	Asymmetrical/ oligo-articular	Distal interphalangeal (DIP) predominant	Spinal predominant	Symmetrical polyarthritis
n (out of 100)	24	9	13	68
Age (mean±SD)	51.3±15.0	61.4±7.8	58.8±13.7	50.7±15.2
Male (n,%)	14 (58.3)	5 (55.6)	6 (46.2)	32 (47.1)
Presence of cardiovascular disease (n,%)*	1 (4.2)	0 (0)	3 (23.1)	1 (1.5)
History of diabetes mellitus (n,%)*	6 (25.0)	2 (22.2)	3 (23.1)	3 (4.4)
On cholesterol-lowering treatment (n, %)*	4 (16.7)	1 (11.1)	6 (46.2)	9 (13.2)
QRISK2 risk score (mean±SD)	12±12.3	15.1±8.5	18.8±13.9	11.1±13.3
Those with QRISK2 risk score>10% (n,%)*	9 (37.5)	7 (77.8)	8 (61.5)	23 (33.8)

*denotes p<0.05

Conclusions: PsA patients with symmetrical polyarthritis appear to have the lowest risk of developing CVD. This subtype also had a significantly lower proportion of patients with coexisting diabetes mellitus. Patients with the distal interphalangeal (DIP) subtype are more likely to have existing CVD and be on cholesterol-lowering medications. Patients with the DIP and spinal predominant subtypes of PsA are also more likely to have a QRISK2 score of greater than 10% compared to the other PsA subtypes, suggesting they are more likely to develop CVD and may consequently need closer monitoring and management of CVD risk factors.

REFERENCES:

[1] Polachek A, Touma Z, Anderson M, Eder L. Risk of Cardiovascular Morbidity in Patients With Psoriatic Arthritis: A Meta-Analysis of Observational Studies. Arthritis Care Res 2017 Jan;69(1):67–74.

[2] Moll JMH, Wright V. Psoriatic arthritis. Semin Arthritis Rheum 1973;3:55–78.

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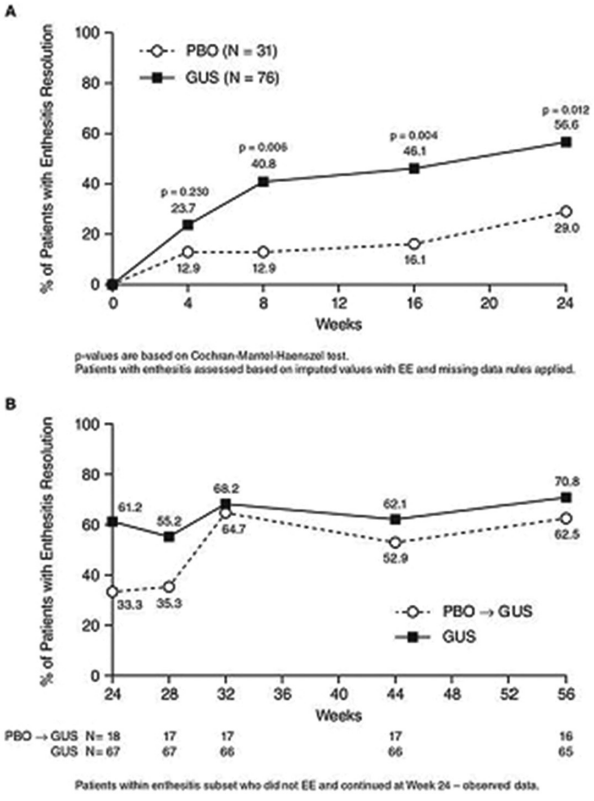
SAT0344 THE EFFECT OF GUSELKUMAB ON ENTHESITIS: RESULTS FROM A PHASE 2 STUDY IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS

P. Helliwell[1], A.B. Gottlieb[2], A. Deodhar[3], W.-H. Boehncke[4], D. McGonagle[1], X. L. Xu[5], S. Xu[5], Y. Wang[5], E.C. Hsia[6], C.S. Karyekar[7], P. Mease[8]. *[1]U of Leeds, Leeds, UK*; *[2]NY Medical College, Metropolitan Hospital, New York*; *[3]Oregon Health and Science U, Portland, USA*; *[4]U of Geneva, Geneva, Switzerland*; *[5]Janssen Research and Development, LLC., Spring House*; *[6]Janssen Research and Development, LLC./U Penn, Spring House/Phila*; *[7]Janssen Scientific Affairs, LLC, Horsham*; *[8]Swedish Medical Center and U of Wash, Seattle, USA*

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 and ≥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). Enthesitis scores during the 24-wk double-blind treatment was analysed using LOCF imputation for missing data and EE. Enthesitis after wk24 was analysed using observed data.
Results: Of 149 total pts w/active PsA, 107 (72%) presented w/enthesitis at BL (PBO n=31, mean [SD] LEI=2.6 [1.48], median [range]=2.0;[1, 6] GUS n=76, mean (SD) LEI=2.7 [1.54], median [range]=2.0[1, 6]) and 85 continued at Wk24 (PBO→GUS n=18; GUS→GUS n=67). Except for higher tender/swollen joint counts and CRP, BL characteristics of the enthesitis subset was similar to the overall population. GUS significantly reduced the LEI by wk8 (mean [SD] change from baseline, PBO: −0.4 [1.59]; GUS: −1.2 [1.65]; p=0.037), and through wk24 (mean [SD] change from baseline, PBO: −0.7 [1.53]; GUS: −1.5 [1.81]; p=0.045). GUS also significantly increased the% of pts w/enthesitis resolution (figure 1). After wk24, the PBO→GUS group achieved rapid, sustained resolution (wk56: mean[SD] change from BL=−2.1 [1.65]; 62.5% of pts w/resolution), similar to GUS→GUS group (wk56: mean[SD] change from BL=−1.9 [1.59], 70.8% of pts w/resolution). Improvement in enthesitis was observed at each enthesitis site assessed, and was greater in ACR20 (Table) responders vs non-responders in GUS-treated patients and was correlated w/improvement in tender (R=0.37, p=0.001) and swollen (R=0.27, p=0.020) joint counts, physician's (R=0.47, p<0.0001) and patient's global assessment of disease activity (R=0.32, p=0.005), and SF36 PCS (R=0.27, p=0.02) and MCS (R=0.35, p=0.002).

Abstract SAT0344 – Table 1. Change in LEI in ACR20/50 and PASI75 Responders and Non-responders

	Mean (SD) change from BL in LEI at Wk24		
	Non-responders	Responders	p-value
ACR 20	−0.93 (2.054), n=28	−2.06 (1.660), n=47	0.002
ACR 50	−1.55 (2.190), n=49	−1.81 (1.132), n=26	0.057
PASI 75	−1.25 (1.138), n=12	−1.71 (1.995), n=63	0.524



Abstract SAT0344 – Figure 1. Proportion of Patients with Enthesitis Resolution over Time

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.
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