Conclusions: Incidence of CVD and depression in PsA and AS pts is generally comparable to the published literature^{2,3}. However, in contrast to other studies⁴, previous uveitis was less frequently reported in SpA pts selected for treatment with a IL-17 inhibitor, particularly in the AS group. Cardiovascular comorbidities remained overall stable under secukinumab up to wk 52. Plaque psoriasis and depressive mood improved with Secukinumab treatment.

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Acknowledgements: C. Blank, PhD (Winicker-Norimed) for medical writing support, which was funded by Novartis Pharma GmbH, Germany

Disclosure of Interest: U. Kiltz Grant/research support from: AbbVie, Chugai, Grünenthal, MSD, Novartis, Pfizer, Roche, UCB, Consultant for: AbbVie, Chugai, MSD, Novartis, Pfizer, Roche, UCB, P. Kästner Consultant for: Chugai, Novartis, H. Krauel: None declared, I. Schwarze: None declared, J. Brandt-Jürgens: None declared, M. Maier-Peuschel Employee of: Novartis Pharma GmbH, C. Legeler Employee of: Novartis Pharma GmbH, J. Veit Employee of: Novartis Pharma GmbH, H.-P. Tony Consultant for: AbbVie, Astra-Zeneca, BMS, Chugai, Janssen, Lilly, MSD, Novartis, Pfizer, Roche, Sanofi

DOI: 10.1136/annrheumdis-2018-eular.1180

SAT0300 TREATMENT EXPERIENCE AND SATISFACTION IN ANKYLOSING SPONDYLITIS PATIENTS TREATED WITH SECUKINUMAB: RESULTS FROM A US WEB-BASED SURVEY

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Background: Secukinumab is the only interleukin-17A inhibitor approved for the treatment of ankylosing spondylitis (AS). There are limited real-world data about treatment experience and patient satisfaction with secukinumab among patients with AS.

Objectives: To evaluate real-world treatment experience and satisfaction with secukinumab in US patients with AS.

Methods: Data on demographics, AS symptoms, treatment history, and treatment satisfaction were collected from a cross-sectional, web-based panel survey from July 10 to August 3, 2017. A random sample of US patients were invited to participate in the survey by Survey Sampling International via their patient panels. Eligibility criteria included patients aged ≥18 years with a self-reported diagnosis of AS who initiated secukinumab ≥3 months before participation and received secukinumab continuously since initiation. The outcomes evaluated were AS patient experience and satisfaction with effectiveness and symptom improvement with secukinumab, both overall and when compared to their previous treatment. Outcomes were summarised descriptively.

Results: Of 2755 patients screened, 200 patients with AS were eligible for the analysis. The mean (SD) age of survey participants was 34.4 (10.6) years; 60.0% were male and 66.0% were white. Equal proportions of patients (86.5%) had a history of biologic and nonbiologic use, and 98.5% of patients had previously received treatment for AS; the primary reason for discontinuation of their previous treatment was lack of efficacy (25.4%). Most patients (74.0%) reported overall improvement in AS symptoms compared with their previous treatment before secukinumab initiation ("a little better," 34.5%; "moderately better," 21.0%; "much better," 18.5%). Overall, the majority of patients were satisfied with secukinumab treatment (**Abstract SAT0300 – figure 1**), and expressed better treatment experience with secukinumab compared with their previous treatment (**Abstract SAT0300 – figure 2**).

Abstract SAT0300 – Figure 1. Overall satisfaction with secukinumab treatment reported by patients with AS

Abstract SAT0300 – Figure 2. Treatment satisfaction with secukinumab for AS compared with previous treatment

Conclusions: Overall, >90% of patients with AS who were treated with secukinumab expressed overall satisfaction with their treatment experience, even when compared with their previous treatment. These data provide early insight into the secukinumab treatment experience and satisfaction of US patients with AS.

Acknowledgements: This study was sponsored by Novartis Pharmaceuticals Corporation, East Hanover, NJ.

Disclosure of Interest: M. Magrey Grant/research support from: AbbVie, Consultant for: Janssen, Novartis, UCB, M. Bozyczko: None declared, D. Wolin Employee of: RTI-Health Solutions, M. Mordin Employee of: RTI-Health Solutions, L. Mcleod Employee of: RTI-Health Solutions, E. Davenport Employee of: RTI-Health Solutions, Y. Park Employee of: Novartis Pharmaceuticals Corporation

DOI: 10.1136/annrheumdis-2018-eular.1452

SAT0301 SIMILAR EFFICACY OF RHU-TNFR-FC TEPERING AND MAINTENANCE FOR HIP ARTHRITIS IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Hip involvement is common in patients with ankylosing spondylitis (AS) and eventually leads to functional impairment. Recent studies indicated tumour necrosis factor inhibitors (TNFi) might be an effective therapy for hip arthritis in AS patients. However, the conventional dose of TNFi associates with high cost and increasing risk for adverse effects, so dose reduction is necessary.

Objectives: We compared the efficacy between recombinant human soluble tumour necrosis factor receptor II: IgG Fc fusion protein (Rhu-TNFR-Fc) dose reduction and maintenance in terms of disease activity, function and change of imaging examination.