

PERSISTENCE OF INHIBITORS OF INTERLEUKIN-17 (ANTI-IL-17) FOR THE TREATMENT OF MODERATE-TO-SEVERE PSORIASIS (MSPS) IN THE ROUTINE CLINICAL PRACTICE CONDITIONS



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BACKGROUND AND IMPORTANCE

Anti-IL-17 have emerged as safe and effective options for the treatment of msPs.

AIM AND OBJECTIVES

To evaluate the persistence of anti-IL-17 (secukinumab, ixekizumab, bimekizumab and brodalumab) in patients with msPs. Secondly, these patients' clinical outcomes and health-related quality of life (HRQL) and the safety profile were also assessed.

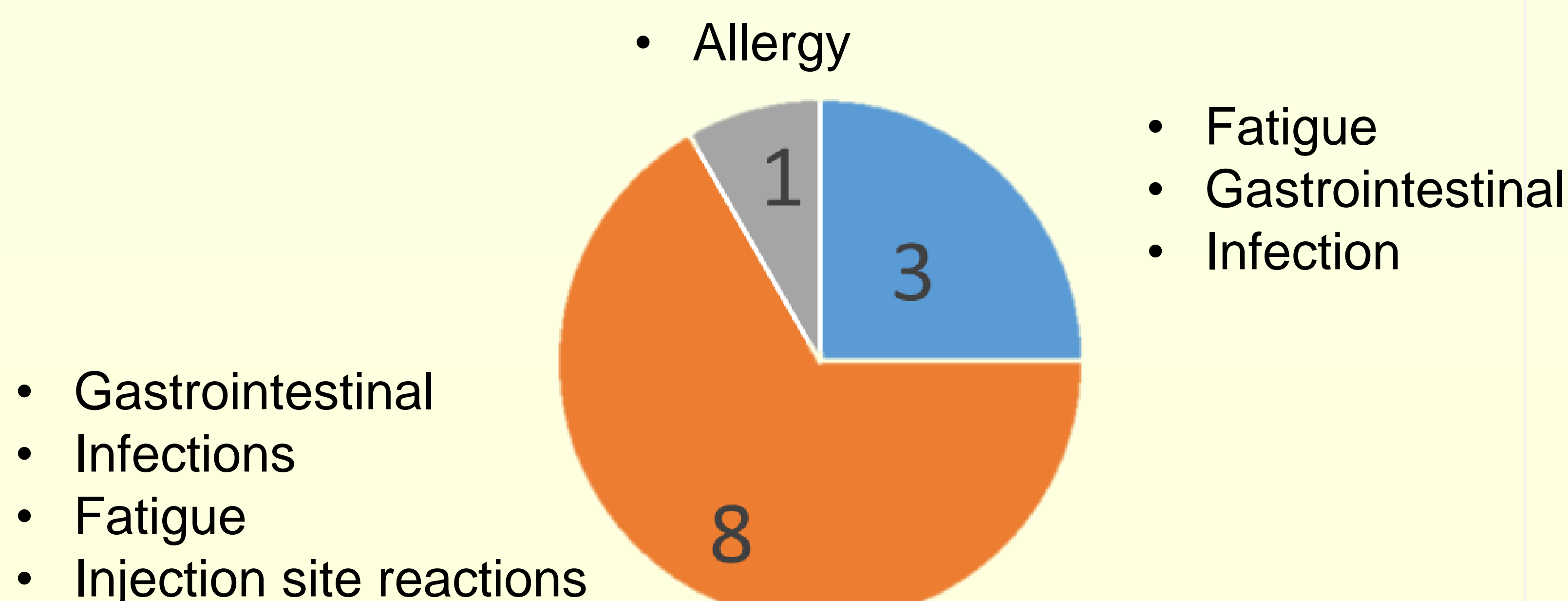
MATERIAL AND METHODS

This was a retrospective observational study from January 2020 to June 2024. Patients with msPs receiving anti-IL-17 were included. Demographic (sex, age) and clinical data (previous treatments, therapy duration, optimised therapy and baseline Psoriasis Area and Severity Index (PASI)) were collected from the digital medical record. Non-persistence was defined as treatment discontinuation or a treatment gap > 90 days. The cumulative probability of treatment persistence was analysed by Kaplan Meier method. Secondary endpoint: **clinical outcomes** (PASI90 response at 1 year), change in HRQL through dermatology life quality index (DLQI) at 1 year, and safety profile.

RESULTS

- Total: 68 patients.
- Median age: 70.4 years.
- 40.2% women.
- 81.9% recibed other biological therapy before.
- 94.4% recibed conventional systemic treatment.

Safety profile:



	Num of patients	% of patients who remained	Cumulative probability of treatment persistence at 1 year	% patients who achieved PASI90 improvement at 1 year	% patients who achieved > 4 point reduction in DLQI score.
Secukinumab	29	72.4%	73.5% (95%IC 57.3-89.6)	62.1%	48.3%
Ixekizumab	33	48.5%	41.6% (95%IC 31.7-51.5)	48.5%	27.3%
Bimekizumab	4	50%	8.3% (95%IC 3.5-13.4)	25%	50%
Brodalumab	2	50%	22.9% (95%IC 0-46.4)	0%	100%

- Dose interval was extended only for 7 patients with secukinumab.

CONCLUSION AND RELEVANCE

Our cohort shows a moderate persistence rate and PASI improvement at 1 year with secukinumab; the other anti-IL-17 show low clinical profits. High benefit in improving HRQL was reached with bimekizumab and brodalumab. Secukinumab and ixekizumab showed modest results. No important adverse reactions were found, without treatment withdrawals.

