PERSISTENCE OF TREATMENT WITH INTERLEUKIN -17 INHIBITORS IN SKIN DISORDERS

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BACKGROUND AND IMPORTANCE
Ixekizumab and secukinumab are two monoclonal antibodies indicated in psoriasis, psoriatic arthritis and ankylosing spondilitis in patients with inadequate response to conventional treatments by selective neutralization of interleukine17 (IL-17).

AIM AND OBJECTIVES
Evaluating the persistence of IL-17 inhibitors in patients diagnosed of psoriasis and psoriatic arthritis in our hospital.

RESULTS

36% Men
54 years (IQR 40-60)
n=80

Ixekizumab (n=33)
Secukinumab (n=47)

60% Ps
40% PsA

1st line 31.25%
2nd line 13.75%
3rd line 55.0%

IL-17's persistence was calculated in months using Kaplan-Meier method and Log-Rank test to compare the survival along diagnostic, drug and line of treatment using SPSS Statistics®, considering a p value <0.05.

The 46.25% discontinued treatment during the study (60% ixekizumab and 50% secukinumab). 55% of patients had been treated for more than a year with IL-17 (35% of them for more than 2 years) and the rest 45% interrupted treatment before fulfilling a year (58% for less than 6 months).

The global persistence of each IL-17 non-showing significant differences (p=0.774).

Comparing between groups, there no were differences of ixekizumab’s persistence in Ps vs PsA (24.1 months vs 14.2 months, p=0.97) (32.5 vs 24.3 months, p=0.97). Secukinumab’s persistence in Ps vs PsA (p=0.60), Ps’ persistence of ixekizumab vs secukinumab (p= 0.79) and PsA’s persistence of ixekizumab vs secukinumab (p=0.83). Regarding to the persistence of line of treatment it was similar in each group, not showing statistically differences.

CONCLUSIONS AND RELEVANCE
Both IL-17 inhibitors show a similar and considerable persistence, nearby 30 months globally, non-finding differences neither between drug, diagnostic nor line of treatment.

REFERENCES