

LETTER - RESEARCH

Real-world experience with deucravacitinib in psoriatic patients: the Chilean perspective[☆]

Dear Editor,

We present the findings of a multicentre observational study evaluating the efficacy and safety of deucravacitinib (Sotyktu®) in a cohort of Chilean patients with moderate-to-severe plaque psoriasis. Psoriasis affects approximately 1.1% of the Chilean population, with an incidence of 22 per 100,000 inhabitants, highlighting the need to document the real-world performance of novel therapies.

From July 2023 to August 2024, 24 adults were recruited from four dermatology centres in Santiago. Deucravacitinib was prescribed at 6 mg orally once daily. Disease severity was assessed with the Psoriasis Area and Severity Index (PASI) and Body Surface Area (BSA), and quality of life with the Dermatology Life Quality Index (DLQI). Evaluations were performed at baseline and at 3-, 6-, and 12-months. Adverse Events (AEs) were summarized descriptively with R (v 4.3.2).

Seventeen participants were male; the mean $\pm$ SD age was 38.5 ± 9.3 years, and the mean disease duration 16.1 ± 11.99 years. Fifteen patients had at least one comorbidity, and most had previously received methotrexate and/or biologics. Baseline mean PASI was 18 ± 12.4 , mean BSA 15 ± 0.13 %, and mean DLQI (n = 16) 24 ± 3.75 (Table 1).

At month 3 (n = 21), PASI-75, PASI-90 and PASI < 3 were achieved by 33.3%, 9.5% and 23.8% of patients, respectively, with DLQI falling to 7.3. At month 6 (n = 21), the corresponding proportions were 70.8%, 38.1% and 57.1%; at month 12 (n = 19), they were 78.9%, 31.6% and 78.9% (Fig. 1).

Reported AEs were mild: acneiform eruption (n = 1), self-limiting upper-respiratory infections (n = 2), and headache (n = 1). One patient discontinued treatment owing to loss of efficacy.

[☆] Study conducted at the University of Chile Clinical Hospital, Universidad de los Andes Clinical Hospital, Clínica Alemana de Santiago, and two Private Dermatology Offices in Santiago, Chile.

Table 1 Baseline characteristics of patients with psoriasis treated with Deucravacitinib (n = 24).

i. Demographic Data	
Male sex, n (%)	17 (70.83%)
Age (years) ^a	38.58 ± 10.56
Age of Psoriasis Onset (years) ^a	22.91 ± 14.25
Psoriasis duration (years) ^a	16.10 ± 11.99
ii. Clinical indexes	
Total PASI ^a	18.03 ± 12.44
BSA (%) ^a	15 ± 0.13
DLQI ^a	24.06 ± 3.75
iii. Comorbidities	
Total comorbidities (n)	15
Obesity	2
Hypertension	3
Type 2 Diabetes Mellitus	3
Psoriatic arthritis	1
Mood disorder	5
Other	8
No comorbidities	9
iv. Previous treatments	
Total previous treatments (n)	24
Topical treatments	20
Methotrexate	12
Phototherapy	14
Anti-IL23	2
Anti-TNF α	1
Anti-IL17	1
No prior treatment	0

PASI, Psoriasis Area and Severity Index; DLQI, Dermatology Life Quality Index.

^a Data presented as mean $\pm$ standard deviation.

Two-proportion z-tests showed significant improvements from month 3 to 6 for all outcomes ($p < 0.05$). No further significant change occurred between months 6 and 12, indicating a clinical plateau. Compared with month 3, PASI-75 ($p = 0.0038$) and PASI < 3 ($p = 0.0005$) remained significantly higher at month 12, whereas the increase in PASI-90, although numerically greater, did not reach conventional significance ($p = 0.081$).

Deucravacitinib delivered rapid and durable clinical benefit with a favorable safety profile in this real-world Chilean

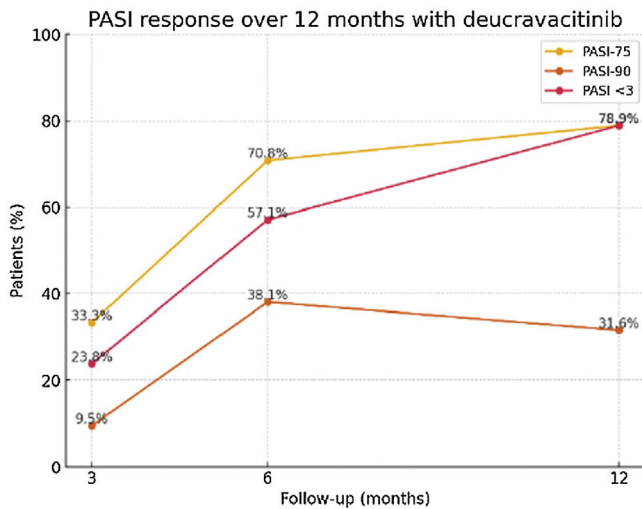


Fig. 1 Evolution of PASI at months 3, 6 and 12 in patients with Deucravacitinib: 21 patients were in follow-up at 3 months and 6 months, 19 patients were in follow-up at 12 months.

cohort, mirroring or exceeding the efficacy reported in pivotal trials.¹⁻³ The superior responses observed may reflect the permitted use of concomitant topical therapy. Our results also align with a recent Japanese series, which reported PASI-75 in 78.3% and PASI-90 in 52.2% of patients at week 16.⁴ Continued assessment for 12 months is a notable strength of the present study.

These data support deucravacitinib as an effective first-line option for the management of moderate-to-severe psoriasis. Longer-term, larger-scale studies are warranted to refine its place in therapy within Latin-American and global populations.

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Authors' contributions

Fernando Valenzuela Ahumada: Conceptualization, study design, data collection, data analysis, and manuscript drafting and revision.

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Research data availability

The entire dataset supporting the results of this study was published in this article.

Conflicts of interest

Fernando Valenzuela has served as advisor and/or paid speaker for and/or participated in clinical trials sponsored by Pfizer Inc., AbbVie, Amgen, BMS, Janssen-Cilag, LEO, Lilly, Novartis, and Sanofi.

Editor

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