and by time since diagnosis (≤2 vs. >2 years) for secukinumab 300 and 150mg is presented in the figure.
Conclusions: In the overall population, a higher proportion of pts treated with secukinumab at Wk 16 achieved DAPSA REM than those treated with placebo, with REM and LDA sustaining through Wk 104. At Wk 16, a higher proportion of anti–TNF-naïve pts treated with secukinumab achieved and sustained DAPSA REM than anti–TNF-IR pts and a higher proportion of pts with early diagnosis (≤2 years) achieved DAPSA REM vs. pts diagnosed later (>2 years).
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AB0767 IL-17-22-23 PATHWAYS IN PSORIATIC ARTHRITIS AND PSORIASIS

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Background: Psoriatic arthritis (PsA) is an immune-mediated chronic inflammatory arthropathy-associated with psoriasis. T helper 17 pathway has been shown to play an important role in PsA.
Objectives: In this study, we aimed to investigate concentrations of TH17 pathway cytokines such as IL-17, IL-22 and IL-23 in psoriasis (PsO) with/and without structural bone damage and psoriatic arthritis (PsA), and their relationship with disease activity and clinical findings.
Methods: A total number of 74 patients, 24 patients with PsA (mean age 57.5±11.37; 13 women, 11 men) and 25 patients with PsO and structural bone damage (mean age 49±13.92; 11 women, 14 men) and 25 patients with PsO and no structural bone damage (mean age 41±16.77; 7 women, 18 men), were recruited from the Department Internal Medicine 3 of the University of Erlangen-Numberg. Both PsO and PsA patients were evaluated according to the CASPAR criteria. Demographic and disease specific variables were recorded. Bone architecture of the metacarpal heads II and III were assessed by high-resolution peripheral quantitative computed tomography (HR-pQCT, XtremeCT, Scanco, Switzerland). Disease activity was assessed with Disease Activity Score (DAS28). Psoriatic skin and nail disease activity were measured by the PASI.
Results: The ages of the patients in the three groups were similar. *IL-17A concentrations were significantly differed between the* groups (p=0.000). However, for other cytokines there was no difference between PsA and PsO groups. Serum levels of IL-17A were significantly correlated to patient pain of VAS (r=-0.318, p=0.06), VAS patient global assessment (r=0.272, p=0.021), DAS28 (r=-0.394, p=0.001) and PASI (r=0.519, p=0.000) in PsA and PSO. PASI score were also positively correlated with IL23 (r=-0.286, p=0.015) and S100A8 (r=0.298, p=0.011).
Conclusions: IL-17A seems to play an important role in development of PsA and bone damage in PsO. This role should be elucidated by further and larger clinical studies.
Disclosure of Interest: None declared
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AB0768 CLINICAL FEATURES OF RHEUMATOID FACTOR- OR ANTI-CYCLIC CITRULLINATED PEPTIDES-POSITIVE PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Although rheumatoid factor (RF) negativity is among the Classification Criteria for Psoriatic Arthritis (CASPAR) for the diagnosis of psoriatic arthritis (PsA), not all patients with PsA are seronegative. Measurement of anti-cyclic citrullinated peptides (ACPA) is another key test for rheumatoid arthritis and PsA; however, the prevalence of ACPA in patients with PsA is unclear.
Objectives: We analyzed the clinical features of RF- or ACPA-seropositive patients with PsA in comparison with seronegative patients with PsA using the ISLAND registry (UMIN000024292).
Methods: One hundred patients with psoriasis referred from dermatologists for assessment of synovitis or enthesitis from July 2015 to August 2016 were enrolled. PsA was diagnosed by CASPAR, and synovitis or enthesitis was confirmed by ultrasound assessment. Factors compared between seropositive and seronegative patients included age, sex, comorbidities, use of disease-modifying antirheumatic drugs, prevalence of enthesopathy, eye symptoms, duration between skin onset and musculoskeletal onset, psoriasis area severity index, composite psoriatic disease activity (CPDAI), psoriatic arthritis screening and evaluation (PASE), disease activity score-28 (DAS-28), and laboratory data.
Results: In total, 52 patients had PsA and 48 patients had psoriasis without any musculoskeletal manifestations. Significant differences were observed in the age at onset of psoriasis (37.4 vs. 47.9 y, respectively; $p<0.01$) and several clinical parameters (CPDAI: 14.60 vs. 4.55, respectively [$p<0.01$], PASE: 50.8 vs. 32.0, respectively [$p<0.01$], DAS-28: 3.77 vs. 2.72, respectively [$p=0.009$]). ACPA positivity was observed in 15.9% of patients with PsA and in 0.0% of patients with psoriasis (p=0.04). Among 44 of the 52 patients with PsA whose ACPA data were available, the duration from skin onset to joint onset was shorter in the 7 ACPA-positive patients (54.3±52.8 months) than in the 37 ACPA-negative patients (147.8±158.0 months), although the difference was not statistically significant (p=0.30). There were no statistically significant differences in the PASE, DAS-28, C-reactive protein concentration, or matrix metalloproteinase-3 concentration. The differences between RF positive and negative patients were not also statistically significant.

Table 1

	ACPA Positive (n=7)	ACPA Negative (n=37)	p value
PASE	45.8±16.1	51.1±13.4	0.42
IBP positivity	28.6	40.5	0.69
DAS28-ESR	4.24±0.93	3.76±1.56	0.45
DAS28-CRP	3.78±0.73	3.67±1.39	0.84
CRP (mg/dl)	0.56 [0.02–20.39]	0.48 [0.00–16.05]	0.79
MMP-3 (ng/ml)	133.6 [42.8–184.2]	69.1 [13.5–245.1]	0.14
Duration (skin/SpA) (mo)	54.3±52.8	147.8±158.0	0.26

Data are presented as mean ± standard deviation or median [range] unless otherwise indicated.

Conclusions: Among the patients with PsA in this series, ACPA positivity occurred in 15.9% and RF positivity occurred in 12.8%. Seropositive patients with PsA tended to have a shorter duration between skin onset and joint onset. Clinical and laboratory findings were not significantly different between ACPA-positive and -negative patients. One possible explanation for this is that 40.4% of patients with PsA received biological disease-modifying antirheumatic drugs; therefore, their disease activity was stable.
Disclosure of Interest: None declared
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AB0769 SONOGRAPHIC SIGNS OF ENTHESITIS IN ESTABLISHED PSORIATIC ARTHRITIS AND HEALTHY VOLUNTEERS

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Background: Previous research in our group showed that sonographic signs of enthesitis are present in early and established PsA, but in young healthy volunteers as well. The Madrid Sonographic Enthesitis Index (MASEI) was only able to differentiate between patients and healthy volunteers after excluding knee enthesis thickness from the score and semi-quantitative scoring of Power Doppler (PD) signal (1).
Objectives: We aim to validate the modified MASEI in a larger cohort of established PsA patients and healthy volunteers.
Methods: Established PsA patients and healthy volunteers aged 35–55 were asked to participate in this cross-sectional study, irrespective of presence of enthesitis complaints. The triceps, quadriceps, proximal and distal patellar and Achilles tendon and plantar fascia (i.e. the locations of the MASEI) and the common extensor insertion at the lateral epicondyle of the elbow were evaluated sonographically for structural changes (i.e. erosions, calcifications and structure) and active inflammation (thickness, bursitis and PD).
Results: 84 established PsA patients and 25 healthy volunteers participated. Sonographic structural changes and one or two spots of PD signal were common in both groups. The modified MASEI was significantly higher in PsA patients