

CONCLUSIONS

- In this real-world study, 90% of dermatologists and 82% of patients reported satisfaction with GUS therapy
- Respondents reported higher rates of satisfaction with longer durations of GUS therapy
- Among dermatologists reporting dissatisfaction, the primary reason was attributed to being "too early to tell"
- Higher rates of comorbid anxiety and depression as well as concomitant topical therapy use were reported among those not satisfied with GUS as compared to those who were satisfied
- Further research assessing real-world satisfaction and patient preference of GUS therapy is needed

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Disclosures

MM, FY, and RET are employees of Janssen Global Services, LLC. TF is an employee of Janssen Scientific Affairs, LLC. JP and JL are employees of Adelphi Real World, which received research funding from Janssen during the conduct of this study.

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BACKGROUND/OBJECTIVE

- Psoriasis (PsO) is a chronic, immune-mediated, and relapsing inflammatory skin disease¹ that affects physical, psychological, and social functioning²
- Many treatments can improve moderate-to-severe disease and health-related quality of life,³ but treatment satisfaction is variable⁴
- Guselkumab (GUS) is an interleukin-23 inhibitor indicated for the treatment of adults with moderate-to-severe plaque PsO and is administered at Weeks 0 and 4, and every 8 weeks thereafter^{5,6}
- GUS has been shown to provide sustained improvements in quality of life through 5 years of treatment in a clinical trial setting⁷
- This study evaluated real-world dermatologist- and patient-reported satisfaction with GUS for the treatment of PsO

METHODS

- This retrospective, observational cohort study analysed point-in-time survey data from patients and their treating dermatologists drawn from the Adelphi Psoriasis IX Disease Specific Program® between August 2018 and March 2019 within the United States and the European Union 5 countries (ie, France, Germany, Italy, Spain, United Kingdom)
- GUS-treated patients with treatment satisfaction data from both the dermatologist and patient were included
- Satisfaction was defined as agreement between a patient and their dermatologist on satisfaction with GUS treatment, whereas dissatisfaction was defined as one or both not being satisfied with GUS treatment
- Overall satisfaction, level of agreement between dermatologists and patients, satisfaction by time on therapy and disease severity, and reasons for dissatisfaction were evaluated

RESULTS

- Of the 493 surveyed patients who initiated GUS treatment, 213 patients (43%) had dermatologist and patient satisfaction information available (**Table 1**)
- Overall, the median age was 42 years (interquartile range [IQR]: 35-51), 92% of patients were White, 54% were male, and median time on GUS was 16 weeks (IQR: 10-30)

Table 1. Patient Demographic and Disease Characteristics

Characteristic	Total N = 213	Patient and dermatologist satisfied with treatment n = 168	Patient and/or dermatologist not satisfied with treatment n = 45
Age, years, median (IQR)	42 (35-51)	42 (33-51)	43 (39-50)
Sex, n (%)			
Male	115 (54.0)	90 (53.6)	25 (55.6)
BMI, kg/m ² , median (IQR)	25.5 (23.1-27.8)	25.1 (22.9-27.8)	26.0 (23.7-27.6)
Ethnicity, n (%)			
White	195 (91.5)	152 (90.5)	43 (95.6)
Employment, n (%)			
Full time	150 (70.4)	118 (70.2)	32 (71.1)
Part time	11 (5.2)	9 (5.4)	2 (4.4)
Retired	12 (5.6)	11 (6.5)	1 (2.2)
Unemployed	5 (2.3)	4 (2.4)	1 (2.2)
Other/unknown	35 (16.4)	26 (15.5)	9 (20.0)
GUS duration of treatment, weeks, median (IQR)	16 (10-30)	18 (12-40)	12 (6-17)

IQR, interquartile range; BMI, body mass index; GUS, guselkumab.

- Of the patient-dermatologist pairs, 79% agreed that they were satisfied with GUS ($\kappa = 0.45$; **Table 2**)

Table 2. Treatment Satisfaction Between Patient-Dermatologist Pairs

Patient satisfaction	Dermatologist satisfaction			
	Satisfied, n (%)	Not satisfied, n (%)	Total, N	
	Satisfied, n (%)	168 (78.9)	6 (2.8)	174
	Not satisfied, n (%)	23 (10.8)	16 (7.5)	39
	Total, N	191	22	213

- The majority of dermatologists (90%) and patients (82%) were satisfied with GUS treatment, and satisfaction increased with longer treatment duration (**Figure 1**)

Figure 1. Treatment Satisfaction by GUS Duration as Reported by (A) Dermatologists and (B) Patients

A.

GUS Duration	Satisfied (%)	Not satisfied, but this is the best control that can be achieved (%)	Not satisfied, better control can be achieved (%)
<4 months, n = 111	83.8	4.5	11.7
4-6 months, n = 37	91.9	2.7	5.4
6-12 months, n = 44	97.7	2.3	0
≥12 months, n = 21	100.0	0	0

B.

GUS Duration	Satisfied (%)	Not satisfied, but this is the best control that can be achieved (%)	Not satisfied, better control can be achieved (%)
<4 months, n = 111	75.7	7.2	17.1
4-6 months, n = 37	83.8	10.8	5.4
6-12 months, n = 44	88.6	9.1	2.3
≥12 months, n = 21	95.2	4.8	0

Table 3. Dermatologist- and Patient-reported Reasons for Dissatisfaction

Top-reported reasons for dissatisfaction, N (%)	Dermatologist-reported N = 213
Too early to tell	8 (3.8)
Treatment isn't working quickly enough	7 (3.3)
Complete clearance not achieved	6 (2.8)
Patient-reported N = 213	
It hasn't completely cleared all my skin	19 (8.9)
My psoriasis is still visible to other people	14 (6.6)
Other	9 (4.2)
Route/not quick enough	7 (3.3)

- Among those not satisfied with GUS treatment, the top-reported reason for dissatisfaction was “too early to tell” (4%) among dermatologists and “it hasn't completely cleared all my skin” (9%) among patients (**Table 3**)

Table 4. Severity of PsO by Disease Severity Measures

	Total N = 213	Satisfied n = 168	Not satisfied n = 45
Current BSA, %, median, (IQR) ^a	5 (0-10)	2 (0-7)	14 (5-20)**
Current PASI, median, (IQR) ^b	3 (0-8)	2 (0-6)	13.5 (6-22)**
Sensitive-area lesions, n (%) ^c	99 (46.5)	64 (38.1)	35 (77.8)**
Physician-reported disease severity at GUS initiation, n (%)			**
Mild	141 (66.2)	131 (78.0)	10 (22.2)
Moderate	61 (28.6)	33 (19.6)	28 (62.2)
Severe	11 (5.2)	4 (2.4)	7 (15.6)

PsO, psoriasis; BSA, body surface area; IQR, interquartile range; PASI, Psoriasis Area and Severity Index; GUS, guselkumab.
^aMissing patient data include: Total, n = 9; Satisfied, n = 7; Not satisfied, n = 2.
^bMissing patient data include: Total, n = 79; Satisfied, n = 60; Not satisfied, n = 19.
^cSensitive areas include scalp, face, nails, genitalia, palms, or soles.
***P <0.01 Satisfied versus Not satisfied.*

- Of dermatologists and/or patients who indicated they were satisfied with GUS, patients had lower median body surface area affected (2% vs 14%; $P < 0.01$), fewer sensitive-area lesions (38% vs 78%; $P < 0.01$), and differences in physician-reported disease severity compared with those who were not satisfied (**Table 4**)

Table 5. Common Comorbidities by GUS Satisfaction

	Satisfied	Not satisfied
Type 2 diabetes	7.7	6.7
Dyslipidaemia	13.7	15.6
Hypertension	17.3	28.9
Depression	6.6	24.4
Anxiety	8.9	26.7

GUS, guselkumab.
Satisfied, n = 168. Not satisfied, n = 45.
***P <0.01.*

- Dissatisfaction with GUS treatment was more common in patients with comorbid depression (24%; $P < 0.01$) and anxiety (27%; $P < 0.01$; **Figure 2**)

Figure 2. Common Comorbidities by GUS Satisfaction

Comorbidity	Satisfied (%)	Not satisfied (%)
Type 2 diabetes	7.7	6.7
Dyslipidaemia	13.7	15.6
Hypertension	17.3	28.9
Depression	6.6	24.4
Anxiety	8.9	26.7

Table 6. Co-prescribed Medications for the Treatment of PsO

	Satisfied	Not satisfied
cDMARDs	1.2	0
Pain medications	2.4	8.9
Phototherapy	3.0	4.4
Topicals	34.5	71.1

PsO, psoriasis; cDMARD, conventional disease-modifying antirheumatic drug.
Satisfied, n = 168. Not satisfied, n = 45.
***P <0.01.*

- Patients and/or dermatologists who reported not being satisfied with GUS used co-prescribed topical treatments more frequently than those who reported being satisfied with GUS (71% vs 35%; $P < 0.01$; **Figure 3**)

Figure 3. Co-prescribed Medications for the Treatment of PsO

Medication	Satisfied (%)	Not satisfied (%)
cDMARDs	1.2	0
Pain medications	2.4	8.9
Phototherapy	3.0	4.4
Topicals	34.5	71.1

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