

COMPARISON OF THE EFFECTIVENESS BETWEEN INTERLEUKIN-23 INHIBITORS FOR TREATMENT OF PSORIASIS IN A THIRD LEVEL HOSPITAL

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1. BACKGROUND AND IMPORTANCE

Interleukin-23 (IL-23) is a cytokine involved in inflammatory and immune responses in psoriasis. Novel therapies such as tildrakizumab, guselkumab, and risankizumab inhibit the IL-23-receptor interaction.

2. AIM AND OBJECTIVES

To compare the effectiveness between IL-23 inhibitors in patients with psoriasis in a third level hospital.

3. MATERIAL AND METHODS

An observational, retrospective, descriptive study was conducted in patients with psoriasis treated with tildrakizumab, guselkumab or risankizumab between August-20 and August-22.

Variables {

- Demographic variables
- Clinical variables
- Treatment specific variables

Effectiveness → Through the comparison of psoriasis area severity index (PASI) prior starting IL-23 inhibitor and after the first visit (between weeks 4 and 16 after start).

4. RESULTS

N: 58 (62.1% men). Median age: 51 (23-83) years

Psoriatic arthritis comorbidity: 8 (13.8%)

Median time of treatment with IL-13 inhibitors:

N (treated with tildrakizumab): 11 (18.9%)

N (treated with guselkumab): 20 (34.4%)

N (treated with risankizumab): 27 (46.5%)

Median of treatment line:

- 3 (2-5) with tildrakizumab and guselkumab

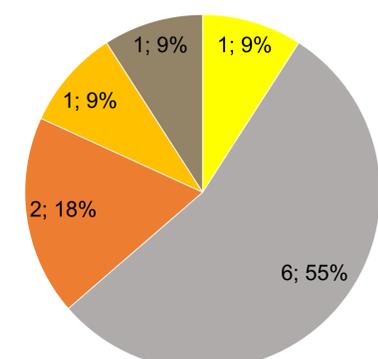
- 2 (1-12) with risankizumab

- 41.9 (16.9-68.0) weeks → Tildrakizumab

- 44.1 (9.2-168.0) weeks → Guselkumab

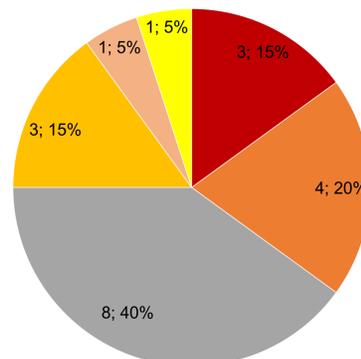
- 26.3 (14.9-96.1) weeks → Risankizumab

Previous treatment (tildrakizumab)



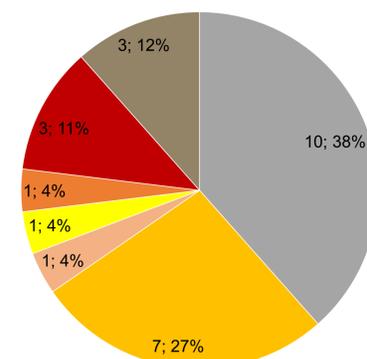
metotrexato Adalimumab Etanercept
Apremilast Ustekinumab

Previous treatment (guselkumab)



Secukinumab Etanercept Adalimumab
Apremilast Brodalumab Metotrexato

Previous treatment (risankizumab)



Adalimumab Apremilast Brodalumab Certolizumab
Etanercept Secukinumab Ustekinumab

	Reasons for switching to IL-23 inhibitor			Median PASI before switching	Median PASI after first visit	PASI 0
	Treatment failure	Adverse events	Drug interaction			
Tildrakizumab	11 (100.0%)	0 (0.0%)	0 (0.0%)	7.7 (3.3-10.8)	1.4 (0.0-5.2)	3 (27.3%)
Guselkumab	17 (85.0%)	3 (15.0%)	0 (0.0%)	8.9 (1.0-29.1)	0.9 (0.0-6.8)	7 (35.0%)
Risankizumab	22 (84.6%)	3 (11.5%)	1 (3.9%)	7.8 (2.8-21.8)	1.2 (0.0-10.4)	10 (37.0%)

5. CONCLUSION AND RELEVANCE

The duration of the previous treatment was prolonged. Treatment failure was the main reason to initiate an IL-23 inhibitor treatment. Data suggest that guselkumab and risankizumab could be more effective treatments between 4 and 16 weeks compared to tildrakizumab.

