

Video abstract transcript**Secukinumab in US Biologic-Naive Patients With Psoriatic Arthritis: Results From the Randomized, Placebo-Controlled CHOICE Study**

doi.org/10.3899/jrheum.210912

Slide 1:

Hello, my name is Dr. Tien Nguyen. On behalf of my coauthors, I would like to thank the Journal of Rheumatology for inviting me to discuss our paper titled, “Secukinumab in US Biologic-Naive Patients With Psoriatic Arthritis: Results From the Randomized, Placebo-Controlled CHOICE Study.”

Slide 2:

Psoriatic arthritis, or PsA, is a chronic, progressive inflammatory disease that is associated with functional disability and reduced quality of life. Secukinumab is a biologic inhibitor of interleukin 17A that has proven to be effective and safe for the treatment of PsA in international, multicenter clinical trials. US patients, who had a baseline clinical profile indicating harder-to-treat disease than the overall study population, were a minority of those enrolled in these studies.

Slide 3:

The objective of this study was to evaluate the efficacy of secukinumab 300 mg and 150 mg vs placebo in a US-only population of patients with PsA who had not previously received treatment with a biologic.

Patients with PsA were randomized 2:2:1 to receive secukinumab 300 mg, secukinumab 150 mg, or placebo. At week 16, patients initially randomized to placebo began receiving secukinumab 300 mg. Patients who did not respond to secukinumab 150 mg treatment at weeks 16, 28, or 40 were switched to secukinumab 300 mg for the remainder of the study.

Slide 4:

Patients in the CHOICE study had baseline characteristics indicating difficult-to-treat disease. The mean baseline BMI was greater than 30 kg/m² in all treatment groups, indicating an obese population. 73.3% of patients had enthesitis, and 48.1% had dactylitis. Approximately one-third of patients were receiving methotrexate at baseline.

Slide 5:

The CHOICE study met its primary objective, with 51.5% of patients who received secukinumab 300 mg achieving an ACR20 response at week 16, compared with 23.1% of patients who received placebo. Secukinumab resulted in greater improvements in symptoms of PsA at week 16 than placebo as measured by ACR50 and ACR70, and secukinumab 300 mg generally resulted in greater improvements than secukinumab 150 mg.

For patients receiving either dose of secukinumab, the improvements observed at week 16 were generally sustained through week 52.

Slide 6:

Among patients randomized to receive secukinumab 150 mg who did not achieve at least 20% improvement from baseline in tender and swollen joint counts, dose escalation to secukinumab 300 mg resulted in higher ACR response rates, increased resolution of enthesitis and dactylitis, and greater achievement of minimal disease activity.

The most commonly reported adverse events in this study were diarrhea, hypertension, and upper respiratory tract infections, and most adverse events were mild or moderate.

By week 52, serious adverse events were reported in fewer than 10% of patients, and fewer than 5% of patients discontinued due to adverse events.

Slide 7:

In summary, secukinumab 300 mg led to rapid and significant improvements in symptoms of PsA over placebo in this population of US-only biologic-naïve patients.

Among patients who did not respond to secukinumab 150 mg, increasing the dose of secukinumab to 300 mg led to greater disease control. The safety profile of secukinumab in biologic-naïve US patients in the CHOICE study was consistent with previous reports in other populations. Overall, the findings of CHOICE demonstrated that secukinumab provides significant and sustained improvements in signs and symptoms of PsA in US patients.

Slide 8:

Thank you for your attention. For further details, please see our complete study published in the *Journal of Rheumatology*.