



PSORIASIS

IMPROVEMENT IN ABSOLUTE PSORIASIS AREA AND SEVERITY INDEX (PASI) SCORE THROUGH 3 YEARS OF CONTINUOUS TREATMENT WITH GUSELKUMAB IN THE VOYAGE 1 TRIAL

L Puig⁽¹⁾ - Kb Gordon⁽²⁾ - T-f Tsai⁽³⁾ - D Thaci⁽⁴⁾ - M Gooderham⁽⁵⁾ - S Fakharzadeh⁽⁶⁾ - S Li⁽⁷⁾ - Y-k Shen⁽⁷⁾ - K Reich⁽⁸⁾

Hospital De La Santa Creu I Sant Pau, Autonomous University Of Barcelona, Dermatology, Barcelona, Spain⁽¹⁾ - Medical College Of Wisconsin, Dermatology, Milwaukee, United States⁽²⁾ - National Taiwan University Hospital, Dermatology, Taipei, Taiwan⁽³⁾ - Comprehensive Center For Inflammation Medicine, University Of Luebeck, Dermatology, Luebeck, Germany⁽⁴⁾ - Skin Centre For Dermatology, Dermatology, Peterborough, Canada⁽⁵⁾ - Janssen Scientific Affairs, Llc, Medical Affairs, Horsham, United States⁽⁶⁾ - Janssen Research & Development, Llc, Clinical Biostatistics, Spring House, United States⁽⁷⁾ - Dermatologikum Berlin And Sciderm Research Institute, Dermatology, Hamburg, Germany⁽⁸⁾

Introduction/Objective: Long-term responses based on absolute PASI scores through 3 years of continuous GUS treatment were assessed in the VOYAGE 1 study.

Methods: At baseline, patients were ≥ 18 years of age, had moderate-to-severe plaque psoriasis for ≥ 6 months, an Investigator's Global Assessment (IGA) score ≥ 3 , PASI score ≥ 12 , and $\geq 10\%$ BSA, and were candidates for systemic/phototherapy. A total of 837 patients were randomized (2:1:2) to GUS 100mg at Wks 0 and 4, and q8w; placebo (PBO) at Wks 0, 4, and 12, then GUS 100mg at Wks 16 and 20, and q8w; or ADA 80mg at Wk0, 40mg at Wk1, and 40mg q2w through Wk47, then GUS 100mg at Wk52 and q8w (ADA→GUS group). Efficacy through Wk156 is presented according to absolute PASI score thresholds of 0, ≤ 1 , ≤ 3 , and ≤ 5 . Data for patients randomized to GUS or PBO with crossover to GUS were combined. This analysis used observed data after applying treatment failure rules.

Results: In the GUS group, the proportions of patients with a PASI score of 0 and ≤ 1 were 49.1% and 64.3% at Wk52 (n=468), 51.1% and 68.8% at Wk100 (n=448), and 50.8% and 68.4% at Wk156 (n=431), respectively. In the ADA→GUS group, 24.0% and 35.8% of patients had a PASI score of 0 and ≤ 1 , respectively, at Wk52 (n=279). After switching to GUS, responses improved, with 51.6% and 69.1% of patients at Wk100 (n=275), and 50.9% and 70.6% of patients at Wk156 (n=269) achieving PASI scores of 0 and ≤ 1 , respectively. Nearly all patients (94.7% and 94.8% in the GUS and ADA→GUS groups,





respectively) had a PASI score ≤ 5 at Wk156. GUS was well-tolerated through 3 years of treatment.

Conclusions: Continuous treatment with GUS was well-tolerated and provided robust and durable skin responses based on absolute PASI scores that were maintained through 3 years.

