AB0825

MANAGING SYSTEMIC SCLEROSIS: ASSESSING THE EDUCATIONAL NEEDS OF RHEUMATOLOGISTS

Z. Ahmad, S. Johnson. *Toronto Scleroderma Program, Division of Rheumatology, Department of Medicine, Sinai Health System, University Health Network, University of Toronto, Toronto, Canada*

Background: Systemic sclerosis (SSc) is an uncommon, complex and heterogeneous condition, making it challenging to manage. Individual rheumatologists see relatively few cases and patient surveys identify numerous gaps in clinical care. There are no published data on the educational needs of rheumatologists caring for patients with SSc. We aimed to determine rheumatologists' self-rated knowledge and learning needs.

Methods: Survey questions were adapted from the EULAR Recommendations for the Treatment of SSc with reference to patient-identified care gaps. The survey was conducted on paper and on SurveyMonkey (a cloud-based online survey development software program). The target audience was Ontario rheumatologists, serving a population of 13.6 million. We sought to explore self-reported knowledge, experience, attitudes and perceived barriers in caring for SSc patients. Physician demographics and preferred educational methods were also collected. Gaps between perceived and desired knowledge were calculated to identify the greatest unmet learning needs.

Results: One hundred and eighteen responses were received with a response rate of 54%. The greatest unmet learning needs were seen in the management of sexual dysfunction (average gap of 1.4 on a 5-point scale), pulmonary hypertension (1.1), interstitial lung disease (1.0) and gastrointestinal manifestations of the disease (1.0). The smallest learning gap concerned screening recommendations (0.7). 19% of rheumatologists agreed with the statement "Scleroderma is an untreatable disease." Agreement with this statement was highest (33%) among rheumatologists who treat relatively small numbers¹⁻¹⁰ of scleroderma patients.

Conclusions: We have identified several unmet learning needs regarding the management of SSc among rheumatologists. These can be used to inform future educational resources and programs for rheumatologists regarding SSc and to direct further research into their needs.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1770

AB0826

PROFILE OF MYOSITIS-SPECIFIC ANTIBODIES IN PATIENTS WITH POLYMYOSITIS/DERMATOMYOSITIS AND ASSOCIATION WITH CLINICAL MANIFESTATIONS AND OUTCOME: EXPERIENCE FROM A TERTIARY REFERRAL CENTRE

Z. Chen, X.-P. Li, X.-M. Li. *Rheumatology and Immunology, The First Affiliated Hospital of University of Science and Technology of China, Hefei, China*

Background: Myositis-specific antibodies (MSAs) have been found to be associated with distinct clinical phenotype and prognosis in patients with Idiopathic Inflammatory Myopathies.

Objectives: To assess the profile of MSAs in Chinese patients with polymyositis (PM)/dermatomyositis (DM) and explore association of antibody profile with clinical characteristics, laboratory findings and prognosis.

Methods: 90 patients with PM/DM were enrolled. 12 MSAs (mi-2 α , mi-2 β , TIF1 γ , MDA5, NXP2, SAE1, Jo-1, SRP, PL-7, PL-12, EJ, OJ) were measured by immunoblotting. Associations between antibody profile and clinical manifestations, laboratory data and outcome were determined.

Results: The study population comprised 20 patients with PM and 70 patients with DM, in which 17 DM patients were identified as clinically amyopathic dermatomyositis (CADM). Overall, the most common MSA was anti-ARS (Jo-1/PL-7/PL-12/OJ/EJ) (41.1%), followed by anti-MDA5 (33.3%), anti-SRP (15.6%), anti-NXP2/anti-SAE1 (13.3%), anti-TIF1 γ (12.2%) and anti-mi-2 α /mi-2 β (5.6%). Anti-MDA5 antibody was exclusively seen in DM and CADM patients and the prevalence was higher in CADM than in conventional DM (82.4% vs 30.2%, $p < 0.001$). Compared with those who were anti-MDA5 negative, patients with positive anti-MDA5 had more rapidly progressive interstitial lung disease (ILD) and Gottron sign (93.3% vs 61.7%, $p < 0.05$; 93.3% vs 38.3%, $p < 0.001$) as well as lower creatine kinase concentrations (70.0 vs 992.5 IU/L, $p < 0.001$). Anti-Jo-1 antibody was more prevalent in PM (55.0% vs 20.8%, $p < 0.05$) and patients with positive anti-Jo-1 demonstrated higher prevalence of mechanic's hands (18.2% vs 1.5%, $p < 0.05$). Anti-SRP positive patients had higher creatine kinase levels than those with negative, although there is no statistical significance (1649.5 vs 199.0 IU/L, $p = 0.056$). Moreover, anti-TIF1 γ antibody was associated with more frequent tumour (18.2% vs 0.0%, $p < 0.01$). In logistic regression analysis, anti-MDA5 [OR=9.601, 95% CI (1.940, 47.515), $p < 0.01$] was an independent risk factor for ILD. During the follow-up period (median 8 months), 13 patients died, among

which 9 were anti-MDA5 positive. The survival time of anti-MDA5 positive patients was significantly less than those who were negative (3.0 vs 11.0 months, $p < 0.01$).

Conclusions: Anti-ARS antibodies are the most common MSAs in Chinese PM/DM patients. Anti-MDA5 is predominantly seen in patients with CADM and closely associated with rapidly progressive ILD and high mortality thus serve as a marker of poor prognosis. Anti-TIF1 γ positive patients routinely screened for tumours will be of clinical significance.

REFERENCES:

- [1] Clin Rev Allergy Immunol. 2017 Feb;52(1):1–19. doi:10.1007/s12016–015–8510-y
- [2] Curr Opin Rheumatol. 2016 Nov;28(6):636–44. doi:10.1097/BOR.0000000000000329

Acknowledgements: We appreciate Dr Rui-Tao Liu for collecting serum samples of PM/DM patients.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4153

Spondyloarthritis – treatment

AB0827

HIP ARTHRITIS REMAIN FREE FROM RADIOGRAPHIC PROGRESSION FOR 24 MONTHS FOLLOWING TREATMENT OF ANKYLOSING SPONDYLOARTHRITIS WITH TNF-A INHIBITORS: A PROSPECTIVE STUDY

A. Djebbari, S. Bouakkaz, S. Bennedjma, S. Oulebsir, M. Houbi, R. Bouteffouchet, A. Beguiret, S. Bounihi, F.Z. Najji, A. Abiayed. *Rheumatology, HCA Hospital, Algiers, Algeria, Algiers, Algeria*

Background: Hip involvement is the most frequent extra-spinal arthritic manifestation of ankylosing spondyloarthritis (AS). It can be severe and may worsen outcomes for patients. There is a large body of high quality evidence for clinical efficacy of TNF- α inhibitors at treating this condition. However, their structural hip benefit remains unknown.

Objectives: In this prospective study undertaken in Algeria, we aimed to evaluate clinical and structural efficacy of TNF- α inhibitor therapies on non-synostotante hip involvement in AS, for a 24 months period.

Methods: This study pursued a follow-up of patients SA using modified New York criteria or ASSAS criteria. Patients were TNF- α inhibitors naïf diagnosed with SA, with hip involvement (identified using clinical and/or radiological findings). Patients were treated with one of the following: adalimumab, infliximab or etanercept. Exclusion criteria were: history of tuberculosis, serious infections, hepatitis, neoplasms, other inflammatory conditions, and hip involvement due to any other causes. The following data were collected: clinical rating of hip involvement using the Harris Hip scoring system, biological characteristics (CRP), and radiological characteristics of hip lesions using Bath Ankylosing Spondylitis Radiology Index of the hip (BASRI hip). Specific disease indexes such as BASDAI and BASFI were also collected. Follow up was undertaken at the following time periods in months: 0, 3, 6, 12 and 24. Statistical analysis of findings was performed using SPSS 11.0 software

Results: The study recruited a total of 30 patients, 22 males and 8 females. Mean age was (24,1 $\pm$ 3,1 years). Bilateral and unilateral hip involvements were identified in 67% and 33% of patients, respectively. Mean time for appearance of hip lesions was (3,9 $\pm$ 2,1 years). HLAB 27 was present in 30% of this study population. Baseline characteristics of hips examined have shown an altered function (Harris Hip mean score of 56,1 $\pm$ 5,1) and a relatively advanced structural score (BASRI hip mean score 2,4 $\pm$ 1,1). These scores correlated with high disease activity (BASDAI mean score 5,5 $\pm$ 1,2) and a poor mean BASFI score (5,4 $\pm$ 2,0). This was accompanied by a mean CRP score of 22,1 $\pm$ 8,1. Non-steroidal anti-inflammatory drugs were ineffective. During the 24 months treatment period using TNF- α inhibitors, there was a statistically significant improvement in hip scores from the third month onwards with mean Harris Hip scores of 70,3 $\pm$ 21,5 ($p < 0,001$), and 81,3 $\pm$ 11,5 ($p < 0,001$) at months 3 and 6, respectively. This was maintained until the end of the study period at 94,2 $\pm$ 10,5 ($p < 0,001$). There have also been statistically significant improvements in BASDAI and BASFI scores as well as CRP (all $p < 0,001$). Mean BASRI score, however, remained unchanged after 24 months. Treatment was well tolerated, and no significant complications (e.g. serious infections or tuberculosis) were observed. No prosthesis was indicated for any patient

Conclusions: Hip involvement is associated with severe and rapidly evolving AS. In this study, we have demonstrated improved outcomes and stability of radiographic lesions of hip arthritis for a period of 24 months, when SA was treated with TNF- α inhibitors.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2971

AB0829

PERSISTENCE ON GOLIMUMAB AS SECOND LINE BIOLOGICAL THERAPY IN PATIENTS WITH SPONDYLOARTHRITIS (AXIAL SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS). GO-BEYOND, A RETROSPECTIVE STUDY

C.M. González Fernández¹, J.J. Alegre-Sancho², S. García-Carazo³, J. M. Rodríguez-Heredia⁴, J. Bachiller-Corral⁵, M. Martín López⁶, M. Retuerto Guerrero⁷, J.M. Martín Santos⁸, N. Álvarez-Rivas⁹, C.A. Egües Dubuc¹⁰, I. Villa-Blanco¹¹, A. Laiz¹², J.V. Tovar Beltrán¹³, E. Beltrán¹⁴, E. Raya¹⁵, R. Ibáñez Bosch¹⁶, J. Manero¹⁷, J. Pons Dolset¹⁸, B. García Magallón¹⁹, M.J. Arteaga²⁰, L. Cea-Calvo²⁰, X. Juanola Roura²¹. ¹Rheumatology Department, H. U. Gregorio Marañón, Madrid; ²Rheumatology Department, H. U. Doctor Peset, Valencia; ³Rheumatology Department, H. U. La Paz, Madrid; ⁴Rheumatology Department, H. U. de Getafe, Getafe; ⁵Rheumatology Department, H. U. Ramón y Cajal; ⁶Rheumatology Department, H. U. Doce de Octubre, Madrid; ⁷Rheumatology Department, H. U. de León, León; ⁸Rheumatology Department, H. U. Río Hortega, Valladolid; ⁹Rheumatology Department, H. U. Lucus Augusti, Lugo; ¹⁰Rheumatology Department, H. U. Donostia, Donostia; ¹¹Rheumatology Department, H. Sierrallana, Torrelavega; ¹²Rheumatology Department, H. de la Santa Creu i Sant Pau, Barcelona; ¹³Rheumatology Department, H. General U. de Elche, Elche; ¹⁴Rheumatology Department, Parc de Salut Mar, Barcelona; ¹⁵Rheumatology Department, H. U. San Cecilio, Granada; ¹⁶Rheumatology Department, Complejo Hospitalario de Navarra, Pamplona; ¹⁷Rheumatology Department, H. U. Miguel Servet; ¹⁸Rheumatology Department, H. Royo Villanova, Zaragoza; ¹⁹Rheumatology Department, H. General de San Jorge, Huesca; ²⁰Medical Affairs, Merck Sharp and Dohme, Madrid; ²¹Rheumatology Department, H. U. de Bellvitge, Hospitalet de Llobregat, Spain

Objectives: In this retrospective study we assess the 1 to 3 year probability of persistence on golimumab in patients with spondyloarthritis (SpA), axial SpA or psoriatic arthritis (PsA) who started treatment with golimumab as second biological (after withdrawal of a first anti TNF-alpha drug)

Methods: GO-BEYOND was a retrospective study undergone in 20 Spanish rheumatology clinics. Information was collected on all axial SpA and PsA patients who initiated golimumab between January 2013 and December 2015 as second anti TNF-alpha (i.e. after discontinuation of a first anti TNF-alpha drug). Centres in which all the patients could not be included were excluded from the analysis. The probability of persistence was calculated with a Kaplan-Meier test and comparisons were done with the log-rank test.

Results: 210 patients were included (131 with axial SpA and 79 with PsA, mean age 49 years [SD=12], 40% women, median duration of disease at the initiation of golimumab 80.5 months). Reasons for discontinuation of the first anti TNF-alpha were loss of efficacy (71.4%), poor tolerability or adverse event (11.0%) and patient or physician preference (17.6%). During a median follow-up of 29.3 months, 72 of 210 patients (34.3%) discontinued golimumab, due to primary failure (n=21), disease reactivation or secondary failure (n=29), poor tolerability (n=4), adverse events (n=10), inactive disease or patient-physician agreement (n=8). The probability of persistence on golimumab since treatment initiation was 80% at year 1 (95% CI 75–86), 70% at year 2^{64–77} and 65% at year 3 [59–72]. The figures were similar in patients with axial SpA or PsA, and in patients who discontinued the first anti TNF-alpha due to loss of efficacy or to other reasons (p=0.121 and p=0.835, table 1).

Abstract AB0829 – Table 1

		Baseline disease			Reason for discontinuation of the first anti TNF-alpha			
		Axial SpA patients		PsA patients	Loss of efficacy		Other	
	N	Probability of persistence	N	Probability of persistence	N	Probability of persistence	N	Probability of persistence
Baseline	210		131		79		150	
Year 1	166	80%	102	80%	65	81%	119	81%
Year 2	132	70%	83	72%	49	67%	94	69%
Year 3	82	65%	52	69%	30	59%	60	64%
Year 4	43	65%	30	69%	13	59%	30	64%

n=number at risk, SpA=Spondyloarthritis; PsA=Psoriatic arthritis

Conclusions: After discontinuation of a first anti TNF-alpha, patients with spondyloarthritis showed a high probability of persistence on golimumab. The probability of persistence was similarly high in patients with axial SpA or PsA, and in

patients who discontinued the first anti TNF-alpha due to loss of efficacy vs other reasons. Real life effectiveness of golimumab as second anti TNF-alpha is high and durable in SpA patients.

Acknowledgements: This Study was funded by Merck Sharp and Dohme, Spain

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2164

AB0830

MRI EVALUATION OF THE EFFECT OF ANKYLOSING SPONDYLITIS TREATMENT ON HIP JOINTINVOLVEMENT

E. Agafonova¹, T. Dubinina², A. Dyomina², O. Rumyantseva¹, S. Erdes¹.

¹Laboratory Spondyloarthritis; ²Laboratory of Scientific Organizational Problems in Rheumatology, V.A.nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background: Coxitis is one of the leading causes of early disability in ankylosing spondylitis (AS) patients. There's no mild course of the disease as soon as hip joints (HJ) are involved, but epidemiological surveys in Russia show that only 7% of AS associated hip damage require total hip replacement.

Objectives: To evaluate case follow-up data in treated AS patients with hip involvement using hip MRI and radiography for dynamic assessment.

Methods: 30 AS patients (mean age of 27.7±17 y.) meeting modified 1984 N-Y criteria with MRI signs of HJ inflammation were followed up for 2 years. Patients' mean age at the onset of the disease was 22.3±18.3 years, 77% of the population were HLA-B27 positive. Median AS duration was 47 (12–144) months, and median BASDAI score was 5.9±3.1. The median duration of clinically manifest coxitis by the time of the study was 45 months. [25%; 75%], and pain intensity by numeric ranking scale (NRS) was 6 (2; 8). HJ MRI using T1 and STIR modes was performed in all participants in addition to clinical and radiological examinations. All patients were grouped into three arms based on therapeutic regimens: Group I was administered non-steroidal anti-inflammatory drugs (NSAIDs), Group II – genetically engineered biological agents (GEBA) +NSAIDs, and Group III was treated with a combination of NSAIDs+DMARD (methotrexate or sulfasalazine). In case of baseline regimen failure patients from Group III were switched to NSAIDs+DMARD+ GEBA combination at Mo 6 after initiation of treatment.

Results:

Abstract AB0830 – Table 1

Parameters	Group (I) n=5		Group (II) n=17		Group (III) n=8	
	Baseline	2 years FUP	Baseline	2 years FUP	Baseline	2 years FUP
AS duration, mo, Me [25%; 75%]	27 [12;32]	51 [36;56]	32 [18;40]	56 [42;64]	38 [18;42]	62 [42;66]
BASDAI, Me [25%; 75%]	2,5 [2,0;3,7]	2,4 [1,8;3,5]	5,6 [4,1;8,2]	1,8 [0,4;2,6]	4,1 [3,6;5,2]	3,2 [2,4;4,6]
BASFI, Me [25%; 75%]	1,7 [0,8;3,2]	2,8 [1,8;4,2]	3,2 [2,6;4,7]	2,8 [1,8;3,6]	3,6 [2,2;5,0]	3,2 [1,9;4,8]
HLA-B27, n (%)	95% [25%; 75%]	93% [25%; 75%]	93% [25%; 75%]	93% [25%; 75%]	75% [25%; 75%]	75% [25%; 75%]
ASDAS (CRP) Me [25%; 75%]	2,0 [1,8;3,0]	2,3 [1,9;3,4]	4,3 [3,8;5,6]	2,6 [1,3;3,7]	3,9 [2,6;4,2]	2,3 [1,8;3,6]
ESR, mm/h, Me [25%; 75%]	10 [3;15]	12 [5;15]	30 [15;60]	10 [0,8;4,5]	18 [12;28]	12 [6;18]
CRP, mg/mL, Me [25%; 75%]	7,0 [4,3;10,7]	6,8 [4,2;11,0]	36 [15;47]	10,8 [0,8;34]	15,8 [8,4;28,9]	6,9 [4,7;17,8]
NRS, Me [25%; 75%]	4 [2;6]	4 [2;6]	6 [4;8]	5 [2;6]	4 [2;7]	2 [0;4]
MRI Synovitis n (%)	5 (100%)	5 (100%)	17 (100%)	4 (24%)	8 (100%)	1 (12,5%)
Osteitis n(%)	0	0	6 (35%)	2 (12%)	2 (25%)	0 (0%)
BASRI (0-I) n(%)	4 (80%)	1 (20%)	12 (70%)	9 (53%)	7 (88%)	7 (88%)
BASRI (II-IV)	1 (20%)	4 (80%)	5 (30%)	8 (47%)	1 (12%)	1 (12%)

Conclusions: 1. Long-standing MRI symptoms of HJ synovitis should be viewed as the factor predisposing to radiographic progression of coxitis in AS patients.

2. NSAIDs therapy does not modify the radiographic progression of coxitis.

3. GEBA+NSAIDs in combination with DMARDs reduce the risk of further radiographic progression.

4. Future studies are warranted to better understand potential factors contributing to radiographic progression of coxitis.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1871

AB0831

THE INFLUENCE OF REMISIVE AND ANTI-INFLAMMATORY TREATMENT ON AXIAL MOBILITY IN PATIENTS WITH ANKYLOSING SPONDYLOARTHRITIS

E. Russu, L. Chislari, R. Larisa, V. Cazac. *Rheumatology and Nephrology, SMPU "Nicolae Testemitanu", Chisinau, Moldova, Republic of*

Background: In advanced ankylosing spondyloarthritis (AS), bone ankylosis or ossification of the involved joints can make the chest practically immobile, decrease its compliance, or even lead to intercostal muscle atrophy.

Objectives: The purpose of the study was to evaluate chest involvement in AS by measuring toracoabdominal movements during quiet breathing, by dividing the chest and abdominal contribution to the current volume, by inductive plethysmography methods.

Methods: 60 consecutive patients were recruited from the Rheumatology Department of the Republican Clinical Hospital. They were selected based on AS diagnosis, with no existing cardiovascular or neuromuscular diseases that would alter respiratory mechanisms and the absence of severe obesity.

Results: Monotherapy with DMARD was 27 out of 60 patients (45%) (Sulfasalazine 3 g/day) for a period of 1–48 months (mean value=19.4 (15.5) months). There were no differences in the angle of the Ct-Abd curve between patients with DMARD and DMARD-naïve treatment (38.2 (14.5)° and 34.7 (19.5)° for sitting position, 49.3 (18.1)° and 47.2 (23.1)° in orthostatism, and 19.1 (15.6)° and 16.1 (14.6)° for clinostatism, $p<0.05$). In the baseline study, the Ct-Abd patient angle was lower than the control group in sitting position (36.3 (17.3)° and 51.5 (8.9)°, $p=0.0002$) in orthostatism (48.1 (20.8)° and 62.4 (12.5)°, $p<0.01$) or orthostatism (17.4 (15.0)° and 24.5 (9.8)°, $p<0.05$). In the entire patient group, the Ct-Abd angle correlated negatively with BASFI in all three body positions ($r=-0.50$, $p<0.0001$ in the sitting position, $r=-0.36$, $p<0.01$ in orthostatism, $r=-0.47$, $p<0.0001$ in clinostatism); did not correlate with BASDAI, BASMI, or the modified Schoeber test in either of the three body positions.

In 15 AS patients who underwent repeated measurements of toracoabdominal movements while receiving their associated DMARD treatment (Methotrexate 15 mg/week and Sulfasalazine 3 g/day) 3 months after treatment, the angle of the Ct-Abd slope was significantly higher than that of the fundamental study, in all bodily positions.

The Ct-Abd angle continued to increase, with increments less pronounced and reached significant value only between measurements of 3 months and 12 months. Improvements in standardised clinical signs following associated DMARD treatment followed a similar pattern, with scores at each interval significantly different from those measured in the baseline study, improvements continuing at a faster pace slowly after the third month.

In the control group, the angle of the slope of the Ct-Abd curve was not different in the two measurements in any of the body positions (51.4 (8.9)° and 50.7 (9.3)° in the sitting position, 62.4 (12.4)° and 61.6 (11.8)° in orthostatism, and 24.6 (9.8)° and 24.8 (10.4)° in clinostatism, $p<0.05$). In orthostatism, the difference between the measurements was 0.8° (confidence interval 95%–0.9 to 2.52, upper and lower boundaries of 6.6° and 8.2°).

Conclusions: The slope of the Ct – Abd curve during quiet breathing correlates negatively with BASFI and responds significantly to associated DMARD treatment and NSAIDs. Our data suggest that this measure can be targeted for further evaluation of its usefulness in monitoring chest involvement and its response to treatment in AS patients.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3641

AB0832

THE EFFECTS OF ANTI-TNF BIOLOGICAL AGENTS IN PATIENTS WITH SPONDYLOARTHRITIS: A COMPARATIVE STUDY

E. Essafi, O. Saidane, I. Mahmoud, A. Ben Tekaya, R. Tekaya, L. Abdelmoula. *rheumatology, Charles Nicolle Hospital, Tunis, Tunisia*

Objectives: The aim of the present study was to compare the efficacy of three anti-TNF agents (adalimumab, infliximab and etanercept) in patients with spondyloarthritis (SpA) at 24 weeks.

Methods: We achieved a retrospective descriptive and comparative monocentric study, on 49 patients, with SpA including ankylosing spondylitis (AS), psoriatic arthritis (PsA), enteropathic arthritis (EA), reactive arthritis (ReA) and undifferentiated spondyloarthritis (uSpA) (according to Amor criteria, ^{ASAS 2009} and CASPAR criteria), during 12 years (2004–2015). The patients were treated with at least one anti-TNF, during at least 6 months. Disease activity was assessed by the BASDAI, ASDAS, ESR and CRP. To compare mean differences between time points (week 0 versus week 24), a Wilcoxon test was applied. To compare efficacy between the 3 anti-TNF, a Mann-Whitney test was applied.

Results: Twenty three patients (47%) had AS, 13 patients (27%) had PsA and 11 patients (22%) had EA. One patient had an uSpA, and 1 patient had a ReA. The mean age was 42.81 years $\pm$ 11.77. The median age at disease onset was 29.41

years $\pm$ 11.29. The mean disease duration was 10.16 years. Nineteen patients received etanercept (ETN), 18 infliximab (IFX) and 12 adalimumab (ADA). At six Months, the 3 anti-TNF showed improvement in the disease activity scores: BASDAI ($p<0.0001$), ASDAS CRP ($p<0.0001$), ESR ($p<0.0001$) and CRP ($p<0.0001$). Sixty two percent of the patients have reached BASDAI 50 response at 6 months.

Abstract AB0832 – Table 1. Summary of median change from baseline to week 24 in clinical outcomes

	Week 0	Week 24	p
BASDAI	6.04 $\pm$ 2.28	2.5 $\pm$ 2.32	<0.0001
ASDAS	4.27 $\pm$ 1.13	2.17 $\pm$ 1.3	<0.0001
CRP			
CRP (mg/l)	44.68	14.03	<0.0001
	$\pm$ 33.45	$\pm$ 10.09	
ESR (mm)	62.24	25.65	<0.0001
	$\pm$ 39.16	$\pm$ 24.97	

BASDAI: Bath Ankylosing Spondylitis Disease Activity Index, ASDAS: Ankylosing Spondylitis Disease Activity Score, C-Reactive protein, ESR: Erythrocyte Sedimentation Rate

At week 24, patients on ETN achieved more frequently a significant reduction of BASDAI (–5.13 vs –2.53; $p=0.004$), ESR (–52.69 vs –16.64; $p=0.006$) and CRP (–36.7 vs –21.34; $p=0.009$) than IFX. The efficacy comparison between ETN and ADA showed ETN superiority concerning BASDAI (–5.13 vs –2.04; $p=0.004$) and ASDAS CRP (–3.03 vs –1.4; $p=0.006$). The comparison ADA vs IFX had shown no significant efficacy differences.

Conclusions: Our results showed a BASDAI 50 response in 62% of patients. The comparison between the three biologics was consistent with a better efficacy of the ETN.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3362

AB0833

REAL-WORLD EFFICACY AND SAFETY OF SECUKINUMAB: DATA FROM VERONA'S COHORT

F. Martinis, C. Caimmi, A. Carletto, E. Fracassi, M. Rossini. *Rheumatology, AOUI Verona, Verona, Italy*

Background: Secukinumab has been approved for the treatment of active ankylosing spondylitis (AS) and psoriatic arthritis (PsA). Its efficacy has been demonstrated in phase III trials where eligibility criteria ensured a homogeneous population. Although this strategy reduces confounding factors, it does not guarantee the same results in the real world, where clinicians deal with advanced disease, comorbidities, adherence and persistence challenges.

Objectives: Aim of this study was to assess efficacy and safety of Secukinumab in real-world clinical practice.

Methods: Patients received Secukinumab (150 or 300 mg) at weeks 0,1,2,3 and 4 as induction therapy and then every 4 weeks as maintenance therapy. Assessment of disease activity was done at months 0,6 and 12 using DAPSA, ASDAS, BASDAI, BASFI, pain VAS.

Results: 61 patients affected by PsA (65% females, 35% males) and 29 affected by AS (70% males, 30% females) were included. 64% of patients reached 12 months follow up. Baseline characteristics of both groups are shown in the tables below.

In the PsA cohort, the median DAPSA at baseline was 19.5 (IQR 9.6), at 6 months 9.09 (IQR 6.5, $p<0.001$), at 12 months 8.53 (IQR 6.9, $p<0.001$). Median pain VAS showed a downward trend as well, from 6 at baseline (2 IQR) to 4.5 at 6 months (2 IQR) and 4 at 12 months (IQR 1.4). No differences emerged among PsA patterns. Clinical trials did not assess efficacy of Secukinumab in patients previously treated with biologic agents other than anti-TNF agents, due to exclusion criteria. We performed subgroup analysis to evaluate its efficacy in patients previously treated with Ustekinumab, finding a reduction in median DAPSA from 19.4 (IQR 9.8, $p<0.001$) at baseline to 8.7 (IQR 8.3, $p<0.001$) at 1 year.

In the AS cohort, the median BASDAI at baseline was 5.5 (IQR 2.2), at 6 months 3.6 (IQR 1.2, $p<0.001$), at 12 months 3.1 (IQR 1, $p<0.001$). Median BASFI decreased from 4.8 (IQR 2.7) to 3.8 (IQR 2.4, $p<0.001$) and 3 (IQR 2.4, $p<0.001$) at 6 and 12 months respectively. ASDAS recuded from 3.02 (IQR 1.65), to 1.21 (IQR 1.92, $p<0.001$) at 6 months and to 1.05 (IQR 0.7, $p<0.001$) at 1 years follow up. Median pain VAS dropped off from 7 at baseline (IQR 2) to 4 (IQR, $p<0.001$) at 6 months and 3 (IQR, $p<0.001$) at 12 months. Of note, patients with advanced disease (ankylosis of the spine) reported a decrease in pain and morning stiffness, thus improving their quality of life.

4 patients switched therapy at 6 months due to partial response, 1 patient experienced an expected adverse event (Candida infection). Overall, no serious side effects were observed and none resulted in Secukinumab discontinuation.