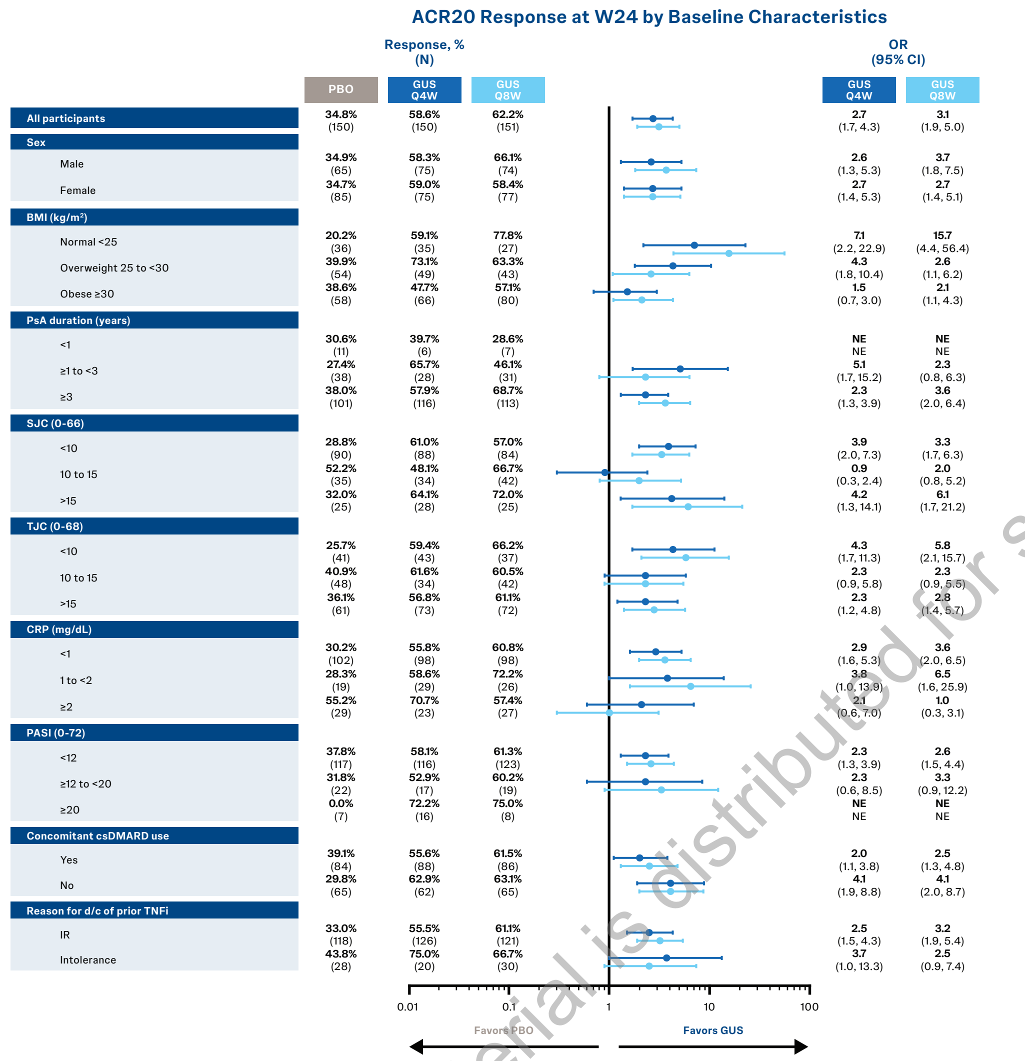
Overall baseline demographics and disease characteristics were well balanced across treatment groups

- Mean baseline disease assessments were consistent with moderately-to-severely active PsA

	PBO (N=150)	GUS 100 mg Q4W (N=150)	GUS 100 mg Q8W (N=151)
Demographics			
Age, yrs			
Mean	49.2	50.6	51.9
Sex			
Male, %	43	50	49
Female, %	57	50	51
BMI, kg/m^2			
Mean	30.0	30.0	30.9
Disease Characteristics			
PsA Disease Duration, yrs			
Mean	7.0	8.8	8.3
SJC (0-66)			
Mean	10.2	10.7	10.3
TJC (0-68)			
Mean	16.8	18.1	17.1
CRP, mg/dL			
Mean	1.4	1.2	1.3
PASI (0-72), N	146	149	150
Mean	6.0	7.3	6.7
Participants With a BSA ≥3% and IGA ≥2			
Participants, N (%)	86 (57)	92 (61)	89 (59)
PsO Disease Duration, yrs			
Mean	16.5	18.7	17.3
BSA, %			
Mean	13.9	17.0	15.7
PASI (0-72)			
Mean	9.0	10.4	10.1
IGA score			
Mild (2), %	45	48	44
Moderate (3), %	49	40	51
Severe (4), %	6	12	6
Medication History			
Concomitant csDMARD use at baseline			
Yes, %	56	59	57
Reason for d/c of prior anti-TNF			
Inadequate Response, %	79	84	80
Intolerance, %	19	13	20

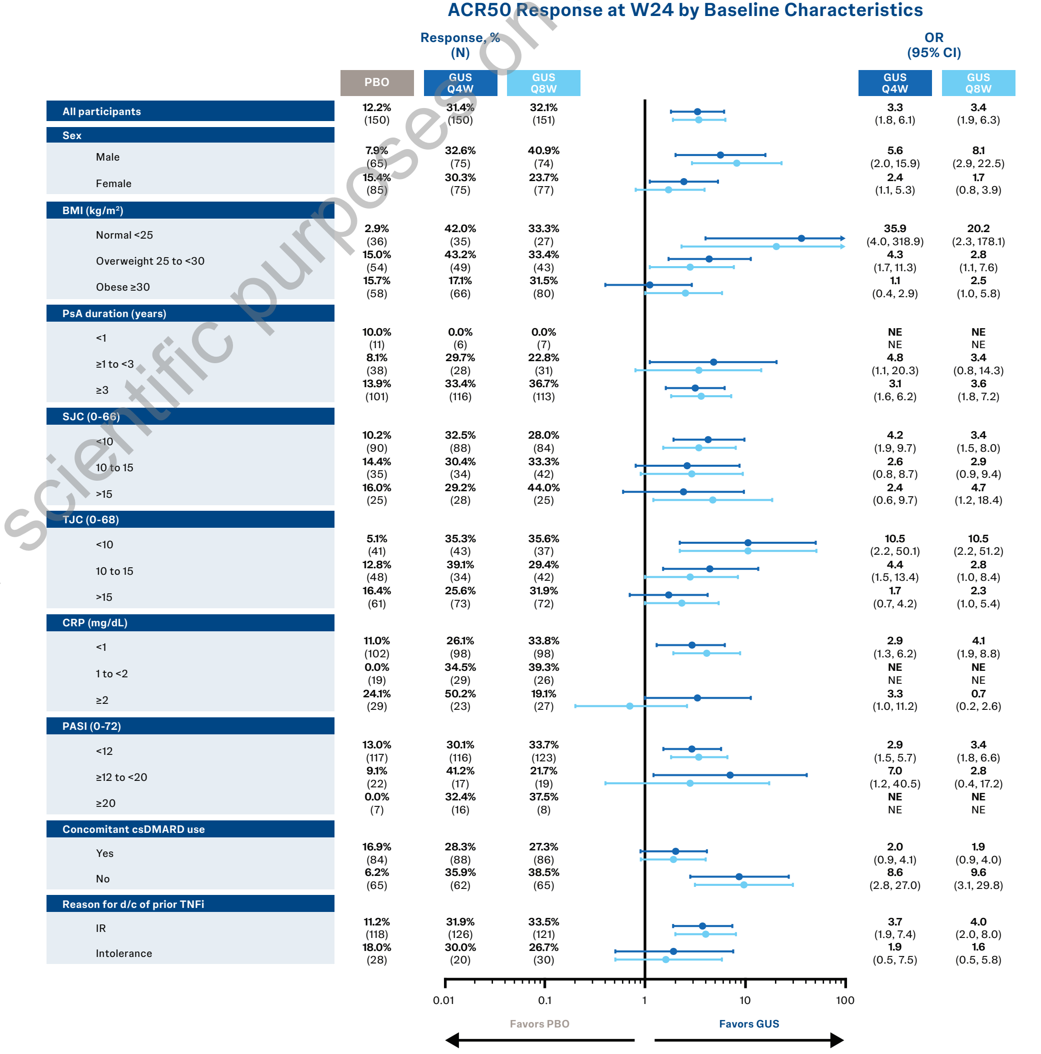
GUS treatment effect on ACR20/50 responses was generally consistent across subgroups regardless of dosing regimen

- There may have been a slight trend for potentially lower ACR20/50 response rates in participants with BMI ≥30 kg/m^2; however, these results may be confounded by the small sample sizes and relatively high placebo response in this subgroup



ACR20 Response at W24 by Baseline Characteristics

	Response, % (N) PBO	Response, % (N) GUS Q4W	Response, % (N) GUS Q8W	OR (95% CI) GUS Q4W	OR (95% CI) GUS Q8W
All participants	34.8% (150)	58.6% (150)	62.2% (151)	2.7 (1.7, 4.3)	3.1 (1.9, 5.0)
Sex					
Male	34.9% (65)	58.3% (75)	66.1% (74)	2.6 (1.3, 5.3)	3.7 (1.8, 7.5)
Female	34.7% (85)	59.0% (75)	58.4% (77)	2.7 (1.4, 5.3)	2.7 (1.4, 5.1)
BMI (kg/m^2)					
Normal <25	20.2% (36)	59.1% (35)	77.8% (27)	7.1 (2.2, 22.9)	15.7 (4.4, 56.4)
Overweight 25 to <30	39.9% (54)	73.1% (49)	63.3% (43)	4.3 (1.8, 10.4)	2.6 (1.1, 6.2)
Obese ≥30	38.6% (58)	47.7% (66)	57.1% (80)	1.5 (0.7, 3.0)	2.1 (1.1, 4.3)
PsA duration (years)					
<1	30.6% (11)	39.7% (6)	28.6% (7)	NE NE	NE NE
≥1 to <3	27.4% (38)	65.7% (28)	46.1% (31)	5.1 (1.7, 15.2)	2.3 (0.8, 6.3)
≥3	38.0% (101)	57.9% (116)	68.7% (113)	2.3 (1.3, 3.9)	3.6 (2.0, 6.4)
SJC (0-66)					
<10	28.8% (90)	61.0% (88)	57.0% (84)	3.9 (2.0, 7.3)	3.3 (1.7, 6.3)
10 to 15	52.2% (35)	48.1% (34)	66.7% (42)	0.9 (0.3, 2.4)	2.0 (0.8, 5.2)
>15	32.0% (25)	64.1% (28)	72.0% (25)	4.2 (1.3, 14.1)	6.1 (1.7, 21.2)
TJC (0-68)					
<10	25.7% (41)	59.4% (43)	66.2% (37)	4.3 (1.7, 11.3)	5.8 (2.1, 15.7)
10 to 15	40.9% (48)	61.6% (34)	60.5% (42)	2.3 (0.9, 5.8)	2.3 (0.9, 5.5)
>15	36.1% (61)	56.8% (73)	61.1% (72)	2.3 (1.2, 4.8)	2.8 (1.4, 5.7)
CRP (mg/dL)					
<1	30.2% (102)	55.8% (98)	60.8% (98)	2.9 (1.6, 5.3)	3.6 (2.0, 6.5)
1 to <2	28.3% (19)	58.6% (29)	72.2% (26)	3.8 (1.0, 13.9)	6.5 (1.6, 25.9)
≥2	55.2% (29)	70.7% (23)	57.4% (27)	2.1 (0.6, 7.0)	1.0 (0.3, 3.1)
PASI (0-72)					
<12	37.8% (117)	58.1% (116)	61.3% (123)	2.3 (1.3, 3.9)	2.6 (1.5, 4.4)
≥12 to <20	31.8% (22)	52.9% (17)	60.2% (19)	2.3 (0.6, 8.5)	3.3 (0.9, 12.2)
≥20	0.0% (7)	72.2% (16)	75.0% (8)	NE NE	NE NE
Concomitant csDMARD use					
Yes	39.1% (84)	55.6% (88)	61.5% (86)	2.0 (1.1, 3.8)	2.5 (1.3, 4.8)
No	29.8% (65)	62.9% (62)	63.1% (65)	4.1 (1.9, 8.8)	4.1 (2.0, 8.7)
Reason for d/c of prior TNFi					
IR	33.0% (118)	55.5% (126)	61.1% (121)	2.5 (1.5, 4.3)	3.2 (1.9, 5.4)
Intolerance	43.8% (28)	75.0% (20)	66.7% (30)	3.7 (1.0, 13.3)	2.5 (0.9, 7.4)

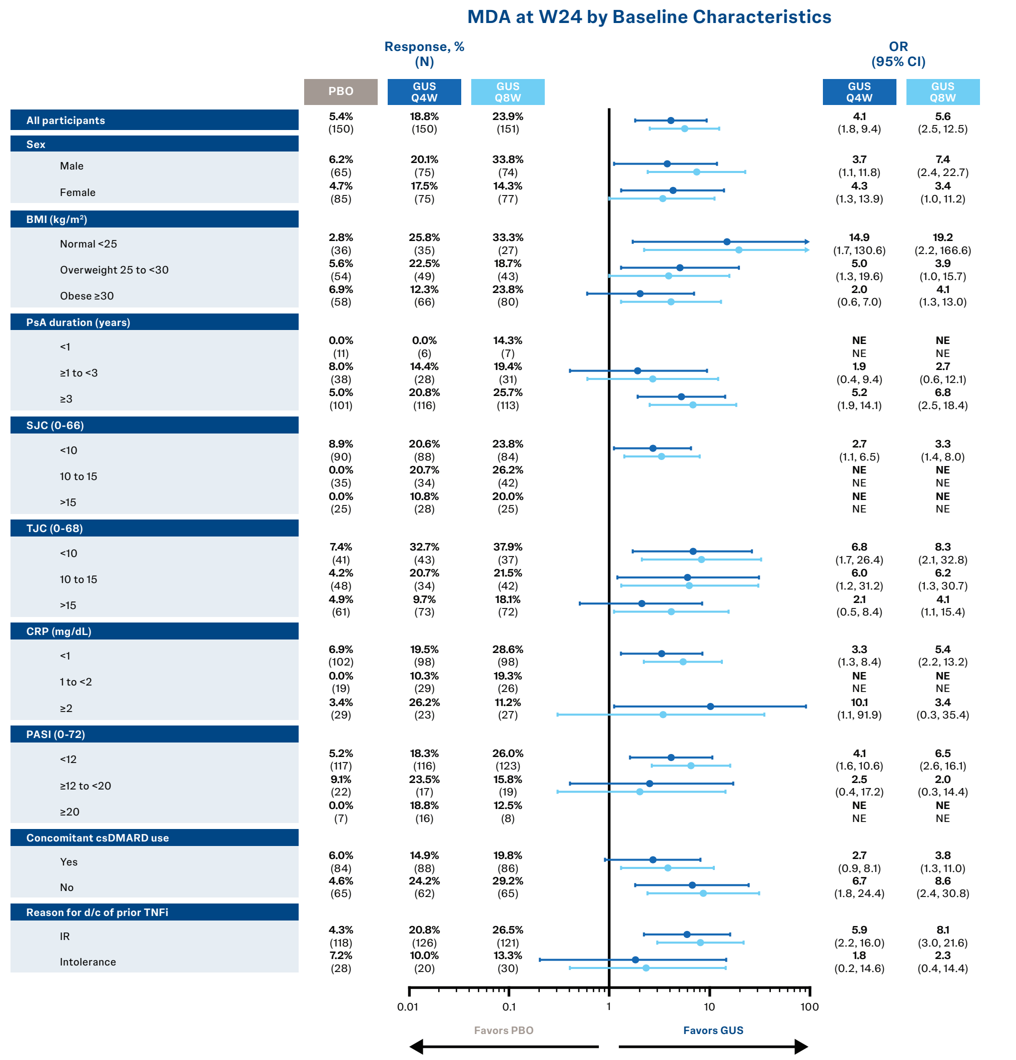


ACR50 Response at W24 by Baseline Characteristics

	Response, % (N) PBO	Response, % (N) GUS Q4W	Response, % (N) GUS Q8W	OR (95% CI) GUS Q4W	OR (95% CI) GUS Q8W
All participants	12.2% (150)	31.4% (150)	32.1% (151)	3.3 (1.8, 6.1)	3.4 (1.9, 6.3)
Sex					
Male	7.9% (65)	32.6% (75)	40.9% (74)	5.6 (2.0, 15.9)	8.1 (2.9, 22.5)
Female	15.4% (85)	30.3% (75)	23.7% (77)	2.4 (1.1, 5.3)	1.7 (0.8, 3.9)
BMI (kg/m^2)					
Normal <25	2.9% (36)	42.0% (35)	33.3% (27)	35.9 (4.0, 318.9)	20.2 (2.3, 178.1)
Overweight 25 to <30	15.0% (54)	43.2% (49)	33.4% (43)	4.3 (1.7, 11.3)	2.8 (1.1, 7.6)
Obese ≥30	15.7% (58)	17.1% (66)	31.5% (80)	1.1 (0.4, 2.9)	2.5 (1.0, 5.8)
PsA duration (years)					
<1	10.0% (11)	0.0% (6)	0.0% (7)	NE NE	NE NE
≥1 to <3	8.1% (38)	29.7% (28)	22.8% (31)	4.8 (1.1, 20.3)	3.4 (0.8, 14.3)
≥3	13.9% (101)	33.4% (116)	36.7% (113)	3.1 (1.6, 6.2)	3.6 (1.8, 7.2)
SJC (0-66)					
<10	10.2% (90)	32.5% (88)	28.0% (84)	4.2 (1.9, 9.7)	3.4 (1.5, 8.0)
10 to 15	14.4% (35)	30.4% (34)	33.3% (42)	2.6 (0.8, 8.7)	2.9 (0.9, 9.4)
>15	16.0% (25)	29.2% (28)	44.0% (25)	2.4 (0.6, 9.7)	4.7 (1.2, 18.4)
TJC (0-68)					
<10	5.1% (41)	35.3% (43)	35.6% (37)	10.5 (2.2, 50.1)	10.5 (2.2, 51.2)
10 to 15	12.8% (48)	39.1% (34)	29.4% (42)	4.4 (1.5, 13.4)	2.8 (1.0, 8.4)
>15	16.4% (61)	25.6% (73)	31.9% (72)	1.7 (0.7, 4.2)	2.3 (1.0, 5.4)
CRP (mg/dL)					
<1	11.0% (102)	26.1% (98)	33.8% (98)	2.9 (1.3, 6.2)	4.1 (1.9, 8.8)
1 to <2	0.0% (19)	34.5% (29)	39.3% (26)	NE NE	NE NE
≥2	24.1% (29)	50.2% (23)	19.1% (27)	3.3 (1.0, 11.2)	0.7 (0.2, 2.6)
PASI (0-72)					
<12	13.0% (117)	30.1% (116)	33.7% (123)	2.9 (1.5, 5.7)	3.4 (1.8, 6.6)
≥12 to <20	9.1% (22)	41.2% (17)	21.7% (19)	7.0 (1.2, 40.5)	2.8 (0.4, 17.2)
≥20	0.0% (7)	32.4% (16)	37.5% (8)	NE NE	NE NE
Concomitant csDMARD use					
Yes	16.9% (84)	28.3% (88)	27.3% (86)	2.0 (0.9, 4.1)	1.9 (0.9, 4.0)
No	6.2% (65)	35.9% (62)	38.5% (65)	8.6 (2.8, 27.0)	9.6 (3.1, 29.8)
Reason for d/c of prior TNFi					
IR	11.2% (118)	31.9% (126)	33.5% (121)	3.7 (1.9, 7.4)	4.0 (2.0, 8.0)
Intolerance	18.0% (28)	30.0% (20)	26.7% (30)	1.9 (0.5, 7.5)	1.6 (0.5, 5.8)

CI=confidence interval, *OR*=odds ratio, *NE*=not evaluable.

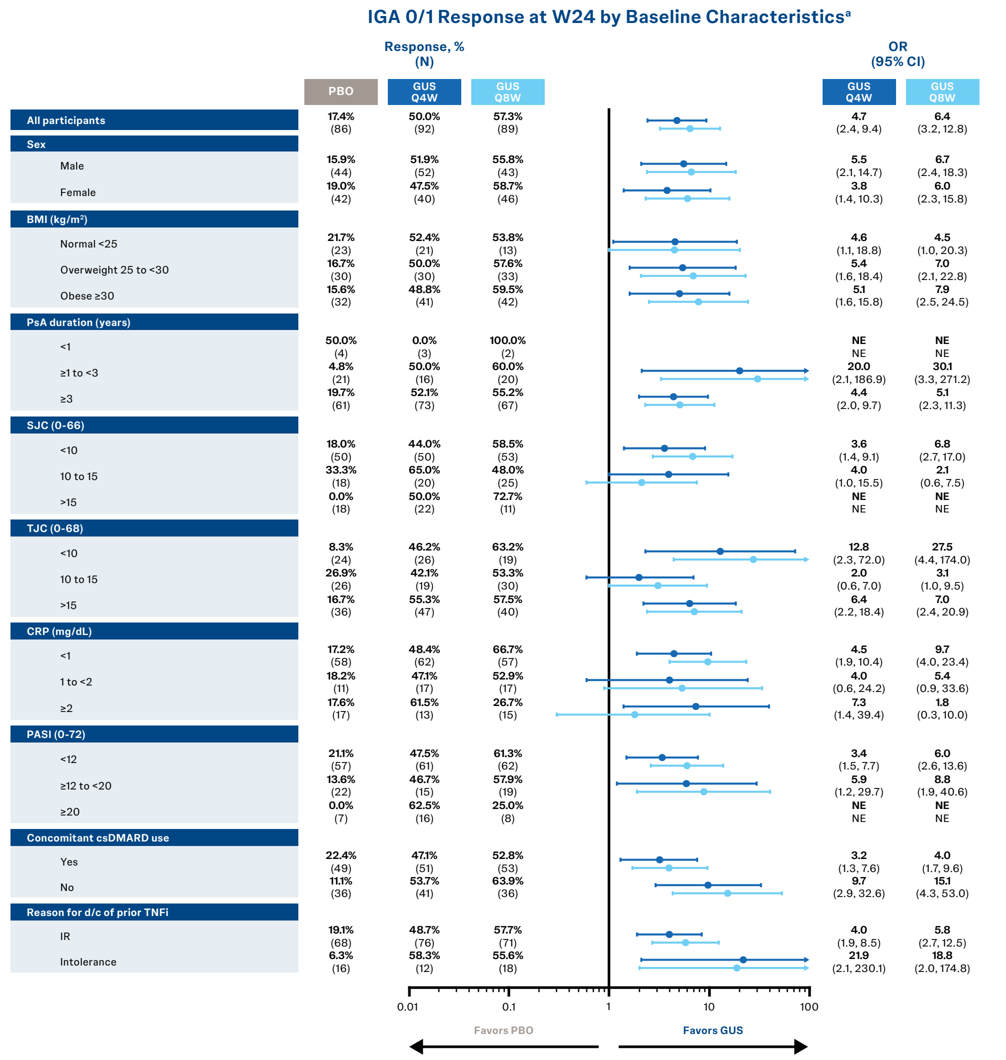
GUS effect on achievement of MDA remained consistent across subgroups for both dosing regimens



MDA at W24 by Baseline Characteristics

	Response, % (N) PBO	Response, % (N) GUS Q4W	Response, % (N) GUS Q8W	OR (95% CI) GUS Q4W	OR (95% CI) GUS Q8W
All participants	5.4% (150)	18.8% (150)	23.9% (151)	4.1 (1.8, 9.4)	5.6 (2.5, 12.5)
Sex					
Male	6.2% (65)	20.1% (75)	33.8% (74)	3.7 (1.1, 11.8)	7.4 (2.4, 22.7)
Female	4.7% (85)	17.5% (75)	14.3% (77)	4.3 (1.3, 13.9)	3.4 (1.0, 11.2)
BMI (kg/m^2)					
Normal <25	2.8% (36)	25.8% (35)	33.3% (27)	14.9 (1.7, 130.6)	19.2 (2.2, 166.6)
Overweight 25 to <30	5.6% (54)	22.5% (49)	18.7% (43)	5.0 (1.3, 19.6)	3.9 (1.0, 15.7)
Obese ≥30	6.9% (58)	12.3% (66)	23.8% (80)	2.0 (0.6, 7.0)	4.1 (1.3, 13.0)
PsA duration (years)					
<1	0.0% (11)	0.0% (6)	14.3% (7)	NE NE	NE NE
≥1 to <3	8.0% (38)	14.4% (28)	19.4% (31)	1.9 (0.4, 9.4)	2.7 (0.6, 12.1)
≥3	5.0% (101)	20.8% (116)	25.7% (113)	5.2 (1.9, 14.1)	6.8 (2.5, 18.4)
SJC (0-66)					
<10	8.9% (90)	20.6% (88)	23.8% (84)	2.7 (1.1, 6.5)	3.3 (1.4, 8.0)
10 to 15	0.0% (35)	20.7% (34)	26.2% (42)	NE NE	NE NE
>15	0.0% (25)	10.8% (28)	20.0% (25)	NE NE	NE NE
TJC (0-68)					
<10	7.4% (41)	32.7% (43)	37.9% (37)	6.8 (1.7, 26.4)	8.3 (2.1, 32.8)
10 to 15	4.2% (48)	20.7% (34)	21.5% (42)	6.0 (1.2, 31.2)	6.2 (1.3, 30.7)
>15	4.9% (61)	9.7% (73)	18.1% (72)	2.1 (0.5, 8.4)	4.1 (1.1, 15.4)
CRP (mg/dL)					
<1	6.9% (102)	19.5% (98)	28.6% (98)	3.3 (1.3, 8.4)	5.4 (2.2, 13.2)
1 to <2	0.0% (19)	10.3% (29)	19.3% (26)	NE NE	NE NE
≥2	3.4% (29)	26.2% (23)	11.2% (27)	10.1 (1.1, 91.9)	3.4 (0.3, 35.4)
PASI (0-72)					
<12	5.2% (117)	18.3% (116)	26.0% (123)	4.1 (1.6, 10.6)	6.5 (2.6, 16.1)
≥12 to <20	9.1% (22)	23.5% (17)	15.8% (19)	2.5 (0.4, 17.2)	2.0 (0.3, 14.4)
≥20	0.0% (7)	18.8% (16)	12.5% (8)	NE NE	NE NE
Concomitant csDMARD use					
Yes	6.0% (84)	14.9% (88)	19.8% (86)	2.7 (0.9, 8.1)	3.8 (1.3, 11.0)
No	4.6% (65)	24.2% (62)	29.2% (65)	6.7 (1.8, 24.4)	8.6 (2.4, 30.8)
Reason for d/c of prior TNFi					
IR	4.3% (118)	20.8% (126)	26.5% (121)	5.9 (2.2, 16.0)	8.1 (3.0, 21.6)
Intolerance	7.2% (28)	10.0% (20)	13.3% (30)	1.8 (0.2, 14.6)	2.3 (0.4, 14.4)

Treatment effect of GUS on achieving clear or almost clear skin was also consistent across subgroups with both Q4W and Q8W dosing



IGA 0/1 Response at W24 by Baseline Characteristics[a]

	Response, % (N) PBO	Response, % (N) GUS Q4W	Response, % (N) GUS Q8W	OR (95% CI) GUS Q4W	OR (95% CI) GUS Q8W
All participants	17.4% (86)	50.0% (92)	57.3% (89)	4.7 (2.4, 9.4)	6.4 (3.2, 12.8)
Sex					
Male	15.9% (44)	51.9% (52)	55.8% (43)	5.5 (2.1, 14.7)	6.7 (2.4, 18.3)
Female	19.0% (42)	47.5% (40)	58.7% (46)	3.8 (1.4, 10.3)	6.0 (2.3, 15.8)
BMI (kg/m^2)					
Normal <25	21.7% (23)	52.4% (21)	53.8% (13)	4.6 (1.1, 18.8)	4.5 (1.0, 20.3)
Overweight 25 to <30	16.7% (30)	50.0% (30)	57.6% (33)	5.4 (1.6, 18.4)	7.0 (2.1, 22.8)
Obese ≥30	15.6% (32)	48.8% (41)	59.5% (42)	5.1 (1.6, 15.8)	7.9 (2.5, 24.5)
PsA duration (years)					
<1	50.0% (4)	0.0% (3)	100.0% (2)	NE NE	NE NE
≥1 to <3	4.8% (21)	50.0% (16)	60.0% (20)	20.0 (2.1, 186.9)	30.1 (3.3, 271.2)
≥3	19.7% (61)	52.1% (73)	55.2% (67)	4.4 (2.0, 9.7)	5.1 (2.3, 11.3)
SJC (0-66)					
<10	18.0% (50)	44.0% (50)	58.5% (53)	3.6 (1.4, 9.1)	6.8 (2.7, 17.0)
10 to 15	33.3% (18)	65.0% (20)	48.0% (25)	4.0 (1.0, 15.5)	2.1 (0.6, 7.5)
>15	0.0% (18)	50.0% (22)	72.7% (11)	NE NE	NE NE
TJC (0-68)					
<10	8.3% (24)	46.2% (26)	63.2% (19)	12.8 (2.3, 72.0)	27.5 (4.4, 174.0)
10 to 15	26.9% (26)	42.1% (19)	53.3% (30)	2.0 (0.6, 7.0)	3.1 (1.0, 9.5)
>15	16.7% (36)	55.3% (47)	57.5% (40)	6.4 (2.2, 18.4)	7.0 (2.4, 20.9)
CRP (mg/dL)					
<1	17.2% (58)	48.4% (62)	66.7% (57)	4.5 (1.9, 10.4)	9.7 (4.0, 23.4)
1 to <2	18.2% (11)	47.1% (17)	52.9% (17)	4.0 (0.6, 24.2)	5.4 (0.9, 33.6)
≥2	17.6% (17)	61.5% (13)	26.7% (15)	7.3 (1.4, 39.4)	1.8 (0.3, 10.0)
PASI (0-72)					
<12	21.1% (57)	47.5% (61)	61.3% (62)	3.4 (1.5, 7.7)	6.0 (2.6, 13.6)
≥12 to <20	13.6% (22)	46.7% (15)	57.9% (19)	5.9 (1.2, 29.7)	8.8 (1.9, 40.6)
≥20	0.0% (7)	62.5% (16)	25.0% (8)	NE NE	NE NE
Concomitant csDMARD use					
Yes	22.4% (49)	47.1% (51)	52.8% (53)	3.2 (1.3, 7.6)	4.0 (1.7, 9.6)
No	11.1% (36)	53.7% (41)	63.9% (36)	9.7 (2.9, 32.6)	15.1 (4.3, 53.0)
Reason for d/c of prior TNFi					
IR	19.1% (68)	48.7% (76)	57.7% (71)	4.0 (1.9, 8.5)	5.8 (2.7, 12.5)
Intolerance	6.3% (16)	58.3% (12)	55.6% (18)	21.9 (2.1, 230.1)	18.8 (2.0, 174.8)

[a]IGA 0/1 response was evaluated among participants who achieved a ≥2 grade reduction from baseline and who had a baseline BSA of PsO ≥3% and an IGA ≥2.

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