Neut-Ab-neutralising antibodies; PBO, placebo; Y; yes; N; No. Only positive ADA results at the respective study week are shown; Impact on efficacy is defined as: PaS, failure to achieve 20% reduction, compared to baseline, in both tender and swollen joint counts; AS, failure to achieve ASAS20, after previously achieving such improvement for at least 2 consecutive visits prior to the first detection of ADA; Normal PK: Concentrations in ADA-positive pts within observed range for all pts without ADA

Objectives: To assess the IG of SEC in PsA and AS patients (pts) treated with SEC for up to 52 weeks (W).

Methods: In pts with PsA (FUTURE 1–3 studies, n=1414) and AS (MEASURE 1–4 studies, n=1163) exposed to SEC was evaluated at baseline (BL) and at W 12, 16 (AS only), 24 and 52. Treatment emergent (TE)-ADA were defined as a positive ADA signal in ≥1 post-treatment sample in pts negative at BL. TE-ADA positive samples were analysed for drug-neutralising potential, SEC impact on PK, IG-related AE and TE-ADA impact on efficacy through W52.

Results: Of 1414 treated PsA and 1163 treated AS pts with samples for IG evaluation, 5 (0.35%) and 8 (0.68%) developed TE-ADAs respectively, over 52 weeks (Table). All but 1 PsA pt were biologic naive; 2/5 Pts and 1/8 AS pts received concomitant methotrexate, 2/8 AS pts received concomitant sulfasalazine. Associations between TE-ADAs and SEC dose, frequency or mode of administration were not observed. Other than 1 PsA pt, all TE-ADAs were non-neutralising and none were associated with any IG-related AE. All TE-ADAs were associated with normal PK and none were associated with loss of SEC efficacy over 52 weeks.

Conclusions: SEC treatment was associated with a low incidence of Ig in PsA and AS pts, as shown by TE-ADA detection in only 0.35% PsA pts and 0.68% AS pts over 52 weeks in a database of ≥2500 pts, which is consistent with the low incidence of Ig (0.4%) seen with SEC in pts with plaque psoriasis.


Abstract SAT0272 – Figure 1. Propensity score-weighted hazard ratios of physician-diagnosed outcomes and EAMs by treatment exposures

Conclusions: This investigation of the prevalence and incidence of comorbidities and EAMs of AS in US pts suggests that anti-TNF use is associated with a lower incidence of some comorbidities, and a trend of higher incidence of EAMs, which may reflect channelling of more severe AS pts to anti-TNFs. Although results vary somewhat by data source and may be explained by different baseline characteristics (e.g. Medicare pts were older), our results suggest that anti-TNF use is associated with lower incidence of those comorbidities that confer substantial morbidity in AS.

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