Abstract AB0833 – Table 1

Psoriatic Arthritis Cohort		Ankylosing Spondylitis Cohort	
Mean age (years)	54.3 ± 8.5	Mean age (years)	47 ± 13.4
Disease duration (years)	9.7 ± 7.9	Disease duration (years)	12 ± 9.5
Symmetrical polyarthritis	32 (52.4%)	Presence of syndesmophytes	2 (6.9%)
Asymmetrical oligoarthritis	12 (19.7%)	hDMARDs Naïve	17 (58.6%)
Spondyloarthritis	12 (19.7%)	Previous anti-TNFα therapy	12 (41.4%)
Distal arthritis	4 (6.5%)		
Arthritis mutilans	1 (1%)		
hDMARDs Naïve	15 (24.6%)		
Previous anti-TNFα therapy	43 (70.5%)		
Previous anti-IL1/2/3 therapy	12 (19.7%)		

Conclusions: In this first real-world cohorts of patients with PsA and AS Secukinumab has proven to be effective, regardless of PsA subtype, radiographic progression in AS and previous exposure to biologic therapy. The safety profile was favourable and similar to previous studies.

REFERENCE:

- [1] Baeten D, et al. Secukinumab, an Interleukin-17 A Inhibitor, in Ankylosing Spondylitis. NEJM 2015; 373 (26): 2534–48.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1799

AB0834

BETTER IMPROVEMENT OF ASDAS WERE ACHIEVED IN 841 AS PATIENTS AMONG 6 MONTHS OF ANTI-TNF USERS COMPARED TO NON-ANTI-TNF USERS: RESULTS FROM A REAL WORLD PROSPECTIVE COHORT MANAGED BY SMART PHONE SYSTEM

X. Ji, J. Zhu, J. Zhang, F. Huang, on behalf of SMSP co-authors. *Rheumatology, Chinese PLA General Hospital, Beijing, China*

Background: Ankylosing spondylitis (AS) is a chronic and progressive condition of the spine, which is the most common form of spondyloarthritis (SpA). Although anti-TNF agents are the most effective therapy for AS or SpA, it is recommended as the second-line treatment for individuals who have persistently high disease activity despite treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), intolerance or contraindication to NSAIDs. Changes in ankylosing spondylitis disease activity score (ASDAS) are often measured to reflect outcomes in AS trials. However, anti-TNF does not always maintain long-term remission. There is limited evidence about remission rate of 6 months treatment from real-world AS cohorts.

Objectives: The purpose of this study is to compare the remission rate of AS patients among biologics users or non-biologics users from China Ankylosing Spondylitis/Spondyloarthritis Prospective Imaging Cohort (CASPIC).

Methods: CASPIC is an ongoing prospective cohort established by a smart management system [Smart Management System for Spondyloarthritis (SMSP)]. Clinic visits were scheduled based on visits reminder set by rheumatologists (1–6 months). Anti-TNF users were defined as patients who used biological agents during the follow-up period and the baseline was defined as the start time to use the biological agents. Non-biologics users were served as control groups. ASDAS was calculated to assess disease activity in AS. Generalised additive mixed model and curve fitting were used to show the difference between two groups.

Results: There were 841 AS patients in this cohort, 83.4% were male, with mean (±SD) age 30.8 (±8.8) years, mean time since diagnosis 8.3 (±6.1) years (table 1). Mean duration of anti-TNF treatment was 4.1 (±3.5) months. Significant improvements were observed in ASDAS (table 2). Anti-TNF users had more serious disease activity, and better clinical improvement (figure 1). If the duration of anti-TNF treatment was less than 6 months, relapsed rates were higher than those with longer than 6 months of anti-TNF (figure 1).

Abstract AB0834 – Table 1. Baseline characteristics

mean(SD)/n(%)	Anti-TNF users (n=633)	Non-anti-TNF users (n=208)	P
Age	31.2 (9.0)	29.7 (8.1)	0.040
Disease duration	8.3 (6.2)	8.4 (5.7)	0.869
ASDAS-CRP	2.1 (1.0)	2.6 (1.1)	<0.001
Male	535 (84.5%)	166 (79.8%)	0.114
HLA-B27 positivity	495 (87.3%)	176 (89.3%)	0.451
With NSAIDs	526 (99.1%)	162 (98.2%)	0.356

Abstract AB0834 – Table 2. Change in ASDAS per month

	Anti-TNF users	Non-anti-TNF users	P
Non-adjusted	–0.027 (–0.043,–0.011)	–0.065 (–0.094,–0.036)	<0.01
Adjusted	–0.032 (–0.048,–0.015)	–0.063 (–0.092,–0.033)	<0.01

Adjusted model: gender, age, disease duration, whether NSAIDs were used

A. Non-adjusted model

B. Adjusted model: gender, age, disease duration, whether NSAIDs were used

Abstract AB0834 – Figure 1. Curve Fitting of Change in ASDAS

Conclusions: Anti-TNF therapy had superior improvement than NSAIDs therapy. Anti-TNF should be used for more than 6 months to achieve better and sustained remission and prevent recurrence.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3186

AB0835

COMPARISON OF LONG TERM ANTI-TNF SURVIVAL IN PATIENTS WITH ANKYLOSING SPONDYLITIS AND NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS; DATA FROM TURKBIO REGISTRY

G. Can¹, E. Dalkilic², Y. Pehlivan³, S. Sene⁴, S. Akar⁴, D. Solmaz⁴, S.S. Koca⁵, N. Inanc⁶, P. Atagunduz⁶, A. Yazici⁷, A. Cefle⁷, B. Goker⁸, B. Zengin⁸, S. Uslu¹, N. Akkoc⁹, F. Onen¹. ¹Rheumatology, Dokuz Eylul University, İzmir; ²Rheumatology, Uludag University, Bursa; ³Rheumatology, Erciyes University, Kayseri; ⁴Rheumatology, Katip Celebi University, İzmir; ⁵Rheumatology, Firat University, Elazığ; ⁶Rheumatology, Marmara University, İstanbul; ⁷Rheumatology, Kocaeli University, Kocaeli; ⁸Rheumatology, Gazi University, Ankara; ⁹Rheumatology, Private Doctor, İzmir, Turkey

Background: Limited data are available on anti-TNF survival in non-radiographic axial spondyloarthritis (nr-axSpA) patients and their long-term survival in ankylosing spondylitis (AS).

Objectives: The aim of the study was to evaluate long term survival of the first anti-TNF drug treatment among patients with AS and nr-axSpA enrolled in the TURKBIO database and to compare the discontinuation rates for infliximab (INF), etanercept (ETN), and adalimumab (ADA) in each of the two groups.

Methods: All AS and nr-axSpA patients receiving biological therapies registered in the TURKBIO database between the dates of October 2011 and April 2017 were included in the study. AS diagnosis was made according to modified New York classification criteria and nr-axSpA according to ASAS AxSpA classification criteria. Demographic and clinical data, the date of starting to use biological drug, using frequency and dose of biological drugs, BASFI, BASDAI, BASMI, ASDAS scores, date and reason for discontinuing to use drug were collected. Baseline characteristics and drug survival rates were compared between AS and nr-axSpA patients. Drug survival was calculated by the Kaplan-Meier method and risk for discontinuation among treatment groups compared by Log Rank test.

Results: A total of 924 patients were included in the study (AS, n=871 and nr-axSpA, n=53). More than half of the patients with AS were male (60.7% in AS vs 34.0% in nr-axSpA group, p<0.001). AS patients had longer symptom duration (104.90±79.06 vs 75.11±45.29 months, p<0.036) compared to nr-axSpA. Median levels of CRP and ESR were similar for nr-axSpA (CRP: 27.03±34.71, ESR: 30.50±25.77) and AS (CRP: 22.32±29.95, ESR: 35.40±22.91). The scores of