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Abstract #: 10

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Low Rates of Major Adverse Cardiac Events, Malignancies, and Serious Infections in Subjects With Psoriasis and Psoriatic Arthritis Treated With Apremilast for ≥156 Weeks: Pooled Analysis From the ESTEEM and PALACE 1-3 Phase 3 Trials

Objective(s): Apremilast (APR), an oral PDE4 inhibitor, was effective in phase 3, randomized, placebo (PBO)-controlled trials assessing treatment of moderate to severe plaque psoriasis (ESTEEM 1 and 2) and psoriatic arthritis (PsA; PALACE 1-3). We report MACE, malignancies, and serious infections (SIs; opportunistic and non-opportunistic) incidences in subjects receiving APR 30 mg BID (APR30) for ≥156 wks in a pooled analysis of these studies.

Method(s): Incidence rates and exposure-adjusted incidence rates (EAIR)/100 subject-yrs of MACE, malignancies, SIs, and serious opportunistic infections (SOIs) are reported for 0 to 16 wks, 0 to ≤52 wks, and the APR-exposure period (0 to ≥156 wks) for subjects receiving APR30 any time during the studies, through February 2015; ~30% (n=575) of subjects received >3 yrs (>156 wks) of APR exposure.

Result(s): 2,242 subjects were included in the safety analysis for 0 to 16 wks (PBO n=913, subject-yrs exposure [sy]=260.2; APR30 n=1,329, sy=377.8); 1,905 subjects received APR30 during the APR-exposure period, representing 3,527.5 sy. Exposure during 0 to ≤52 wks was 1,524.5 sy. At baseline, 64.2% of APR30 subjects with PsA (PALACE 1-3) were receiving concomitant DMARDs (including methotrexate). Incidence of MACE with APR30 was low and comparable to PBO during 0 to 16 wks. During 0 to ≤52 wks and the APR-exposure period, incidence of MACE (EAIR/100 subject-yrs) remained low (range, 0.0–0.1). Incidence rates (EAIR/100 subject-yrs) of hematologic malignancies, nonmelanoma skin cancers, and solid tumors were similar with PBO (0.0, 1.2, 0.4) and APR30 (0.0, 1.3, 0.3) during 0 to 16 wks and remained low during 0 to ≤52 wks and the APR-exposure period (all <1.0). During the PBO-controlled period (0 to 16 wks), rates of SIs with APR30 were low and comparable to PBO; no SOIs were reported. During 0 to ≤52 wks, the overall rate of SIs was low (0.6%; EAIR/100 subject-yrs: 0.7). The rate of SIs remained low (1.8%; EAIR/100 subject-yrs: 1.0) during the long-term cumulative APR-exposure period (0 to ≥156 wks). No clustering of any particular event was noted with respect to SIs. No clinical reactivation of tuberculosis was reported with long-term APR30 exposure (0 to ≥156 wks). The rate of marked hematologic abnormalities remained low with long-term APR exposure.

Conclusion(s): Incidence of MACE, malignancies, and SIs was low in subjects with psoriasis and PsA receiving APR30 for ≥156 wks. No new safety signals or SOIs were observed over time with APR30.