Ixekizumab Provides More Durable Improvements in Skin Clearance, Itch, and Quality of Life Than Guselkumab in Patients With Moderate-to-Severe Psoriasis: 24-Week Results From IXORA-R

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BACKGROUND

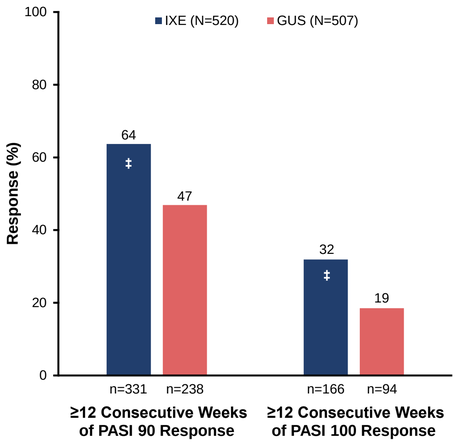
- Ixekizumab, a high-affinity monoclonal antibody that selectively targets interleukin (IL)-17A,[1] has significant efficacy, with a rapid onset of action in the treatment of moderate-to-severe psoriasis (PsO)[2-5]
- IXORA-R (NCT03573323) is a Phase 4, randomized, double-blind, head-to-head, multicenter trial comparing the efficacy and safety of ixekizumab with guselkumab, an IL-23p19 inhibitor, in patients with moderate-to-severe PsO
  - Significantly more patients treated with ixekizumab vs. guselkumab achieved the primary endpoint of complete skin clearance (Psoriasis Area and Severity Index [PASI] 100 response) at Week 12[6]

OBJECTIVES

- To evaluate the durability of skin clearance improvement with ixekizumab vs. guselkumab and the impact on clinical outcomes over 24 weeks of treatment in IXORA-R
- To evaluate the association between durable improvement in PASI 90 and PASI 100 and Dermatology Life Quality Index (DLQI) (0,1) and Itch numeric ratings scale (NRS) (0) at 24 weeks

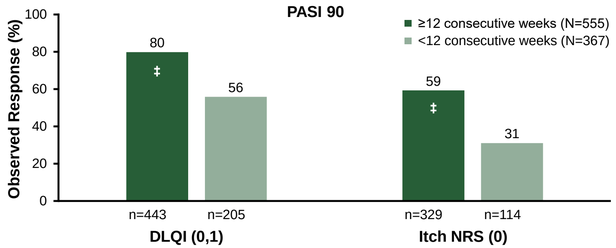
KEY RESULTS

More Patients Treated With Ixekizumab vs. Guselkumab Reached ≥12 Consecutive Weeks of PASI 90 or PASI 100 Response

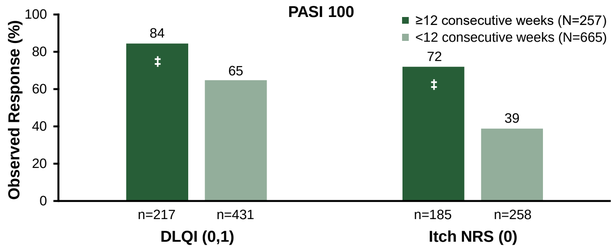


‡ p<.001 vs. GUS

Patients Who Reached PASI 90 or PASI 100 for ≥12 Consecutive Weeks Were More Likely to Achieve DLQI (0,1) and Itch NRS (0) at Week 24 Than Patients Who Reached PASI 90 or PASI 100 for <12 Consecutive Weeks

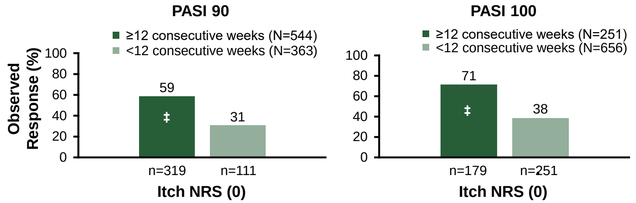


‡ p<.001 vs. <12 consecutive weeks; Data are presented for the ITT population



‡ p<.001 vs. <12 consecutive weeks; Data are presented for the ITT population

Patients With Baseline Itch NRS >0 Who Reached PASI 90 or PASI 100 for ≥12 Consecutive Weeks Were More Likely to Achieve Itch NRS (0) at Week 24 Than Patients Who Reached PASI 90 or PASI 100 for <12 Consecutive Weeks



‡ p<.001 vs. <12 consecutive weeks; Data are presented for the ITT population with baseline Itch NRS >0

DLQI (0,1) and Itch NRS (0) Response Rates at Week 24 for Patients Who Reached PASI 90/100 for ≥12 or <12 Consecutive Weeks, NRI

	Patients Who Reached PASI 90 for ≥12 Consecutive Weeks	Patients Who Reached PASI 90 for <12 Consecutive Weeks	Patients Who Reached PASI 100 for ≥12 Consecutive Weeks	Patients Who Reached PASI 100 for <12 Consecutive Weeks
N, ITT population	569	458	260	767
DLQI (0,1), n (%)	443 (78)‡	205 (45)	217 (83)‡	431 (56)
Itch NRS (0), n (%)	329 (58)‡	114 (25)	185 (71)‡	258 (34)
N, patients with Itch NRS >0 at baseline	558	452	254	756
Itch NRS (0), n (%)	319 (57)‡	111 (25)	179 (70)‡	251 (33)

‡ p<.001 vs. <12 consecutive weeks

CONCLUSIONS

- Ixekizumab was superior to guselkumab in providing durable skin clearance as measured by PASI 90 or PASI 100
- Patients with longer duration of skin clearance were more likely to have complete itch resolution and less likely to have PsO impact their quality of life

REFERENCES

1. Liu L, et al. *J Inflamm Res*. 2016;9:39-50.
2. Leonardi C, et al. *N Engl J Med*. 2012;366:1190-1199.
3. Gordon KB, et al. *J Am Acad Dermatol*. 2014;71:1176-1182.
4. Griffiths CEM, et al. *Lancet*. 2015;386:541-551.
5. Gordon KB, et al. *N Engl J Med*. 2016;375:345-356.
6. Blauvelt A, et al. *Br J Dermatol*. 2020;182:1348-1358.

ABBREVIATIONS

BMI=body mass index; BSA=body surface area; DLQI=Dermatology Life Quality Index; GUS=guselkumab; ITT=Intent-to-Treat; IXE=ixekizumab; IXE Q2W=80 mg ixekizumab every 2 weeks; IXE Q4W=80 mg ixekizumab every 4 weeks; NRI=non-responder imputation; NRS=numeric rating scale; PASI=Psoriasis Area and Severity Index; PASI 90/100=≥90%/100% improvement in PASI; PsO=psoriasis; Q8W=every 8 weeks; QoL=quality of life; R=randomization

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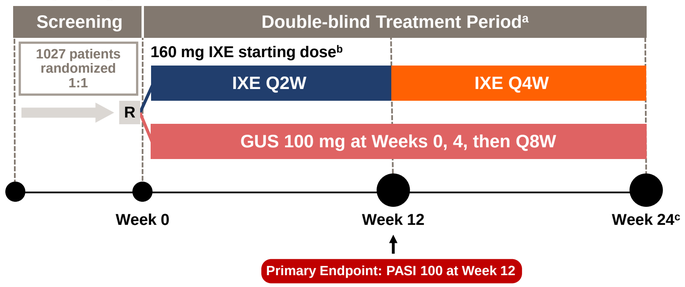
METHODS

Study Design, IXORA-R



[a] Patients received the approved-label dose for PsO for IXE and GUS; [b] Administered as two 80-mg injections at Week 0; [c] After Week 24, patients entered a post-treatment follow-up period for a minimum of 12 weeks (maximum follow-up of 24 weeks to Week 48)

Key Eligibility Criteria

Inclusion

- ≥18 years old with chronic plaque PsO for ≥6 months prior to baseline
- Static Physicians Global Assessment score ≥3 at screening and baseline
- PASI score ≥12 at screening and baseline
- ≥10% body surface area involvement at screening and baseline

Exclusion

- Previous treatment with IL-23p19 antagonists
- Previous treatment with ixekizumab or failure to respond to an IL-17 antagonist
- Concurrent or recent use of any biologic agent within the specified periods prior to baseline[a]
- Clinically significant flare of PsO ≤12 weeks before baseline

[a] Within the following washout periods: etanercept <28 days; infliximab, adalimumab, certolizumab pegol, or alefacept <60 days; golimumab <90 days; rituximab <12 months; secukinumab <5 months; or any other biologic agent <5 half-lives prior to baseline

Assessments

PASI
- Score range: 0-72 (no disease to maximal disease)
- PASI 90/100 responses

Itch NRS
- Score range: 0-10 (less to greater itch)
- Itch NRS (0)=no itch

DLQI
- Score range: 0-30 (less to greater impairment)
- DLQI (0,1)=no effect of PsO on QoL

Statistical Analysis

- Intent-to-Treat population with patients grouped by response for analysis:
  - ≥12 consecutive weeks (Yes/No) on PASI 90 over 24 weeks of study
  - ≥12 consecutive weeks (Yes/No) on PASI 100 over 24 weeks of study
- Proportions of patients who reached PASI 90/100 for ≥12 consecutive weeks were compared between treatments using Cochran-Mantel-Haenszel test stratified by pooled sites
- Proportions of patients who reached Dermatology Life Quality Index (0,1)/Itch numeric rating scale (NRS) (0) at Week 24 were compared between <12 or ≥12 consecutive weeks of reaching PASI 90/100 using Fisher exact test
  - This was a post hoc analysis and was conducted using pooled treatment arms
  - Response rates are presented for observed cases and with non-responder imputation for missing data
  - The analysis for Itch NRS (0) at Week 24 for <12 or ≥12 consecutive weeks of reaching PASI 90/100 was repeated for patients with baseline Itch NRS >0

RESULTS

Baseline Clinical Characteristics[6]

	IXE (N=520)	GUS (N=507)
Age, years	49.0 (13.9)	49.0 (14.9)
Male, n (%)	338 (65)	314 (62)
Weight, kg	96.6 (24.9)	94.6 (24.9)
≥100 kg, n (%)	197 (38)	171 (34)
BMI, kg/m²	32.9 (7.9)	32.8 (7.9)
Duration of PsO since diagnosis, years	17.5 (13.8)	16.3 (13.8)
% BSA	24.1 (16.1)	23.8 (15.4)
PASI	19.5 (7.9)	19.3 (7.1)
Itch NRS	6.9 (2.4)	7.1 (2.5)
DLQI	12.8 (6.9)	13.2 (7.4)
Prior PsO therapy, n (%)		
Non-biologic systemic	170 (33)	1411 (28)
Topical therapy	375 (72)	354 (70)
Phototherapy	77 (15)	63 (12)
Biologic	139 (27)	134 (26)

Data are mean (standard deviation) unless otherwise stated

DISCLOSURES

A. Jarell has served as scientific advisor or clinical study investigator for: AbbVie, Asana BioSciences, Bristol Myers Squibb, Castle Biosciences, Celgene, Dermira, Eli Lilly and Company, Galderma, Genentech/Roche, GlaxoSmithKline, LEO Pharma, Novartis, Pfizer, Purdue Pharma, Regeneron, Sanofi Genzyme, Sienna Biologics, Sun Pharma, and UCB Pharma; and has served as a paid speaker for: Castle Biosciences, Eli Lilly and Company, Novartis, Regeneron, and Sanofi Genzyme; **S. Smith** has served as a clinical investigator for: AbbVie, Dermira, Eli Lilly and Company, Galderma, Janssen, Novartis, Pfizer, and Sun Pharma; and has served as a paid speaker for: AbbVie, Dermira, Eli Lilly and Company, and Janssen; **G. Gallo**, **L. Renda**, **R. Burge**, **B. Zhu**, **J. Guo**, and **E. K. Blue** are shareholders and employees of: Eli Lilly and Company; **D. Rosmarin** has received honoraria as a consultant for: AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Concert Pharmaceuticals, Dermavant, Dermira, Eli Lilly and Company, Incyte, Janssen, Kyowa Kirin, Novartis, Pfizer, Regeneron, Sanofi, Sun Pharma, UCB Pharma, and Viela Bio; has received research support from: AbbVie, Amgen, Bristol Myers Squibb, Celgene, Dermira, Eli Lilly and Company, Galderma, Incyte, Janssen, Merck, Novartis, Pfizer, and Regeneron; and has served as a paid speaker for: AbbVie, Amgen, Celgene, Eli Lilly and Company, Janssen, Novartis, Pfizer, Regeneron, and Sanofi

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