SAT0324

CERTOLIZUMAB PEGOL PROVIDES SUSTAINED REMISSION AND MINIMAL DISEASE ACTIVITY IN PATIENTS WITH PSORIATIC ARTHRITIS OVER 4 YEARS' TREATMENT

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Background: Disease Activity Index for Psoriatic Arthritis (DAPSA)¹ and the minimal disease activity (MDA) criteria² are instruments recommended for evaluating disease activity in psoriatic arthritis (PsA). The RAPID-PsA trial (NCT01087788) has demonstrated the sustained efficacy of certolizumab pegol (CZP) across the spectrum of PsA symptoms.^{3,4}

Objectives: To report the proportion of CZP-treated patients (pts) achieving DAPSA remission (REM), DAPSA low disease activity (LDA), MDA (fulfilling $\geq 5/7$ MDA criteria), and very low disease activity (VLDA; fulfilling 7/7 MDA criteria) over 216 weeks (wks) in RAPID-PsA.

Methods: RAPID-PsA was double-blind and placebo-controlled to Wk24, dose-blind to Wk48, and open-label (OL) to Wk216. Pts had active PsA and had failed ≥ 1 disease modifying anti-rheumatic drug. Data for pts randomised to CZP at Wk0 (200 mg every 2 wks or 400 mg every 4 wks, following a 400 mg loading dose at Wks0, 2, 4), who continued their assigned dose in the OL period, are presented as observed case and with imputation (figure 1). Outcomes reported are DAPSA (the sum of tender and swollen joint counts [TJC 68; SJC 66], pt global and pain assessment [10 cm visual analogue scale], and C-reactive protein levels [mg/dL]), and pts achieving: 1) DAPSA LDA (DAPSA ≤ 4 and ≤ 14); 2) DAPSA REM (DAPSA ≤ 4); 3) MDA (fulfilling $\geq 5/7$ MDA criteria); and 4) VLDA (fulfilling 7/7 MDA criteria), to Wk216. Pts withdrawing from the study between scheduled visits had their final observed assessment values assigned to the next scheduled visit timepoint.

Results: Of 409 pts randomised; 273 received CZP from Wk0, of whom 248 (90.8%) completed Wk24, 237 (86.8%) completed Wk48, and 183 (67.0%) completed Wk216. The mean (SD) baseline DAPSA was 44.8 (22.9). Of pts completing Wk24, 29.7% (74/249) achieved LDA; 25.3% (63/249) REM; 38.2% (95/249) MDA; and 14.9% (37/249) VLDA. At Wk216, 31.9% (59/185) achieved LDA; 44.3% (82/185) REM; 57.8% (107/185) MDA; and 29.0% (58/183) VLDA (figure 1).

Figure: A) Patients with PsA achieving DAPSA LDA and REM over 4 years' CZP treatment

B) Patients with PsA achieving MDA and VLDA over 4 years' CZP treatment

Data shown for the Randomized Set, for pts on either dose regimen. OC proportions are calculated as the number achieving the target relative to the number of pts assessed at that timepoint. Missing values were imputed using LOCF for DAPSA and NRI for MDA criteria. [a] Number of patients with an observed value at the scheduled visit timepoint; [b] The proportion of pts achieving MDA ($\geq 5/7$ criteria) shown includes those achieving VLDA (7/7 MDA criteria). CZP: certolizumab pegol; DAPSA: Disease Activity Index for Psoriatic Arthritis; DAPSA LDA: DAPSA low disease activity (≤ 4 and ≤ 14); DAPSA remission: DAPSA REM (≤ 4); LOCF: last observation carried forward; MDA: minimal disease activity; NRI: non-responder imputation; OC: observed case; PsA: psoriatic arthritis; pt: patient; VLDA: very low disease activity.

Abstract SAT0324 – Figure 1. A) Patients with PsA achieving DAPSA LDA and REM over 4 years' CZP treatment. B) Patients with PsA achieving MDA and VLDA over 4 years' CZP treatment

Conclusions: A substantial proportion of pts who completed the 4 year study achieved disease inactivity targets: ~75% achieved DAPSA LDA or REM, almost 60% achieved MDA, and half of those also achieved VLDA.

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COMPARATIVE ANALYSIS OF GENDER DIFFERENCES, HLA-B27 STATUS AND SKIN LESION SEVERITY IN EARLY AXIAL AND PERIPHERAL PSORIATIC ARTHRITIS PATIENTS

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Background: Clinical features of axial involvement in psoriatic arthritis (PsA) had been studied before only at advanced stages. Skin lesion severity, HLA-B27 status and gender-specific differences in early PsA patients with axial involvement hadn't been sufficiently studied.

Objectives: To compare clinical features of two early peripheral PsA patient populations – with and without axial involvement.

Methods: 95 patients (pts) (M/F–47/48) with early PsA according to CASPAR criteria were included; all pts had peripheral arthritis for ≤ 2 years; no inflammatory back pain (IBP) pts were specially selected. Mean age 36.5 ± 10.7 years, disease duration 12.2 ± 10.3 mo, disease activity indexes DAS=4.0 $\pm$ 1.4, DAS28=4.2 $\pm$ 1.1, BASDAI=4.5 $\pm$ 1.6 (in pts with axial involvement); patient's global disease activity (PGA) VAS 56.9 $\pm$ 17.1. All pts were evaluated for the presence of inflammatory