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SEQUENTIAL MONOCLONAL ANTIBODY THERAPY IN PSORIASIS MANAGEMENT: EVALUATING CLINICAL OUTCOMES AND TREATMENT DURABILITY

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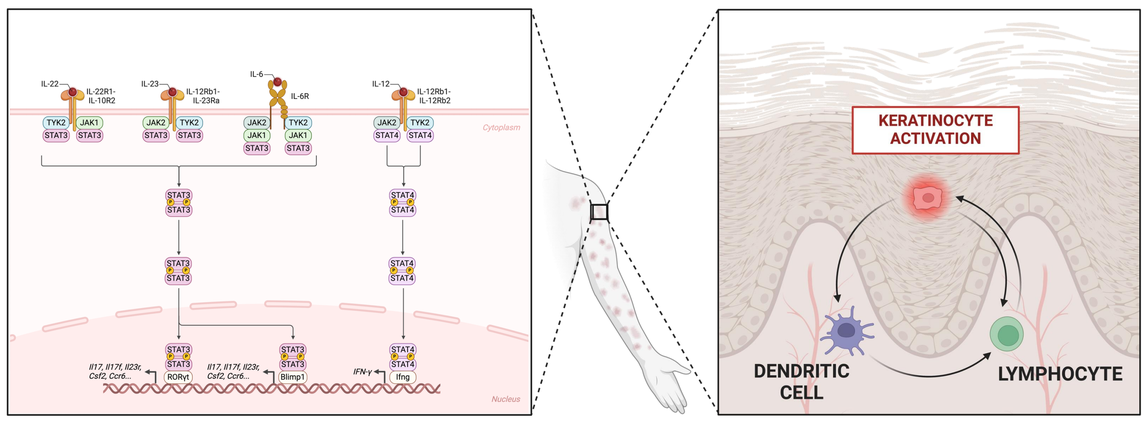
INTRODUCTION

Psoriasis is a chronic inflammatory skin disorder affecting millions worldwide, characterized by keratinocyte hyperproliferation and immune dysregulation. Monoclonal antibodies (mAbs) targeting specific cytokines or pathways have revolutionized psoriasis treatment. Despite the efficacy of these biologics, some patients experience suboptimal responses or adverse events, necessitating treatment modifications. Switching between mAbs offers a therapeutic strategy to address these challenges, but its efficacy and safety have not been sufficiently explored.



OBJECTIVES

This study aims to evaluate the efficacy, safety, and persistence of mAb switching in psoriasis treatment based on real-world clinical practice in a tertiary hospital.

METHODOLOGY

RETROSPECTIVE OBSERVATIONAL STUDY

Seven year period **(01/2017 - 12/2023)**

- Patients demographics (sex, age)
- Initial disease characteristics (PASI)
- Duration of mAbs treatment
- Reasons for mAbs switching

Efficacy outcomes: reduction in PASI score, proportion of patients achieving PASI 75 and PASI 90 responses

Adverse events

RESULTS

The study included **124 psoriasis patients** (61% male), with a **median age of 55 years** (range: 18-102 years). The **median initial PASI score was 22** (IQR: 14-35 points). The median duration of initial mAb treatment was 15 months (IQR: 7-23 months).

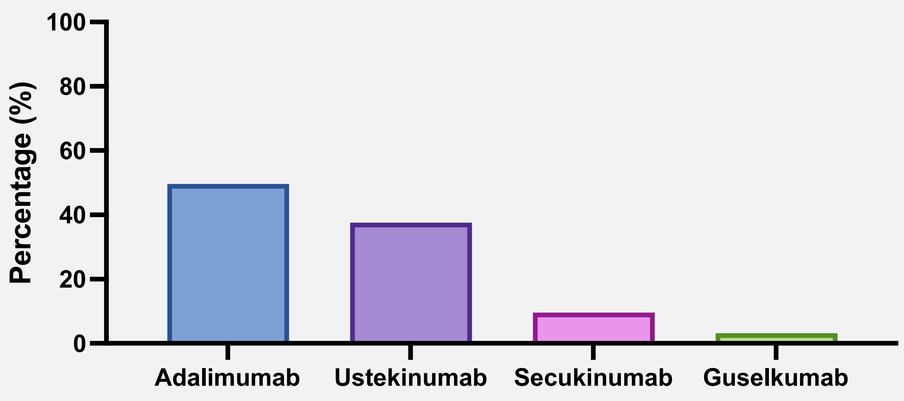


Figure 1. Survival rates between the tenecteplase and alteplase groups at 30- and 90-days post-treatment

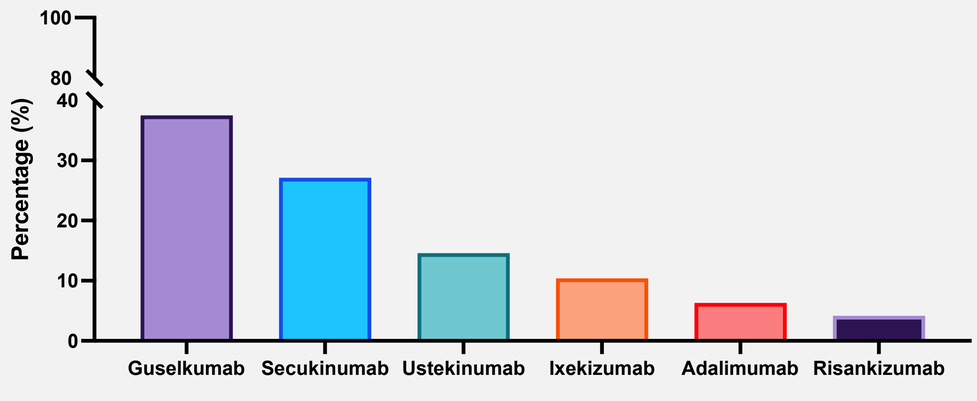


Figure 2. Quality-of-life scores of the tenecteplase and alteplase groups at 30- and 90-days post-treatment

Initially used mAbs were adalimumab (49.6%), ustekinumab (37.6%), secukinumab (9.6%), and guselkumab (3.2%). The **median reduction in PASI score** after switching to another mAb was 62% (IQR: 14-73%). The **most frequently used second-line mAbs** were: guselkumab (37.5%), secukinumab (27.1%), ustekinumab (14.6%), ixekizumab (10.4%), adalimumab (6.3%), and risankizumab (4.2%).

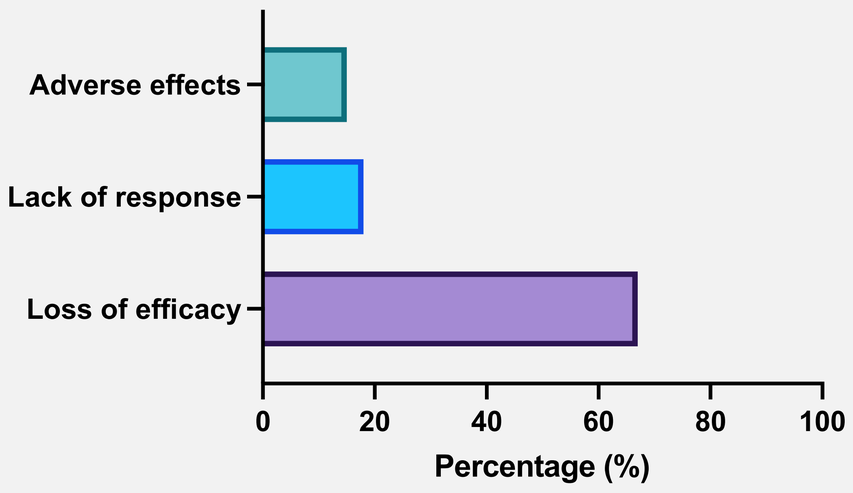


Figure 3. The most common reasons for mAb switching

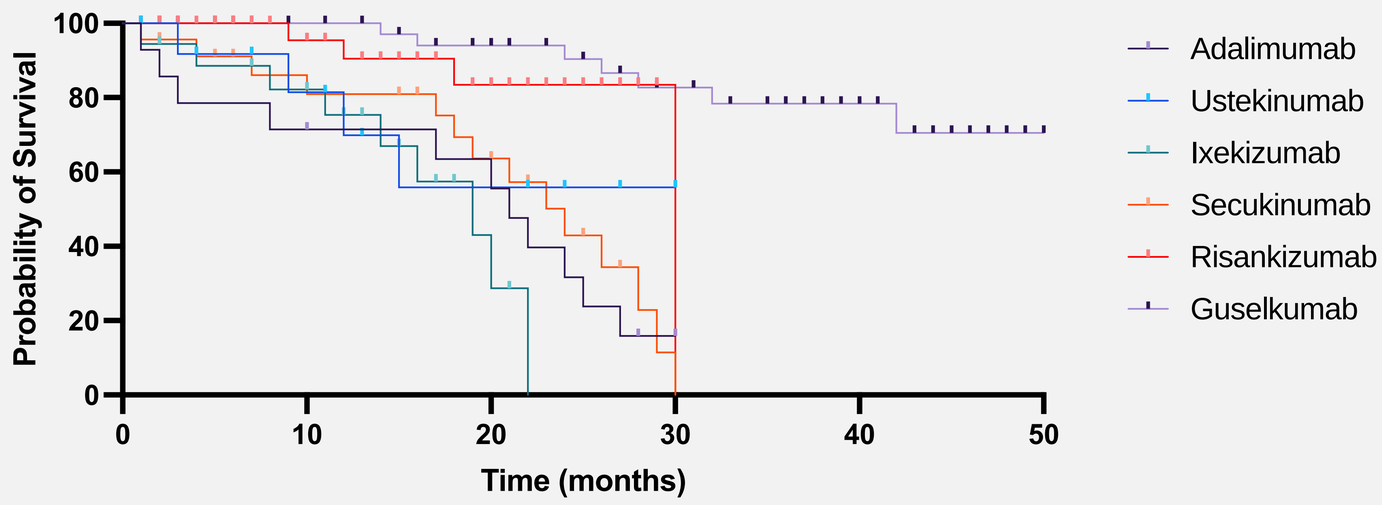


Figure 4. Persistency of different mAbs for psoriasis treatment.

The most common **reasons for mAb switching** were loss of efficacy (67%), lack of response (18%), and adverse effects (15%). After mAb switching, 82% of patients achieved a PASI 75 response, and 57% achieved a PASI 90 response. The **median duration of treatment after mAb switching was 13 months** (IQR: 5-21 months). 20.2% of patients required two or more mAb switches due to lack of response (96%) or intolerance (4%) to previous mAbs.

CONCLUSIONS

Switching between monoclonal antibodies represents a viable option for treating psoriasis patients with inadequate response or intolerance to initial treatment. The results suggest that switching can provide significant clinical benefits, with acceptable safety and good long-term treatment persistence. The efficacy of mAb switching is supported by significant improvements in PASI and DLQI scores. Safety profiles after mAb switching are generally favorable, with no unexpected safety signals identified. This study underscores the importance of considering mAb switching as a therapeutic strategy in psoriasis treatment, highlighting its potential to optimize treatment outcomes and improve patient quality of life. Nevertheless, further studies are needed to validate these findings and guide clinical decision-making.

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