New effective treatments for psoriatic arthritis patients

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The results of two studies presented today at the Annual European Congress of Rheumatology (EULAR) 2017 press conference revealed promising data supporting two new drug classes for the treatment of psoriatic arthritis (PsA).

New agents working on different inflammatory aspects of PsA are needed in the treatment of PsA patients living with this chronic immune-mediated disease, which involves both joint and skin symptoms.

In the first study, in patients with active PsA who had not previously been prescribed an anti-TNF treatment, tofacitinib (an oral Janus kinase inhibitor under investigation for the treatment of PsA), was superior to placebo in ACR20 response rates and change from baseline in the HAQ-DI score at 3 months. Tofacitinib demonstrated superiority to placebo as early as week 2, and this was maintained for 12 months. No new safety risks were identified compared to previous studies in other indications.1

In the second study, in patients with active PsA and 3% or more of their body surface area affected by plaque psoriasis despite current or previous treatment with standard-of-care therapies, including anti-TNF treatments, guselkumab demonstrated significant improvement in joint symptoms, physical function, psoriasis, enthesitis , dactylitis and quality of life. Guselkumab, a fully human monoclonal antibody targeting IL-23, in this Phase 2 study for the treatment of PsA, was well tolerated with no unexpected safety findings in this patient population.2 Guselkumab is now being pursued in a Phase 3 development programme for psoriatic

arthritis.

Tofacitinib Phase 3 Results positive for treating PsA

At month 3, tofacitinib 5 and 10 mg twice-daily showed a statistically significant improvement compared to placebo as measured by the ACR20 response (p?0.05 and p