Abstract AB0908 – Figure 1. Cumulative probability plot demonstrating ReXSPA progression pre- and post- TNF inhibition

Conclusions: The RexSPA is a reliable and sensitive alternate scoring method for the detection of radiographic progression in an observational cohort of patients with PsA, but not as sensitive to change as the VDH method.

REFERENCE:

- [1] Tillett W, et al. (2016) Novel Composite Radiographic Score for Longitudinal Observational Studies of Psoriatic Arthritis: A Proof-of-concept Study. *J Rheum*; 43(2):367–370

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AB0909

CERTOLIZUMAB PEGOL'S EFFECTIVENESS, RETENTION RATE AND SAFETY IN PSORIATIC ARTHRITIS. ROUTINE CLINICAL PRACTICE DATA

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Background: Certolizumab pegol (CZP) is the only antiTNF pegylated without Fc available for patients with psoriatic arthritis (PsA). The efficacy and safety of CZP in clinical trials is known, but there are few published data on the effectiveness of CZP in a setting of usual clinical practice.

Objectives: To evaluate the effectiveness and safety of Certolizumab Pegol (CZP) in a real in PsA patients.

Methods: Multicentric cohort of PsA patients treated with CZP according routine clinical practice. Study approved by local Ethics Committee. Maximum time of observation was 12 months. Effectiveness variables: SJC, TJC, PtGA (Patient Global Assessment) and DAS28-CRP. Safety variables: discontinuation rate.

Results: 262 patients with PsA were included: 43.5% male, mean (SD) age 49.9 (11.9) years, mean (Q1-Q3) disease duration 6.9 (1.9–9.3) years, 14.9% of patients HLAB27 positive, mean (SD) IMC (kg/m²) 26.9 (4.7), never smokers 70.3%. Extra-articular manifestations ever: Psoriasis (90%; PASI₁₀ ≥ 10 40.9%), enthesitis (44.4%), dactylitis (41.9%), nail disease (32%), inflammatory bowel diseases (4.9%). 37.3% of the PsA patients had bone erosions and 3% arthritis mutilans. 48.9 patients received 1 prior csDMARD and 52.1% at least 2 csDMARD. Prior bDMARD: 28.4% none; 38.1% 1, 33.5% ≥ 2. 29.6% of PsA patients received CZP in monotherapy. Mean time on treatment with CZP 10 months.

Abstract AB0909 – Figure 1. CZP retention rate and biologics exposure (n° of previous biologics)

Statistically significant differences in SJC, TJC and DAS28-CRP were observed at the last visit comparing with baseline (table 1). Percentage of patients with enthesitis at baseline (25.4%) decrease to 9.5% at the last visit; 73.2% of the patients had a resolution of the enthesitis (MASES=0). The percentage of patients with dactylitis at baseline (29.1%) decrease to 8.6% in the last visit; 82.5% of these patients had a resolution of the dactylitis. Statistically significant reduction of patients with nail disease was observed from 30.6% to 16.4%.

According to Kaplan-Meier analysis, the drug survival of CZP was 78.2%, and no differences were observed in patients who received CZP as first/second biologic or after more than 1 failure to other biological agents (Figure1).

262 patients were included in the safety analysis, 21.8% withdrawn treatment: 12.6% due to lack of effectiveness, 5.3% due to intolerance and 3.8% other reasons.

Abstract AB0909 – Table 1. Effectiveness

	Baseline	Last visit
DAS28; mean (SD)	4.6 (0.9)	3.8 (1.0)*
TJC; mean (SD)	7.2 (5.1)	4.0 (4.0)*
SJC; mean (SD)	5.0 (3.7)	2.8 (2.8)*
PtGA; mean (SD)	6.9 (1.7)	4.3 (2.5)*

*p<0.001, Wilcoxon's test

Conclusions: In this study of routine clinical practice CZP was effective in patients with PsA, with a significant decrease in DAS28-CRP and the percentage of patients with enthesitis and dactylitis. The retention rate of certolizumab pegol was not affected by the number of previous biological treatments.

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