antibodies in SPA and PA, to recommend systematically the eviction of etanercept in subjects with a moderate risk of developing anterior uveitis.

Disclosure of Interest: None declared

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SAT0283

SECUKINUMAB 150 MG PROVIDES SUSTAINED IMPROVEMENTS IN THE SIGNS AND SYMPTOMS OF ACTIVE ANKYLOSING SPONDYLITIS WITH HIGH RETENTION RATE: 4-YEAR RESULTS FROM THE PHASE III TRIAL, MEASURE 2

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Background: Secukinumab, a fully human monoclonal antibody that neutralises IL-17A, has shown significant and sustained improvement in the signs and symptoms of active ankylosing spondylitis (AS) through 3 years in the MEASURE 2 study (NCT01649375).¹

Objectives: To report the longer-term (4 year) efficacy and safety of subcutaneous (s.c.) secukinumab 150 mg in the MEASURE 2 study.

Methods: AS patients (pts; n=219) were randomised to receive s.c. secukinumab 150 mg, 75 mg or placebo at baseline, Weeks (Wks) 1, 2 and 3 and every 4 weeks from Wk 4. At Wk 16, placebo-treated pts were re-randomised to receive secukinumab 150/75 mg. Efficacy results are reported for pts initially randomised to secukinumab 150 mg and those who switched from placebo to secukinumab 150 mg at Wk 16. Safety analyses included all pts who received ≥ 1 dose of secukinumab. Results are reported as observed.

Results: The retention rate from Wk 16 to 208 was 85% (85/100) for secukinumab 150 mg. Sustained improvements were observed with secukinumab 150 mg across all endpoints through 4 years (Table). These improvements were maintained regardless of prior exposure to anti-TNF therapy; greater responses were demonstrated in anti-TNF-naïve pts. Over the entire study period, the mean exposure ($\pm$ SD) to secukinumab was 1189.3 $\pm$ 452.9 days. Exposure-adjusted incidence rates (per 100 pt-years) with any secukinumab dose for selected adverse events were: serious infections/infestations (1.5), *Candida* infections (1.2), Crohn's disease (0.6), major adverse cardiovascular events (0.6), uveitis (0.6), and malignant/unspecified tumours (0.4).

Abstract SAT0283 – Table 1. Clinical improvements with secukinumab 150 mg at Weeks 52 and 208

Variable	Week	Secukinumab 150 mg ^a		
		Total	Anti-TNF-naïve	Anti-TNF-IR
ASAS20,% responders (n)	52	74.2 (93)	80.0 (60)	63.6 (33)
	208	73.3 (86)	74.6 (59)	70.4 (27)
ASAS40,% responders (n)	52	57.0 (93)	63.3 (60)	45.5 (33)
	208	60.5 (86)	62.7 (59)	55.6 (27)
BASDAI, mean change $\pm$ SD (n)	52	-3.2 $\pm$ 2.3 (93)	-3.3 $\pm$ 2.3 (60)	-3.0 $\pm$ 2.1 (33)
	208	-3.2 $\pm$ 2.3 (86)	-3.5 $\pm$ 2.4 (59)	-2.7 $\pm$ 2.0 (27)
SF-36 PCS, mean change $\pm$ SD (n)	52	7.6 $\pm$ 7.7 (94)	8.0 $\pm$ 7.5 (61)	6.9 $\pm$ 8.1 (33)
	208	8.3 $\pm$ 8.3 (85)	9.4 $\pm$ 8.5 (58)	6.2 $\pm$ 7.8 (27)
ASAS partial remission,% responders (n)	52	24.7 (93)	28.3 (60)	18.2 (33)
	208	27.9 (86)	32.2 (59)	18.5 (27)

^aIncludes placebo switchers. Data are reported as observed.

ASAS; Assessment in SpondyloArthritis International Society; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; IR, inadequate response; SD, standard deviation; SF-36 PCS, Short Form³⁶ Health Survey Physical Component Summary; TNF, tumour necrosis factor

Conclusions: Secukinumab 150 mg provided sustained improvement in the signs, symptoms and physical function in pts with AS through 4 years of treatment with 85% retention rate. The safety profile of secukinumab remained favourable and was consistent with previous reports.¹⁻³

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SAT0284

AN ADD-ON TRAINING PROGRAM INVOLVING BREATHING EXERCISES, COLD EXPOSURE, AND MEDITATION ATTENUATES INFLAMMATION AND DISEASE ACTIVITY IN AXIAL SPONDYLOARTHRITIS

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Background: A training program involving breathing exercises, cold exposure, and meditation (further referred to as: 'add-on training program') was shown to exert immunomodulating properties in healthy individuals undergoing experimental endotoxemia.

Objectives: Assessment of safety and anti-inflammatory effects of the add-on training program in patients with axial spondyloarthritis (axSpA).

Primary objectives: safety (24 weeks) and change in serum CRP levels (week 8). Secondary objectives: changes in erythrocyte sedimentation rate (ESR), serum calprotectin levels, disease activity as measured by the ASDAS-CRP and Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), quality of life measures (SF-36, EQ-5D), and hospital anxiety and depression scale (HADS).

Methods: 24 patients with moderately active axSpA (ASDAS >2.1 and CRP >5 mg/L) were included in this trial. The intervention consisted of an 8 weeks add-on training program comprising three elements: breathing exercises (cyclic hyperventilation followed by breath retention), gradual cold exposure (immersions in ice cold water), and meditation (third eye meditation). An open-label randomised one-way crossover design was used to rule out regression to the mean by comparing an intervention group with a control group.

Results: There was no significant difference in adverse events between groups, with one serious adverse event (hypertensive crisis) occurring 8 weeks after end of the intervention and judged 'unrelated'. The study met its primary efficacy endpoint, with a significant decline in serum CRP at week 8 in the intervention group