TREAT-TO-TARGET APPROACHES IN EARLY PSORIATIC ARTHRITIS:

1 YEAR RESULTS OF STAMP STUDY

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INTRODUCTION

The Strategy Treatments aiming at Minimal Disease Activity in PsA (STAMP) is a one-year randomized controlled trial designed to investigate the efficacy of two treat-to-target (T2T) strategies in early psoriatic arthritis (PsA), with one arm initiating early intensive treatment.

OBJECTIVE

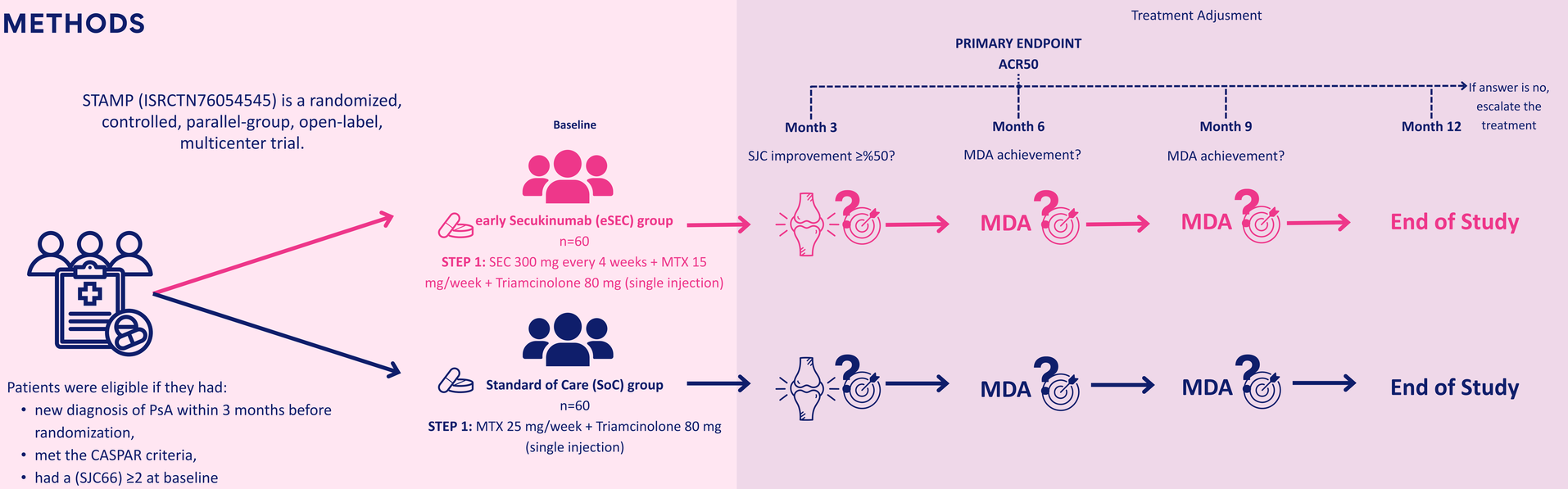
To compare the effectiveness in a T2T setting of the administration of IL-17A inhibitor (secukinumab) to standard care in newly diagnosed PsA patients on the ACR 50 response at 6 months

METHODS

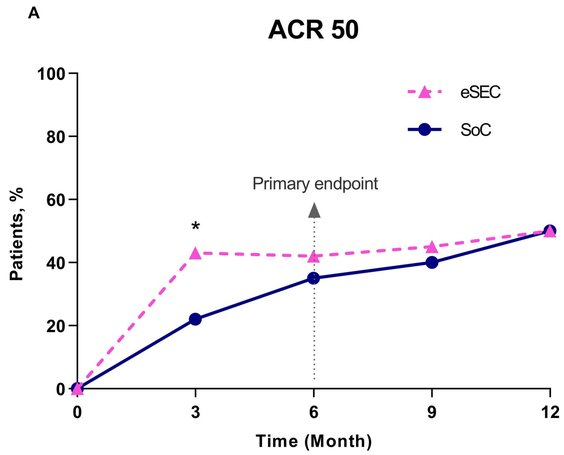
STAMP (ISRCTN76054545) is a randomized, controlled, parallel-group, open-label, multicenter trial.

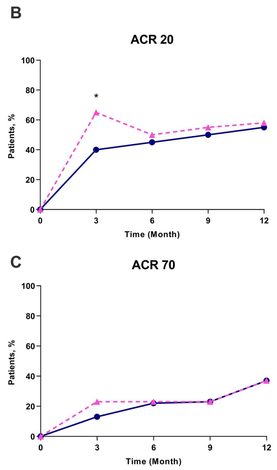
Patients were eligible if they had:

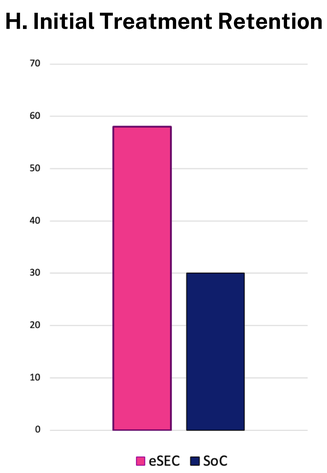
- new diagnosis of PsA within 3 months before randomization,
- met the CASPAR criteria,
- had a (SJC66) ≥2 at baseline

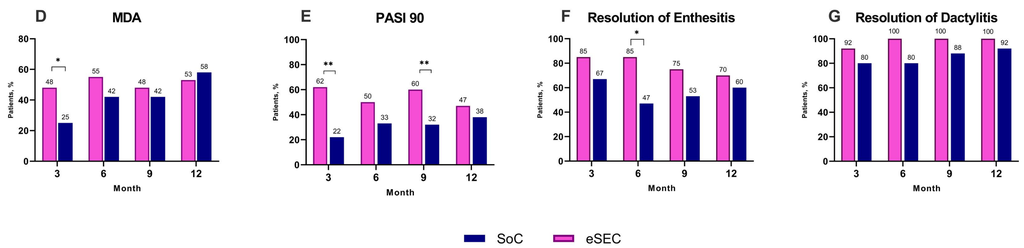


KEY FINDINGS









Key Clinical Outcomes from the STAMP Study Comparing Early Secukinumab (eSEC) vs. Standard-of-Care (SoC) in Early Psoriatic Arthritis

(A–C) Proportion of patients achieving ACR 20 (B), ACR 50 (A, primary endpoint at 6 months), and ACR 70 (C) responses over 12 months. A significantly faster ACR 50 response was observed with eSEC by month 3 (*p<0.05).

(D–G) Proportion of patients achieving Minimal Disease Activity (D), PASI 90 (E), resolution of enthesitis (F), and resolution of dactylitis (G) at 3, 6, and 12 months. eSEC showed significantly greater responses in PASI 90 and enthesitis resolution at early time points (**p < 0.01, *p < 0.05).

CONCLUSION

- The STAMP study did not meet its primary endpoint.
- However, both T2T strategies are effective at the end of the study, regardless of their initial treatment.
- Early intensive treatment in the T2T design demonstrated faster clinical response within 3 months.
  - Robust efficacy across all PsA domains, including joint, skin, and enthesitis.
  - Higher initial treatment retention rates.
  - Fewer treatment escalations and switches.

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