Table. LIBERATE Efficacy Outcomes

Pts Achieving Response, % (LOCF)	PBO n=84	APR n=83	ETN n=83
Week 16			
PASI-75	11.9	39.8*	48.2*
sPGA 0 or 1§	3.6	21.7‡	28.9*
ScPGA 0 or 1¶	25.9	44.4**	50.0†
NAPSI-50§§	10.9	25.0##	48.0*
Percent change from BL in NAPSI¶¶	−10.1	−18.7	−37.7
Week 104	**PBO/APR n=73**	**APR/APR n=74**	**ETN/APR n=79**
PASI-75	50.7	45.9	51.9
sPGA 0 or 1§	27.4	18.9	26.6
ScPGA 0 or 1¶	50.0	59.2	56.6
NAPSI-50§§	48.6	60.4	65.2
Percent change from BL in NAPSI¶¶	−48.1	−48.2	−51.1

APR=apremilast 30 mg BID; ETN=etanercept 50 mg QW; LOCF=last observation carried forward. NAPSI=Nail Psoriasis Severity Index; NAPSI-50=50% or greater reduction from baseline in NAPSI score; PASI=Psoriasis Area and Severity Index; PASI-75=75% or greater reduction from baseline in PASI score; PBO=placebo; ScPGA=Scalp Physician Global Assessment; sPGA=static Physician's Global Assessment.
*$P<0.0001$; ‡$P=0.0005$; #$P\leq 0.0021$; **$P=0.0458$; †$P=0.0083$; ##$P=0.0701$ vs. PBO (LOCF). Italics indicate values are nominally significant due to hierarchical testing of study end points.
§With ≥2-point reduction from baseline.
¶In pts with ScPGA ≥3 (moderate to very severe) at baseline (exploratory): PBO n=58; APR n=54; ETN n=54 at Week 16 and PBO/APR n=50; APR/APR n=49; ETN/APR n=53 at Week 104.
§§In pts with NAPSI ≥1 at baseline: PBO n=46; APR n=52; ETN n=50 at Week 16 and PBO/APR n=37; APR/APR n=48; ETN/APR n=46 at Week 104.
¶¶PBO n=42; APR n=50; ETN n=50 at Week 16; PBO/APR n=33; APR/APR n=48; ETN/APR n=45 at Week 104.

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AB0772 SECUKINUMAB PROVIDES SUSTAINED IMPROVEMENT IN FUNCTION, QUALITY OF LIFE AND FATIGUE OVER 2 YEARS IN PATIENTS WHO ACHIEVED LOW DISEASE ACTIVITY RELATED TO PSORIATIC ARTHRITIS DISEASE ACTIVITY SCORE (PASDAS)

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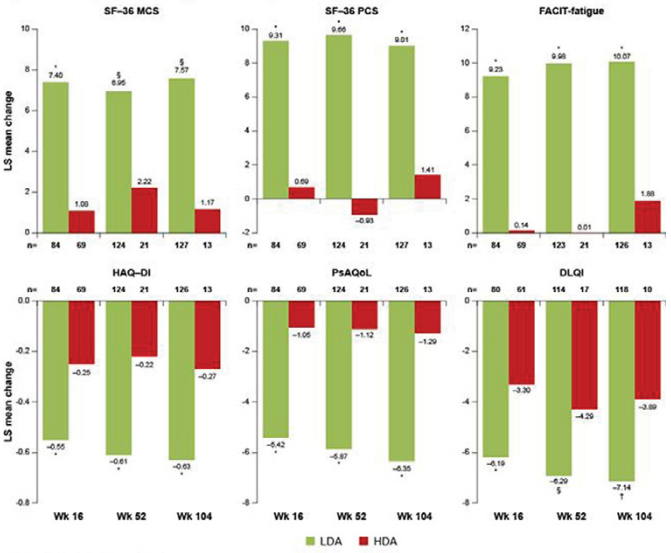
Background: PASDAS is a composite index measuring disease activity in psoriatic arthritis (PsA), well correlated with HAQ and health related quality of life[1].
Objectives: To report the impact of secukinumab on individual core components of PASDAS and its relationship with function (HAQ-DI), health related quality of life (SF36-PCS and MCS, DLQI, PsAQoL) and fatigue in patients (pts) who achieved PASDAS low disease activity (LDA) vs. high disease activity (HDA) through Week (Wk) 104 using *post-hoc* analysis from FUTURE 2 trial.
Methods: 397 pts with active PsA were randomised to s.c. secukinumab (300, 150, or 75mg) or placebo in FUTURE 2 study.[2] PASDAS is derived from physician's global VAS, pts global VAS, SF-36 PCS, tender and swollen joints (TJC68 and SJC66), Leeds enthesitis count, dactylitis count and CRP level and has cut-points for HDA (≥5.4), LDA (<3.2) and remission (REM≤1.9).[3] PASDAS was assessed at Wks 16, 52 and 104 and reported as observed using non-mutually exclusive categories at group level. Additionally, the SF-36 PCS, SF-36 MCS, HAQ-DI, FACIT-Fatigue, PsAQoL, and DLQI were assessed by PASDAS LDA and HDA at Wks 16, 52 and 104 using MMRM analyses.
Results: Pts presented similar baseline characteristics. Mean±SD score of each PASDAS component among pts reaching LDA and HDA at Wk 16 for each treatment group are shown in table and were similar at Wk 104. Secukinumab treated pts achieving PASDAS LDA had significantly greater improvements in function, physical and mental health quality of life and fatigue compared to HDA through Wk 104 (Figure).
Conclusions: In pts treated with secukinumab, the most improved individual components with PASDAS LDA were related to dactylitis, enthesitis, SF36-PCS, Physician global VAS and SJC at Wk 16 and Wk 104. PASDAS LDA was associated with better improvement in function, quality of life and fatigue than HDA confirming the importance to reach stringent target in a PsA pts with multifaceted disease.

Table 1. Scores of PASDAS components at Wk 16

Core components, Mean ± SD	Secukinumab/PBO (s.c.), mg	LDA 300mg: n=37; 150mg: n=34; PBO: n=14	HDA 300mg: n=12; 150mg: n=23; PBO: N=34
Physician/Pt Global VAS	300	7.3±7.2/14.6±10.3	43.2±10.2/65.7±21.6
	150	8.3±8.7/13.2±10.3	55.7±16.2/67.8±14.9
	PBO	11.4±9.8/16.7±13.4	56.7±12.8/64.8±15.6
SF-36 PCS	300	51.5±5.8	34.9±6.0
	150	51.8±5.5	34.2±6.5
	PBO	49.4±6.6	33.5±8.2
SJC 66/TJC 68	300	2.2±3.0/2.3±3.4	12.3±10.0/27.9±16.1
	150	1.9±3.6/2.6±5.0	15.9±11.1/32.3±21.7
	PBO	1.7±2.0/3.4±4.7	10.1±6.1/25.4±14.0
Leeds Enthesitis Score	300	0.3±0.8	3.0±2.5
	150	0.1±0.3	3.0±2.5
	PBO	0.2±0.6	2.4±1.8
Tender Dactylitis count	300	0.03±0.2	0.9±2.6
	150	0	1.4±3.1
	PBO	0.1±0.5	1.3±2.4
CRP (mg/L)	300	3.3±3.5	5.0±4.5
	150	3.3±3.5	8.1±11.6
	PBO	5.8±15.2	14.7±19.5

Figure: Mean Change in PRO scores by PASDAS states (LDA vs. HDA) at Wks 16, 52 and 104



*P < 0.0001; †P < 0.001; ‡P < 0.01 versus HDA.
DLQI, Dermatology Life Quality Index; FACIT-Fatigue, Functional Assessment of Chronic Illness Therapy-Fatigue; HAQ-DI, Health Assessment Questionnaire Disability Index; HDA, high disease activity; LDA, low disease activity; LS, least squares; n, number of pts with measurements; N, number of pts in each group of the specified analysis set; PsAQoL, PsA-specific quality of life; SF-36 MCS, Short Form-36 Mental Component Summary; SF-36 PCS, Short Form-36 Physical Component Summary
Wk 16: N= 85 (LDA) and N= 69 (HDA); Wk 52: N= 125 (LDA) and N= 21 (HDA); Wk 104: N= 128 (LDA) and N= 13 (HDA)
Analysis data were pooled across treatment arms; Placebo group not reported at Wk 16

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