previous exposure to anti-TNF agents to which they have either been intolerant or found ineffective. More research into drug survival and persistence should be considered as real world data may not reflect RCT results.

**References:**
[1] Stelara: package insert. Horsham (PA): Janssen Biotech; 2014.
[2] McInnes IB, Kavanaugh A, Gottlieb AB, Puig L, Rahman P, Ritchlin C, et al. Efficacy and safety of ustekinumab in patients with active psoriatic arthritis: 1 year results of the phase 3, multicentre, double-blind, placebo-controlled PSUMMIT 1 trial. Lancet 2013;382:780–9.
[3] Ustekinumab for treating active psoriatic arthritis.NICE, Technology appraisal guidance [TA340] Published date: 04 June 2015.

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## AB0759 NEUROPATHIC PAIN PREVALENCE IN PSORIATIC ARTHRITIS AND ITS CORRELATION WITH DISEASE ACTIVITY

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**Background:** Psoriatic arthritis (PsA) is a systemic chronic inflammatory disease associated with psoriasis. Neuropathic pain is defined as pain which is produced by a primary lesion or dysfunction of peripheral or central nervous system.
**Objectives:** The aim of this study is to investigate the neuropathic pain component of chronic joint pain in psoriatic arthritis and to detect its correlation with disease activity and functional capacity.
**Methods:** During the patients' routine outpatient clinic visit, we gain information about patients' demographics. We used Pain Detect questionnaire to detect neuropathic pain component, Visual Analogue Scale for joint pain, Disease Activity Score 28-Joint (DAS28) for disease activity evaluation and Health Assessment Questionnaire (HAQ) for functional capacity evaluation.
**Results:** There were 48 PsA patients and 34 control patients in this study. Mean age was 52 (21–79), mean BMI is 27.5 kg/m$^2$ (20.8–53) and mean disease duration was 5 year in PsA group. Mean age was 54 (20.8–53), mean BMI was 27.6 kg/m$^2$ (20.8–53) in control group. Neuropathic pain component was positive in 22.9% of PsA and negative in 45.8% of PsA and unclear in 31.2% of PsA group. In control group, neuropathic pain component was positive in 35.3% of patients and negative in 41.2% of patients and unclear in 23.5% of patients. Mean pain detects score was 13 in PsA and 14 in control group. There was no statistically important difference between the PsA and control group's neuropathic pain prevalence (p=0.601) and mean PD score (p=0.24). Mean DAS 28 score was 3.5 (1–3.56) and mean HAQ score was 0.65 (0–2.05) in PsA group. There was a statistically important positive correlation between the PD score and HAQ score in PsA patients (Ro=0.460, p=0.001). In addition, there was a statistically unimportant positive correlation between the PD score and DAS28 score in PsA patients. There was a statistically unimportant positive correlation between the PD score and HAQ score in control group (Ro=0.411, p=0.016).
**Conclusions:** We detected neuropathic pain component in 22.9% of PsA patients but there was no difference between the PsA group and control group. Diagnosis of concomitant neuropathic pain by Pain Detect Questionnaire may be useful for pain management in PsA patients.

**Disclosure of Interest:** None declared
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## AB0760 EFFICACY OF USTEKINUMAB IN A COHORT OF PATIENTS AFFECTED BY PSORIATIC ARTHRITIS IN REAL-LIFE

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**Background:** Psoriatic arthritis (APs) is a chronic inflammatory joint disease, that can be treated effectively with synthetic disease modifying anti-rheumatic drugs (DMARDs) and biological agents. Ustekinumab is a monoclonal antibody that inhibits IL-12 and 23 that has recently demonstrated efficacy and safety for the treatment of patients with APs in the PSUMMIT 1 and PSUMMIT 2 studies.
**Objectives:** To evaluate the efficacy of Ustekinumab in our patients with psoriatic arthritis with peripheral involvement in clinical practice conditions.
**Methods:** Descriptive, prospective, longitudinal and open study including patients diagnosed with psoriatic arthritis with peripheral involvement. All patients were given ustekinumab at an initial dose of 45 mg administered subcutaneously followed by another 45 mg dose 4 weeks later and then every 12 weeks. Clinimetric scores (DAS28, MASES, Pain VAS, Clinicians VAS) were assessed and CRP was measured al baseline and after 6 months of treatment.
**Results:** 52 patients were included, 25 were female (48.1%) and 27 male (51.9%). They had a mean age of 46.96±11.39 years, a disease duration of 5.03±5.08 years, and moderate disease activity (DAS 28 of 3.95±0.87), the number of tender and swollen joints were 6.24±4.9 and 2.82±2.36, respectively. The patients had received an average of 1.42±1.75 biological therapies previously. Ustekinumab was prescribed as a first line treatment in 42.3% of patients, 19% after failure of a TNF inhibitor and 38% of patients had received 2 or more biological therapies previously. Ustekinumab was administered alone in 51% of the patients, 36.5% in combination with methotrexate and 11.5% in combination with leflunomide. 23.1% of the patients had dactylitis and 36.5% had enthesitis (mean MASES 1.31±0.86). At 6 months of treatment, there were improvements in the number of tender and swollen joints (mean NAD 4.84±6.4 and NAT 2±3.4 at 6 months, respectively) and MASES index (mean at 6 months, 0.35±0.96). 15 patients had completed at least 6 months of treatment. Improvements in DAS28-CRP scores were observed at 6 months of treatment (3.26±1.62), with a mean DAS28 change after 6 months (∆DAS28) of -0.65±1.88. At month 6, 71.4% of the patients had low disease activity, and 35.7% were in clinical remission according to the DAS28 index.
**Conclusions:** Ustekinumab is effective in patients with psoriatic arthritis with peripheral involvement in routine clinical practice.

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## AB0761 THE BIOLOGIC THERAPY USE FOR ENTHESITIS AS A PREDICTOR OF PSORIATIC ARTHRITIS IN PSORIATIC PATIENTS

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**Background:** According to ACR data 15–20% patients (PTN) with psoriasis are developed with psoriatic arthritis (PsA). Herewith the enthesitis (ETS) as usual is the first signs of PsA manifestations. It is usually asymptomatic at the beginning of the disease, however it is successfully diagnosed with Doppler ultrasound (DU). In average, it takes about 2 years from beginning of the disease till diagnosis PsA is established. PsA treatment is low effective with DMARD, and middle effective with biologic therapy. Wherein no treatment restores the articular changes that have occurred. Thus the actual is to find some resolution to the effective therapy for PTN with psoriasis and also to identify the factors preceding the development of the PsA.
**Objectives:** Consider the application of biologic therapy before the articular changes in PTN with psoriasis and predictors of psoriatic arthritis.
**Methods:** Observed 82 PTN with pustural psoriasis without clinical manifestations of PsA. A physical examination (including PASI), a series of laboratory tests (hematology, CRP, RF, anti -ccp, HLA-B27, uric acid), DU to identify the PsA, its activity, as well as to the exclusion of other types of arthritis were used.
**Results:** 3,7% PTN were diagnosed with PsA with articular changes. 23,1% PTN were founded with enthesitis. The remaining 73,2% PTN had no signs of enthesitis during physical examination and DU. PTN with enthesitis were divided into 2 groups. I – 47% PTN (22% of them had clinical manifestations of enthesitis; the average group PASI– 42,4±8,2) received a 52-weeks course of ustekinumab (45 mg administered subcutaneously initially and 4 weeks later, followed by 45 mg administered subcutaneously every 12 weeks). II group – 53% people (20% PTN had clinical manifestations of enthesitis; the average group PASI– 43,6±9,0) did not receive biological therapy, but only standart treatment for psoriasis. After 1 year follow-up after completion of the treatment course – 11% PTN from group I developed PsA with articular changes. From the group II in 80% PTN developed PsA with articular changes. The average group I PASI– 7,6±1,5; the average group PASI– 6,2±1,3. ($p < 0,05$)
**Conclusions:** Thus, the ustekinumab use in psoriatic PTN with enthesitis possibly may be reasonable and will hinder the development of PsA. Ustekinumab is also high effective for the improving of the psoriasis skin symptoms.
DU is the high effective diagnostic method for detecting enthesitis without clinical manifestations.
Frequency of screening DU in PTN with psoriasis, for the early detection of enthesitis is the perspective for further study.

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## AB0762 THE RELATIONSHIP BETWEEN SERUM PENTRAXIN-3 LEVELS, CARDIOVASCULAR DISEASE RISK AND DISEASE ACTIVITY IN PSORIATIC ARTHRITIS PATIENTS

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**Background:** Psoriatic arthritis (PsA) is an immune-mediated disease affecting skin, joints, entheses, spine, and the vasculature [1,2]. Increased inflammatory mediators are held responsible for impacts on the skin and musculoskeletal system as well as comorbid situations including cardiovascular disease (CVD) and metabolic syndrome [3]. PTX 3 is an acute phase reactant that has prognostic value for rheumatoid arthritis (RA), vasculitis, and psoriasis that also stands out as a novel biomarker for CVD in new researches [4].

**Objectives:** This study aims to assess the association between PTX 3 levels, disease activity and CVD risk in patients with PsA.
**Methods:** A total of 38 PsA patients applying to Ankara University Faculty of Medicine, Rheumatology Polyclinic and 32 age and sex-matched controls were enrolled in the study. tender and swollen joint counts, patient's and doctor's global assesment on VAS, ESR, CRP, fasting insulin, fasting glucose, total cholesterol, HDL, and LDL were noted. Also body mass index (BMI) and HOMA-IR score were calculated. Carotid intima media thickness (cIMT) was bilaterally assessed by Doppler ultrasound.
**Results:** The mean age was 49.5 in patients and 48.9 in controls. Sixty percent of the patients and 50% of controls were female. Of the patients, 15 (39%) used DMARD monotherapy, 8 (21%) used DMARD combination therapies, and 15 (39%) used anti TNF therapies. There was no statistically significant difference between groups in terms of hypertension, LDL levels, and smoking status (p:0.775, p:0.228, p:0.136 respectively). PsA patients had significantly higher BMI scores (p:0.03). Insulin levels and HOMA-IR scores were significantly higher among PsA patients compared to controls (p:0.001, p:0.005). There was statistically significant difference between groups in terms of PTX 3 ($p<0.001$). PTX 3 was significantly correlated with HOMA-IR and cIMT (r:0.243 p:0.043 and r:0.421 p:0.001 respectively). However no correlation between PTX 3 and disease activity parameters such as ESR, CRP, SJC, TJC, and VAS-pain was detected (p:0.824, 0.662, 0.922, 0.924, 0.410 respectively). There was not significant difference in terms of PTX-3 levels between PsA patients on biologic treatment or other treatment strategies (p:0.27).
**Conclusions:** Elevated levels of PTX 3 may be associated with cardiovascular involvement in PsA patients independent from the disease activity. This marker might be used for risk prediction for CVD or may represent a target for new therapies.
**References:**
[1] Braun J. New targets in psoriatic arthritis. Rheumatology (Oxford). 2016 Dec;55(suppl 2).
[2] Egeberg A. Psoriasis and comorbidities. Epidemiological studies. Dan Med J.2016 Feb;63(2).
[3] Rutter MK, Kane K, Lunt M, et al. Primary care based screening for cardiovascular risk factors in patients with psoriasis. Br J Dermatol. 2016 Mar 1.
[4] Inoue K, Kodama T, Daida H. Pentraxin 3: a novel biomarker for inflammatory cardiovascular disease Int J Vasc Med. 2012;2012:657025.
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## AB0763 USTEKINUMAB FOR THE TREATMENT OF PSORIATIC ARTHRITIS – RESULTS OF THE FIRST INTERIM ANALYSIS OF THE NON-INTERVENTIONAL STUDY SUSTAIN

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**Objectives:** SUSTAIN is a prospective, multi-center non-interventional study in Germany to observe long term efficacy and safety, quality of life and further patient reported outcomes in patients with active psoriatic arthritis under treatment with Ustekinumab in routine clinical care.
**Methods:** In this study treatment with Ustekinumab is according to the label (Stelara®). It is planned to observe 400 patients at 75 centers for 160 weeks with documentation intervals at week 0 and 4 and then every 12 weeks. Besides demographic data, the following data will be documented: Amount of swollen and tender joints, tender entheses, skin symptoms (BSA and PASI), patient reported outcome concerning disease activity and pain, Health Assessment Questionnaire (HAQ), quality of life (SF-12), sleep quality (VAS), satisfaction with therapy of patient and physician, safety (adverse events [AE]/serious adverse events [SAE]), pharmacoeconomic aspects, number of patients with "Minimal Disease Activity" (MDA), number of patients with MDA at week 28 und 52.
**Results:** Overall, there have been 189 patients (56% women) at 59 centers documented after 11 months. At week 4 154 patients and at week 16 112 patients. At baseline, the patients had a mean age of 56 years (29–85), body weight 87 kg (50–147), BMI 30 (19–47), showed arthritis at small (68.8%) and/or big (51.3%) joints, skeletal involvement (19%), enthesitis (13.2%). The number of tender joints improved from a mean of 8,6 (CI 95% 7.1/10.2) to 4.7 (3.1/6.3) at week 16, number of swollen joints from 3,4 (2,6/4,2) to 1,4 (0.9/1.9). The patient reported global disease activity (0–100) decreased from 55.1 to 38.6 at week 16. Further improvements were documented for enthesitis, PSA, BSA, PASI, and pain. Efficacy of the therapy with Ustekinumab after 16 weeks was assessed as "very good" by 32.3% and as "good" by 44.8% of the treating physicians and by 34% and 40.2%, respectively, of the patients. In total, 60 adverse events were reported, of which four were serious. All in all safety of therapy with Ustekinumab after 16 weeks was assessed as "very good" by 51% and as "good" by 43.8% of the treating physicians, and by 55% and 37%, respectively, of the patients.
**Conclusions:** The non-interventional study SUSTAIN showed relevant improvements with elevated therapy satisfaction and good safety in patients with active psoriatic arthritis after 16 weeks under real world condition.
**Disclosure of Interest:** J. Wendler Consultant for: Janssen-Cilag GmbH, Speakers bureau: Janssen-Cilag GmbH, I. Schwarze: None declared, H. Schwenke: None declared, J. Behrens Employee of: Janssen-Cilag GmbH, T. Gruppe Employee of: Janssen-Cilag GmbH, F. Behrens Consultant for: Janssen-Cilag GmbH, Speakers bureau: Janssen-Cilag GmbH
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## AB0764 MALIGNANCY AND SERIOUS INFECTIONS AMONG PSORIATIC ARTHRITIS PATIENTS TREATED WITH BIOLOGICAL DRUGS IN A REGIONAL REGISTRY IN THE NORTHWEST OF SPAIN

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**Background:** Biological treatments have provided new opportunities for disease control for patients with psoriatic arthritis. However, it is important to evaluate their safety, since they expose them to an increased risk of developing malignant tumors and serious infections.
**Objectives:** To examine the rate of solid tumors and serious infections among patients diagnosed with psoriatic arthritis (PsA) treated with biological drugs (BD) in 2011–2015.
**Methods:** We included all PsA patients (CASPAR criteria) under treatment with BD followed in our regional registry (reference population 2.055.000) between January 2011 and December 2015. In order to capture the incidence of new malignancy we excluded patients with a prior history of malignancy. Medical records were fulfilled for patients and were recorded solid tumors diagnosed (date of diagnosis and histology information) and all serious infections (requiring hospitalization or intravenous antibiotics) in this time. Incidence rates (IRs) were calculated per 1000 Person-year (py). We used for this analysis sex, age, disease duration, current BD with or without current DMARD associated. Continuous variables were reported as mean ± standard deviation (SD). Categorical variables were reported as percentages and frequencies. Differences were considered statistically significant if $p<0.05$ (two-tailed).
**Results:** Among 604 patients 329 (54.5%) of whom were men, with a mean age of 53.3±12.6 years and a time since the diagnosis of PsA of 12.4±8.7 years. There were 14 cancers diagnosed during treatment (2.3%), with an IR of 0.48 cases per 1000 patient-years. Patients who developed cancer had a higher age, 63.4±10.0 years vs 53.1±12.6, than those who did not developed (p=0.010). Etanercept was the most used (42%) and no differences were observed among BDs (p=0.214) or between naïve and non-naïve to BD (p=0.384). Current DMARD associated (56.2%) had not differences in tumors (p=0.429). Prostate tumor was the most frequent (21.4%). There were 42 had serious infection (6.2%), with an IR of 13.9 cases per 1000 patient-years, and was more common in men (4.7% vs 8.8%, p=0.049). Severe infections were more frequent in patients non-naïve to BD (10.4% vs 5.4%, p=0.026). Pneumonia (28.6%), varicella-zoster virus infection (16.6%) and soft tissue infections (14.3%) were most frequent. Latent tuberculosis infection was positive in 133 patients (22.0%) and 3 developed tuberculosis.
**Conclusions:** Patients older than 60 years with psoriatic arthritis treated with BDs had a higher incidence of tumor development. Most of patients were men and prostate tumor was the most frequent. Pneumonia was the most frequent serious infection and non-naïve to BD patients had a higher IR of serious infections.
**References:**
[1] Malignancy incidence in patients with psoriatic arthritis: a comparison cohort-based incidence study. Wilton KM, Crowson CS, Matteson EL.Clin Rheumatol. 2016 Oct; 35(10):2603–7.
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## AB0765 SECUKINUMAB PROVIDES SUSTAINED IMPROVEMENT IN FUNCTION, QUALITY OF LIFE AND FATIGUE OVER 2 YEARS IN PATIENTS WHO ACHIEVED DISEASE ACTIVITY INDEX FOR PSORIATIC ARTHRITIS (DAPSA) REMISSION

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**Background:** Disease Activity index for Psoriatic Arthritis (DAPSA) states are associated with functional impairment levels in patients (pts) with psoriatic arthritis (PsA).[1] Secukinumab demonstrated sustained improvements in disease activity assessed with DAS28-CRP, physical function and pt-reported outcomes (PROs) among active PsA pts over 104 weeks (wks) in the FUTURE 2 study.[2]