Switching to adalimumab for psoriasis patients with a suboptimal response to etanercept, methotrexate, or phototherapy: Efficacy and safety results from an open-label study

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Background: Strategies for transitioning patients with psoriasis from suboptimal therapy have not been delineated.

Objective: We sought to determine the efficacy and safety of transitioning to adalimumab for the treatment of psoriasis in patients with suboptimal response to prior therapy with etanercept, methotrexate (MTX), or narrowband (NB)-ultraviolet (UV)B phototherapy.

Methods: In this 16-week, open-label, phase IIIb trial, patients with chronic plaque psoriasis discontinued suboptimal therapy between 11 and 17 days (etanercept) or between 4 and 10 days (MTX and NB-UVB) before initiating adalimumab (80 mg at week 0, then 40 mg every other week from week 1). The primary end point was the percentage of patients achieving a Physician Global Assessment of "clear" or "minimal" at week 16.

Results: At week 16, Physician Global Assessment of "clear" or "minimal" was achieved by 52% of all enrolled patients (79 of 152) and 49%, 61%, and 48% in the etanercept, MTX, and NB-UVB subgroups, respectively. Four patients (2.6%) experienced at least 125% worsening of Psoriasis Area and Severity Index score relative to screening value at any study visit. The adalimumab safety profile was consistent with results from other psoriasis clinical trials.

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Limitations: This study is limited by its relatively short 16-week duration, small patient enrollment, and open-label design.

Conclusion: Patients who had a suboptimal response to etanercept, MTX, or NB-UVB phototherapy experienced a similar, approximately 50% likelihood of achieving a clinically relevant response to adalimumab. Immediate transition to adalimumab from prior suboptimal therapy, with no dosage tapering or overlap, had a low risk of psoriasis flare. (J Am Acad Dermatol 2011;64:671-81.)

Key words: adalimumab; etanercept; flare; methotrexate; narrowband ultraviolet B; phototherapy; psoriasis; psoriatic arthritis; switching; therapy.

Psoriasis is so physically and emotionally burdensome that patients with this chronic, immune-mediated, inflammatory disease have a quality of life (QOL) comparable with that of patients with heart disease, diabetes, or cancer.[1] Patients with psoriasis and concomitant psoriatic arthritis (PsA), estimated to comprise between 6% and 42% of the psoriatic population, bear the burden of inflammation at joints and at the sites of tendinous or ligamentous attachment to bone and the risk of irreversible joint destruction.[2]

CAPSULE SUMMARY

- This study evaluated the efficacy and safety of switching to adalimumab for psoriasis treatment of patients experiencing suboptimal response to prior therapy with etanercept, methotrexate, or narrowband ultraviolet B phototherapy.
- Approximately half of patients achieved clinically meaningful improvement (Physician Global Assessment of "clear" or "minimal") 16 weeks after transitioning to adalimumab.
- Patients had acceptable safety outcomes and a low risk of flare, despite immediate discontinuation of prior therapy and a short washout period.

Numerous placebo- and active-controlled trials have demonstrated the efficacy of various phototherapies, traditional systemic therapies, and biologic therapies for the treatment of psoriasis and PsA, but these studies were usually conducted in highly selected patient populations under artificial conditions. Consequently, their results may not address several circumstances commonly encountered in clinical practice. For example, because phase III trials of tumor necrosis factor (TNF) antagonists have often excluded patients with prior exposure to other TNF antagonists, these trials do not provide information about efficacy and safety in patients who have had suboptimal response to a prior TNF antagonist. Patients in these studies self-reported prior exposure to and effectiveness of traditional systemic therapy and phototherapy. Self-reporting may be less reliable than objective assessment by physicians, and a recall bias may lead patients to underestimate success with prior therapies. Phase III trial outcomes for patients who self-reported suboptimal response to prior therapies may consequently differ from what is actually observed in clinical practice in such patients.[3] Furthermore, phase III trials obliged patients to undergo lengthy washouts of most psoriasis treatments before starting the investigational therapy. Such a transition strategy may be impractical for general use because it requires a prolonged interval without therapy in patients with active disease. Patients and physicians may prefer to initiate an alternate psoriasis therapy within a shorter time frame, either with a minimal washout period or an overlapping of therapies during transition, but phase III clinical trials do not provide safety and efficacy information about these types of transition strategies.

This study, PROGRESS, was designed to address these informational needs for physicians prescribing adalimumab, a fully human monoclonal antibody that binds to and neutralizes TNF.[4] Adalimumab is approved for the treatment of moderate to severe psoriasis, PsA, rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, and Crohn's disease in the United States, Canada, Europe, and other world regions. The approved dosing of adalimumab for moderate to severe plaque psoriasis in adults is an initial dose of 80 mg administered subcutaneously, followed by 40 mg every other week starting 1 week after the initial dose.

We report the efficacy and safety results of a prospective, open-label, multicenter North American clinical trial of adalimumab for treatment of patients with psoriasis experiencing a suboptimal response to prior therapy with etanercept, methotrexate (MTX), or narrowband (NB)-ultraviolet (UV)B phototherapy. The process of transitioning from these therapies to adalimumab was studied because these are