

PERSISTENCE OF TREATMENT WITH INTERLEUKIN -17 INHIBITORS IN SKIN DISORDERS

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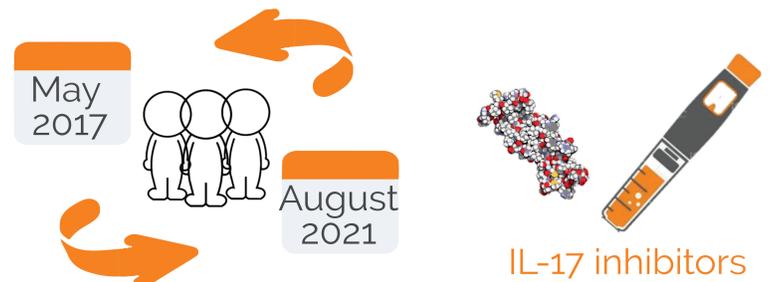
BACKGROUND AND IMPORTANCE

Ixekizumab and secukinumab are two monoclonal antibodies indicated in psoriasis, psoriatic arthritis and ankylosing spondylitis 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

MATERIAL AND METHODS



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.

RESULTS

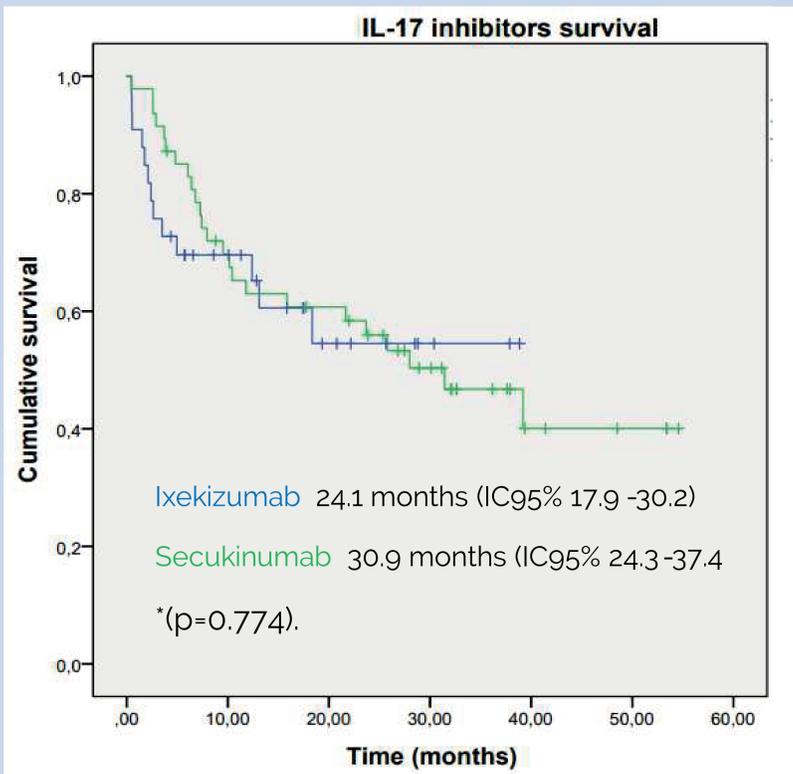
36% Men
 54 years (IQR 40-60)

n=80

Ixekizumab (n=33) { 60% Ps, 40% PsA
 Secukinumab (n=47) { 49% Ps, 51% PsA



*A median of 2 previous biological drugs.



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 (24.5 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

Egeberg A, Bryld L E, Skov L. Drug survival of secukinumab and ixekizumab for moderate-to-severe plaque psoriasis. J Am Acad Dermatol. 2019 Jul;81(1):173-17