Treatment with ixekizumab following secukinumab failure in patients with psoriatic arthritis: real-life experience from a resistant population

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Background: There is growing evidence of a successful switching between anti-IL-17 agents in case of partial response in psoriasis. There is no data on the efficacy of switching between anti IL17 agents in PsA.

Aim: To assess the clinical response to ixekizumab (IXE) following secukinumab (SEC) failure in patients with PsA.

Methods: A retrospective observational study conducted in two rheumatology centers in Israel included PsA patients (n=23) with a history of treatment with SEC, further treated with IXE for a minimum of 3 months. The mean difference in disease activity indices at the initiation of IXE (baseline), 6 and 12 months later was tested. Time until IXE failure was estimated using Kaplan–Meier curves and compared using the log-rank test. Hazard ratios (HRs) and corresponding 95% confidence intervals (CIs) were calculated using the Cox proportional hazards model.

Results: Of 23 PsA patients, 86% (n=20) received 2+ TNFi. The median SEC treatment time was 15 months (IQR 10-21.5 months). Compared to baseline, there was a significant improvement in TJC at 6 and 12 months (-2.16 [-4.0, -0.3]; p=0.025 and-1.69 [-3.09, -0.28]; p=0.022, respectively) and in SJC at 6 months but not at 12 months (-2.68 [-5.3, -0.04]; p=0.046 and -1.50 [-4.25,1.25]; p=0.26, respectively). SDAI score was significantly improved at 6 and 12 months (-10.13 [-16.4, -3.8], p=0.003 and -12.2 [-17.1, -7.2], p=0.0002, respectively). At 6 months, PASI50 was achieved by 81% (13 patients), PASI75 by 63% (10 patients), PASI90 by 50% (8 patients) and PASI100 by 31% (10 patients). At 12 months, PASI50 and PASI75 was achieved by 57% (8 patients), PASI90 by 43% (6 patients) and PASI100 by 21% (3 patients).

Overall, 15 patients (65%) had an inadequate response to IXE, with a median treatment period of 8 months (IQR 6.5-13.5), most of which (11 patients ,48%) had a secondary treatment failure. Reasons for IXE cessation were worsening psoriasis (4 patients (27%)), peripheral arthritis (4 patients (27%)), both (7 patients (47%)), worsening of axial disease (2 patients (13%)), and adverse events (1 patient, 6%).

Conclusions: Patients with resistant PsA, including inadequate response to SEC, demonstrated a good response to IXE, albeit limited on time. Within class switch from

SEC to IXE may be a plausible therapeutic option in PsA patients following SEC failure.