Multimodal assessments of the treatment response of guselkumab in mild psoriasis patients: an exploratory randomized placebo-controlled clinical trial

Menthe E. Bergmans, 1,3 Jannik Rousel, 1,2 Tessa Niemeyervan der Kolk¹, Roman Bohoslavsky¹, Naomi B. Klarenbeek,¹ Robert Rissmann,^{1,2,3} Martijn B.A. van Doorn, 1,4 and the Next-Generation ImmunoDermatology Consortium

The investigators are grateful to the participating patients and patient association Psoriasispatiënten Nederland and the trial network CONNECTED.

Introduction

- Moderate-to-severe psoriasis are increasingly well-managed as safe and efficacious therapeutics are available.
- Fewer patients are eligible for clinical trials
- Mild psoriasis patients might be a suitable alternative population presuming treatment responses can be demonstrated.

Aim

To characterize with multimodal imaging the treatment effect of guselkumab in mild psoriasis patients with a moderate target plaque.

Methods

- 20 mild and 6 moderate-to-severe patients with PASI of ≤5 and ≥10, respectively.
- Randomized to standard-of-care guselkumab 100 mg or placebo (3:1)
- Monitored for 24 weeks:
 - Clinician-reported outcomes: PGA, PASI, PASI-HD, TSS.
 - Digitalized endpoints target lesion: multispectral imaging (MI), optical coherence tomography (OCT) and laser speckle contrast imaging (LSCI).

Results

- PASI-scores significant decrease compared to placebo in mild (p=0.009) and moderate-to-severe treatment group (p<0.0001) (figure 1). TSS significantly decreased during treatment (p<0.004).
- Significant decreases in erythema (p<0.009) in MI (figure 2) cutaneous perfusion (p<0.001) (figure 3A) in LSCI and epidermal thickness (p<0.002) in OCT (figure 3B), in both guselkumab-treated groups.

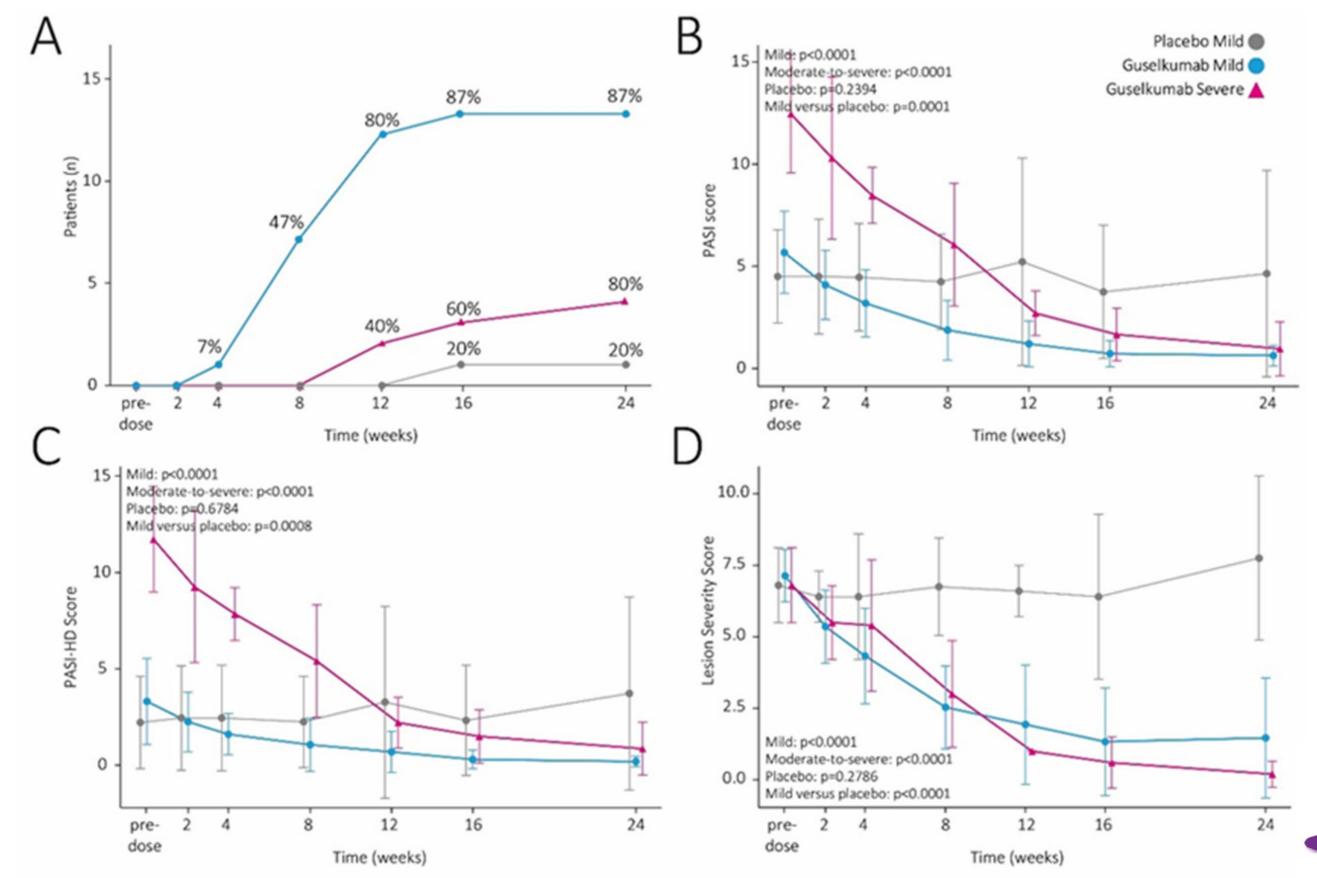


Figure 1: Severity scoring of psoriasis (PGA) of clear or almost clear (0/1) (A), (PASI) (B) and (PASI-HD) (C), Target lesion severity score (D).

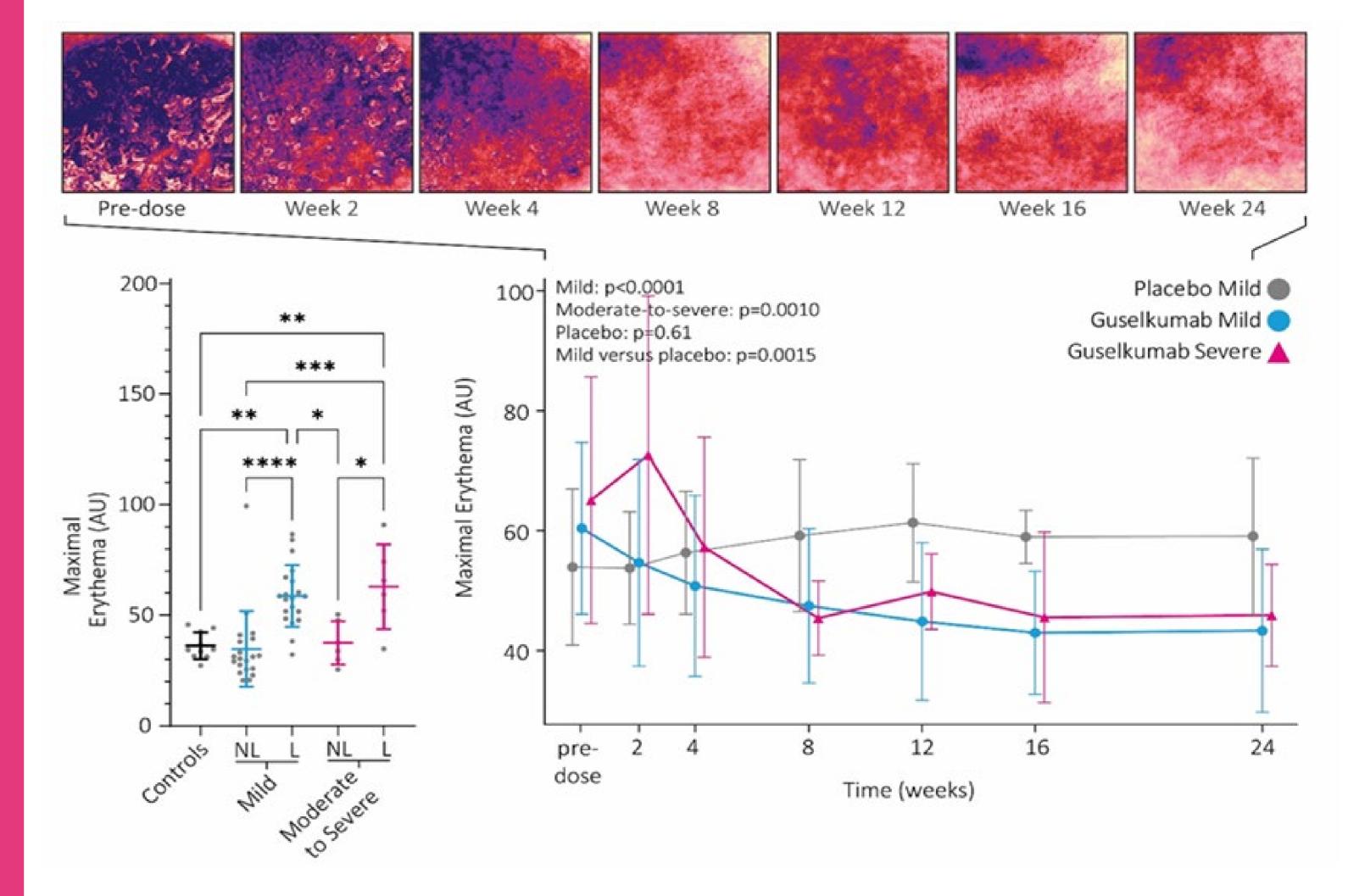


Figure 2: Multispectral imaging for the determination erythema.

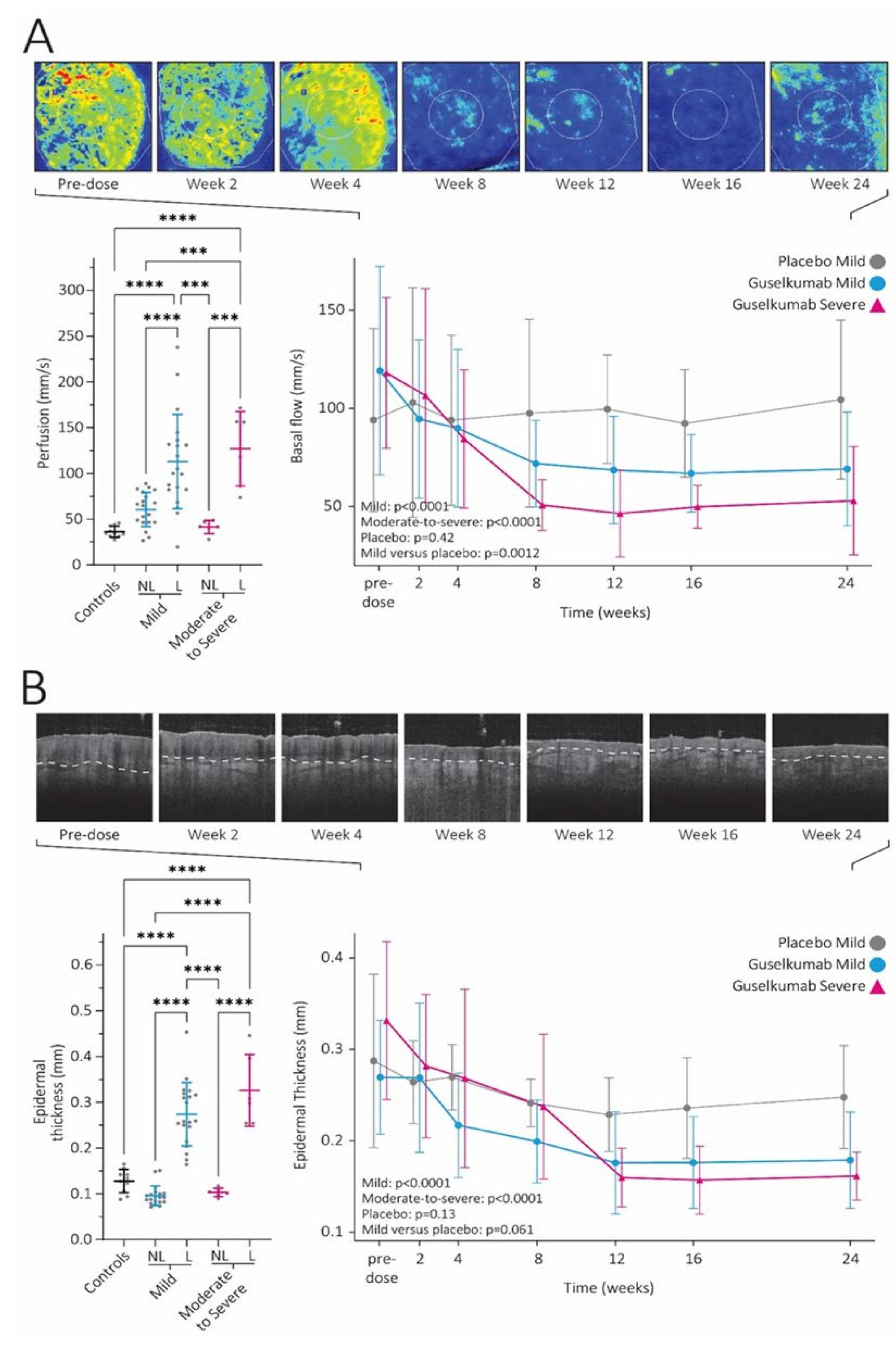


Figure 3: Baseline differences and longitudinal monitoring of cutaneous perfusion by laser speckle contrast imaging (A) and epidermal thickness by optical coherence tomography (B).

Conclusions

Total body clinical scoring and target lesion monitoring enable the detection of a treatment effect in mild psoriasis patients. Although this trial was not powered to demonstrate equivalence between severity groups, results indicate treatment responses follow the same trend in mild and moderate-to-severe patients.







