

Clinical characterisation of GPP flares: Historical data of patients enrolled in the Effisayil[™] 1 trial

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Historical data show that generalized pustular psoriasis (GPP) flares are painful and often associated with systemic signs and symptoms. This analysis also shows that the signs and symptoms of past GPP flares lasted up to 5 weeks, but more than 12 weeks for some patients despite currently available treatments

PURPOSE

To characterise the clinical features and outcomes of generalized pustular psoriasis (GPP) flares based on historical data collected from patients enrolled in the Effisayil[™] 1 trial.

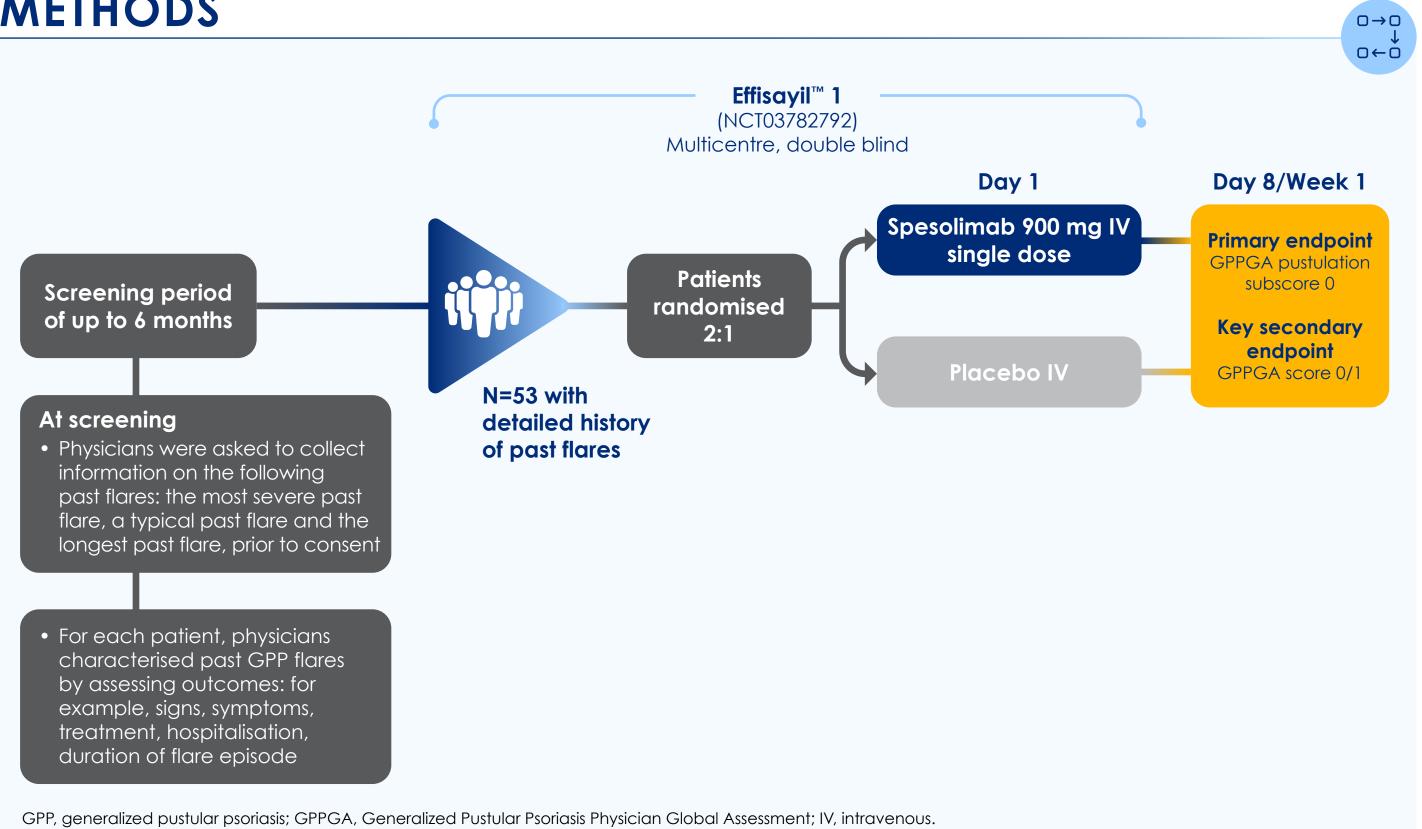
INTRODUCTION

- GPP is a rare, autoinflammatory skin disease characterised by episodes (flares) of widespread eruption of sterile, macroscopic pustules, with or without systemic inflammation and/or plaque psoriasis^{1,2}
- Treatment of GPP flares with spesolimab in the Effisayil[™] 1 trial was associated with rapid pustular and skin clearance within 1 week³
- There are limited data on the clinical features and duration of GPP flares with currently available treatment options

CONCLUSIONS

- Historical data reveal that GPP flares are painful and often associated with systemic signs (raised C-reactive protein and neutrophil levels) and symptoms (fever and fatigue), leading to hospitalisation in more than half of cases
- Despite systemic treatment, only about half of all patients achieved clear or almost clear skin after a GPP flare
- Approximately 50% of patients who achieved pustule clearance for their most severe past flare did so between 3 and 5 weeks, but some patients had not achieved pustule clearance at 12 weeks, highlighting that current treatments may be too slow in controlling GPP flare symptoms
- The time to complete pustular clearance was ≥3 weeks for 79% of patients for their most severe past flare and for 91% of patients for their longest past flare
- Limitations of this analysis include the retrospective method of data collection and subjective assessment of past GPP flares; these flares were assessed by the investigators according to their individual expertise
- Understanding the clinical course, burden and outcomes of GPP flares will enable healthcare providers to make informed treatment and management decisions for patients with GPP

METHODS



References

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- 2. Fujita H, et al. J Dermatol 2018;45:1235–1270.
- 3. Bachelez H, et al. Presented at the 6th World Psoriasis & Psoriatic Arthritis Conference, June 30 – July 03, 2021. Abstract O3.

Disclosures & Acknowledgements

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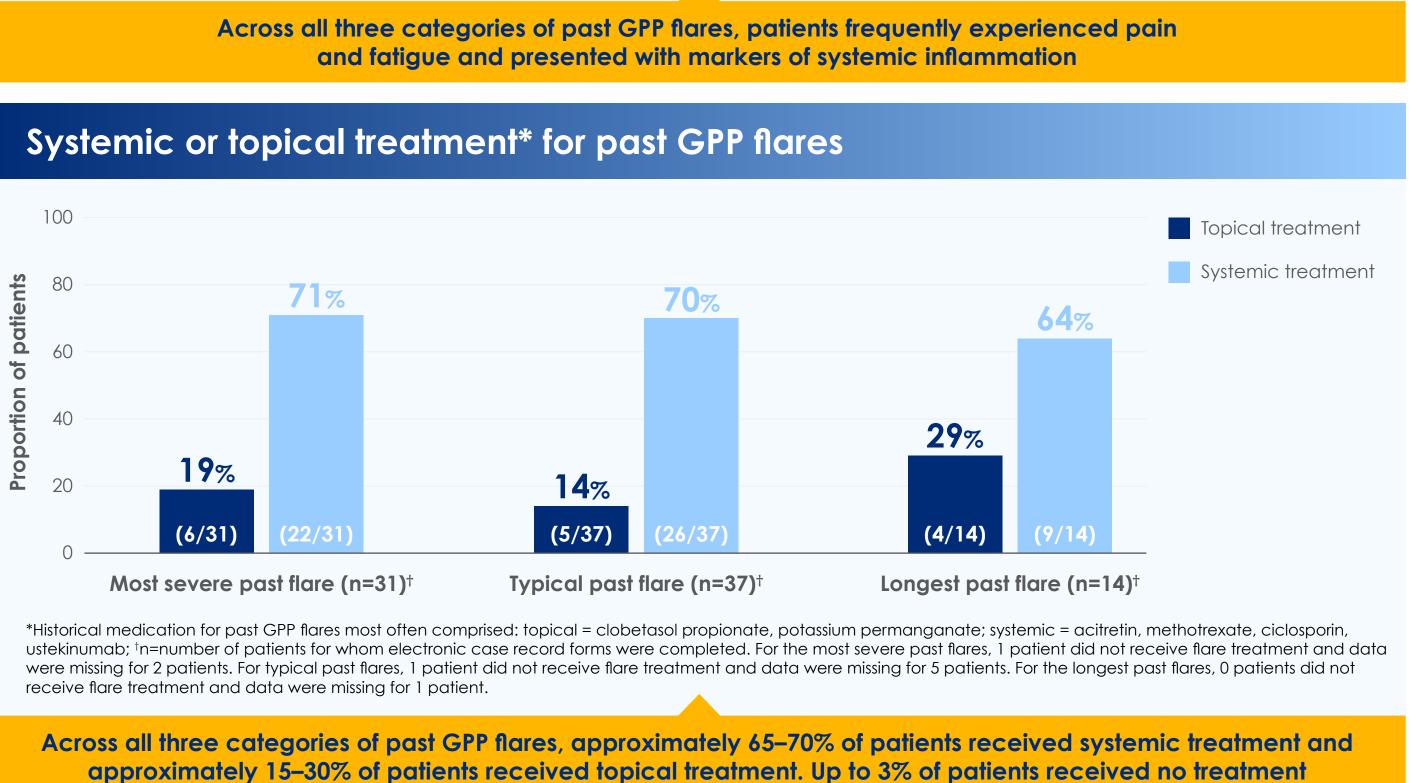


RESULTS

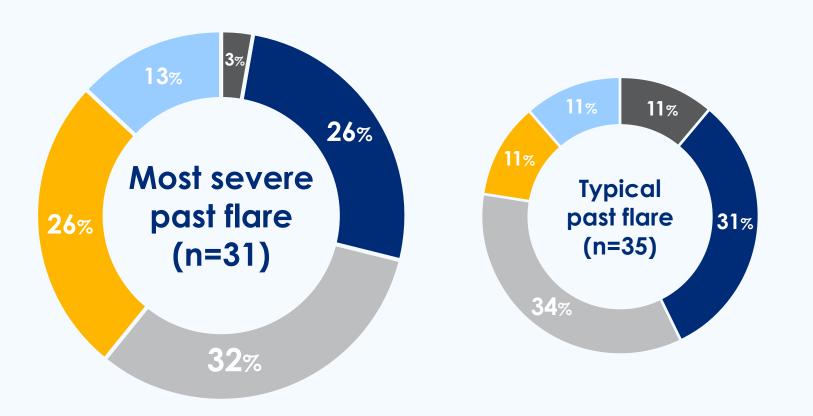
Salient clinical features associated with past GPP flares

Salient clinical feature* n (%)	Most severe past flare (n=31)	Typical past flare (n=27)	Longest past flare (n=14)
BSA of skin affected ≥30%	21 (68)	24 (65)†	9 (64)
Pain	23 (74)	17 (63)	13 (93)
Myalgia	13 (42)	12 (44)	6 (43)
Fatigue	23 (74)	20 (74)	11 (79)
Malaise	12 (39)	13 (48)	6 (43)
Asthenia	19 (61)	16 (59)	9 (64)
Oedema	10 (32)	10 (37)	4 (29)
C-reactive protein ≥7 mg/dL	14 (45)	7 (26)	4 (29)
Neutrophilia (>ULN)	13 (42)	7 (26)	4 (29)
Body temperature >38.5°C	12 (40) [‡]	5 (19)	6 (46) [§]

*Tabulated data show the proportions of patients with each salient clinical feature; *Patient denominator, n=37: *Patient denominator, n=30: *Patient denominator, n=13. BSA, body surface area; ULN, upper limit of normal.

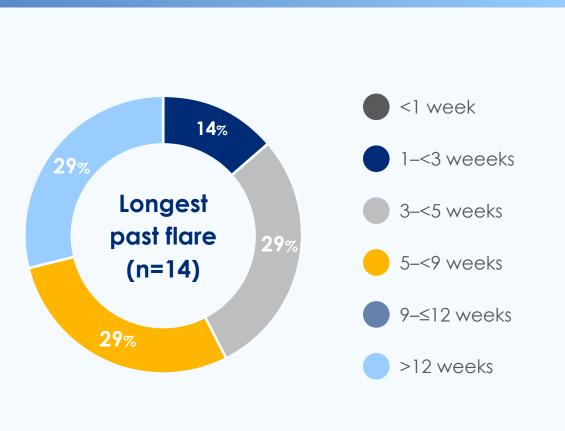


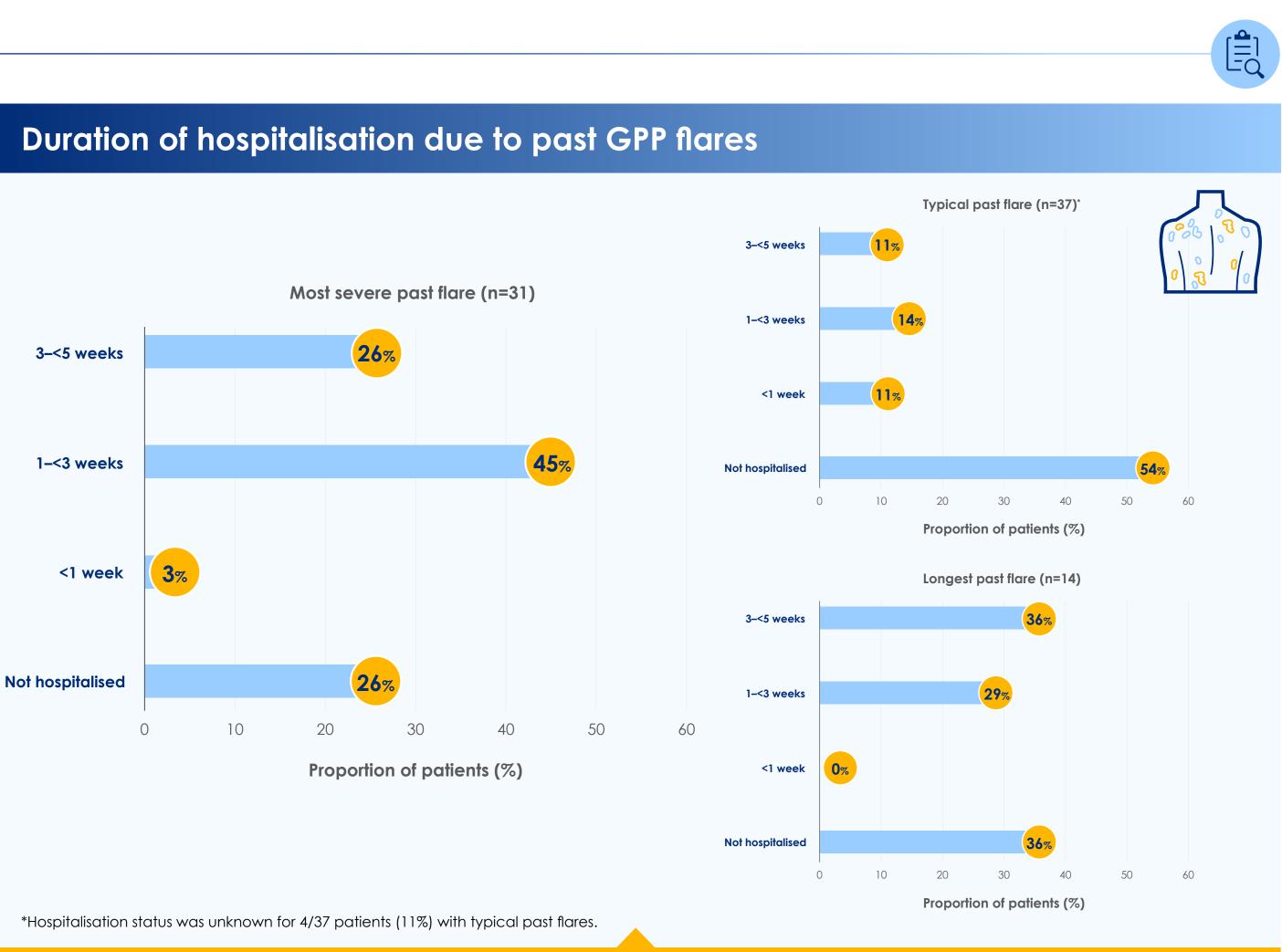
Duration of past GPP flares



Data labels on the figures represent proportions of patients.

Duration of the most severe past flare was 3–<9 weeks for 58% of patients and more than 12 weeks for 13% of patients





In total, 71% of patients were hospitalised for 1–<5 weeks for their most severe past GPP flare

Time to pustular clearance of past GPP flares





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clearance was 3-<9 weeks in 60% of patients

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