of TNF inhibitors in axial SpA (axSpA), demonstrating a structural effect is challenging.

Objectives: To compare 2 yrs of radiographic sacroiliac joint (SIJ) changes in pts receiving etanercept (ETN) in a clinical trial to similar pts not receiving biologics in a cohort study.

Methods: Pts had recent onset non-radiographic (nr)-axSpA fulfilling ASAS criteria. Study group: pts receiving ETN 50 mg once weekly for 2 yrs in EMBARK (NCT01258738). Control group: pts in an ongoing longitudinal cohort study not receiving biologics for 2 yrs (DESIR, NCT01648907). Outcome measure: change in x-ray SIJ score per mNY criteria (0–4 per SIJ). X-rays were read by 3 experienced readers unaware of image chronology and pt group. Primary endpoint: change (mean of 3 readers) in total SIJ score (-8 to +8). Binary endpoints: (1) shift from baseline (BL) mNY+ to wk-104 mNY- and vice versa; (2) change in SIJ score ≥ 1 (left or right SIJ); (3) change in SIJ score ≥ 1 in ≥ 1 SIJ, with change from 0 to 1 and from 1 to 0 considered no change. Treatment effect was analyzed without and with adjustment for the baseline (BL) covariates of sex, symptom duration, smoking status, HLA-B27 status, ASDAS-CRP, SPARCC MRI SIJ score, and SIJ radiography score.

Results: At BL, the control (DESIR, N=197) and ETN (EMBARK, N=164) cohorts differed significantly in all covariates listed above. The difference in change in total SIJ score for control vs ETN, adjusted for covariates, was small but significant: least-squares mean (95% CI): 0.08 (-0.03, 0.20) vs -0.14 (-0.26, -0.01); $p=0.008$. The table presents x-ray changes. When adjusted for covariates, the mean difference between control and ETN was significant for 2 of the 3 binary endpoints (table).

Conclusions: This analysis confirms the slow rate of radiographic SIJ progression over 2 yrs in nr-axSpA. The observed data suggest a lower rate of progression with ETN than without a TNF inhibitor.

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THU0383 INCIDENCE OF UVEITIS IN NON-STEROIDAL ANTI-INFLAMMATORY DRUGS VERSUS TUMOR NECROSIS FACTOR INHIBITORS USERS AMONG PATIENTS WITH ANKYLOSING SPONDYLITIS: A RETROSPECTIVE COHORT STUDY

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Background: Uveitis associated with ankylosing spondylitis (AS) often recurs and may lead to ocular complications. It remains to be known whether non-steroidal anti-inflammatory drugs (NSAIDs) or TNF inhibitors (TNFi) is more effective in reducing the recurrence of uveitis in patients with AS.

Objectives: To evaluate the effect of NSAIDs and TNFi on preventing recurrence of uveitis in patients with AS.

Methods: This retrospective cohort study included 1061 patients diagnosed with AS at Seoul National University Hospital between January 2004 and December 2015. Patients' clinical factors and laboratory findings were collected

from the patients' electric medical records. Patients were divided into those who were treated with NSAIDs (n=623) or TNFi (n=438) which included etanercept, adalimumab, infliximab and golimumab. The incidence rates of new-onset uveitis during each treatment was compared using Cox proportional hazard model after adjusting age, sex, disease duration, history of uveitis, smoking status, ESR, CRP, and HLA-B27. Propensity-score matched comparison was also performed as sensitivity analysis (n=168 in the TNFi group and n=168 in the NSAID group).

Results: Among the 1061 patients, those in the TNFi group had longer disease duration (11.75 $\pm$ 7.14 vs 6.22 $\pm$ 4.42 years), higher ESR, CRP level (40.97 $\pm$ 33.87 vs 23.32 $\pm$ 22.09 mm/h, 2.69 $\pm$ 3.41 vs 1.12 $\pm$ 1.93 mg/L, respectively) and higher proportion of patients who had previous history of uveitis before the treatment (22.4 vs 15.4%). The incidence rates of uveitis were 3.60 (95% CI 2.97 to 4.42) per 100 person-year in the NSAID group and 6.03 (95% CI 5.15 to 7.04) per 100 person-year in the TNFi group. The adjusted hazard ratio for the new-onset uveitis during the treatment in the TNFi group versus the NSAID group was 1.28 (95% CI 0.80 to 2.06) ($p=0.304$). When compared with NSAID group, etanercept group showed higher incidence of uveitis than the other TNFi: etanercept (HR 1.96 [1.41 to 2.74]), adalimumab (HR 0.65 [0.40 to 1.05]), infliximab (HR 0.50 [0.22 to 1.14]) and golimumab (HR 0.79 [0.25 to 2.50]). The propensity score-matched population was also consistent with the crude comparison between NSAID group and TNFi group (HR 1.29 [0.73 to 2.28]) ($p=0.388$).

Conclusions: The effect of TNFi on reducing the incidence of uveitis is comparable to NSAIDs in patients with AS. Uveitis occurred more commonly with treatment with etanercept compared with the other treatments.

Disclosure of Interest: None declared

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THU0384 THE EFFECT AND SAFETY OF YISAIPU (YISAIPU) IN THE TREATMENT OF PATIENTS WITH NONRADIOGRAPHIC AXIAL SPONDYLOARTHRITIS IN CHINA

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Background: Axial spondyloarthritis (axSpA) is a chronic inflammatory disease, which includes AS and nr-axSpA. Anti-TNF- α agents, such as Yisaipu (Yisaipu) are frequently used in nr-axSpA patients in China, but the related data is limited.

Objectives: The aim of this research is to assess the efficacy and safety of Yisaipu in the treatment of patients with nr-axSpA in China.

Methods: The inclusion of study population consisted of 150 patients who met the ASAS criteria for axial SpA but not the modified New York radiographic criteria for AS, had a score of ≥ 4 on the BASDAI or a score of ≥ 2.1 on the ASDAS-CRP and had been treated unsuccessfully with ≥ 1 NSAIDs for 4-week. Patients were assigned to receive Yisaipu (made in China) 50 mg/week and continued background NSAID treatment for 24 weeks (open-label study). At week 24, the

Abstract THU0382 – Table 1. Observed Radiographic Changes from BL to Week 104

Endpoint	Cohort	Improved n/N (%)	Worsened n/N (%)	Mean Difference* (95% CI) [†]	Mean differences (Control – ETN) (95% CI)
mNY criteria	Control	3/193 (1.6)	6/193 (3.1)	1.6% (-1.5, 4.6)	3.4% (-0.7, 7.5) [†]
	ETN	4/161 (2.5)	1/161 (0.6)	-1.9% (-4.6, 0.9)	4.7% (-0.5, 9.9) [‡]
$\Delta \geq 1$ grade in ≥ 1 SIJ	Control	21/193 (10.9)	36/193 (18.7)	7.8% (0.1, 15.4)	9.6% (-0.9, 20.2) [†]
	ETN	19/161 (11.8)	16/161 (9.9)	-1.9% (-9.1, 5.4)	18.2% (5.6, 30.9) ^{‡§}
$\Delta \geq 1$ grade in ≥ 1 SIJ; Δ from 0 to 1 and 1 to 0 considered no Δ	Control	16/193 (8.3)	29/193 (15.0)	6.7% (-0.1, 13.5)	7.4% (-2.1, 16.8) [†]
	ETN	15/161 (9.3)	14/161 (8.7)	-0.6% (-7.2, 6.0)	16.4% (5.1, 27.8) ^{‡§}

Based on 2 of 3 readers assigning same category; otherwise considered no change. Some patients started with lowest possible score and could not improve. Δ , change. *Percent pts with worsening – percent pts with improvement. [†]One-way ANOVA. [‡]Adjusted for covariates listed in Methods. [§] $P=0.005$.