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.
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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.
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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]