

Switch between interleukin-17A antagonists for psoriasis: a french multicentric retrospective experience

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Introduction: Use of biologic switching in clinical practice is needed to maximize skin clearance and improve clinical outcomes. The aim of this study was to evaluate efficacy and safety of ixekizumab after discontinuation of secukinumab

Methods: It was a multicenter retrospective charts review performed in 15 French Dermatology centers. We included all adult patients with psoriasis treated at least 3 months by ixekizumab following discontinuation of secukinumab. Evaluation included informations on age, gender, disease duration, type, severity of psoriasis (PGA), psoriatic arthritis, previous treatments for psoriasis (including details about secukinumab treatment: duration, severity of psoriasis at initiation, reasons for discontinuation and adverse events). The efficacy endpoint was achievement of PASI75 or PGA0/1 after 12 weeks of ixekizumab. Safety was evaluated by reported adverse events.

Results:

30 patients were included with mean age 51.3 years, sex ratio (H/F) was 0.76, mean BMI was 27.8. Psoriasis duration was 25.3 years, type of psoriasis was plaque (86.6%) and palmoplantar pustular (13.4%); 43.3% had psoriatic arthritis. Patients had failed 2.6 systemic and 2.9 biologic therapies before initiation of secukinumab. Mean secukinumab treatment duration was 9.4 months. Reasons for secukinumab discontinuation were primary failure (n=6), secondary failure (n=20), adverse event (n=3) and non-drug related reason (n=1).

Of the 30 secukinumab non responders, 70% responded to ixekizumab following 12 weeks of treatment.

In subset analysis 83.3% primary non responders to secukinumab responded to ixekizumab, compared to 65% secondary non responders and 50% of those who stopped secukinumab due other reason. 50% of patients with palmoplantar pustular psoriasis were non responders to ixekizumab compared to 23% of those with plaque psoriasis. In univariate analysis, only less important DLQI (p=0.04) and PGA (p=0.03) were associated with ixekizumab response at week 12.

9 patients reported one adverse event: injection site reaction (n=4), flare of pustular psoriasis (n=2), eczematiform eruption (n=1), *Staphylococcus aureus* cutaneous infection (n=1) and malaise (n=1). Of the 4 patients who experienced adverse event to both treatments, two subjects sustained an identical one: *Staphylococcus aureus* skin infection, eczematiform eruption.

Discussion: Our results are in line with those of others study about switching among IL-17 antagonists for psoriasis with 52% to 100% achievement of PASI 75 after 12 weeks of treatment. Limitations of our study and of others in literature are small number of patients (n=12-69) and short duration of follow-up.

Conclusion: Ixekizumab appears to be an effective option after failure of secukinumab, especially in patients with plaque psoriasis primary non responder to secukinumab.

References

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