



SAT0364 SIMILAR EFFICACY OF TWO ETANERCEPT REGIMENS IN TREATING JOINT SYMPTOMS IN PATIENTS WITH BOTH PSORIASIS AND PSORIATIC ARTHRITIS (PRESTA TRIAL)

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Background: Up to 30% of patients with psoriasis reportedly also have psoriatic arthritis (PsA), in comparison with <1% of individuals in the general population.¹⁻³ This high prevalence underscores the importance of screening for PsA in patients with psoriasis, allowing prompt therapeutic management or referral to a rheumatologist. Etanercept (ETN) has been approved for the treatment of both PsA and moderate-to-severe plaque psoriasis based on its efficacy in treating both joint and skin symptoms. During initial treatment, etanercept is often used in a higher dose in psoriasis compared to PsA. It is not known whether this initial higher dose is also more efficacious with respect to joint symptoms in PsA.

Objectives: Determine the efficacy of 2 ETN regimens in treating joint and skin manifestations in subjects with psoriasis and PsA over 24 weeks.

Methods: In this randomised double-blind study, followed by open-label period, subject eligibility criteria included: age >18 y; stable, moderate-to-severe plaque psoriasis and PsA, with $\geq 10\%$ body surface area (BSA) affected; Physician Global Assessment (PGA) of psoriasis status of moderate or worse; and ≥ 2 swollen/painful joints. Subjects received either ETN 50 mg twice weekly (BiW) or 50 mg once weekly (QW) for 12 weeks (double blind) followed by 50 mg QW for 12 weeks (open label). Efficacy endpoints included % of subjects reporting ACR 20, 50, or 70 responses (excluding subjects with no tender/swollen joints at baseline [BL]), zero swollen joints (only subjects with swollen joints at BL), and PASI 75 response at Weeks 12 and 24. Efficacy in dactylitis at Weeks 12 and 24 was also assessed (only subjects with dactylitis at BL). LOCF was used for imputation of missing values.

Results: The mITT population included 752 subjects, who had the following demographic/disease characteristics at BL: 63% men; 89% white; and mean age 47 y, BMI 28, psoriasis and PsA duration 19 y and 7 y, PGA 3.6, PASI 19.4, and BSA 30.8%. In addition to improvements in joint symptoms (Table), $\geq 75\%$ PASI improvement was achieved by 70% (265/377) and 62% (231/371) in the BiW/QW and QW/QW groups, respectively, at week 24 ($P < 0.05$).

Table:

Changes in ACR Response and Joint Manifestations at Weeks 12 and 24 (LOCF)

	ETN 50 mg BiW/QW			ETN 50 mg QW/QW		
	Wk 0	Wk 12	Wk 24	Wk 0	Wk 12	Wk 24
ACR 20 response, n (%) subjects		239/360 (66)	249/361 (69)		219/360 (61)	258/360 (72)
ACR 50 response, n (%) subjects		161/360 (45)	187/361 (52)		146/360 (41)	193/360 (54)
ACR 70 response, n (%) subjects		73/360 (20)	125/361 (35)		79/360 (22)	132/360 (37)
No swollen joints, n (%) subjects	11/379 (3)	148/357 (41)	200/361 (55)	11/373 (3)	131/356 (37)	186/358 (52)
Dactylitis,* mean (SD)	4.6 (5.0)	1.5 (3.3)	1.2 (3.6)	4.4 (5.1)	1.6 (3.8)	1.3 (3.9)

*Digits affected (BiW/QW, n=158; QW/QW, n=160)

Conclusion: In these subjects who had moderate-to-severe plaque psoriasis and psoriatic arthritis, although the higher dose etanercept regimen was more effective in treating skin symptoms than the lower dose regimen, the two regimens were comparable in treating joint manifestations.

References: 1. Gottlieb AB et al. *J Dermatolog Treat.* 2008;19:5-21.
2. Mease P. *Curr Rheumatol Rep.* 2006;8:348-354.
3. Gladman DD. *Dermatol Ther.* 2004;17:350-363.

Disclosure of Interest: R. Landewe: Abbott, Amgen, BMS, Centocor, Schering Plough, Wyeth, UCB, Merck, GSK, Consultant, Research Grant
W. Sterry: Abbott, Wyeth, Schering Plough, Intendis, Serono, Janssen-Cilag, Almiral
O. Brocq: None declared
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