Conclusions: IXE demonstrated sustained improvement in the signs and symptoms of PsA across treatment groups during the EP. The safety profile of I xe observed in the EP population was consistent with the safety profile of the intent-to-treat population in the DBTP of SPIRIT-P2.1


SAT0342 CARDIOVASCULAR DISEASE RISK IN CLINICAL SUBTYPES OF PSORIATIC ARTHRITIS

N. Hassan1, M. Bradley2, R. Davies1, E. Choy1, 1Rheumatology, 2Cardiff University

Background: Patients with psoriatic arthritis (PsA) have been shown to be at increased risk of developing cardiovascular disease (CVD), with one recent meta-analysis demonstrating an increased CVD risk of 43% compared to the general population. However PsA is a heterogeneous disease consisting of five different clinical subtypes. It is not known whether the risk of CVD varies between different PsA subtypes. Objectives: To determine whether particular subtypes of PsA are associated with an increased risk of cardiovascular disease. Methods: 114 patients with PsA attending the University Hospital of Wales were asked to complete a questionnaire about their cardiovascular risk factors. Anthropometric and biochemical measurements, including blood pressure, body mass index (BMI), C-reactive protein (CRP) and cholesterol, were also performed. Patients were grouped into one of the five PsA subtypes as described by Moll and Wright. The QRISK2 algorithm was used to determine the 10 year risk of developing CVD for each patient. Multivariate analyses using linear and logistic regression with QRISK2 score and QRISK2 score >10% as dependent variables were conducted and adjusted for known cardiovascular risk factors. Results: Symmetrical polyarthritis was the most common subtype, no patients had arthritis mutilans. There were no statistically significant differences between the subtypes with regards to age, gender, BMI, blood pressure, smoking status, cholesterol or CRP. Statistically significant differences were found between the subtypes using Chi-square (x2) tests for QRISK2 score >10% (p<0.031) as well as the presence of existing cardiovascular disease, diabetes mellitus and cholesterol lowering treatment (p=0.021, 0.021 and 0.037 respectively). The table 1 below lists the number of patients by subtype and these variables.

SAT0343 INFLAMMATORY BACK PAIN IN PSORIATIC ARTHRITIS IS SIGNIFICANTLY MORE RESPONSIVE TO CORTICOSTEROIDS COMPARED TO BACK PAIN IN ANKYLOSING SPONDYLITIS: A PROSPECTIVE, OPEN-LABELLED, CONTROLLED PILOT STUDY

M. Haroon1, M. Ahmad2, N. Baig3, O. Mason4, J. Rice5, O. FitzGerald6

1Rheumatology, 2Coresepedics, University Hospital Kerry, Tralee, Co. Kerry, 3CSTAR (Centre for Support and Training in Analysis and Research), University College Dublin; 4Rheumatology, St. Vincent’s University Hospital, Dublin, Ireland

Background: Inflammatory spinal disease is one of three inflammatory musculoskeletal manifestations which frequently occur in PsA. There is very limited data about the axial involvement in PsA, especially as regards treatment, with treatment guidelines based largely on data from AS trials. The efficacy of corticosteroids in PsA patients with inflammatory back pain has not been studied to date. Objectives: In this controlled trial, we aimed to investigate the comparative performance of corticosteroids for active axial PsA (AxPsA) versus those with active AS. Methods: PsA patients (fulfilling CASPAR criteria), and AS as per the 1984 Modified New York Criteria, were suitable for inclusion. Among them, patients with active AxPsA and active AS (naïve to biologic therapies) were recruited. The active disease was defined as patients with inflammatory back pain, with spinal pain score of >4 and BASDAI score >4 despite taking NSAIDS. Furthermore, only those AxPsA and AS patients with an MRI proven sacroiliac joint bone marrow oedema (MRI of sacroiliac joints performed within the 6 months prior to recruitment) were considered for inclusion. Hence, all recruited patients with AxPsA and AS had not only clinically active disease, but also had bone marrow oedema on MRI of sacroiliac joints. Moreover, we recruited a control group of non-inflammatory lower back pain. All patients received a single, intra-muscular dose of depot corticosteroid injection (Triamcinolone Acetonide 80 mg) at baseline. The intra-muscular corticosteroid option was used to overcome any drug compliance issues. Clinical outcome assessments were made at following time points: baseline, week-2, and week-4. The primary efficacy end point was the mean change in Ankylosing Spondylitis Disease Activity Score (ASDAS) at week-2. Key secondary outcome were the mean change of BASDAI, BASFI and ASQoL at week-2 and week-4. Results: In total, 40 patients were recruited – AxPsA=15, AS=15, control=10. At week-2 following corticosteroid treatment, patients with AxPsA had significantly higher improvements in the mean ASDAS compared to patients with AS (1.43±0.30 vs. 0.77±0.30, p=0.004), and the same was the case when compared to controls (p<0.001, table-2, figure-1). At week-4, AxPsA patients also showed significantly higher improvements in the mean ASDAS compared to both AS patients (1.09±0.32 vs. 0.77±0.27, p=0.007) and controls (p<0.001). Similarly, the mean BASDAI, VAS spine pain score, ASQoL and BASFI improved significantly among AxPsA patients compared to AS patients and controls at week-2, with this trend also largely maintained at week-4. Conclusions: Axial inflammation in PsA potentially responds significantly better to corticosteroids than in patients with AS. This furthers the argument and adds to the growing evidence that AxPsA and AS are distinct entities. Future studies should further investigate the use of corticosteroids and of sDMARD usage among patients with active IBD and PsA.
Background: In a Phase 2 study, Guselkumab (GUS) was shown to be safe and effective in patients with active psoriatic arthritis (PsA) with meaningful improvements in enthesitis.

Objectives: To evaluate the effect of GUS on enthesitis in a subset of pts w/active PsA, which correlates w/improvement in joint symptoms and patient-reported outcomes.

Methods: Pts w/active PsA ≥ 3% body surface area of plaque psoriasis, despite current or previous treatment, were randomised 2:1 to receive 100 mg subcutaneous GUS or placebo (PBO) at weeks (wks) 0, 4, then every 8 wks (q8w) during a 24-wk double-blind treatment period. At wk16, pts w/≤5% improvement in swollen and tender joint counts early escaped (EE) to open-label ustekinumab. At wk24, the PBO group crossed over to receive GUS at wks 24, 28 then q8w. Enthesitis was assessed using the Leeds enthesitis index (LEI).

RESULTS: Of 149 total pts w/active PsA, 107 (72%) presented w/enthesitis at baseline (BL) from the phase 2 PsA study of GUS.

Conclusions: GUS treatment produces rapid and sustained improvement of enthesitis in pts w/active PsA, which correlates w/improvement in joint symptoms and patient-reported outcomes.


SAT0344 – THE EFFECT OF GUSELKUMAB ON ENTHESITIS: RESULTS FROM A PHASE 2 STUDY IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS


Background: In a Phase 2 study, Guselkumab (GUS) was shown to be safe and effective in patients (pts) w/active psoriatic arthritis (PsA) w/meaningful improvements in enthesitis.

Objectives: To evaluate the effect of GUS on enthesitis in a subset of pts w/enthesitis at baseline (BL) from the phase 2 PsA study of GUS.

Methods: Pts w/active PsA ≥ 3% body surface area of plaque psoriasis, despite current or previous treatment, were randomised 2:1 to receive 100 mg subcutaneous GUS or placebo (PBO) at weeks (wks) 0, 4, then every 8 wks (q8w) during a 24-wk double-blind treatment period. At wk16, pts w/≤5% improvement in swollen and tender joint counts early escaped (EE) to open-label ustekinumab. At wk24, the PBO group crossed over to receive GUS at wks 24, 28 then q8w (PBO—GUS) and the GUS group continued receiving GUS (GUS—GUS) through wk44. Enthesitis was assessed using the Leeds enthesitis index (LEI).

RESULTS: Of 149 total pts w/active PsA, 107 (72%) presented w/enthesitis at baseline (BL) from the phase 2 PsA study of GUS.

Conclusions: GUS treatment produces rapid and sustained improvement of enthesitis in pts w/active PsA, which correlates w/improvement in joint symptoms and patient-reported outcomes.