Tildrakizumab Results in Significant and Sustained Improvements in Health-Related Quality of Life in Patients With Moderate to Severe Psoriasis in a Phase 3 trial (resURFACE 1)

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BACKGROUND
- Tildrakizumab is a high-affinity, humanized, immunoglobulin G1κ, anti-interleukin-23p19 monoclonal antibody approved for the treatment of moderate to severe plaque psoriasis.⁸ ⁹
- Psoriasis has a significant impact on health-related quality of life (HRQoL). Although dermatology-specific instruments are the most sensitive, generic questionnaires like the Short Form-36 (SF-36) and the European Quality of Life 5 Dimensions (EQ-5D) facilitate comparisons with other diseases.⁸ ⁹
- In prior studies using the SF-36, patients with psoriasis reported higher scores for physical health and social functioning, and the European Quality of Life 5 Dimensions (EQ-5D), facilitate comparisons with other diseases.⁸ ⁹

OBJECTIVE
The objective was to evaluate the impact of tildrakizumab on generic HRQoL in patients with moderate to severe plaque psoriasis in the phase 3 clinical trial resURFACE 1 (NCT01729754).

METHODS
- Exploratory analysis of the SF-36 and EQ-5D HRQoL scales in adult patients with moderate to severe chronic plaque psoriasis (≥10% body surface area involvement, Physician’s Global Assessment score ≥3, Psoriasis Area Severity Index [PASI] score ≥12) who participated in a 3-part, 64-week, parallel-group, double-blind, randomized controlled trial.

RESULTS

- Overall, 155 patients were randomized to receive placebo, 309 patients received tildrakizumab 100 mg, and 308 received tildrakizumab 200 mg. Mean (standard deviation) baseline HRQoL scores were similar between the placebo, tildrakizumab 100 mg, and tildrakizumab 200 mg groups: MH, 46.7 (11.2), 46.2 (11.2), and 45.1 (11.4); PH, 47.7 (9.2), 47.7 (9.1), and 46.9 (9.5); EQ-5D index score, 0.7 (0.2), 0.7 (0.2), and 0.7 (0.3), respectively.
- Significant improvements in SF-36 MH and PH scores were observed at Week 12 (after 2 doses) and Week 28 (after 3 doses) in patients initially randomized to tildrakizumab 100 mg and 200 mg. In the placebo group, no changes were observed at Week 12, but significant increases were observed between Weeks 12 and 28, after switching to tildrakizumab 100 or 200 mg (Figure 2). During Part 3, the improvements in SF-36 scores were maintained up to Week 64, with no notable differences between the treatment groups (Figure 2).

DISCLOSURES
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REFERENCES

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