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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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.

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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.

Methods: Fifty-one AS patients (102 hips) who admitted to our hospital from January 2015 to December 2017 were involved in this retrospective cohort study. Patients who had previously received disease modifying anti-rheumatic drugs or systemic glucocorticoid therapy were excluded. After being treated by Rhu-TNFR-Fc (YISAIPU) 50 mg/week for 12 weeks, subcutaneous injections were performed every other week for patients in the tapering group, while the control group maintained the same therapy till the 24th week. AS disease activity score-C reactive protein (ASDAS-CRP), Bath AS function index (BASFI) and Harris hip score were recorded at every follow-up. Pelvic X-ray and MRI examinations for hips were conducted before treatment and in the 24th week. Bath AS radiology index-hip (BASRI-h) was employed to assess the change in X-ray, and definition of hip MRI finding was described by Huang et al. Bone marrow oedema, enthesitis and synovitis was thought to be a marker for active inflammatory changes. Chronic inflammatory changes included bone erosion, fat accumulation and ankylosis.

Results: After markedly descending to the minimum at week 12 ($p<0.05$), ASDAS-CRP, BASFI and Harris hip score kept stable till the end in both groups (table 1). BASRI-h of these groups unchanged during 24 weeks ($p>0.05$, figure 1). Nevertheless, active inflammatory changes improved dramatically in the second MRI examination ($p<0.05$, table 2). No statistical significant was existed between groups ($p>0.05$).

Abstract SAT0301 – Table 1. Changes in the variables of patients with ankylosing spondylitis at follow-ups (Mean $\pm$ SD)

Variables	Tapering group (n=31)			Control group (n=20)		
	Week 0	Week 12	Week 24	Week 0	Week 12	Week 24
ASDAS-CRP	3.9 $\pm$ 0.8	1.0 $\pm$ 0.6*	1.1 $\pm$ 0.7*	4.0 $\pm$ 0.6	1.0 $\pm$ 0.6*	1.1 $\pm$ 0.7*
BASFI	3.5 $\pm$ 1.4	1.2 $\pm$ 0.9*	1.5 $\pm$ 1.2*	3.7 $\pm$ 1.2	1.2 $\pm$ 0.8*	1.2 $\pm$ 1.1*
Harris hip score	51.7 $\pm$ 12.5	75.9 $\pm$ 11.1*	72.0 $\pm$ 10.4*	51.9 $\pm$ 11.0	76.0 $\pm$ 9.6*	75.9 $\pm$ 8.8*

* $P<0.05$ compared with week 0 in the same group. ASDAS-CRP, ankylosing spondylitis disease activity score-C reactive protein; BASFI, Bath ankylosing spondylitis function index

Abstract SAT0301 – Table 2. Changes in the MR features of hips in patients with ankylosing spondylitis at week 0 and week 24 (n,%)

Variables	Tapering group (n=62)		Control group (n=40)	
	Week 0	Week 24	Week 0	Week 24
Active inflammatory change	49 (79.0)	14 (22.6)*	32 (82.5)	5 (12.5)*
Chronic inflammatory change	17 (27.4)	17 (27.4)	10 (25.0)	10 (25.0)

* $P<0.05$ compared with week 0 in the same group

Abstract SAT0301 – Figure 1. Changes of Bath AS radiology index-hip

Conclusions: Rhu-TNFR-Fc tapering might maintain remission of hip arthritis in patients with AS, and it shares similar therapeutic effect of full-dose Rhu-TNFR-Fc. Therefore, dose reduction of TNFi tends to be an acceptable therapy for AS-related hip arthritis.

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Psoriatic arthritis

SAT0302

EVALUATION OF SUBCLINICAL GUT INFLAMMATION USING FAECAL CALPROTECTIN LEVEL AND COLONIC MUCOSAL BIOPSY IN PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS

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Background: The association between gut inflammation and ankylosing spondylitis is well established, while it is not so in psoriatic arthritis (PsA).

Objectives: To study the prevalence of subclinical gut inflammation in PsA and Psoriasis (PsO) patients using faecal calprotectin levels and colonic mucosal biopsies and its correlation with disease phenotypes and activity scores.

Methods: Fifty patients with active PsA and hundred with active PsO were recruited. Faecal calprotectin levels of more than 43.2 μ g/mg by ELISA was considered positive. Sigmoidoscopy and multiple colonic mucosal biopsies were done in twenty PsA patients and eight PsO patients. Thirty consecutive patients with irritable bowel syndrome (IBS) according to ROME III criteria were disease control population. Mann Whitney u test and Kruskal Wallis H test were used.

Results: Baseline characteristics are given in table 1. Faecal calprotectin level was elevated in 29 (58%) PsA patients and 26 (26%) PsO patients ($p=0.000$). The mean value of faecal calprotectin was higher in PsA patients than PsO (86.6 $\pm$ 81.5 μ g/mg vs 32.9 $\pm$ 48.1 μ g/mg, $p=0.000$). The Odds for a positive faecal calprotectin level in PsA was 3.9 (95% CI 1.9–8.0) in comparison to PsO. Faecal calprotectin levels were significantly higher in PsA patients with high body surface area (BSA) and psoriasis area and severity index (PASI) scores. Those with axial phenotype had higher calprotectin levels and the levels correlated with BASDAI. Mean faecal calprotectin level was 22.0 $\pm$ 18.5 μ g/mg in IBS patients which was significantly lower than PsA patients (0.002) but was comparable with that of PsO patients ($p=0.8$). Sigmoidoscopy was normal in all PsO patients while two PsA patients had mucosal erythema. Fifteen PsA and all PsO patients showed increased lymphoplasmacytic infiltration of lamina propria. Evidence of active colitis with cryptitis was seen in two and collagenous colitis was seen in seven PsA patients (figure 1). No PsO patient had active or collagenous colitis.

Abstract SAT0302 – Table 1. Baseline characteristics (TJC Tender Joint Count, SJC Swollen Joint Count, BASDAI Bath Ankylosing Spondylitis Disease Activity Index, LEI Leeds enthesitis index, BSA Body Surface Area, PASI Psoriasis Area And Severity Index, DLQI Dermatology Life Quality Index, CPDAI Composite Psoriatic Disease Activity Index)

Variable	Psoriatic Arthritis (n=50)	Psoriasis (n=100)
Mean age (years)	44.4 $\pm$ 12.0	41.5 $\pm$ 14.6
Male: Female	26:24	70:30
Duration of skin involvement (yrs)	9.3 $\pm$ 9.0	8.6 $\pm$ 8.4
Mean duration of joint involvement (yrs)	3.5 $\pm$ 4.8 (0.25–30)	
Mean TJC	4.8 $\pm$ 4.0 (0–20)	
Mean SJC	4.5 $\pm$ 4.0 (0–19)	
BASDAI	1.8 $\pm$ 2.3 (0–7.4)	
LEI	0.3 $\pm$ 0.7 (0–3)	
BSA	5.7 $\pm$ 13.2 (0–90)	13.6 $\pm$ 19.3 (1–90)
PASI	3.5 $\pm$ 7.0 (0–48)	8.1 $\pm$ 9.1 (0.3–44)
DLQI	4.9 $\pm$ 5.3 (0–25)	8.8 $\pm$ 6.1 (1–29)
CPDAI	3.8 $\pm$ 2.0 (1–10)	1.7 $\pm$ 0.8 (1–3)
Nail involvement	21 (42%)	45 (45%)