Adalimumab Looks Good for Psoriasis

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NEW ORLEANS — Adalimumab appears to be an extremely effective treatment for both psoriasis and psoriatic arthritis, producing improvements of up to 80% in body surface area affected, Jennifer Cather, M.D., reported in a poster at the annual meeting of the American Academy of Dermatology.

“It is by far one of the best drugs we have tried for our refractory psoriasis patients,” Dr. Cather said in an interview. “We are still waiting for the long-term safety data, though, so we have only used it on patients who didn’t respond to other therapies.”

Adalimumab (Humira) is approved for refractory rheumatoid arthritis. Early trials of the drug’s usefulness in psoriasis were promising; several phase III studies are now underway. Dr. Cather of Baylor College of Medicine, Houston, participated in some of these trials, but presented data for the first time of her clinic’s experience with adalimumab in some of these trials, but presented data on her clinic’s experience with adalimumab.

Twelve patients are on adalimumab monotherapy. Their average age is 44 years, and average body surface area (BSA) at baseline was 25%. Six began monotherapy with 40 mg/wk; one patient decreased dosing to 20 mg every other week; two of them escalated to weekly dosing for optimal disease control and one went to 40 mg every 3 weeks as maintenance therapy. Six patients started with 40 mg every other week; two of them escalated to weekly dosing for optimal disease control and one went to 40 mg every 3 weeks as maintenance therapy.

This group of patients received adalimumab for an average of 30 weeks (9-48 weeks). Their current average BSA is 7%, a 72% reduction from baseline.

Twelve patients are on adalimumab combination therapy. Their average age is 50 years and average BSA at baseline was 24%. Concomitant therapies include cyclosporine (6), methotrexate (4), narrowband UVB, etanercept, prednisone, bexarotene, and infliximab. Infliximab is used only to treat adalimumab failures. Prednisone is tapered to 7.5 mg twice weekly. Combination therapy is continued as long as the patients experience clinical benefit.

All of the patients had either psoriasis or psoriatic arthritis, and all had failed at least one previous form of therapy, including cyclosporine PVUA, methotrexate, alefacept, acitretin, hydroxyurea, sulfa-salazine, isoxsuprine, narrowband UVB, etanercept, prednisone, bexarotene, and infliximab.

At baseline, every patient underwent testing for HIV virus and hepatitis B and C, and every patient got a tuberculin skin test. Other baseline studies included electrocardiogram, liver function, and complete blood count.

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This group of patients received adalimumab for an average of 30 weeks (9-48 weeks). Their current average BSA is 7%, a 72% reduction from baseline.

Twelve patients are on adalimumab combination therapy. Their average age is 50 years and average BSA at baseline was 22%. Concomitant therapies include cyclosporine (6), methotrexate (4), narrowband UVB (10), methotrexate and cyclosporine (1), and acitretin and cyclosporine (1).

Nine patients began combination therapy with 40 mg/wk adalimumab. One patient decreased dosing to every other week, and two patients failed to taper to every other week.

The two patients on triple combination therapy successfully transitioned to adalimumab as monotherapy maintenance. One patient transitioned off cyclosporine to adalimumab as maintenance monotherapy.

Three other patients started combination therapy with 40 mg adalimumab every other week; two escalated to weekly dosing for optimal disease control. One patient decreased dosing to every 3 weeks as maintenance therapy.

Combination therapy patients have received adalimumab for an average of 24 weeks (3-80 weeks). Their current average BSA is 3.6%—an 80% reduction from baseline.

Adalimumab appears most effective for patients who have not previously been heavily treated, especially with biologic agents. Dr. Cather noted.

Etanercept Improves Quality Of Life in Psoriatic Arthritis

NEW ORLEANS — Psoriatic arthritis patients receiving etanercept reported sustained clinical benefits for up to 2 years, according to data from an open-label extension study.

Patients treated with the drug reported inhibition of disease as well as significant improvements in physical functioning and quality of life, Philip J. Mease, M.D., reported at the annual meeting of the American Academy of Dermatology.

After an initial 24-week blinded phase of the study, 169 patients received 25 mg of etanercept (Enbrel) twice weekly for an additional 48 weeks during the open-label extension phase.

Patient-reported outcomes included the physical and mental components of the Short-Form (SF-36) Health Survey and the Health Assessment Questionnaire—Disability Index (HAQ-DI).

During the placebo-controlled phase, etanercept-treated patients had a mean improvement of 9.3 points on the SF-36 physical component summary scale, whereas placebo patients improved by only 0.7 points.

In the open-label phase, patients originally randomized to etanercept maintained their improvement (mean 12.6 points), and patients switched to etanercept from placebo improved almost to the same level as those on continuous etanercept, said Dr. Mease, a rheumatologist at the Swedish Medical Center, the University of Washington, Seattle. Both groups had normal mental health at baseline and maintained it throughout the industry-sponsored trial.

In the placebo controlled phase, the HAQ-DI improved from 1.1 to 0.5 in the etanercept group and from 1.1 to 1 in the placebo group.

At 48 weeks, 40 (53%) of 75 patients initially randomized to etanercept had an HAQ-DI of zero, indicating no disability in performing activities of daily living. The mean HAQ-DI score at 48 weeks was 0.4 for patients continuously treated with etanercept and 0.6 for 70 patients switched from placebo to the drug.

Eleven patients originally randomized to placebo and 10 patients on continuous etanercept dropped out of the open-label phase.

A change of 0.3 in the HAQ score is considered a minimal clinically important difference. Thus a change of 0.6 in the etanercept group was “clearly highly clinically meaningful to the patients,” said Dr. Mease, who receives grant support and is a consultant and member of the speaker’s bureau for Amgen, which manufactures Enbrel.

—Patrice Wendling