



CORRECTION

Correction to: Matching-Adjusted Indirect Comparison of the Long-Term Efficacy of Deucravacitinib Versus Adalimumab for Moderate to Severe Plaque Psoriasis

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Correction to: Dermatol Ther (Heidelb)
<https://doi.org/10.1007/s13555-023-00977-1>

A number of minor errors were introduced in the online ahead-of-print version of this article, as summarized below. These errors are corrected in the published version.

On page 1, a company name was changed from using an ampersand to the word “and.” The correct company name uses an ampersand: OPEN Health Evidence & Access.

On page 1, in the Results section of the Abstract, a space was inserted between the negative symbol and 2.0 in “[–2.0 to 16.7].”

In the graphical abstract on page 2, “anti-tumor” was changed to “anti! tumor” and will be amended in the figure.

The original article can be found online at <https://doi.org/10.1007/s13555-023-00977-1>.

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Matching-Adjusted Indirect Comparison of Long-term Efficacy of Deucravacitinib Versus Adalimumab for Moderate to Severe Plaque Psoriasis

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There is no head-to-head clinical trial comparing **deucravacitinib** (an oral allosteric tyrosine kinase 2 inhibitor) VS **adalimumab** (an anti-tumor necrosis factor biologic) in adult patients with moderate to severe plaque psoriasis

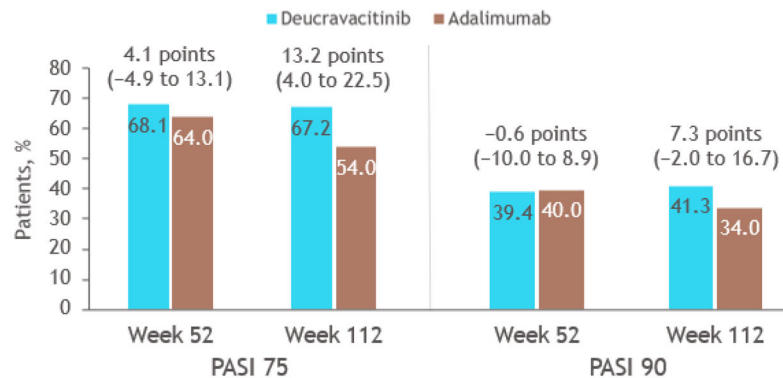
We conducted a matching-adjusted indirect comparison of efficacy data collected in each open-label, long-term extension trial

POETYK PSO-LTE (deucravacitinib) VS **REVEAL OLE** (adalimumab)

Individual patient data from POETYK PSO-LTE were reweighted to match the aggregate baseline characteristics of patients in REVEAL OLE



Adjusted response rates at Weeks 52 and 112, mean difference (95% CI)



Patients who received deucravacitinib had higher long-term response rates than those who received adalimumab. Deucravacitinib response rates were stable over 2 years, highlighting the durability of deucravacitinib in this population.

CI, confidence interval; OLE, open-label extension; PASI 75/90, $\geq 75\%/90\%$ reduction from baseline in Psoriasis Area and Severity Index score.

The graphical abstract represents the opinions of the authors. For a full list of declarations, including funding and author disclosure statements, and copyright information, please see the full text online.



On page 5, in the first full paragraph in the left column, “[PASI]” will be inserted after “Psoriasis Area and Severity Index” to spell out at first mention.

On page 5 under the subhead Outcomes, “Psoriasis Area and Severity Index [PASI]” will be changed to just “PASI” as it will have already been spelled out at first mention.

In the figure legend (title) for Figure 1, the superscript “a” will be removed from the end of the legend. It will only remain in the footnote, describing “a” used in the figure.

In Table 1 on page 8, the column heading “Deucravacitinib POETYK PSO-LTE” should be centered over the last 2 columns, as it applies to both columns below it.

In the footnote for Table 1, the definition of PGA should be “Physician Global Assessment” not Physician’s.

In Table 2 on page 11, the column heading “Deucravacitinib Adjusted POETYK PSO-LTE” should be centered on 1 line over the last 4 columns, as it applies to all 4 columns below it.

In the footnote for Table 2, the definition of PGA should be “Physician Global Assessment” not Physician’s.

Under Disclosures, the following change has been made: “Sang Hee Park, Vardhaman Patel, and David Davidson are employees of and may own stock options in Bristol Myers Squibb” is changed to “Sang Hee Park and Vardhaman Patel are employees of and may own stock options in Bristol Myers Squibb. David Davidson was an employee of Bristol Myers Squibb at the time of this study.”

Under Open Access, the word “license” is spelled differently throughout the paragraph as either license or licence. This has been corrected to the same spelling throughout the paragraph.

The original article has been corrected.

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