2.0 Synopsis

Abbott Laboratories	**Individual Study Table Referring to Part of Dossier:**	**(For National Authority Use Only)**
Name of Study Drug: Adalimumab	**Volume:**	
Name of Active Ingredient: Adalimumab	**Page:**	

Title of Study:

A Multi-Center Continuation Trial for Patients Completing Study M02-518 and M02-570 of the Human Anti-TNF Monoclonal Antibody Adalimumab (D2E7) in Subjects with Moderate to Severely Active Psoriatic Arthritis

Investigator:

Coordinating Investigator: Phillip Mease, MD, Seattle Rheumatology Associates, 1101 Madison Street, 10th Floor, Seattle, WA 98104

Study Site(s): 63 study sites in the US, Canada, Germany, Italy, United Kingdom, France, Austria, and Belgium.

Publications: None

Studied Period (Years):	**Phase of Development:** 3
First Subject First Visit: 25 Aug 2003 Last Subject Last Visit: 07 Sep 2006	

Objective:

To evaluate the long-term safety and efficacy of repeated administration of adalimumab in subjects with moderate to severely active psoriatic arthritis (PsA). The efficacy of adalimumab was evaluated by assessing four specific categories: (1) structural damage, (2) patient reported outcomes (3) arthritic and skin manifestations of PsA, and (4) efficacy in subjects who underwent dose escalation.

The pharmacokinetic objectives were to: (1) evaluate the population pharmacokinetics (PK) of adalimumab in subjects with active PsA who enrolled in Study M02-537, (2) to evaluate the impact of covariates (such as methotrexate [MTX] usage, anti-adalimumab antibody (AAA) status, body weight, baseline disease condition, etc.) on adalimumab PK, and (3) to evaluate the immunogenicity on efficacy and safety in subjects with active PsA who enrolled in the open-label extension study.

Methodology:

This is an open-label, multi-center, multi-national continuation study designed to evaluate the long-term safety and efficacy of adalimumab 40 mg every other week (eow) in the treatment of PsA in subjects who completed the controlled lead-in studies M02-518 or M02-570. Subjects received a subcutaneous (SC) injection of 40 mg adalimumab eow for up to 120 weeks or until adalimumab was commercially available for PsA in the subject's study participation country.

The Week 0 Visit for Study M02-537 corresponded to the Week 24 Visit for Study M02-518 or Week 12 in Study M02-570. Prior to receiving study drug, subjects signed the informed consent form (ICF) and updated their medical history. The following data were collected at the Study M02-518 Week 24 Visit or Study M02-570 Week 12 Visit and were used for Study M02-537:

- Physical exam including swollen joint count (SJC), tender joint count (TJC), enthesitis and dactylitis evaluation, Patient's Global Assessment of Disease Activity, Physician's Global Assessment of Disease Activity, HAQ-DI, Patient's Assessment of Pain, blood and urine for laboratory tests, and x-rays of the hands and feet (subjects from Study M02-518 only).
- In subjects with ≥ 3% BSA psoriasis (Ps) involvement at enrollment in Study M02-518, Physician's Global Assessment for Psoriasis, Psoriasis Area and Severity Index (PASI) 50/75 and Dermatology Life Quality Index (DLQI) were collected.
- In subjects with target lesions at enrollment in Study M02-570, Physician's Global Assessment for Ps, Target Lesion Response, and DLQI were collected.

Beginning at Week 12 in Study M02-537, subjects who failed to respond (defined as failure to demonstrate ≥ 20% decrease from Baseline [Baseline Visit in Study M02-518 or M02-570] in both swollen joint count [SJC] and tender joint count [TJC] response) were allowed to increase their dose of adalimumab to 40 mg weekly.

During the course of treatment, subjects were to visit the study site on Weeks 0, 2, 6, 12, 18, 24, 36, 48, 60, 72, 88, 104, 120 (relative to Study M02-537 participation) and every 16 weeks thereafter until study completion. Subjects who underwent dose escalation had an additional visit three weeks after dose escalation.

Subjects who prematurely discontinued from the study were to return to the clinic as soon as possible and Early Termination Visit procedures were performed. In addition, subjects who prematurely discontinued due to an adverse event (AE) were evaluated for safety follow-up 30 days after the last adalimumab injection. All subjects received a follow-up call 70 days after the last adalimumab injection.

Safety was assessed on the basis of AEs, physical examinations, vital signs, and laboratory data.

Blood samples were obtained at Weeks 0, 12, 24 and 48 in Study M02-537 for the evaluation of adalimumab concentrations and AAA level.

Number of Subjects (Planned and Analyzed):

A total of 400 subjects were planned, 395 subjects were enrolled and analyzed.

The full analysis and safety analysis sets for Study M02-537 include all subjects who received a dose of adalimumab in either of the lead-in double-blind studies (Study M02-518 or M02-570) or the open-label continuation study (Study M02-537). The M02-537 full analysis set consisted of 395 subjects:
382 subjects who received at least one adalimumab injection in Study M02-537 and 13 subjects who received adalimumab in Study M02-570 or M02-518 but did not enter Study M02-537.

Diagnosis and Main Criteria for Inclusion:

Eligibility to enroll in Study M02-537 required subjects to have completed one of the two double-blind lead-in studies (M02-518 or M02-570) with no significant co-morbidities, and women of childbearing age to have a pregnancy test (urinary) and using a reliable method of contraception. All subjects had to be able and willing to give written informed consent and to comply with the requirements of the study protocol. Subjects also had to be able and willing to self-administer SC injections or to have available qualified person(s) to administer SC injections.

Test Product, Dose/Strength/Concentration, Mode of Administration and Lot Number:

All subjects received open label adalimumab (0.8 mL SC injection of 50 mg/mL adalimumab solution for injection [40 mg adalimumab] eow in Study M02-537. Beginning at Week 12, subjects who failed to respond were allowed to increase their dose of adalimumab to 40 mg weekly. Multiple lot numbers

were used. A by-subject listing of lot number is provided in Appendix 16.1__6 of the report.

Duration of Treatment:

The duration of treatment varied by country. The duration of treatment in each country was up to 2 years or until adalimumab was commercially available for PsA in that country.

Reference Therapy, Dose/Strength/Concentration and Mode of Administration and Lot Number:

Not applicable. This is a single-arm, open-label study.

Criteria for Evaluation

Efficacy:

The following efficacy variables were assessed in this study:

- X-ray parameters (i.e., modified total Sharp scores [mTSS], Sharp score components, proportion of subjects with no change in mTSS, and radiographic findings specific to PsA)
- American College of Rheumatology (ACR) 20/50/70 Response
- Modified Psoriatic Arthritis Response Criteria (PsARC)
- Disability Index of the HAQ (HAQ-DI)
- SF-36™ Health Status Survey
- Functional Assessment of Chronic Illness Therapy (FACIT) Fatigue Scale

The following additional efficacy variables were assessed in subjects with ≥ 3% body surface area psoriasis involvement at enrollment in Study M02-518: Physician's Global Assessment for Psoriasis, PASI50/75/90, and DLQI.

The following additional efficacy variables to be assessed in subjects with target lesions at enrollment in Study M02-570: Physician's Global Assessment for Psoriasis, Target Lesion Response, and DLQI.

Pharmacokinetic:

Blood samples for the analysis of serum adalimumab and AAA were collected from all subjects in Study M02-537. No pharmacokinetic sampling was conducted in Studies M02-518 and M02-570.

Safety:

Safety assessments included AEs monitored throughout the study, physical exam results, vital signs measurements, and clinical laboratory results.

Statistical Methods

General:

The primary dataset for all analyses (except x-ray analyses) included all subjects who received at least one adalimumab injection in Study M02-570, M02-518 or M02-537. Summary tables were provided including all data as observed. That is, no imputations were made for subjects who were missing an assessment in a particular time window. All time points and corresponding time windows were defined based on the total amount of exposure to adalimumab across the double-blind and open-label studies, except where otherwise noted.

Efficacy:

For mTSS, primary analysis was the comparison of the change from Baseline to Week 48 in the adalimumab group with the change from Baseline to Week 24 in the placebo group. The p-value for differences between treatment groups was from a ranked ANCOVA with treatment group and Baseline MTX use (yes, no)/extent of psoriasis (≥ 3% BSA, < 3% BSA) as factors and ranked Baseline mTSS as the covariate. The primary analysis was performed on the M02-537 Week 48 x-ray analysis set.

To demonstrate maintenance of radiographic inhibition, subjects with no progression from Baseline to Week 48 were evaluated at Week 144 to determine the proportion of subjects that continued to show no progression as defined by a decrease or no change in mTSS.

Subgroup analysis for mTSS was performed by the following subgroups: age, age quartiles, duration of PsA by quartiles, Baseline body weight, Baseline body weight quartiles, Baseline CRP, Baseline HAQ−DI, Baseline TJC, Baseline SJC, RF, sex, race, site, Baseline mTSS, Baseline MTX use, Baseline disease-modifying antirheumatic drug (DMARD) use, ACR20 response at Week 24/48/144, symmetric polyarthritis, and for subjects who completed Study M02-537.

The proportion of subjects achieving an ACR20/50/70 response was summarized at each visit. Identical methods were used to describe PsARC. The change from Baseline in the HAQ-DI was displayed at each visit using descriptive statistics. In subjects from Study M02-518 who had ≥ 3% BSA Ps at enrollment in Study M02-518, PASI50/75/90 responses were evaluated as described for ACR responses. In addition, the change from Baseline in DLQI and in Physician's Global Assessment of Ps was displayed at each visit using descriptive statistics. In subjects from Study M02-570 who had a target lesion at enrollment into Study M02-570, the change from Baseline in the target lesion assessment, DLQI, and the Physician's Global Assessment of Psoriasis was displayed at each visit using descriptive statistics.

ACR20 response at each visit was summarized by age, age quartiles, duration of PsA, duration of PsA by quartiles, Baseline body weight, Baseline body weight quartiles, Baseline CRP, spondylitis at Baseline, Baseline HAQ-DI, Baseline TJC, Baseline SJC, Baseline mTSS, corticosteroid use at Baseline, sex, race, site, PsA subtype, Baseline DMARD use and rheumatoid factor.

Pharmacokinetics:

Individual serum adalimumab and AAA concentrations and summary descriptive statistics for serum adalimumab concentrations were listed at the scheduled collection times relative to the first dose of adalimumab received in either Study M02-518 (Weeks 24, 36, 48, and 72), M02-570 (Weeks 12, 24, 36, and 60) or M02-537 (Weeks 0, 12, 24, and 48). A summary of AAA+ samples was also presented. Summary and descriptive statistics for serum adalimumab concentrations for subjects who dose escalated to 40 mg weekly adalimumab are presented. Details regarding the pharmacokinetic study are provided in a separate study report (R&D/05/465).

Safety:

A summarization of the number of days subjects were exposed to adalimumab was provided.

Analyses of AEs included only "treatment-emergent" events (i.e., those that had an onset on or after the day of the first dose of adalimumab). Analyses included those events that had an onset up to 70 days after the last dose of adalimumab. These events were listed separately.

Treatment-emergent AEs were summarized using counts and percentages by body system and Medical Dictionary for Regulatory Activities (MedDRA) term according to the MedDRA AE-coding dictionary. The percentage of subjects experiencing an AE at a given severity and relationship to study drug was also provided.

Treatment-emergent AEs were presented for subgroups based on sex, age, race, duration of PsA, Baseline DMARD use, Baseline oral corticosteroid use, and dose escalation.

Serious adverse events (SAEs), AEs leading to premature discontinuation or death, infectious AEs, infectious SAEs, malignancies, CNS demyelinating disease, allergic reaction, infection site reaction, opportunistic infections excluding tuberculosis (TB), lupus/lupus-like syndrome, congestive heart failure, and immunologic reactions were summarized with frequencies and percentages.

Changes in laboratory data were described using the mean, standard deviation and range. Shift tables based on laboratory normal ranges were also provided.

Summary/Conclusions

Demographic and Disease Characteristics:

A total of 395 subjects were in included the M02-537 full analysis set. Key demographic characteristics and Baseline disease characteristics are summarized:

Demographic Characteristics	**Adalimumab N = 395**
Age (years), Mean ± SD	49.0 ± 11.66
Sex, % Male: % Female	55.4: 44.6
Body weight (kg), Mean ± SD	86.9 ± 19.47
Use of DMARDs at Baseline, n (%)	214 (54.2)
Subjects qualifying for psoriasis evaluation, n (%)	191 (48.4)

Disease Characteristics/Efficacy Variables	**Adalimumab N = 395 Mean ± SD**
Duration of PsA (years)	9.1 ± 8.25
Duration of Psoriasis (years)	16.9 ± 12.23
TJC (0-78 joints)	23.5 ± 18.08
SJC (0-76 joints)	14.4 ± 12.17
Disability Index of the HAQ	0.9 ± 0.64
CRP (mg/dL)	1.4 ± 1.91
FACIT Fatigue Score (N=394)	31.8 ± 12.09
DLQI (N=186[a])	8.2 ± 6.67
Physician's Global Assessment for Psoriasis Clear or Almost Clear, n (%) (N=191[a])	11 (5.8)

a. Subjects with at least 3% BSA psoriasis involvement at Baseline in Study M02-518 or a qualifying target lesion at Baseline in Study M02-570.

Efficacy Results:

This report of Study M02-537, an open-label, single-arm, continuation study in subjects who had completed Study M02-518 or M02-570, demonstrated that long-term, repeated administration of adalimumab was effective in treating moderately to severely active PsA. More specifically, the results demonstrate that adalimumab is clinically and statistically significantly superior to placebo in inhibition of progression of structural damage and improvement of physical function in PsA subjects and that adalimumab continues to treat the arthritic and skin manifestations of PsA.

1. Inhibition of Structural Damage

   Adalimumab demonstrated clinically and statistically significant improvement in the structural damage component of PsA as shown by the primary analysis of mean change in mTSS at Week 48 compared to Week 24 for the placebo treatment group.

   - For the primary analysis, specified in the SAP, using the Study M02-537 Week 48 X-ray Analysis Set, the mean change from Baseline in mTSS was 0.0 for the adalimumab treatment

group at Week 48 (n=133) vs. 0.8 for the placebo treatment group at Week 24 (n=141) ($p<0.001$).

Adalimumab demonstrated clinically and statistically significant improvement in the structural damage component of PsA as shown by secondary endpoints of proportion of subjects with categorical change in mTSS (decrease or no change vs. increase) from Baseline to Weeks 24 and 48; mean change in erosion score; and mean change in joint space narrowing score.

- In subjects treated with placebo, 29.1% had an increase in mTSS from Baseline to Week 24 compared to 9.8% of adalimumab-treated subjects. For subjects originally randomized to receive adalimumab in Study M02-518, 12.0% had an increase in mTSS from Baseline to Week 48.
- The mean change in erosion score was 0.1 for the adalimumab treatment group at Week 48 vs. 0.5 for the placebo treatment group at Week 24 ($p<0.001$) in the M02-537 Week 48 X-ray Analysis Set.
- The mean change in joint space narrowing score was -0.1 for the adalimumab treatment group at Week 48 vs. 0.3 for the placebo treatment group at Week 24 ($p=0.002$) in the M02-537 Week 48 X-ray Analysis Set.

Adalimumab demonstrated sustained inhibition of structural damage through 144 weeks of treatment.

- In subjects with no progression from Baseline to Week 48, 84.3% of subjects continued to show no progression from Week 48 to Week 144.
- Subjects who switched to adalimumab treatment after 24 weeks of placebo treatment showed inhibition of radiographic progression that was comparable to the patients with continuous adalimumab treatment.
- An analysis of subjects with and without progression through 24 and 48 weeks demonstrated that mean increases in mTSS through 144 weeks for subjects originally randomized to adalimumab are driven by those subjects that had progression from Baseline to Weeks 24 and 48. In addition, this analysis demonstrated that for subjects with progression through Week 24 who were originally randomized to receive placebo had inhibition of progression after switching to adalimumab.

2. Patient Reported Outcomes – Improvement in Physical Function

Adalimumab demonstrated clinically meaningful and durable improvement in the physical function component of PsA as shown by the primary analysis of mean change and mean percent change from Baseline in HAQ-DI.

- In Study M02-518, mean change from Baseline in HAQ-DI for adalimumab-treated subjects (-0.4) vs. placebo (-0.1) showed that adalimumab achieved the MCID of 0.30 at both Weeks 12 and 24.
- Adalimumab-treated subjects in Study M02-518 had an approximately 50% mean reduction in HAQ-DI Scores at Weeks 12 and 24 compared to a 1% to 3% reduction with placebo ($p<0.001$).
- Changes in HAQ-DI observed during the placebo-controlled study were maintained through 136 consecutive weeks of continued treatment (during long-term open-label therapy).

Adalimumab demonstrated clinically meaningful and durable improvement in the physical function component of PsA as shown by supportive analyses of mean change and mean percent change in

SF-36 PCS.

- In Study M02-518, mean change from Baseline in SF-36 PCS for adalimumab-treated subjects (9.3 at both Weeks 12 and 24) vs. placebo (1.4 at Week 12 and 1.5 at Week 24) showed that adalimumab achieved the MCID of 3 to 5 points at both Weeks 12 and 24.
- Changes in SF-36 PCS observed during the placebo-controlled study were maintained through 136 consecutive weeks of continued treatment with adalimumab (during long-term open-label therapy).
- Numeric improvements in SF-36 MCS were observed in adalimumab-treated subjects compared to placebo; however, these differences were not clinically or statistically significant.

Further supportive evidence of the favorable effect of adalimumab on patient-reported outcomes was shown by durable improvements in FACIT and DLQI.

- The level of improvement in FACIT Fatigue Scale in adalimumab-treated subjects at Week 12 was maintained through 144 consecutive weeks of continued treatment with adalimumab (during long-term open-label therapy).
- Improvement in dermatologic-related functional limitations as measured by DLQI at Week 12 in adalimumab-treated subjects was maintained for the duration of follow-up through Week 144.

3. Improvement in Arthritic and Skin Manifestations of PsA

Adalimumab demonstrated sustained improvement in the arthritic component of PsA, as shown by ACR20, ACR50, ACR70 and PsARC responses.

- The ACR20 response was 54.5% after 12 weeks of adalimumab treatment, 63.9% after 24 weeks of adalimumab treatment, and was maintained through Week 136.
- The ACR50 response was 32.0% after 12 weeks of adalimumab treatment, 42.9% after 24 weeks of adalimumab treatment, and was maintained through Week 136.
- The ACR70 response was 16.3% after 12 weeks of adalimumab treatment, 33.2% after 48 weeks of adalimumab treatment, and was maintained through Week 136.
- The modified PsARC response was 64.9% after 12 weeks of adalimumab treatment, 76.8% after 48 weeks of adalimumab treatment, and was maintained through Week 136.

ACR20 responses were robust when analyzed in subgroups.

- All subgroups examined achieved a clinically meaningful benefit following treatment with adalimumab, although small numerical differences were observed in some subgroups.

Adalimumab demonstrated sustained improvement in the skin component of PsA, as shown by the Physician's Global Assessment for Psoriasis responses in subjects from both studies, PASI50, PASI75 and PASI90 responses in subjects from Study M02-518, and target lesion responses in subjects from Study M02-570.

- The percentage of subjects from both Studies M02-518 and M02-570 with a Physician's Global Assessment for Psoriasis of clear or almost clear was 51.6% after 12 weeks of adalimumab treatment, increased to 68.6% after 48 weeks of adalimumab treatment, and was maintained for the duration of follow-up through Week 136.
- The PASI50 response in subjects from Study M02-518 was 73.8% after 12 weeks of adalimumab treatment, 83.8% after 48 weeks of adalimumab treatment, and was maintained through Week 136.
- The PASI75 response in subjects from Study M02-518 was 53.3% after 12 weeks of

adalimumab treatment, 68.5% after 48 weeks of adalimumab treatment, and was maintained through Week 136.

- The PASI90 response in subjects from Study M02-518 was 33.6% after 12 weeks of adalimumab treatment, 55.0% after 48 weeks of adalimumab treatment, and was maintained through Week 136.
- The target lesion score in subjects from Study M02-570 decreased by 4.2 units after 12 weeks of adalimumab treatment, 5.4 units after 48 weeks of adalimumab treatment, and was maintained for 136 weeks of adalimumab treatment.

4. Efficacy in Subjects Who Dose Escalated

The numbers of subjects who dose escalated and the variable duration of exposure to the escalated dose did not allow for meaningful conclusions to be made regarding the effect of dose escalation on mTSS.

Dose escalation to 40 mg weekly was effective in restoring ACR20, ACR50 and ACR70 responses.

- ACR20, ACR50, and ACR70 responses were observed as early as 3 weeks after dose escalation.
- The ACR20/50/70 responses were 46.7%, 26.7%, and 13.3%, respectively, after 12 weeks at the 40 mg weekly adalimumab dose. Responses were maintained through 108 weeks of follow-up.

Dose escalation to 40 mg weekly improved PASI50, PASI75 and PASI90 responses.

- After 12 weeks of weekly dosing, 65.4% of subjects achieved a PASI50 response, 34.6% achieved a PASI75 response and 23.1% achieved a PASI90 response. Although these responses are lower than the initial response observed in all subjects they do indicate a clinically significant response. Responses at the higher dose appear durable, although this is limited by the duration of follow-up currently available for these subjects.

Safety Results:

Adalimumab was generally safe and well tolerated for more than two years of treatment as evaluated by the incidence of deaths, SAEs and discontinuations due to AEs.

- Three deaths were reported during Study M02-537. One death occurred outside of the reporting period and was not considered treatment-emergent. Two of the deaths were the result of treatment-emergent AEs that were previously reported.
- Serious AEs occurred in 74 (18.7%) of the 395 subjects, including 18 (4.6%) subjects with SAEs assessed to be at least possibly drug-related. Twelve (3.0%) subjects experienced their SAE following dose escalation.
- Discontinuations due to AEs occurred in 38 (9.6%) subjects, including 21 (5.3%) subjects with AEs assessed to be at least possibly drug-related. Four of the subjects experienced their AE leading to discontinuation following dose escalation.
- Two (0.5%) subjects were pregnant, experiencing an ectopic pregnancy and elective abortion (preferred term of "abortion induced"). Both were reported as SAEs. Two additional subjects became pregnant after completing the study.

Adalimumab was generally safe and well tolerated as evaluated by TNF inhibitor-related events of interest.

- Infectious AEs were reported by 68.9% (272/395) of adalimumab-treated subjects. The most commonly reported infections involved the respiratory tract (upper respiratory tract infection

[104/395, 26.3%], nasopharyngitis [68/395, 17.2%], sinusitis [39/395, 9.9%], influenza [29/395, 7.3%], bronchitis [27/395, 6.8%], herpes simplex [20/395, 5.1%], and urinary tract infection [20/395, 5.1%]).

- A total of 21 (5.3%) of the 395 subjects reported serious infectious AEs. Twelve (3.0%) subjects experienced serious infectious AEs (abdominal wall abscess, lobar pneumonia, sepsis syndrome, extradural abscess, intervertebral discitis, peritoneal tuberculosis, bacterial pericarditis, meningitis viral, infection, urinary tract infection [3 incidences], pyelonephritis, and diverticulitis) considered at least possibly related to study drug by the Investigator.
- Nine (2.3%) subjects reported 10 events of malignancies. Only one subject reported a malignancy (B-cell small lymphocytic lymphoma) that was judged by the Investigator to be possibly related to adalimumab.
- Sixteen (4.1%) subjects experienced treatment-emergent immunologic reactions. None of the immunologic reactions were associated with study drug by the Investigator, and two occurred following dose escalation
- Fifty-four (13.7%) subjects reported treatment-emergent injection site reactions most of which were mild and assessed by the Investigator as probably related to study drug.
- Four (1.0%) subjects reported treatment-emergent opportunistic infections (excluding TB), two of which were considered by the investigator to be possibly related to study drug.
- Only one (0.3%) subject reported a severe case of peritoneal tuberculosis that was considered probably related to study drug by the Investigator.
- Three (0.8%) subjects reported an allergic reaction, either mild or moderate in severity, and that were not considered by the Investigator to be related to study drug.
- No treatment-emergent events of CNS demyelinating disease, lupus/lupus-like syndrome, or CHF were observed.

Adalimumab was generally safe and well tolerated through more than two years of treatment as evaluated by assessments of serum chemistries, hematologic values and urinalyses.

- Elevations of ALT were seen in subjects in the Safety Analysis Set. Elevations ≥ 3.0xULN were observed in 24 of 395 adalimumab-treated subjects (6.1%). Most of the ALT elevations were transient, resolved on continued adalimumab treatment and did not lead to discontinuation.
- Other laboratory and urinalysis evaluations did not demonstrate important clinical effects of adalimumab.

Conclusions:

In this open-label, continuation study, adalimumab, administered at a dose of 40 mg eow SC for more than 2 years, demonstrates inhibition and maintenance of the progression of structural damage and improvement of physical function, as well as the maintenance of reduction in the arthritis and skin symptoms in subjects with PsA. Safety data over 2 years demonstrate that adalimumab is safe and well-tolerated.

Date of Report: 10Jul2007