

VISIBLE: GUSELKUMAB IMPACT ON PSORIATIC ARTHRITIS AT WEEK 16 IN PARTICIPANTS WITH MODERATE-TO-SEVERE PSORIASIS ACROSS ALL SKIN TONES



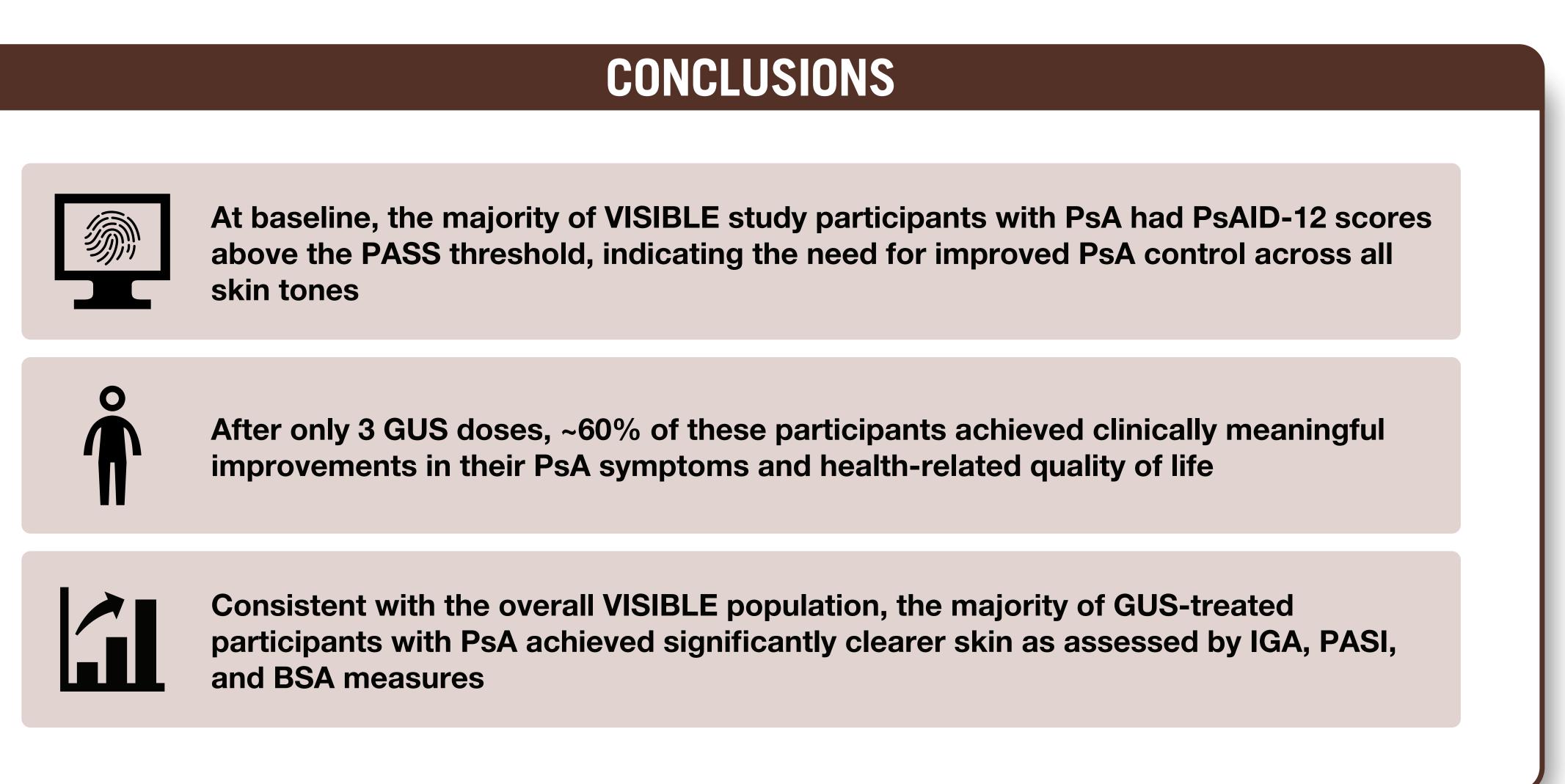
with predominantly moderate-to-severe scalp PsO

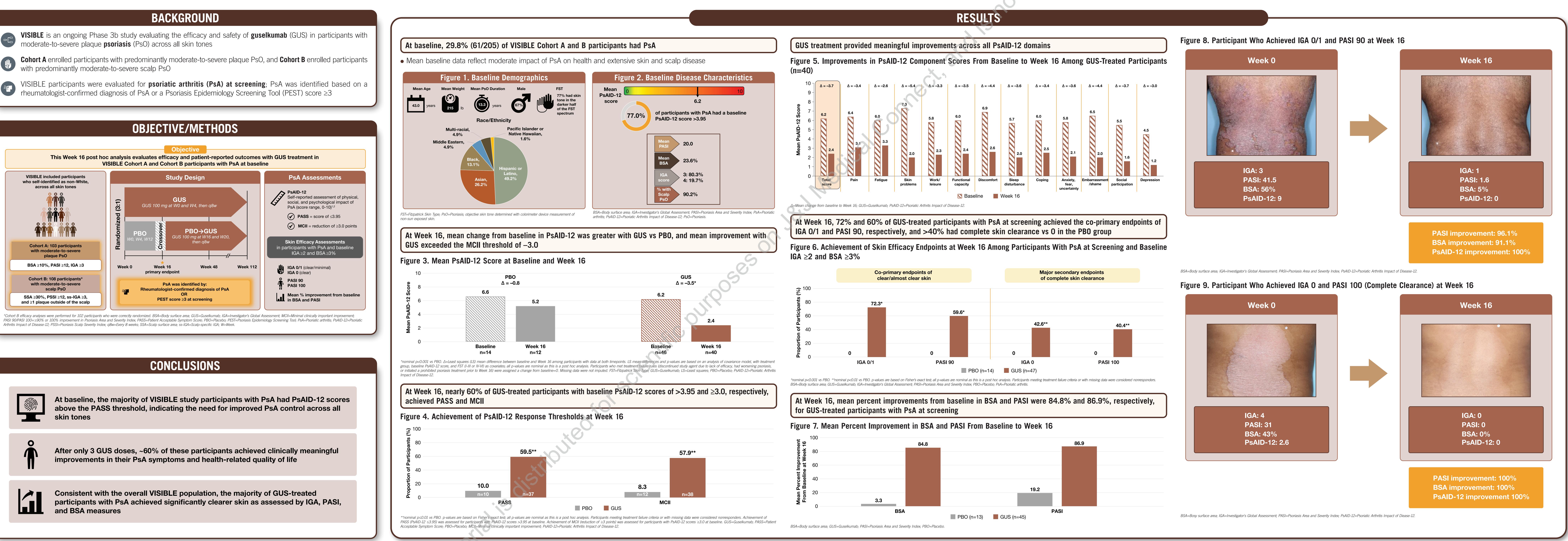
Arthritis Impact of Disease-12; PSSI=Psoriasis Scalp Severity Index; q8w=Every 8 weeks; SSA=Scalp surface area; ss-IGA=Scalp-specific IGA; W=Week.

Alice B. Gottlieb,¹ Amy McMichael,² Tina Bhutani,³ Olivia Choi,⁴ Theodore Alkousakis,⁴ Jenny Jeyarajah,⁵ Donna Febres,⁴ Oyediran Adelakun,⁴ Soumya D. Chakravarty,^{4,6} Daphne Chan,⁴ Joseph F. Merola⁷ ¹Icahn School of Medicine at Mt Sinai, New York, NY, USA; ²Wake Forest School of Medicine, Winston-Salem, NC, USA; ³Synergy Dermatology, San Francisco, CA, USA; ⁴Johnson & Johnson, Spring House, PA, USA; ⁶Drexel University College of Medicine, Philadelphia, PA, USA; ⁸Drexel University College of Medicine, Philadelphia, Philadelphi PA, USA; ⁷UT Southwestern Medical Center, Dallas, TX, USA

VISIBLE participants were evaluated for **psoriatic arthritis (PsA) at screening**; PsA was identified based on a rheumatologist-confirmed diagnosis of PsA or a Psoriasis Epidemiology Screening Tool (PEST) score ≥3 OBJECTIVE/METHODS This Week 16 post hoc analysis evaluates efficacy and patient-reported outcomes with GUS treatment in **VISIBLE Cohort A and Cohort B participants with PsA at baseline** Study Design **VISIBLE** included participants who self-identified as non-White across all skin tones PsAID-12 Self-reported assessment of physical, social, and psychological impact of SUS 100 mg at W0 and W4, then q8w **PASS** = score of ≤ 3.95 **MCII** = reduction of ≥3.0 points 00 mg at W16 and W. **Skin Efficacy Assessments** Cohort A: 103 participants participants with PsA and baseline with moderate-to-severe IGA ≥2 and BSA ≥3% plaque PsO BSA ≥10%, PASI ≥12, IGA ≥3 IGA 0/1 (clear/minimal) IGA 0 (clear) Cohort B: 108 participants PASI 90 PASI 100 with moderate-to-severe Rheumatologist-confirmed diagnosis of PsA scalp PsO Mean % improvement from baseline in BSA and PASI SSA ≥30%, PSSI ≥12, ss-IGA ≥3, PEST score ≥3 at screening and ≥1 plaque outside of the scalp

BACKGROUND





References: 1. Gossec L, et al. Ann Intern Med. 2022;5:12-22. Acknowledgments: Medical writing supported by Johnson, and UCB Pharma (all paid to Mount Sinai School of Johnson, and UCB Pharma (all paid to Mount Sinai School of School of Intern Med. 2022;5:12-22. Acknowledgments: Medical writing supported by Johnson, and UCB Pharma (all paid to Mount Sinai School of Intern Med. 2022;5:12-22. Acknowledgments: Medical writing support was provided by Cherie Koch, PhD, of Johnson & Johns *Almirall, Arcutis, Boehringer Ingelheim, Bristol Myers Squibb, Dice Therapeutics, Eli Lilly, Has received as consultant/advisor for RA). Am: has received grants (funds to institution) and/or served as consultant/advisor for RA). Am: has received principal investigator for Squibb, Dice Therapeutics, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly, Has received as consultant for Squibb, Eli Lilly, Galderma, Johnson & Johnson & Johnson & Johnson & Johnson & Institution) and/or served as consultant/advisor for Squibb, Eli Lilly, Galderma, Johnson & Johnson Pfizer, Sanofi-Regeneron, Sun Pharma, and UCB.