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Pregnancy outcomes in women with moderate to severe psoriasis in PSOLAR

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Objective: To report updated pregnancy outcomes observed in the Psoriasis Longitudinal Assessment Registry (PSOLAR), a multicenter, disease-based, observational study evaluating long-term safety and clinical outcomes for psoriasis patients receiving (or eligible to receive) treatment for psoriasis with biologics and/or conventional systemic agents.

Methods: Pregnancies and outcomes reported in PSOLAR through the most recent data cut-off of August 23, 2018, are summarized here.

Results: Of 12,090 patients enrolled in PSOLAR, 2224 were women 18-45 years of age followed for a median of 6.4 years. There were 288 pregnancies among 213 women. The general fertility rate was 19.1 per 1000 women in this age range. Of the 288 pregnancies, 235 (81.6%) resulted in live birth, 39 (13.5%) ended in spontaneous abortion, 13 (4.5%) were electively terminated, and 1 (0.3%) ended in stillbirth. Among the 235 live-born infants, 213 (90.6%) were full-term and 22 (9.4%) were born prematurely (<37 weeks gestation); 222 infants were born healthy, 10 had a neonatal problem, and 2 had a congenital anomaly. Of the 288 pregnancies, 245 were associated with any biologic exposure prior to or during pregnancy; pregnancy outcomes in biologic-exposed patients were generally similar to those in the overall pregnancy cohort. Among women who became pregnant, mean age at the time of pregnancy was 30.8 years; at enrollment, 34% were obese (BMI ≥30) and 55.9% were past/present smokers.

Conclusions: Pregnancy outcomes within PSOLAR remain consistent with previously reported data, including live birth outcomes that are similar to those for the general population.

Commercial disclosure: This study was sponsored by Janssen Research & Development.

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Long-term management of moderate to severe plaque psoriasis: Maintenance of treatment success following cessation of fixed combination halobetasol propionate 0.01% and tazarotene 0.045% lotion in patients with baseline body surface area of 6%-12%

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Topical therapy is the mainstay of treatment for patients with localized psoriasis. The objective was to investigate maintenance of effect with halobetasol propionate 0.01%/tazarotene 0.045% (HP/TAZ) lotion. In this 1-year open-label study, patients with moderate to severe psoriasis applied HP/TAZ once-daily. At week 8, HP/TAZ was stopped for treatment success (Investigator Global Assessment [IGA] score of 'clear' or 'almost clear'); participants not reaching treatment success were treated for an additional 4 weeks. At week 12, any patient demonstrating ≥1-grade IGA improvement continued and was managed in 4-week cycles (no treatment success: continued HP/TAZ; achieved treatment success: no treatment until next evaluation). Maximum continuous exposure was 24 weeks. This post hoc analysis evaluated maintenance in participants with high baseline Body Surface Area (BSA) 6%-12% (n = 210). At week 8, 50% achieved, BSA ≤5%. For patients participating at least 1 year in the study, 50.0% and 21.4% maintained, BSA ≤5% and ≤3%, respectively. At time of treatment success (n = 102), BSA was ≤5%, ≤3%, ≤2%, and ≤1% in 74.5%, 59.8%, 46.1%, and 33.3% of participants, respectively. Of participants who stopped therapy after treatment success: 5.7% did not require retreatment, 12.9% did not require retreatment for ≥3 months, 21.4% did not require retreatment for ≥2 months, and 44.3% did not require retreatment for ≥1 month. HP/TAZ lotion provides rapid and sustained treatment success in patients with moderate to severe psoriasis with baseline, BSA 6%-12% when followed for 1 year, with nearly half of participants not requiring retreatment for ≥1 month. Funding: Ortho Dermatologics.

Commercial disclosure: Funding: Ortho Dermatologics.

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Effects of guselkumab on musculoskeletal features in patients with active psoriatic arthritis by baseline skin disease: Results from the phase 3 DISCOVER-1 and DISCOVER-2 studies

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Objective: To evaluate the impact of guselkumab (GUS) on musculoskeletal features of PsA by baseline skin disease.

Methods: In DISCOVER-1 and DISCOVER-2, patients (n = 1120) with active PsA were randomized 1:1:1 to GUS 100 mg at wk 0, wk 4, then q8w; GUS 100 mg q4w; or placebo. The primary end point was wk 24 ACR20 response; secondary end points included Health Assessment Questionnaire-Disability Index (HAQ-DI) and ACR50 response. Pooled ACR20/50 and HAQ-DI results were analyzed by baseline PASI <12/≥12 to <20/≥20 and Investigator's Global Assessment (IGA) <2/≥2.

Results: In patients with PASI <12, ACR20 responses at wk 24 for placebo, GUS q8w, and GUS q4w, respectively, were 32.9%, 59.2% (OR [95% CI] = 3.0 [2.1-4.2]), and 59.7% (OR [95% CI] = 3.0 [2.1-4.3]); ACR50 responses were 14.8%, 30.0% (OR [95% CI] = 2.5 [1.6-3.7]), and 31.2% (OR [95% CI] = 2.6 [1.7-4.0]). In patients with PASI ≥12 to <20, ACR20 responses were 13.0%, 52.4% (OR [95% CI] = 7.3 [2.6-21.0]), and 60.7% (OR [95% CI] = 10.3 [3.7-28.3]); ACR50 responses were 4.3%, 26.2% (OR [95% CI] = 7.8 [1.6-37.7]), and 39.3% (OR [95% CI] = 14.2 [3.1-64.7]). In patients with PASI ≥20, ACR20 responses were 21.4%, 71.7% (OR [95% CI] = 9.3 [3.5-24.7]), and 75.9% (OR [95% CI] = 11.6 [4.4-30.4]); ACR50 responses were 4.8%, 41.3% (OR [95% CI] = 14.1 [3.0-65.4]), and 42.6% (OR [95% CI] = 14.8 [3.2-67.8]). ACR20 response was achieved by 34.3%, 51.3% (OR [95% CI] = 2.0 [1.0-3.9]), and 56.5% (OR [95% CI] = 2.5 [1.2-5.0]) of patients with IGA< 2; and 27.9%, 62.4% (OR [95% CI] = 4.3 [3.0-6.0]), and 63.3% (OR [95% CI] = 4.5 [3.2-6.3]) of patients with IGA ≥2. Differences in HAQ-DI scores from baseline to wk 24 favored GUS versus placebo for all baseline PASI groups and for baseline IGA ≥2; results for the IGA <2 group favored GUS, but the 95% CI was wide due to small subgroup sample size.

Conclusions: Regardless of baseline skin disease severity, patients with active PsA achieved consistently greater improvements in musculoskeletal features of PsA with GUS than with placebo.

Commercial disclosure: This poster was 100% supported by Janssen Research & Development.

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The role of location when matching into dermatology residency

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Despite the available data on the dermatology match, the value of location-based factors remains underexplored. The goal of this study was to determine the relationship between applicant location-based information and match rates. All 475 applicants who applied to Mayo Clinic Dermatology in Arizona during the 2018-2019 application cycle were emailed two surveys. The first was sent prior to match regarding demographic and locational information (eg state where the applicant grew up, went to college, went to medical school, completed a gap-year, completed an away rotation). The second was sent after match, regarding match results. Matching to a residency with a "connection" was defined as matching in the same state as any of the above locational data. In total, 149 (31.4%) applicants completed the initial survey, and 112 (75.2%) completed the follow-up survey. Matching applicants attended a median of three dermatology away rotations. In total, 17.5% of applicants matched at their medical school, 33.0% matched in their home state, 32.0% matched in the same state they attended medical school, 26.8% matched at an institution where they did an away rotation, and 42.3% matched in a state they did an away rotation. Overall, 65.3% of applicants matched to a state with a connection. This survey demonstrates the importance of location when matching dermatology. Away rotations may be of value to the applicant, as one-in-four away rotators matched at an institution where they did an away rotation and greater than two-fifths match in the same state that they completed an away rotation.

Commercial disclosure: None identified.