randomised to ADA (—GUS at wk52), efficacy improved from wks52–100. Similar findings were observed for patient-reported outcomes (PSSD, Psoriasis Symptoms and Signs Diary; DLQI, Dermatology Life Quality Index; table 1). Through wk100, there were no disproportionate increases in rates of Adverse Events (AEs) compared with rates through wk48. Serious AE rates were low and remained stable; no TB, opportunistic infections, or serious hypersensitivity reactions were reported.

Abstract AB0912 – Table 1. Efficacy assessments in VOYAGE 1 (wks48/52–100); n%

	PBO→GUS		GUS		ADA→GUS	
	wk52	wk100	wk52	wk100	wk52	wk100
n	161	158	307	290	279	275
PASI90	127 (78.9)	130 (82.3)	246 (80.1)	238 (82.1)	141 (50.5)	223 (81.1)
PASI100	75 (46.6)	87 (55.1)	155 (50.5)	142 (49.0)	67 (24.0)	142 (51.6)
Mean%PASI improvement(SD)	94.6 (9.1)	95.5 (7.8)	92.3 (17.3)	93.1 (16.6)	77.6 (31.9)	94.2 (12.6)
IGA0/1	142 (88.2)	134 (84.8)	254 (82.7)	239 (82.4)	168 (60.4)	231 (84.0)
IGA0	86 (53.4)	93 (58.9)	165 (53.7)	156 (53.8)	76 (27.3)	153 (55.6)
					ADA	ADA→GUS
	wk48	wk100	wk48	wk100	wk48	wk100
PSSD symptom score=0 ^{ab}	46/129 (35.7)	49/118 (41.5)	104/248 (41.9)	89/225 (39.6)	63/273 (23.1)	94/225 (41.8)
PSSD sign score=0 ^{ab}	37/129 (28.7)	44/118 (37.3)	89/248 (35.9)	69/225 (30.7)	51/274 (18.6)	66/226 (29.2)
DLQI0/1 ^{ac}	111/159 (69.8)	126/152 (82.9)	200/320 (62.5)	202/284 (71.1)	124/319 (38.9)	194/262 (74.0)

PASI90/100, 90.100% improvement in PASI score, IGA0/1=minimal or cleared(0) psoriasis, ^aData not collected at wk52, ^bPts with baseline PSSD scores>0, ^cPts with baseline DLQI scores>1

Conclusions: Efficacy among GUS patients was maintained through 2 years of continuous treatment. Efficacy among ADA→GUS patients improved from wks52–100. GUS was well-tolerated, with a similar safety profile as previously reported.

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AB0913 TO DETERMINE THE ASSOCIATION BETWEEN PLAQUE AND NON PLAQUE PSORIASIS WITH THEIR JOINT MANIFESTATION IN PSORIATIC ARTHRITIS PATIENT – A SINGLE CENTRE EXPERIENCE IN MALAYSIA

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Background: Psoriatic arthritis (PsA) which is a member of the spondyloarthritides includes spinal and peripheral joint involvement. It affects women and men equally. The clinical patterns of PsA were classified into 5 groups according to Moll and Wright.¹ Psoriasis is a common chronic inflammatory skin disease and chronic plaque psoriasis is the commonest form.

Objectives: To study the relationship between plaque and non-plaque psoriasis with their joint manifestation and to describe the demographic characteristics of PsA patients.

Methods: This was a retrospective study. The electronic medical records of all PsA patients under rheumatology clinic Hospital Sultan Ismail followed up from 1/1/2009 to 31/12/2017 were reviewed. Data on demography, type of skin disease, joint manifestation, past medical history, fasting serum lipid and body mass index were obtained and analysed.

Results: We identified 163 patients, 84 were male patients with male to female ratio of 1.06. The Malays (84/163) were the majority being affected, followed by the Chinese (46/163), Indians (30/163) and others (3/163). The patients were divided into plaque psoriasis (140/163) and non-plaque psoriasis (23/163). The commonest joint involvement in the study was peripheral joint involvement (121/163), axial involvement (22/163) and both axial and peripheral joint involvement (20/163).

163). The peripheral joint involvement was categorised as polyarthritis (67/121), followed by oligoarthritis (47/121), distal interphalangeal arthritis (4/121) and arthritis mutilans (3/121). In the study, we divided the patients into plaque psoriasis [peripheral joint involvement (102/140); axial involvement (16/140); both (18/140)] and non-plaque psoriasis [peripheral joint involvement (15/23); axial involvement (6/23); both (2/23)] and analysed the results by using the SPSS logistic regression. It showed no significant association between type of skin psoriasis with its joint manifestation. ($p>0.05$).

Amongst the 163 patients, 68/163 (42%) had hypertension, 50/163 (31%) had diabetes mellitus, 32/163 (20%) had hypercholesterolemia, 12/163 have ischaemic heart disease, 1 patient had congestive heart disease, 3 had breast cancer, 1 had hepatocellular carcinoma and 2 have chronic kidney disease and cerebral vascular disease respectively.

The fasting serum lipid (FSL) was taken for 140 of them (23 patients no data available) and it was noted in 64/140 (without background history of hypercholesterolemia was noted to have FSL ≥ 5.18 mmol/L). 37/64 have borderline high total cholesterol (5.18 mmol/L $\rightarrow$ 6.2 mmol/L) and 27/64 have high total cholesterol (≥ 6.2 mmol/L) according to ATP iii cholesterol classification..² 43% (61/142 patients) had body mass index in the overweight group, 29% (41/142 patients) in the obese group and 25% (36/142 patients) in normal group according to WHO classification.³

Conclusions: There was no association between types of skin psoriasis with their joint manifestation. There was a significant number of patients who had deranged fasting serum lipid and majority of them have BMI in the overweight and obese group.

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Disclosure of Interest: None declared

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AB0914

COMPARISON OF 25-HYDROXYVITAMIN D3 SERUM LEVELS IN PATIENTS WITH PSORIATIC ARTHRITIS WITH OR WITHOUT PSORIASIS SKIN INVOLVEMENT

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Objectives: To determine 25-hydroxyvitamin D3 (25OH-D3) serum levels in patients with psoriatic arthritis (PA) and to assess differences according to the presence or absence of psoriasis skin involvement. To evaluate the response to vitamin D oral supplements in case of deficiency in both groups.

Methods: We conducted an observational retrospective study including patients with diagnosis of PA according to the CASPAR classification criteria who had at least one serum determination of 25OH-D3 in the last 36 months. Clinical and epidemiological data were collected, including arthritis distribution, age of diagnosis, presence of psoriasis skin involvement, treatment received and serum 25OH-D3 levels at baseline and within the subsequent 3 months if treatment with oral supplements had been initiated. Patients already receiving oral vitamin D supplements at baseline were excluded.

Results: Sixty patients met the inclusion criteria and were analysed. 42 were female (70%), with a mean age of 47.6 years (range: 30–82). Psoriasis skin involvement was present in 40 patients and preceded onset of arthritis in 80% of them (20% with psoriatic nail dystrophy). Regarding 25OH-D3 levels, mean value was 17.99 ± 13.23 ng/dL. In the global analysis, 7 patients (11.6%) had levels between 0–10 ng/dL, 22 patients (36.6%) between 10–20 ng/dL, 23 patients (38.3%) between 20–30 ng/dL, 6 patients (10%) between 30–40 ng/dL and 2 patients had ≥ 40 ng/dL. In our sample, 58.53% of patients with psoriasis skin involvement had 25OH-D3 levels higher than 20 ng/dL, in contrast to the group without skin involvement, who reached sufficiency levels only in 37.5% of the cases. In the comparative analysis, patients with psoriasis skin involvement had a mean 25OH-D3 serum level of 20.88 ng/dL whereas patients without skin involvement had lower levels (mean value 19.42 ng/dL). Similarly, patients with skin psoriasis had more frequently 25OH-D3 levels between 20–30 ng/dL (insufficiency) compared to those without this manifestation, who presented lower levels (44% vs 16%) but without statistically significant difference. Results are shown in Figure 1. Finally, all patients presenting 25OH-D3 deficiency at baseline (<20 ng/dL) were treated with oral supplements (calcifediol 0.266 mg every two weeks). Of them, 23 patients had a second determination of 25OH-D3 within the subsequent 3 months, with only 13 patients reaching sufficient levels (56%), whereas the rest did not respond to the dose administered. No statistically significant differences were found in the response depending on the presence or absence of cutaneous psoriasis.

Abstract AB0914 – Figure 1. 25-Hydroxyvitamin D3 levels in patients with Psoriatic arthritis with and without psoriasis skin involvement (ng/dL)

Conclusions: In patients with PA, the presence of psoriasis skin involvement correlates with higher 25OH-D3 serum levels. This finding could be explained by the treatment received in these patients for moderate-severe skin involvement, which includes topical vitamin D analogues and phototherapy that could increase 25OH-D3 serum levels. After oral supplements, there was no statistically significant difference in the percentage of patients that reached sufficiency levels in both groups.

Disclosure of Interest: None declared

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AB0915 BONE MINERAL DENSITY AND FRACTURE FREQUENCIES IN PATIENTS WITH PSORIASIS OR PSORIASIS ARTHRITIS

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Background: Reports on the prevalence of osteoporosis, osteoporotic fractures and risk factors for osteoporosis in patients with Psoriasis or Psoriasisarthritis are scarce, and the published results on this are, at least in part, contradictory. Additionally, there is no firm understanding of the impact of potential risk factors such as smoking and low Vitamin D (Vit D) levels have on the occurrence of osteoporotic fractures in this patient group.

Objectives: Rh-GIOP is an ongoing prospective study monitoring glucocorticoid (GC)-induced osteoporosis of rheumatic patients, established in 2015 at the Charité University Hospital. To date, the database comprises clinical data and bone mineral density data measured by dual x-ray absorptiometry (DXA) of 592 patients with inflammatory rheumatic diseases. (ClinicalTrials.gov Identifier NCT02719314) The objective of this cross-sectional analysis was to evaluate the prevalence of osteoporosis and frequency of fractures in patients with Psoriasis (PSO) or Psoriasisarthritis (PSOA). Additionally, smoking and Vit D status were investigated as possible risk factors for low BMD.

Methods: We evaluated the initial visit of 55 patients with PSO (80% female) or PSOA (60% female). Descriptive analyses were performed, and values are displayed as means and standard deviations. For subgroup analyses non-parametric tests were used.

Results: Overall mean age was 60 years (± 12 years), and 69% of the patients were female. The mean disease duration was 16 ± 13 years and patients generally showed a good functional status as quantified by the Health Assessment Questionnaire (HAQ mean: 1.0 ± 0.8). While osteoporosis and osteopenia were present in 16% and 38%, respectively, osteoporotic fractures were found in 33% of all patients. However, the family history for osteoporosis was positive in 20% of the patients. The prevalence of osteopenia and osteoporosis was higher in PSO compared to PSOA patients (70% vs. 45%) without reaching statistical significance. 27% of all patients were treated with glucocorticoids: mean daily dose 3 ± 8 mg, mean cumulative dose (GCCD) $10.9 \text{ g} \pm 20.3 \text{ g}$. No significant difference was seen comparing medians of BMD in patients with a GCCD $> 10 \text{ g}$ versus a GCCD $< 10 \text{ g}$. In terms of risk factors, 27% were smokers and 32% former smokers. 60%

of all patients showed Vit D levels $< 75 \text{ nmol/L}$. Yet, in subgroup analyses neither smoking nor Vit D deficiency could be identified to have a measurable effect on the BMD. The mean body mass index (BMI) was $28.9 (\pm 5.9)$, and a higher BMI correlated positively with BMD ($p=0.01$).

Conclusions: In our patient cohort, the GCCD does not have a measurable impact on the BMD. Additionally, according to current literature the prevalence of osteoporosis seems to be in the same range as in the normal population.¹ Keeping in mind the (still) small number of patients, neither smoking nor Vit D deficiency could be identified as possible risk factors for low BMD, but further investigations are necessary to corroborate these observations.

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AB0916 EFFICACY AND PREDICTIVE FACTORS OF CLINICAL RESPONSE TO TNF INHIBITORS IN PATIENTS WITH AXIAL AND PERIPHERAL PSORIATIC ARTHRITIS

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Background: Patients with psoriatic arthritis (PsA) may have predominant axial (axPsA) or peripheral (pPsA) manifestations. The development of TNF inhibitors (TNFi) has changed the course of PsA. However, most published data is focused on pPsA but almost no data is available for TNFi response in axPsA.

Objectives: to analyse the efficacy and the predictive factors of clinical response in patients with axPsA and pPsA starting treatment with TNFi in clinical practice.

Methods: An observational study analysing data from a prospective cohort including 93 patients (pts) with axPsA or pPsA treated with TNFi from 2002–2018 was conducted. Demographic information, disease activity indexes (ASDAS for axPsA and DAS28 for pPsA) and laboratory tests were collected before starting TNFi (baseline visit) and 6 months later (6 m visit). At 6 m, the percentage of pts achieving inactive disease (ASDAS < 1.3) for axPsA or remission (DAS28 < 2.6) for pPsA as well as the percentage of pts achieving clinical improvement (defined as ASDAS-clinically important improvement = Δ ASDAS > 1.1 or Δ DAS28 > 1.2) were determined. Baseline predictor factors of inactive disease/remission and clinical improvement at 6 m were identified using a univariable and multivariable binary regression models adjusted for confounder factors.

Results: Out of 93 included pts, 45 pts had predominant axPsA and 48 pPsA. Administered TNFi was etanercept for most pts (42%), infliximab in 29%, adalimumab in 22% and golimumab in 7%. Baseline characteristics are shown in table 1. Male sex was more frequent in axPsA vs pPsA (62% vs 42%; $p=0.04$, respectively). In axPsA, 55% clinically improved and 32% pts achieved inactive disease. After multivariable analysis, male gender (OR 25.8, $p=0.01$) and higher baseline ASDAS (OR 6.3, $p=0.01$) were associated as independent predictors of clinical improvement at 6 m. Also, male gender (OR 15.7, $p=0.03$) and lower BMI (OR

0.7, $p=0.03$) were associated as independent predictor factors for achieving inactive disease. In pPsA, 48% pts clinically improved and 33% pts were on remission at 6 m. The percentage of pts on remission tended to be higher in males than females (47% vs 20%; $p=0.08$, respectively). However, after running the regression analyses, none of the baseline predictor factors was significantly associated neither with clinical improvement nor with remission in patients with pPsA.

Abstract AB0916 – Table 1

	Total n=93		p-value
	axPsA n=45	pPsA n=48	
Male, n (%)	28 (62%)	20 (42%)	0.04
BMI, Mean (SD)	27.4 (5.5)	26.4 (5.5)	0.3
Age (years), mean (SD)	56 (12.9)	60 (14.2)	0.2
Smokers, n (%)	18 (41.9%)	15 (31.9%)	0.3
Disease duration (years), mean (SD)	19 (10.8)	18 (8.4)	0.6
HLA B27, n/N (%)	8/22 (36%)	-	
RF, n/N (%)	-	3/44 (6.8%)	
ACPA, n/N (%)	-	0/45	
csDMARDs, n (%)	25 (68%)	24 (68%)	0.9
bASDAS, mean (SD)	3.1 (1.2)	-	
bDAS28, mean (SD)	-	4.7 (1.3)	
bCRP mg/L, mean (SD)	13.2 (14.7)	10.5 (15.3)	0.3
bESR, mean (SD)	26.3 (20.9)	27.8 (19.8)	0.5

Conclusions: In clinical practice, 1 out of 3 pts with PsA is on remission 6 m after initiating a TNFi, and 1 out of 2 clinically improve; both proportions are similar for axPsA and pPsA. Male gender, higher baseline disease activity and lower BMI are associated with more probability to achieve inactive disease or an important clinical improvement in axPsA.

Disclosure of Interest: None declared

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AB0917 CLINICAL AND RADIOLOGICAL CHARACTERISATION OF AXIAL PSORIATIC ARTHRITIS

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Background: Defining axial involvement in psoriatic arthritis (PsA) is a challenge; thus, according to which criteria used, the differences in prevalence of axial PsA range from 20% to 70%. Two different phenotypes have been suggested in axial PsA. One of them remind us typical Ankylosing Spondylitis (AS) with bilateral sacroiliitis according to the New York modified criteria (mNY) and a strong association with HLA-B27 and another phenotype with more indolent course, with unilateral and asymmetric sacroiliitis and a lower association to HLA B27

Objectives: To define clinical and radiological characteristics of a cohort of patients with axial PsA with associated sacroiliitis in a third level hospital in southern Spain.

Methods: Cross-sectional study of an axial PsA cohort with sacroiliitis from a third level hospital. Demographic, clinical and radiological variables were collected. Sacroiliitis was defined as: sacroiliitis according to mNY, or unilateral sacroiliitis grade II in X-ray, and/or according to ASAS criteria of positive MRI. We excluded those patients with axial PsA without sacroiliitis according to definition. The statistical package SPSS v21 was used. The qualitative variables were analysed by the Chi2 and Fisher tests, as required. The quantitative variables were analysed by Student's T Test/Mann-Whitney U Test. Statistical significance was considered, values of $p<0.05$

Results: Of 209 patients with axial SpA with sacroiliitis according to the definition found, 39 patients with diagnosis of PsA were analysed. The main characteristics of the patients are shown in image 1. Of the 39 patients, 62% did not meet mNY criteria. Regarding the patients who met mNY criteria, those who did not comply them had the following differences (specifying the significance). The initial diagnosis was different from PsA more frequently (40% Vs. 17%, $p=0.124$). They presented a lower evolution of the disease (7 Vs. 13 years, $p=0.052$). They presented as initial symptomatology a greater frequency of peripheral arthritis (71% Vs 27%, $p=0.03$); and consequently, a greater presence of mixed forms (92% Vs 53%, $p=0.015$). They presented a lower frequency of positive HLAB27 (21 V. 60, $p=0.042$).

No significant differences were found in reference to the presence of extra-articular involvement (dactylitis, uveitis, psoriasis, onychopathy), nor in reference to the presence of related family history (spondyloarthritis, psoriasis, uveitis).

Abstract AB0917 – Table 1. MAIN CHARACTERISTICS

VARIABLES	
MEN n(%)	27 (69)
AGE median (IQR)	51 (40-57)
AGE AT DIAGNOSIS median (IQR)	41 (29-52)
YEARS OF DISEASE EVOLUTION median (IQR)	6 (2-13)
INITIAL DIAGNOSIS n(%)	
- AS	4 (10)
- PsA	29 (74)
- Indifferentiated SpA	4 (10)
- SAPHO	2 (5)
FINAL DIAGNOSIS n(%)	
- PsA	39 (100)
SAME DIAGNOSIS AS INITIAL n(%)	29 (74)
INITIAL SYMPTOM n(%)	
- Low back pain	17 (43)
- Oligoarthritis	9 (23)
- Polyarthritis	12 (31)
- Dactylitis	1 (3)
INITIAL JOINT PATTERN n(%)	
- Axial	9 (23)
- Peripheral	12 (31)
- Mixed	18 (46)
FINAL JOINT PATTERN n(%)	
- Axial	9 (23)
- Mixed	30 (77)
POSITIVE HLA B27 n(%)	14 (36)
BIOLOGICAL THERAPY n (%)	13 (33)
FAMILY HISTORY n (%)	9 (23)
EXTRAARTICULAR MANIFESTATION n(%)	
- Psoriasis	30 (77)
- Uveitis	3 (8)
- Dactylitis	2 (5)
- Onychopathy	8 (20)

Conclusions: Patients with axial PsA with sacroiliitis according to ASAS criteria of positive MRI/unilateral grade II X-ray sacroiliitis presented more peripheral joint involvement, and less association with HLA B27 compared to patients who did meet mNY criteria. A smaller proportion of patients with axial PsA that meet the mNY criteria suggests a less aggressive structural sacroiliac involvement.

Disclosure of Interest: None declared

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AB0918 PATIENT-REPORTED OUTCOMES IMPROVEMENT IN THE RUSSIAN COHORT OF EARLY PERIPHERAL PSORIATIC ARTHRITIS PATIENTS TREATED ACCORDING TO TREAT-TO-TARGET STRATEGY (OPEN-LABEL REMARCA STUDY)

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Background: Psoriatic arthritis (PsA) has a significant impact on patients' (pts) mood and quality of life. Patient reported outcome (PRO) measures are an important component to assessing disease impact and therapy response in PsA pts. There is limited data concerning the influence of T2T strategy on PROs.

Objectives: To assess the effect of tight control T2T strategy on the PROs dynamics over 1 year (yr) period.

Methods: 78 pts (M/F=39/39) with early PsA according to CASPAR criteria were included; mean age 36.5 ± 10.7 years, disease duration 12.2 ± 10.3 mo. Disease activity indexes (DAS)= 4.0 ± 1.4 , DAS28= 4.2 ± 1.1 . Pts underwent standard clinical examination of PsA activity. At baseline all pts were treated with MTX (s/c). The dose of MTX was escalated by 5 mg eow from 10 mg/wk to 20–25 mg/wk. If the patient did not achieve minimal disease activity (MDA) or remission after 3 mo of

MTX mono-therapy, combination therapy with MT +adalimumab 40 mg s/c eow was started. At baseline and after 1 year. of therapy the following PROs were analysed: trends in fatigue (according to FACIT) and in RAPID3 were studied in 64 pts, trends in patient's global disease activity (PGA) and in patient's pain VAS were studied in 78 pts, trends in levels of anxiety and depression (HADS) were studied in 49 pts. The data acquired was analysed with the use of Spearman's correlation.

Results: After 1 year of therapy, there was a significant improvement in the following scores: anxiety changed from 5.7 ± 3.1 to 4.3 ± 3.2 , ($p=0.003$), fatigue from 35.3 ± 9.6 to 41.3 ± 9.9 ($p<0.001$), RAPID3 from 13.4 ± 5.1 to 6.2 ± 5.2 ($p<0.001$), PGA from 56.0 ± 17.8 to 18.9 ± 17.1 ($p<0.001$), pain from 53.7 ± 18.6 to 16.9 ± 16.6 ($p<0.001$). Depression scores had also changed though not significantly: from 3.8 ± 3.0 to 3.2 ± 3.1 ($p=0.235$). The dynamics of anxiety and depression indexes correlated with the dynamics of fatigue ($r=0.64$ and $r=0.39$, accordingly), as well as dynamics of FACIT and RAPID3 indexes ($r=0.36$). Correlation of the dynamics of RAPID3 indexes with DAS ($r=0.45$) and DAS28 ($r=0.41$) activity reduction was found. Association of RAPID3 dynamics with the achievement of remission according to DAS ($p<0.001$) and DAS28 ($p<0.001$) was detected. Interrelation between RAPID3 dynamics and the achievement of MDA ($p<0.001$) was found. Correlation between dynamics of anxiety and depression indexes and the reduction of tender joint count (TJC) ($r=0.38$ and $r=0.36$, accordingly) was found. There is correlation between the dynamics of fatigue indexes and TJC, swollen joint count (SJC) and PGA ($r=0.30$, $r=0.25$ and $r=0.35$, accordingly). Dynamics of RAPID3 correlated with TJC and SJC dynamics ($r=0.33$, $r=0.25$), as well as with PGA and pain dynamics ($r=0.49$ and $r=0.58$). PGA and pain dynamics correlated with TJC and SJC dynamics ($r=0.34$ and $r=0.26$; $r=0.43$ and $r=0.39$, accordingly).

Conclusions: The T2T strategy in the Russian cohort of peripheral early PsA pts demonstrated the improvement of PROs indexes and decrease in PsA activity. Interrelation between the improvement of psychological status according to PROs (anxiety, depression and fatigue) and improvement in joint status (TJC and SJC) was found. RAPID3 is a reliable tool for evaluating patient's status: RAPID3 indexes correlate with the achievement of MDA and DAS/DAS28 remission.

Disclosure of Interest: None declared

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AB0919 VALIDATION OF PROTEOMIC BIOMARKERS OBSERVED IN MONOZYGOTIC TWINS CONFIRMS TWO PROTEINS ASSOCIATED WITH PSORIATIC DISEASE

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Background: Skin psoriasis affects 3% of the general population and as much as 20%–40% of patients will develop psoriatic arthritis (PsA), with the two conditions representing a clinical and immunological continuum within a prototype for chronic inflammation. Different from most rheumatic diseases, no serum autoantibody is associated with PsA, and there are currently no biomarkers for an early diagnosis and prediction of PsA onset in psoriasis, frequently causing a delayed diagnosis. Monozygotic twins discordant for psoriasis/PsA represent a unique setting to investigate the influence of environmental and stochastic factors on disease phenotype. Through a high-throughput proteomic analysis (SomaLogic) we have previously identified a set of 13 proteins differentially expressed in the serum of monozygotic twins discordant for psoriatic disease.

Objectives: To validate serum proteomic biomarkers of psoriatic disease using commercially available ELISA in monozygotic twins and in unrelated patients with psoriasis or PsA.

Methods: Our study included sera from our cohort of monozygotic twins previously described and from 70 unrelated patients with psoriatic disease (psoriasis without PsA 34%–49%, PsA with/without psoriasis 36%–51%; women 46%, median age 52 years, interquartile range 41–59) followed at Humanitas Research Hospital, and 25 healthy subjects (52% women, median age 52 years, IQR 44–62). Candidate serum proteomic biomarkers obtained by SomaLogic analysis were validated using commercially available ELISA kits and proteins are herein anonymized due to a pending patent request.

Results: We found a significant correlation between SomaLogic results in monozygotic twins and ELISA results in unrelated psoriatic cases in the serum levels of 2 proteins (figure 1), which are involved in inflammatory and immune response, and one has been previously reported in psoriatic plaques. Four proteins showed

a significantly different expression between psoriasis and PsA versus controls, in particular two proteins have a potential role in disease pathogenesis, as protein #1 acts as cell-surface receptor and regulates differentiation, proliferation and survival of dendritic cells, while protein #2 is involved in regulation of UV radiation-induced apoptosis and protein folding.

Abstract AB0919 – Figure 1

Conclusions: Two serum proteomic biomarkers, previously identified in a cohort of monozygotic twins discordant for psoriatic disease, can discriminate psoriatic disease, thus representing potential biomarkers of disease and possibly playing a pathogenetic role in disease.

Disclosure of Interest: None declared

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AB0920 TUMOUR NECROSIS FACTOR INHIBITORS PERSISTENCE IN PSORIATIC ARTHRITIS PATIENTS

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Background: Tumour necrosis factor inhibitors (TNFi) lead to a dramatic improvement in the management of psoriatic arthritis (PsA). Nevertheless, a significant proportion of patients still do not respond and/or are intolerant to TNFis, requiring treatment switch for an adequate control of disease activity.

Objectives: To assess TNFis drug retention and the main reasons for TNFi discontinuation in PsA patients.

Methods: This was a non-interventional study of PsA patients registered at the Rheumatic Diseases Portuguese Registry (Reuma.pt), with at least one TNFi prescription. Drug retention for a first, second and third line TNFi was assessed by Kaplan-Meier survival analysis. The reasons for discontinuation were described as frequencies.

Results: 750 PsA patients were included, with a mean age of 47.6 years (± 11.6); 50.3% (n=377) female. 200 patients (26.7%) treated with adalimumab, 335 (44.7%) with etanercept, 114 (12.2%) with golimumab and 101 (13.5%) with infliximab, as first line TNFi. The majority (67.6%) were receiving concomitantly conventional synthetic disease modifying anti-rheumatic drugs (62.3% MTX) and 33.9% corticosteroids. The mean duration of TNFi retention was of 48.5 ± 40.1 months, when treated with a 1st TNFi, decreasing to 35.5 ± 33 months for the 2nd TNFi, and to 22.7 ± 22.9 months for the 3rd TNFi (figure 1). After being treated with a 1st TNFi, the majority of discontinuers (35.8% of the total population), withdraw due to lack or loss of effectiveness (53.5%) and due to adverse events (24.4%). The rates of discontinuation for the 2nd and 3rd TNFi were of 39% and 54%, respectively. Lack or loss of effectiveness and adverse events were maintained the two main reasons of withdrawal for the 2nd (62.3%; 21.6%) and 3rd TNFi (63%; 22.2%).