## Comment on "Secukinumab drug survival in patients with psoriasis: A multicenter, real-world, retrospective study"

*To the Editor:* We read with interest the article by Torres et al[1] reporting the survival of secukinumab for psoriasis in a real-world setting. The drug survival (DS) time reflects the patient's adherence to the treatment and is closely related to the long-term efficacy in real-world settings. Using identical methods, we reviewed the cases of patients with psoriasis treated with secukinumab from our practice who were seen during the period from March 30, 2016, to April 19, 2019. No patient was lost to follow-up. Failure was defined as stopping secukinumab definitively or switching to a different therapy. DS was analyzed by using Kaplan-Meier methodology. A total of 64 patients were included; their median age was 50.5 plus or minus 11.8 years, 59.4% were male, 53.1% were obese (body mass index, ≥30 kg/m$^2$), 53.1% had a diagnosis of psoriatic arthritis, and 64.1% were biologic-experienced. All patients were treated with the 300-mg label dose, and there was no dose adjustment throughout the treatment. No concomitant systemic therapy was used. The overall DS of secukinumab was 81% (confidence interval [CI], 67%-95%) after 12 months and 68% (CI, 54%-82%) after 18 months (Fig 1, *A*). The dropout rate at 18 months was 32%, including 23.6% cases of discontinuation due to ineffectiveness, 6.7% cases of discontinuation due to adverse events, and 1.7% because of a cancer diagnosis. The DS rates at 12 and 18 months were lower for biologic-experienced patients than for biologic-naive patients (Fig 1, *B*) and for obese patients than for nonobese patients (Fig 1, *C*). Cox regression analysis of DS determinants showed that prior use of more than 1 biologic ($P = .016$) and

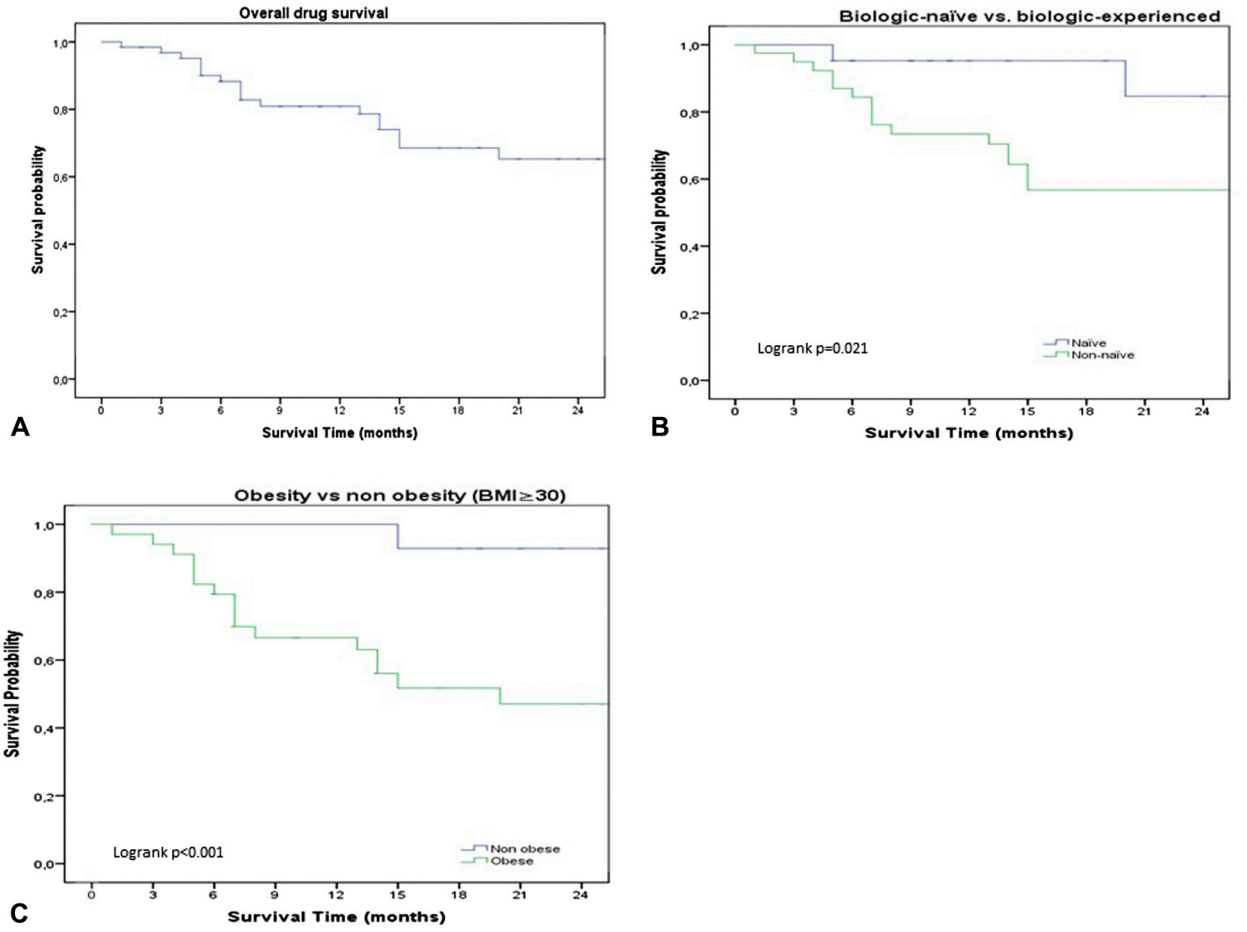


**Fig 1.** Kaplan-Meier plots of secukinumab drug survival in a population of patients with psoriasis. Secukinumab drug survival rates for the overall patient popuation (**A**), bio-naïve versus biologic-experienced patients (**B**), and obese versus nonobese patients (**C**), showing discontinuation owing to any cause.

obesity ($P = .004$) at baseline were associated with decreased secukinumab DS. The other variables evaluated (sex, age, and presence of psoriatic arthritis) were not found to be significantly associated with DS.

With the same criteria, the result of this analysis shows the same continuation rate at the first year as in the study by Torres et al[1] (81% [CI, 67%-95%] vs 83%); however, at 18 months we found a lower continuation rate (68% [CI, 54%-82%] vs 78.8%), which did not reach statistical significance. We think that the differences at 18 months between the results of the study by Torres et al and ours could be attributed to the fact that in our series 64.1% of patients were non-naive for biologic treatments (20.3% with 1 biologic, 15.6% with 2 biologics, 14.1% with 3 biologics, 12.5% with 4 biologics, and 1.6% with 5 biogics) and 53.1% of patients were obese. Hence, being obese and having received previous systemic treatments might have affected the results, as previously noted.[2]

Despite the limitations of our study, the DS results of 2 studies using patients from real-world practice are better than those previously reported.[3,4] We want to highlight the fact that the samples represented a difficult-to-treat psoriasis population. Patients who are not biologic-naive or are obese may not experience effects that are as long-lasting.

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