Letter

Research letter

Three years of methotrexate and secukinumab: Outcomes of psoriatic arthritis in a real-life setting

To the Editor: Only a small number of studies have evaluated the efficacy and safety of secukinumab in real-life settings in patients with psoriatic arthritis (PsA),[1,2] and to our knowledge there are no data on the long-term efficacy of secukinumab in PsA in real-world practice. We present data on the clinical efficacy of secukinumab in PsA in 51 patients with PsA in a real-life setting. Only patients receiving treatment with methotrexate and secukinumab 300 mg were enrolled. Exclusion criteria were latent tuberculosis, liver infections, low grade or in situ malignancy diagnosed <5 years before the screening visit, and pregnancy. After 156 weeks, data were available on 43 patients receiving methotrexate and secukinumab 300 mg for ≥156 consecutive weeks. Patients were evaluated through measurement of systemic inflammation (erythrocyte sedimentation rate and C-reactive protein), clinical severity scores (Disease Activity Score over 28 joints [DAS28], Psoriasis Area Severity Index [PASI], body surface area [BSA], number of swollen and tender joints), and patient self-assessment questionnaires (Dermatology Life Quality Index [DLQI] and Multidimensional Assessment of Fatigue [MAF]) after 52, 104, and 156 weeks.

Twenty-four of 43 (55.8%) patients had previously failed biologic therapy (mean age 58 years, mean disease duration 12.2 years). Nineteen patients (44.2%) were naïve for a biologic agent (mean age 62 years, mean disease duration 9.2 years).

Outcomes in the biologic treatment–naïve group over 156 weeks are shown in Table I. At baseline, the mean number of swollen and tender joints was 2.8 ± 1.7 and 9.1 ± 4.0, respectively. There were no swollen or tender joints over 156 weeks. The erythrocyte sedimentation rate decreased at all follow-up visits versus baseline. C-reactive protein appeared to decrease progressively over the 3-year period, while DAS28, PASI, and BSA remained low over 156 weeks. Substantial improvement in quality of life indices was maintained over 3 years. For DLQI, scores were consistently around 1, indicating that quality of life is not affected by the disease.

Outcomes in patients with a previous failure of a biologic agent over 156 weeks are shown in Table II. In this group, no swollen joints were observed at any follow-up visit, although a low number of tender joints was seen over 3 years. Values of erythrocyte sedimentation rate decreased substantially from baseline and remained stable over 3 years, similar to what was observed for C-reactive protein. DAS28, PASI, and BSA also remained stable and low over the follow-up period. Quality of life measures were decreased and remained low over 3 years. For the DLQI, scores were consistently <1.

There were no significant differences between the biologic treatment–naïve and previous failure of a biologic agent groups over 3 years for swollen joints, tender joints, DAS28, PASI, BSA, DLQI, or MAF. No severe adverse events were observed. Therefore, for all endpoints evaluated, good effectiveness of secukinumab was observed at 52 weeks and maintained for ≤156 weeks of treatment, which was independent of the severity of disease and previous treatments. Our results add to the evidence base that the efficacy of secukinumab is maintained for ≤3 years in a real-life setting in patients with PsA, confirming the good results observed during 5 years in the FUTURE 1 trial.[3]

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki and received approval by the Comitato Etico Interaziendale A.O.U. Città della Salute e della Scienza di Torino, A.O. Ordine Mauriziano, A.S.L. Città di Torino (approval number 283.216). We thank Patrick Moore, who provided

Table I. Outcomes over 156 weeks in patients who were treatment-naïve for a biologic agent (n = 19)

Week	Swollen joints, n ± SD	Tender joints, n ± SD	ESR (mm/h), mean ± SD	CRP (mg/dl), mean ± SD	DAS28, mean ± SD	PASI, mean ± SD	BSA, mean ± SD	DLQI, mean ± SD	MAF, mean ± SD
0	2.8 ± 1.7	9.1 ± 4.0	25.6 ± 13.3	8.6 ± 5.28	5.1 ± 1.3	8.2 ± 5.4	9.6 ± 6.8	12.3 ± 7.0	3.0 ± 1.3
52	0.0 ± 0.0	0.0 ± 0.0	14.4 ± 6.9	3.0 ± 1.4	2.2 ± 0.4	1.0 ± 0.4	3.6 ± 1.2	1.1 ± 0.4	2.7 ± 1.4
104	0.0 ± 0.0	0.0 ± 0.0	15.8 ± 9.0	1.3 ± 0.4	2.1 ± 0.5	0.9 ± 0.3	2.6 ± 1.9	1.0 ± 0.4	2.6 ± 1.2
156	0.0 ± 0.0	0.0 ± 0.0	10.6 ± 4.7	0.5 ± 0.3	2.2 ± 0.5	1.0 ± 0.3	2.4 ± 1.4	1.1 ± 0.4	1.8 ± 1.1

BSA, Body surface area; *CRP*, C-reactive protein; *DAS28*, Disease Activity Score over 28 joints; *DLQI*, Dermatology Life Quality Index; *ESR*, erythrocyte sedimentation rate; *MAF*, Multidimensional Assessment of Fatigue; *PASI*, Psoriasis Area Severity Index; *SD*, standard deviation.

Table II. Outcomes over 156 weeks in patients with failure of a previous biologic therapy (n = 24)

Week	Swollen joints, n ± SD	Tender joints, n ± SD	ESR (mm/h), mean ± SD	CRP (mg/dl), mean ± SD	DAS28, mean ± SD	PASI, mean ± SD	BSA, mean ± SD	DLQI, mean ± SD	MAF, mean ± SD
0	6.0 ± 4.9	12.2 ± 8.0	37.4 ± 22.2	14.9 ± 10.1	5.7 ± 1.3	10.1 ± 7.1	20.8 ± 10.1	17.3 ± 8.9	22.5 ± 11.0
52	0.0 ± 0.0	0.3 ± 0.1	22.4 ± 14.6	2.2 ± 1.3	2.4 ± 0.6	1.3 ± 0.8	1.4 ± 0.3	0.8 ± 0.6	2.9 ± 1.6
104	0.0 ± 0.0	0.2 ± 0.1	18.7 ± 9.1	1.1 ± 0.2	2.4 ± 0.5	1.1 ± 0.4	1.2 ± 0.1	0.7 ± 0.5	2.8 ± 1.6
156	0.0 ± 0.0	0.2 ± 0.1	16.1 ± 6.8	1.0 ± 0.3	2.4 ± 0.6	1.3 ± 0.8	1.8 ± 0.3	0.8 ± 0.5	2.1 ± 1.6

BSA, Body surface area; *CRP*, C-reactive protein; *DAS28*, Disease Activity Score over 28 joints; *DLQI*, Dermatology Life Quality Index; *ESR*, erythrocyte sedimentation rate; *MAF*, Multidimensional Assessment of Fatigue; *PASI*, Psoriasis Area Severity Index; *SD*, standard deviation.

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Conflicts of interest

None disclosed.

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