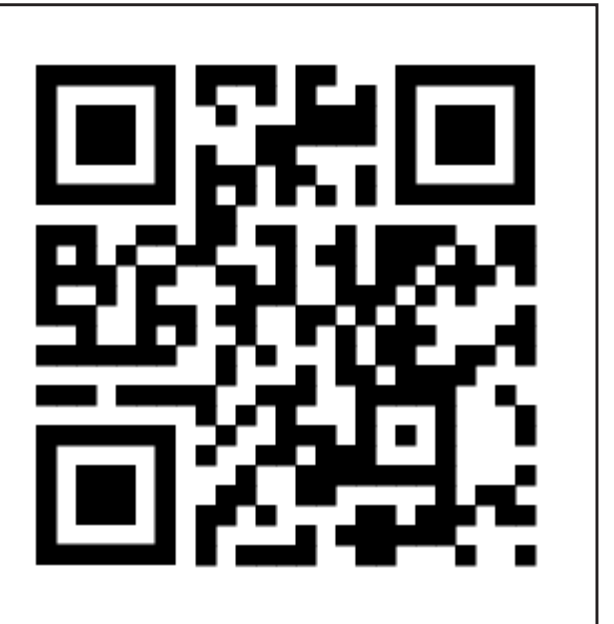


VISIBLE (COHORT B): GUSELKUMAB DEMONSTRATES COMPARABLE 1-YEAR EFFICACY IN MODERATE-TO-SEVERE SCALP PSORIASIS PARTICIPANTS WITH HIGH VS LOW BASELINE BODY SURFACE AREA INVOLVEMENT

L. Stein Gold,¹ M. Shahriari,² M. Sauder,³ K. Shah,⁴ T. Alkousakis,⁴ O. Choi,⁴ K. Rowland,⁴ D. Chan,⁴ T. Ma,⁴ G. Yadav,⁵ A. McMichael,⁶ A. Alexis⁷

¹Henry Ford Medical Center, West Bloomfield, MI; ²Yale University School of Medicine, New Haven, CT; ³Probit Medical Research, Waterloo, and University of Toronto, ON, Canada; ⁴Johnson & Johnson, Horsham and Spring House, PA; ⁵FACET Dermatology, Toronto, ON, Canada; ⁶Wake Forest University School of Medicine, Winston-Salem, NC; ⁷Weill Cornell Medicine, New York, NY

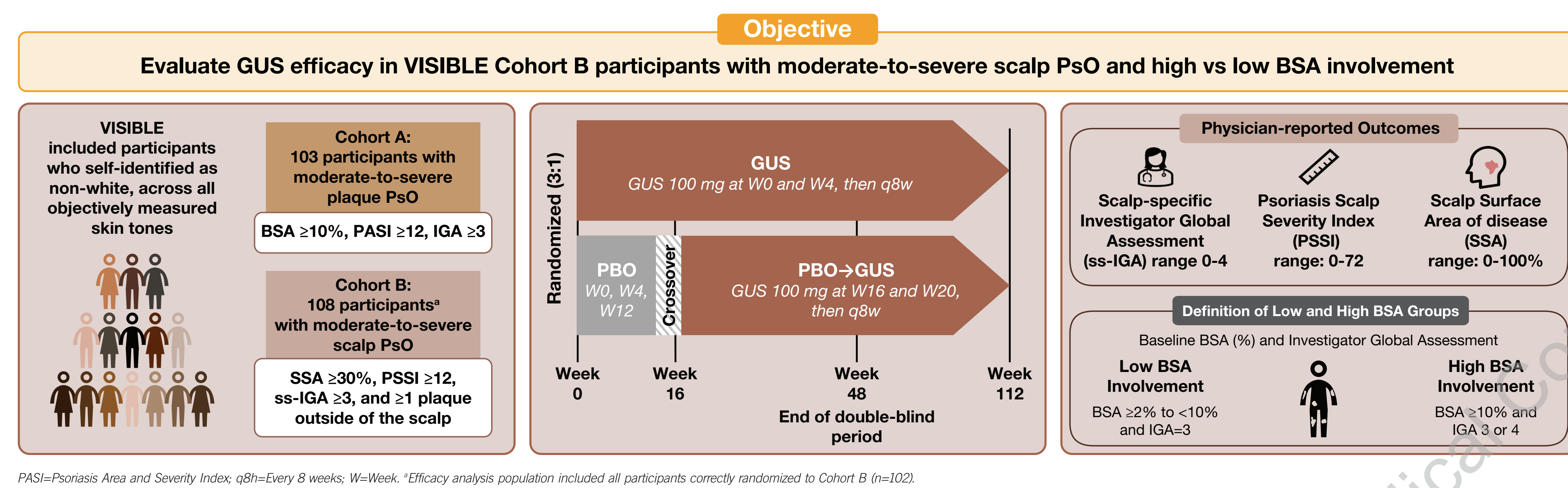


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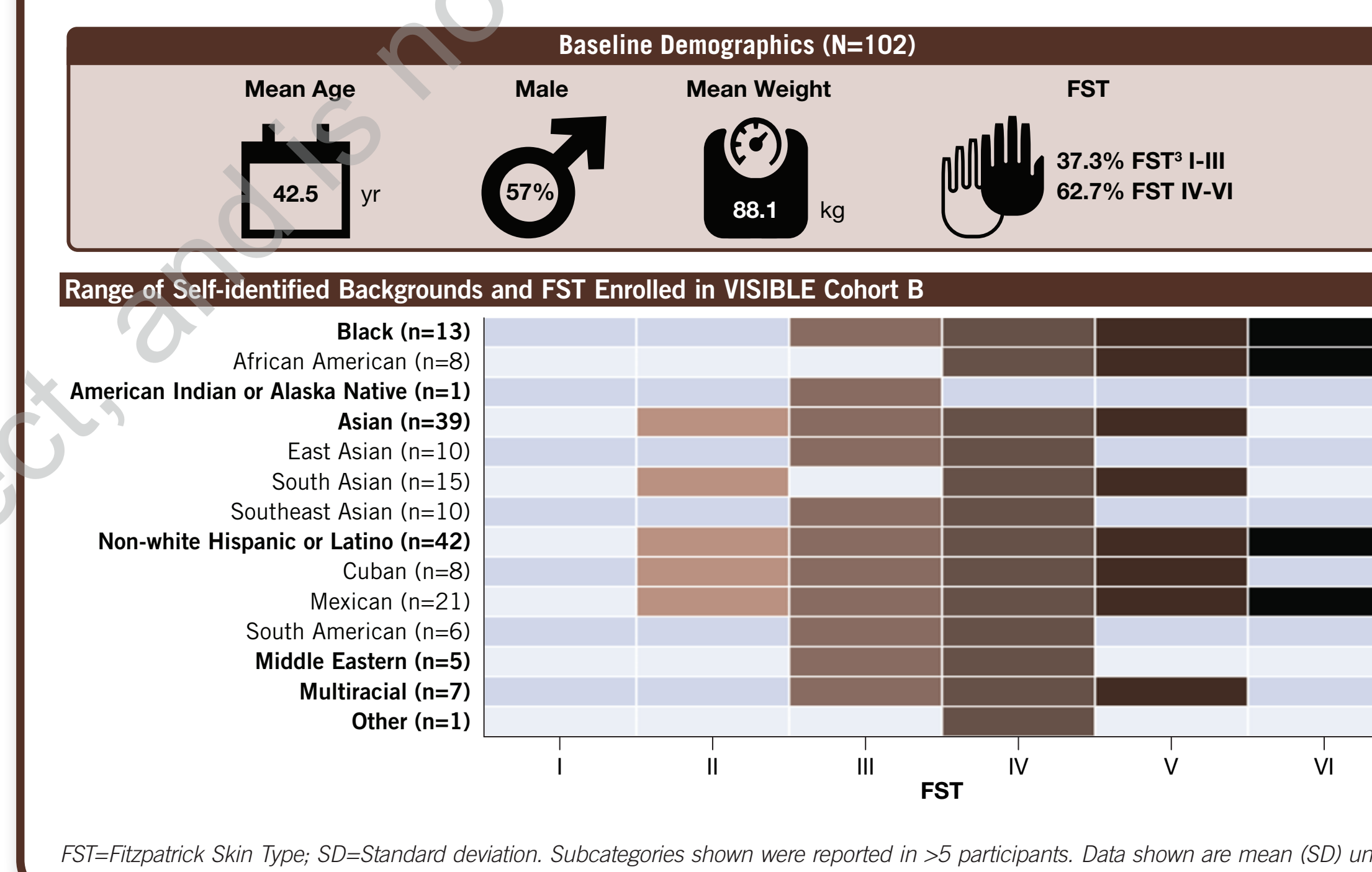
BACKGROUND

- Scalp involvement is common, burdensome, and often the first special site affected in individuals with psoriasis (PsO)¹
- Because individuals with moderate-to-severe scalp PsO and low total body surface area (BSA) involvement are infrequently treated with systemic therapy,² more data are needed in this under-treated population to help inform treatment considerations
- VISIBLE is an ongoing, Phase 3b, randomized, placebo (PBO)-controlled study 100% dedicated to people of color, with Cohort B comprised of participants with moderate-to-severe scalp PsO across all skin tones

BACKGROUND/METHODS



RESULTS: VISIBLE COHORT B

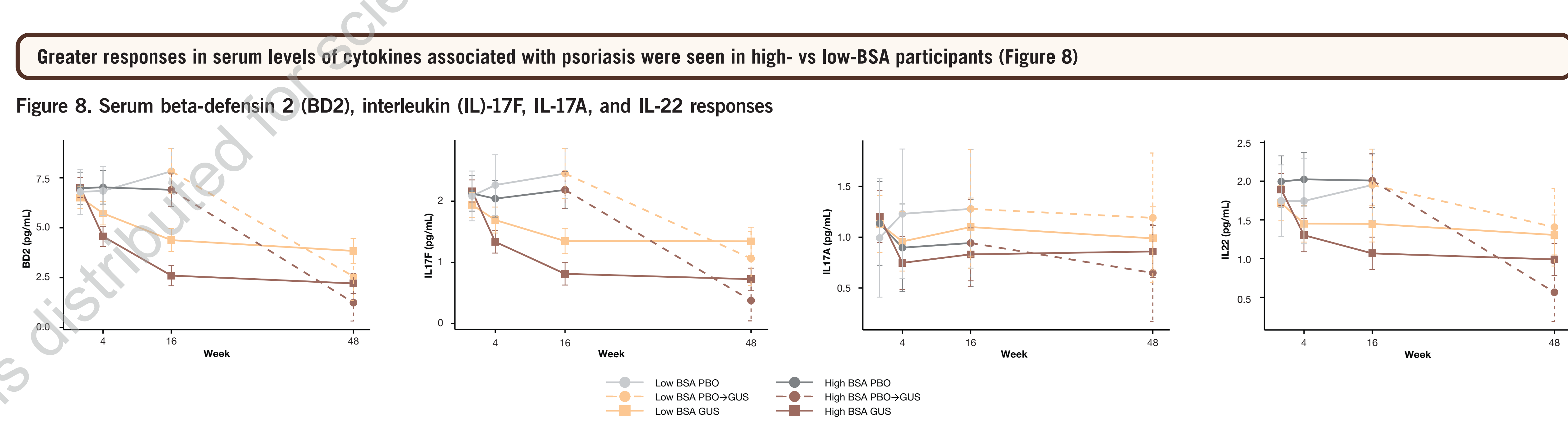
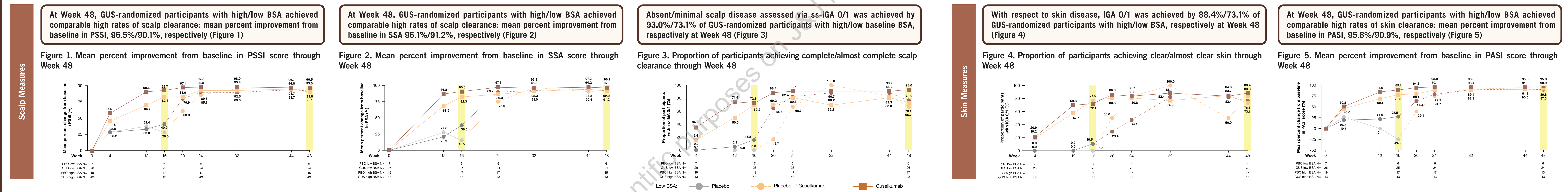


Although the low BSA group had less extensive PsO overall, the low and high BSA groups had moderate-to-severe scalp disease at baseline

Table 1. Baseline Disease Characteristics

	Low BSA (BSA $\geq 2\%$ to 10%)	High BSA (BSA $> 10\%$)
Analysis set, n	33	62
Psoriasis duration, yr	10.4 (9.6)	12.0 (11.4)
ss-IGA, n (%)		
Moderate	33 (100.0)	46 (74.2)
Severe	0	16 (25.8)
PSSI (0-72)	29.1 (9.8)	36.6 (13.9)
SSA, %	53.1 (24.8)	62.4 (26.1)
IGA, n (%)		
Moderate	33 (100.0)	46 (74.2)
Severe	0	16 (25.8)
PASI (0-72)	7.1 (3.4)	19.3 (8.9)
BSA, %	6.1 (1.7)	23.2 (14.9)

RESULTS



CONCLUSIONS

- VISIBLE is a first-of-its-kind study intentionally designed to evaluate the safety and efficacy of GUS in moderate-to-severe PsO across all skin tones, with Cohort B dedicated to participants with moderate-to-severe scalp PsO
- GUS-treated participants achieved generally comparable scalp and skin clearance at Week 48 whether participants had low or high baseline BSA involvement, providing clinicians and patients across all skin tones with an effective treatment option for those with scalp PsO regardless of baseline BSA
- Future biomarker studies will further investigate the relationship the relationship between clinical response and the underlying disease biology

References: 1. Wang T-S et al. *Am J Clin Dermatol*. 2017;18:17-43. 2. Merola JF et al. *Dermatol Ther*. 2018;31: e12589. doi: 10.1111/dth.12589. 3. Fitzpatrick TB. *Arch Dermatol*. 1988;124:869-71. **Acknowledgements:** Medical writing support was provided by Teresa Tartaglione, PharmD, an employee of Certara, LLC, under the direction of the authors in accordance with Good Publication Practice guidelines (*Ann Intern Med*. 2022;175:1298-304). This poster was supported by Johnson & Johnson, Horsham, PA, USA. **Disclosures:** K. Shah, T. Alkousakis, K. Rowland, D. Chan, and T. Ma are employees and stockholders of Johnson & Johnson. O. Choi is a former employee of Johnson & Johnson. L. Stein Gold is an investigator/advisor and/or speaker for AbbVie, Amgen, Arcutis, Bristol Myers Squibb, Dermavant, Eli Lilly, Janssen, Novartis, Pfizer, and UCB. M. Shahriari has served as a consultant/received honoraria from AbbVie, Amgen, Apogee, Arcutis, Bristol Myers Squibb, Dermavant, Galderma, Incyte, Janssen, Leo, Lilly USA, Novartis, Pfizer, Regeneron, Sanofi-Genzyme, and UCB; served as an investigator for AbbVie, Cara, CorEvitas Psoriasis and Atopic Dermatitis Registries, Dermavant, Dermira, Mindera, Novartis, and Union. M. Sauder has served as an investigator and/or speaker for AbbVie, Alumis, Amgen, Arcutis, Bausch Health, Bristol Myers Squibb, Eli Lilly, Janssen, Leo Pharma, Novartis, and UCB. G. Yadav has reported consultant/speaker/advisory board honorarium from AbbVie, Amgen, Analez, Arcutis, Bausch Health, Bristol Myers Squibb, Byrdie, CIPHER, Galderma, Incyte, Janssen, Kenvue, Leo, L'Oréal, Novartis, Paladin, Pfizer, P&G, Sanofi, Sun Pharma, UCB, and Unilever; and grants, research or clinical trial support from AbbVie, Amgen, Janssen, Lilly, Moonlake, and Sanofi. A. McMichael has received grants (funds to institution) and/or served as consultant/advisor for AbbVie, Almiral, Arcutis, Bristol Myers Squibb, Eli Lilly, Galderma, Janssen, Johnson & Johnson, Kenvue, L'Oréal, Nutratol, Pfizer, Revian, Sanofi-Genzyme, and UCB. A. Alexis has received grants (funds to institution) from AbbVie, Amgen, Arcutis, Castle, Dermavant, Galderma, Incyte, and Leo; has served on an advisory board or consulted for AbbVie, Allergan, Almiral, Alphynt, Amgen, Apogee, Arcutis, Avita Medical, Bausch Health, Beiersdorf, Boehringer Ingelheim, Bristol Myers Squibb, Canfield, Cara, Castle, Cutera, Dermavant, Eli Lilly, EPI, Galderma, Genentech, Genzyme, Incyte, Janssen, Leo, L'Oréal, Ortho, Pfizer, Sanofi-Regeneron, Swiss American, UCB, and VisualDx; has served as a speaker for Aerolase, Bristol Myers Squibb, Janssen, Johnson & Johnson, L'Oréal, Regeneron, and Sanofi-Genzyme; has received royalties from Elsevier, Springer, Wiley-Blackwell, and Wolters Kluwer Health; and has received equipment from Aerolase.