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

To the Editor: We thank Palacios-García et al[1] for their interest in our study[2] and for reporting another real-world experience with secukinumab drug survival (DS). DS is emerging as a crucial factor for selecting biologic therapies for the treatment of psoriasis. It represents a proxy of long-term adherence, safety, and effectiveness of biologic agents in the real world. This Spanish multicenter study showed high secukinumab DS rates that confirmed our observation at 12 months (81% vs 83%). Secukinumab DS was high despite the remarkable percentage of obese patients (53.1%) and patients with arthritis (64.1%). DS at 18 months was lower than in our study, though this difference (68% vs 78.8%) was not significant. In line with our study, negative predicting factors associated with lower DS rates were obesity and prior use of at least 1 biologic.

Overall, real-world studies on secukinumab are helping to define both negative and positive factors affecting treatment response. Similarly to us, Palacios-García L et al[1] suggested that secukinumab may perform better in bio-naive and nonobese patients, and as was recently published, long-lasting treatment duration may be expected if therapeutic response is high and fast (a 90% or 100% improvement in Psoriasis Area Severity Index score achieved after 12 to 16 weeks of therapy).[3]

Variable values related to secukinumab DS have been reported,[4] but different factors should affect study outcomes, such as (1) the relatively small number of patients that is often analyzed; (2) the percentage of bio-naive versus bio-experienced patients; (3) the percentage of obese versus nonobese patients; (4) the presence versus absence of arthritis; (5) the inclusion of patients from both clinical practice and clinical trials, which constitutes a selection bias; and (6) modification in the prescription behavior because of an expanded availability of new therapies that, as a matter of fact, caused more rapid switching and swapping, as well as reduction of rescue therapies and/or therapeutic maintenance notwithstanding a suboptimal response.

Real-word studies on psoriasis-approved drugs may provide clinical differentiating elements to establish a tailored therapeutic approach and identify the patient profile of the best responder for each therapeutic.

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REFERENCES

1. Palacios-García L, Gómez-de Castro C, Mir-Bonafé M, Calzón C, Galache C, Santos-Juanes J. Comment on "Secukinumab drug survival in patients with psoriasis: a multicenter, real-world, retrospective study." *J Am Acad Dermatol*. 2019;81:e81-e82.
2. Torres T, Balato A, Conrad C, et al. Secukinumab drug survival in patients with psoriasis: a multicenter, real-world, retrospective study. *J Am Acad Dermatol*. 2019;81:273-275.
3. Ferrières L, Konstantinou MP, Bulai Livideanu C, et al. Long-term maintenance of secukinumab in psoriasis: association with patient profile and initial psoriasis clearance. *Clin Exp Dermatol*. 2019. https://doi.org/10.1111/ced.13999.
4. Lee EB, Amin M, Egeberg A, Wu JJ. Drug survival of secukinumab for psoriasis in a real-world setting. *J Dermatolog Treat*. 2019;30(2):150-151.

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