introduction
Psoriasis can greatly reduce patients’ quality of life, however patient experiences may not be fully captured by objective psoriasis severity measures. It is therefore important to measure patient-reported outcomes (PROs) alongside clinical parameters. Two-year outcomes from the BE RADIANT (NCT0336884) phase 3 trial of BKZ showed high levels of skin clearance in patients to moderate to severe plaque psoriasis. The P-SIM is reliable and well-defined PRO measure developed to capture key symptoms and impacts of psoriasis. Here, PROs over 96 weeks of BE RADIANT are reported.

Materials and Methods
BE RADIANT comprises a 48-week double-blind period, with patients randomised to BKZ or secukinumab (SEC), followed by an ongoing open-label extension (OLE) in which all patients receive BKZ (Figure 1). We report proportions of patients with scores of 0 (no symptom, scored 0–10) on P-SIM itching, skin pain, and scaling items, and 0 or 1 on the DLQI (no effect of skin disease on a patient’s life, scored 0–30). Missing data were imputed via modified non-responder imputation (mNRI). Patients who discontinued study treatment due to lack of efficacy were considered non-responders at subsequent timepoints; multiple imputation was used for other missing data. Non-responder imputation (NRI) and observed case (OC) data are reported in Table 2.

Results
Of the 743 patients who entered BE RADIANT, 336 BKZ- and 318 SEC-randomised patients entered the OLE. Mean baseline P-SIM and DLQI scores were similar for patients randomised to BKZ and SEC (Table 1). Baseline P-SIM=0 rates were higher for the skin pain P-SIM item than for itching or scaling for both BKZ- and SEC-randomised patients (Table 2). Baseline P-SIM=0 and DLQI=0 rates were consistent across BKZ- and SEC-randomised patients, although baseline skin pain P-SIM=0 rates were slightly higher in patients randomised to BKZ (Figure 2). At Week 48, BKZ-randomised patients had increased P-SIM=0 and DLQI=0 rates versus SEC-randomised patients (Figure 2; Table 2). High P-SIM=0 rates were maintained through to Week 96 for continuous BKZ-treated patients (SEC-randomised patients had higher or maintained rates after switching to BKZ (Figure 2A–C, Table 2). High DLQI=0 rates were maintained to Week 96 for BKZ-randomised patients; Week 96 rates in those who switched from SEC to BKZ were consistent with Week 48 (Figure 2D, Table 2).

Conclusions
High levels of PRO responses to BKZ at Week 48 maintained high DLQI=0 rates to Week 96; P-SIM=0 rates were maintained or improved, reaching similar levels to BKZ-randomised patients at Week 96.