Acceptable Clinical Trial Differences vs Placebo in Plaque Psoriasis

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Introduction & Objectives:

In plaque psoriasis (PsO) dermatologists have a substantial number of advanced systemics in their armamentarium. Each biologic option increases the efficacy threshold resulting in a saturated biologic market. As such, the pipeline for psoriasis product is primarily comprised of oral options in a variety of mechanism of actions. This research sought to understand what dermatologists consider to be minimally acceptable and a significant advance for PASI-75 and PASI-90 among in-line and pipeline oral options in the US and EU5.

Materials & Methods:

An independent market analytics firm collaborated with US & EU5 dermatologists (n=372) to conduct analysis of the PsO market. Data were collected via an online survey fielding at various time points from October 25, 2023, through February 26, 2024, including physician demographics, product usage, and attitudinal survey responses.

Results:

With an expanding armamentarium, dermatologists across the US and EU5 report PsO has one of the lowest unmet needs for new treatment options compared to other dermatology conditions with most physicians reporting a low to moderate need (Fig. 1). Despite having access to oral options such as apremilast and deucravacitinib, the desire for a highly efficacious, yet safe oral option is reported across geographies (Fig. 2).

When reviewing placebo-controlled clinical trials for oral options in PsO, US dermatologists consider the minimally acceptable improvement (delta between study results vs placebo) for PASI-75 to be 38% and 32% for PASI-90. EU5 dermatologists report similar figures for PASI-75, though they report a higher delta for PASI-90 (39%). When compared to various clinical trial results for apremilast, deucravacitinib, JNJ-2113, orismilast, and ME3183, all molecules are at or nearly meeting dermatologists' minimally acceptable range, apart from apremilast.

When identifying what would be considered a significant advance over the standard of care, US dermatologists consider a delta of 62% for PASI-75 and 56% for PASI-90 as a significant advance. EU5 dermatologists report a similar delta of 63% for PASI-75 and report a higher delta of 61% for PASI-90. The deltas from various clinical trial results for apremilast, deucravacitinib, JNJ-2113, orismilast, and ME3183, suggest only JNJ-2113 at the 100mg dose meets physician's expectation (Fig. 3).

Regarding perceptions of JNJ-2113, dermatologists across geographies are more interested in having the oral IL-23 inhibitor approved (Fig. 4) and a greater percentage of physicians anticipate prescribing the asset within the first three months of being available compared to other oral assets (Fig. 5).

Figure 1

Unmet Need in PsO – US & EU5

% of respondents

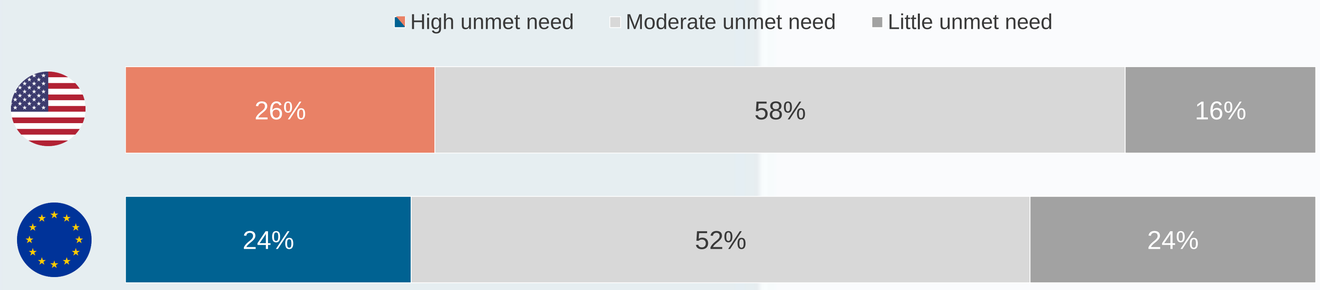


Figure 2

Unmet Needs for New Pharmacologic Options to Treat PsO - US & EU5

% of respondents

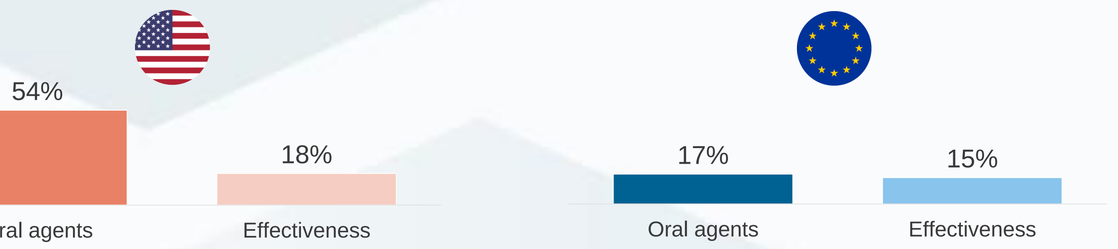


Figure 3

Difference vs Placebo: Minimally Acceptable and Significant Advance – US & EU5

Delta, % difference vs placebo

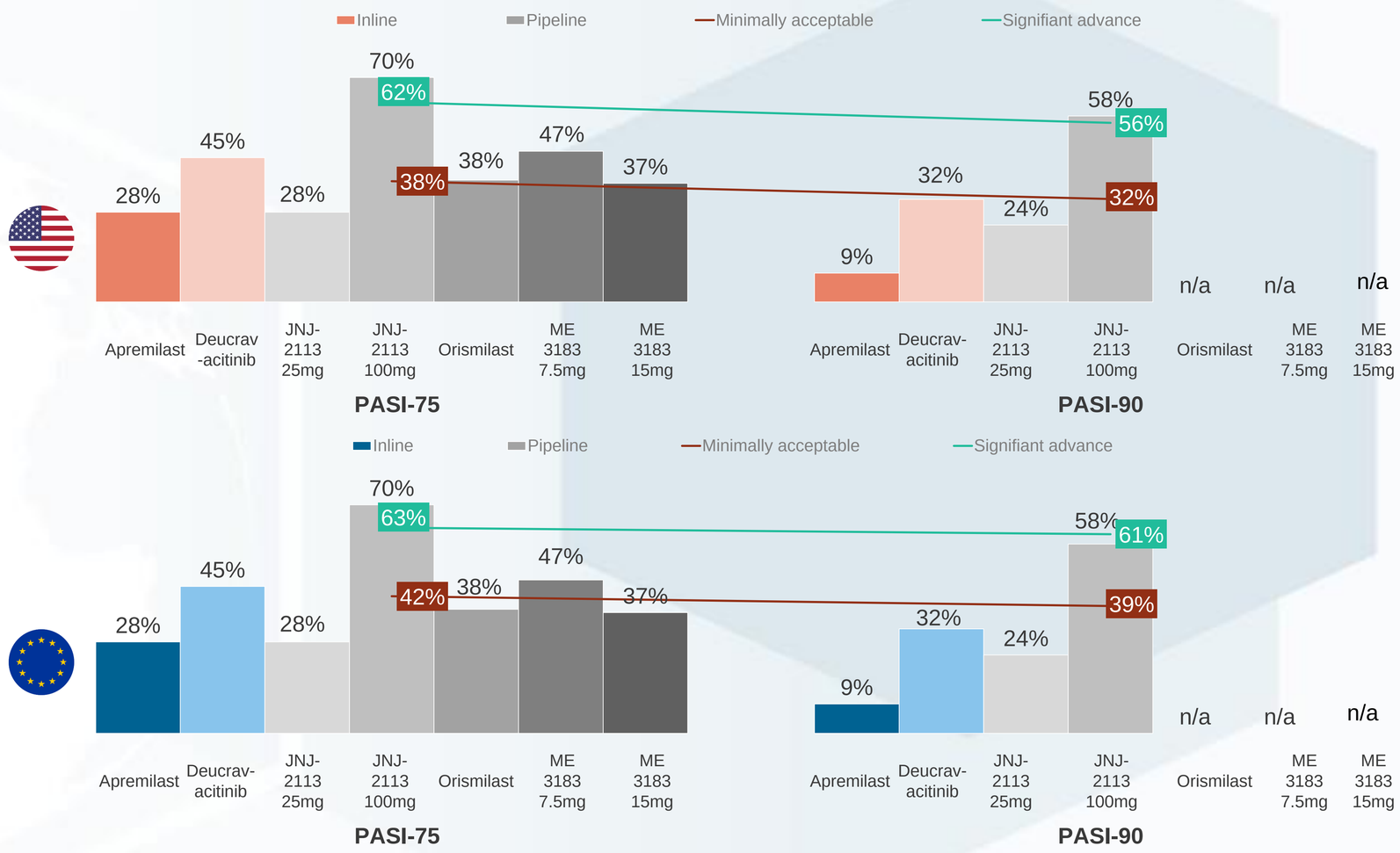


Figure 4

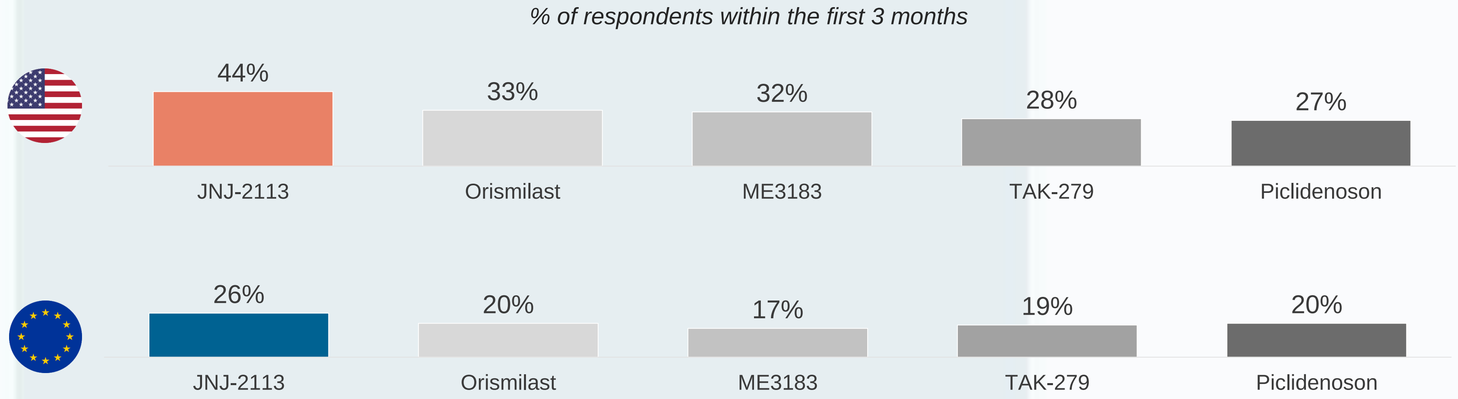
Extreme Interest in Having JNJ-2113 Available – US & EU5

% of respondents

Figure 5

Anticipated Use for PsO Patients – US & EU5

% of respondents within the first 3 months



Conclusion

At approximately three months after becoming available**,** US dermatologists perceive secukinumab for HS positively, specifically in relation to adalimumab. These perceptions are likely a result of the large unmet need for new advanced systemic treatments. Data suggests near-term approvals could be viewed with similar positively.

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