Conclusions: A substantial portion of patients with moderate to severe chronic plaque psoriasis who were partial or nonresponders to ETN may respond after switching to treatment with TIL 200 mg. TIL may be a reasonable option for those who do not achieve adequate response to ETN.

REFERENCE:

[1] Reich, et al. Lancet. 2017;390(10091):276–288.

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AB0904

CORRELATION OF RAPID3 AND PROMIS10 IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: In addition to clinician assessment and laboratory tests, patient-reported outcomes (PROs) are important for managing and improving the quality of care in patients with psoriatic arthritis (PsA). The RAPID3 was originally developed for use in patients with rheumatoid arthritis, but it may be used in clinical practice to assess disease activity in patients with PsA.¹ The PROMIS10 is a general (nondisease-specific) PRO instrument that measures physical, mental, and social health.² Developed for the general population, PROMIS10 has not yet been specifically validated in PsA.

Objectives: To evaluate the relationship between RAPID3 and PROMIS10 in patients with PsA.

Methods: US adults with a self-reported diagnosis of PsA were recruited through CreakyJoints (www.CreakyJoints.org), an online patient support community comprising patients with arthritis and arthritis-related diseases and their caregivers. Respondents completed an online survey that was designed to collect data on socio-demographics and clinical symptoms and included the RAPID3 and PROMIS10 to evaluate disease activity and health-related quality of life (HRQoL), respectively. The RAPID3 consists of three patient self-reported scores (0–10): functional impairment, pain, and patient global assessment; total score ≤ 3.0 =near remission, 3.1 to 6.0=low disease severity, 6.1 to 12.0=moderate disease severity, and ≥ 12.1 = high disease severity. PROMIS10 is a 10-item survey measuring physical and mental domains; individual scores are transformed to T-score distributions normalised to the general population. PROMIS10 individual scores and global physical and mental health T-scores were stratified by RAPID3 disease severity and compared across RAPID3 severity levels using Kruskal-Wallis or ANOVA tests, respectively. Spearman's correlation coefficient was calculated between RAPID3 total score and the PROMIS10 physical health and mental health T-scores, respectively.

Results: Among 203 respondents, the mean (SD) age was 51.6 (10.8) years and 172 (84.7%) were female. The mean (SD) cumulative RAPID3 score was 14.7 (5.8) with mean (SD) functional impairment, pain tolerance, and patient's global estimate scores of 3.3 (1.8), 6.0 (2.3), and 5.4 (2.5), respectively. Patients' mean (SD) PROMIS10 global physical and mental health T-scores were 36.4 (7.3) and

40.2 (9.3), respectively. The mean individual domain scores and global T-scores worsened with increasing RAPID3 disease severity levels (all $p<0.001$) (table 1). PROMIS10 physical and mental health T-scores showed a strong ($r_s=-0.84$) and moderate correlation ($r_s=-0.57$) with RAPID3, respectively.

Abstract AB0904 – Table 1. PROMIS10 Scores and Impact of PsA on Work by RAPID3 Disease Activity in Patients with PsA

	RAPID3 Disease Activity*				P value
	Near Remission	Low Severity	Moderate Severity	High Severity	
PROMIS10 domain, mean (SD)	n = 5	n = 14	n = 45	n = 139	
Overall health	3.60 (0.55)	2.93 (0.73)	2.87 (0.69)	2.10 (0.73)	< 0.0001
Quality-of-life	4.20 (0.84)	3.07 (0.83)	3.16 (0.74)	2.29 (0.89)	< 0.0001
Physical health	3.60 (0.55)	2.79 (0.89)	2.73 (0.62)	1.97 (0.73)	< 0.0001
Mental health	4.40 (0.55)	3.14 (1.10)	3.11 (1.05)	2.63 (1.10)	0.0004
Satisfaction with social activities/relationships	4.20 (0.45)	3.00 (0.96)	3.09 (1.06)	2.06 (1.09)	< 0.0001
Ability to carry out every day physical activities	4.80 (0.45)	4.36 (0.63)	3.80 (0.73)	2.68 (0.76)	< 0.0001
Emotional distress	4.80 (0.45)	3.43 (1.16)	3.16 (0.80)	2.65 (1.00)	< 0.0001
Fatigue	4.00 (1.00)	3.50 (0.65)	3.04 (0.71)	2.25 (0.76)	< 0.0001
Pain	4.20 (0.45)	3.93 (0.27)	3.38 (0.49)	2.40 (0.56)	< 0.0001
Global physical health T-score	52.84 (3.07)	46.66 (3.69)	42.35 (4.54)	32.91 (5.06)	< 0.0001
Global mental health T-score	58.44 (5.86)	45.17 (7.60)	44.84 (7.53)	37.50 (8.56)	< 0.0001

PROMIS10, Patient-Reported Outcome Management Information System Global Health short form; RAPID3, Routine Assessment of Patient Index Data 3.

* Disease severity classified by RAPID3 scores: ≤ 3.0 =near remission; 3.1 to 6.0=low severity; 6.1 to 12.0=moderate severity; ≥ 12.1 = high severity.

Conclusions: RAPID3 and PROMIS10 physical health T-scores were strongly correlated in patients with PsA. PROMIS10 mental health scores moderately correlated with RAPID3, suggesting the mental health questions add a different construct. PROMIS10 and RAPID3 are relatively short questionnaires that can be used in the real world to track and monitor disease symptoms and HRQoL in patients with PsA.

REFERENCES:

[1] Orbai A-M, Ogdie A. Rheum Dis Clin North Am. 2016;42(2):265–83.
[2] Hays RD, et al. Qual Life Res. 2009;18(7):873–80.

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AB0905

LONG-TERM (5-YEAR) EFFICACY AND SAFETY OF APREMILAST MONOTHERAPY IN DMARD-NAÏVE SUBJECTS WITH ACTIVE PSORIATIC ARTHRITIS

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Background: Apremilast (APR) is an oral phosphodiesterase 4 inhibitor that helps regulate the immune responses that cause joint inflammation and other manifestations of psoriatic arthritis (PsA), including skin disease.