Abstract AB0925 – Figure 1

Conclusions: DAPSA correlates well with MDA in patients with mild skin disease and can be used in these patients instead of MDA. In patients who fail to respond to therapy according to MDA there can be a substantial proportion of patients with mild joint disease, due to more severe skin disease and/or presence of enthesitides, which are nevertheless vaguely defined.

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AB0926 EFFECTIVENESS OF CERTOLIZUMAB PEGOL IN PSORIATIC ARTHRITIS. RELATIONSHIP WITH SMOKING STATUS AND BMI

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Background: Previous literature have investigated that tobacco and weight in patients with psoriatic arthritis (PsA) is associated with a poorer response to antiTNF.

Objectives: To investigate the response and survival of Certolizumab pegol (CZP) in PsA patient in daily clinical practice according to their baseline smoking status and Body Mass Index (BMI).

Methods: Multicentric cohort of PsA patients treated with CZP according to routine clinical practice. This study was approved by local Ethics Committee. Maximum observation time was 12 months. Effectiveness variables: DAS28 (CRP). Survival rate: Kaplan-Meier.

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, and 14.9% of patients were HLAB27 positive. Among these, 229 (87.4%) had known smoking status (29.7% smokers and 70.3% never smokers) and 85 (32%) had known BMI

(median 26.9 kg/m², SD 4.7). Statistically significant differences in DAS28 were observed at last visit comparing to baseline in both groups according to BMI and smoking status (table 1).

CZP retention rate was 78.5% in non-smokers and 76.7% in smokers. In patients with BMI <25 kg/m² CZP retention rate was 78.6% compared to 78.9% in patients with BMI ≥25 kg/m² (figure 1). No statistical differences were observed in both sub-groups.

Abstract AB0926 – Table 1

		DAS28
Baseline	BMI<25 kg/m ²	4.6 (0.9)
	BMI≥25 kg/m ²	4.5 (0.8)
	Never smokers	4.6 (0.9)
	Smokers	4.6 (0.9)
Last visit	BMI<25 kg/m ²	3.6 (1.1)*
	BMI≥25 kg/m ²	3.9 (1.0)*
	Never smokers	3.9 (1.0)
	Smokers	3.3 (0.8)
	#	#
	#	#

*p<0,05, Wilcoxon test; #p<0.001 T-Student's test (last visit vs basal).

Abstract AB0926 – Figure 1. CZP Retention Rate according to BMI and smoking status in PsA patients.

Conclusions: In this daily clinical practice study of patients with PsA treated with certolizumab pegol there was a significant decrease in DAS28-CRP independent of smoking status and BMI. No differences were found in the retention rate of certolizumab pegol based on these two variables.

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AB0927 PROBABILITY AND IMPACT OF ACHIEVING LOW DISEASE ACTIVITY OR REMISSION IN PATIENTS WITH PSORIATIC ARTHRITIS TREATED WITH APREMILAST: POOLED ANALYSIS OF THE PALACE 1–3 PHASE 3 TRIALS

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Background: Baseline (BL) disease characteristics and short-term response status and its implications for long-term achievement of low disease activity (LDA) or remission (REM) in pts with active psoriatic arthritis (PsA) treated with apremilast (APR) are unknown.

Objectives: 1) To assess BL clinical Disease Activity for Psoriatic Arthritis (cDAPSA) levels associated with achieving cDAPSA LDA or REM at Week 52 (Wk52); 2) predict cDAPSA response categories at Wk52 based on BL or Wk16 cDAPSA; 3) assess disease activity in different PsA domains associated with cDAPSA categories at Wk52.

Methods: Pooled analyses (PALACE 1–3) were performed of pts assigned to receive APR 30 mg BID (APR30) at BL who completed Wk52 and had cDAPSA components available to calculate responses. Pts were grouped according to the cDAPSA categories reached at Wk52 (REM ≤ 4 ; LDA >4 – ≤ 13 ; MDA >13 – ≤ 27 ; HDA >27). Shifts of cDAPSA response categories from BL, Wk16 to Wk52 were reported and provided the predictability of BL status or early response to the achievement of cDAPSA categories at Wk52. Mean disease activity in core PsA domains, including swollen (0–76)/tender joint (0–78) (SJ/TJ), enthesitis (MASES), dactylitis count, Patient Global Assessment of Disease Activity (PtGA), Patient Assessment of Pain (PAP), Psoriasis Activity Severity Index (PASI), and Physical Function (HAQ) were reported longitudinally, allocated by cDAPSA category at Wk52. To better describe predictors associated with pts potentially being considered for APR in routine clinical practice, analyses were repeated removing pts in HDA at BL.

Results: 374 APR30 pts were included in the analyses. Pts who achieved MDA, LDA or REM at Wk52 indicated sustained improvements in cDAPSA over time; Means of BL cDAPSA scores ≤ 41 were associated with achievement of MDA, LDA and REM at Wk52 (figure 1). At BL, pts in HDA had 42%, 24% and 5% chances of achieving MDA, LDA or REM at Wk52, respectively. Pts in MDA at BL had 41% and 12% chances of achieving LDA or REM. Pts in LDA had 20% chances of achieving REM. At Wk16, pts in HDA had 43%, 8% and 1% chances of achieving MDA, LDA or REM. Pts in MDA had 38% and 2% chances of achieving LDA or REM. Pts in LDA at BL had a 20% chance of achieving REM and pts in REM a 67% chance of staying in REM. Achieving cDAPSA LDA or REM with APR at Wk52 was associated with residual disease activity as follows: SJ (1.2 vs. 0.24); TJ (2.6 vs. 0.52); MASES (1.2 vs. 0.43); dactylitis (0.47 vs. 0); PtGA (28.0 vs. 7.7); PAP (25.1 vs 7.2); PASI (4.0 vs. 2.7); HAQ (0.62 vs. 0.14). Removing pts with HDA at BL suggested that a mean cDAPSA 21 was associated with achieving LDA or REM at Wk52, corresponding to 5.5 in mean SJC and 9 in mean TJC at BL.

Abstract AB0927 – Figure 1

Conclusions: Chances of achieving LDA or REM were greater for pts in MDA at BL or Wk16 vs. HDA. Achieving LDA or REM at Wk52 with APR was associated with good outcomes across core PsA domains. Results suggest that pts with BL moderate cDAPSA disease activity may be particularly suitable for APR therapy.

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AB0928

USTEKINUMAB AND TNF INHIBITORS IN PSORIATIC ARTHRITIS: FIRST FOLLOW-UP DATA FROM A ROUTINE CARE STUDY IN 8 EUROPEAN COUNTRIES (PSABIO)

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Background: The purpose of PsABio (ClinicalTrials.gov Id: NCT02627768) is to evaluate the efficacy, tolerability and persistence of TNF inhibitors (TNFi) and ustekinumab (UST) for patients with psoriatic arthritis (PsA) starting 1st, 2nd or 3rd line biologic disease-modifying antirheumatic drugs (bDMARDs) in real-world routine care.

Objectives: Here we present the first interim follow-up data on joint-related outcomes.

Methods: Of 278 UST- and 285 TNFi-treated patients consecutively enrolled between Dec 2015 and Aug 2017 152 and 151, respectively, had data available at 6 months for their initial line of treatment. Joint-related outcomes, as observed data, were compared between baseline and 6 months within the treatment cohorts.

Results: Among all enrolled patients, 7.6% of UST- and 10.2% of TNFi-treated patients stopped or switched to another bDMARD before the 6 month timepoint. For those with 6 month data for their initial bDMARD, UST was used as the first-line bDMARD in 40.1%, as 2nd in 35.5%, and as 3rd in 24.3% of patients; these numbers were 64.2%, 28.5%, and 7.3%, respectively, for TNFi. DAS28 scores improved significantly at 6 months from mean baseline values of 4.3 (SD 1.2) and 4.3 (SD 1.2) for UST and TNFi, respectively, by means of -1.3 (95% CI: -1.6, -1.0) and -1.3 (95% CI: -1.6, -1.1). Significant improvements were seen in both cohorts across all treatment lines (table 1) and subtypes of PsA (data not shown). Minimal disease activity (MDA) was achieved at 6 months for 28.8% of UST- and 29.7% of TNFi-treated patients. CDAI results similarly and significantly improved. For the DAPSA, equally, statistically significant improvements were seen: mean -18.4 (95% CI: -22.2, -14.5) and -19.5 (95% CI: -22.5, -16.5) for UST and TNFi, respectively, with 12.2% and 15.7% reaching DAPSA remission and 37.8% and 37.1% reaching low disease activity. cDAPSA showed similar improvement. For details on components of the DAS28 and of the DAPSA, see table 1. Axial joint involvement was significantly improved with reductions in BASDAI and ASDAS.

Abstract AB0928 – Table 1. Baseline and follow-up data for joint-related outcomes for patients having reached 6 months on their initial bDMARD. Values are mean (SD) or mean (95% CI) if not otherwise indicated. na, not applicable.

	Baseline UST (n=152)	Change UST 6 months	Baseline TNFi (n=151)	Change TNFi 6 months
Age, yrs	49.9 (12.2)	na	48.8 (12.6)	na
Disease duration since diagnosis, yrs	7.7 (7.6)	na	6.7 (7.4)	na
Sex (male), %	47.8	na	51.2	na
Smoking, % ever current never	47.1 25.1 27.9	na	47.4 26.1 26.5	na
Weight (kg)	82.3 (16.9)	-0.6 (-1.2, 0.1)	80.4 (16.2)	0.7 (0.2, 1.2)
BMI (kg/m ²)	28.2 (5.5)	-0.2 (-0.4, 0.03)	27.9 (5.0)	0.2 (0.1, 0.4)
DAS28	4.3 (1.2)	-1.3 (-1.6, -1.0)	4.3 (1.2)	-1.3 (-1.6, -1.1)
1st line	(n=61) 4.1 (1.1)	-1.0 (-1.3, -0.6)	(n=97) 4.1 (1.3)	-1.3 (-1.6, -1.1)
≥2nd line	(n=91) 4.5 (1.3)	-1.5 (-1.9, -1.1)	(n=54) 4.6 (1.2)	-1.4 (-1.7, -1.0)
CDAI	22.8 (11.2)	-10.9 (-13.1, -8.6)	21.8 (12.2)	-10.8 (-12.6, -9.0)
1st line	(n=48) 21.6 (11.3)	-10.2 (-13.2, -7.1)	(n=76) 20.4 (11.7)	-10.0 (-12.2, -7.9)
≥2nd line	(n=73) 23.6 (12.7)	-11.3 (-14.4, -8.2)	(n=40) 24.4 (12.9)	-12.2 (-15.4, -9.1)
DAPSA	34.7 (21.2)	-18.4 (-22.2, -14.5)	35.4 (19.1)	-19.5 (-22.5, -16.5)
1st line	(n=32) 32.2 (16.3)	-18.2 (-21.3, -11.1)	(n=66) 32.7 (18.2)	-17.8 (-21.6, -13.9)
≥2nd line	(n=50) 36.2 (24.3)	-19.7 (-25.3, -14.2)	(n=33) 40.0 (20.1)	-22.5 (-27.3, -17.7)
cDAPSA	31.8 (19.9)	-15.6 (-18.6, -12.5)	32.2 (19.1)	-16.9 (-19.4, -14.4)
Swollen Joint Count (28)	3.9 (5.1)	-2.7 (-3.4, -1.9)	4.0 (4.5)	-2.5 (-3.1, -1.9)
Swollen Joint Count (66)	6.4 (8.4)	-4.3 (-5.4, -3.2)	7.0 (7.1)	-4.5 (-5.4, -3.6)
Tender Joint Count (28)	7.5 (8.8)	-3.6 (-4.8, -2.4)	6.3 (6.1)	-3.1 (-4.0, -2.3)
Tender Joint Count (66)	13.0 (12.7)	-4.4 (-5.4, -3.4)	12.8 (10.9)	-6.7 (-8.1, -5.3)
Patient pain VAS	58.9 (25.1)	-21.2 (-26.0, -16.4)	61.5 (23.7)	-27.8 (-32.3, -23.3)
Patient global VAS	60.5 (23.2)	-23.1 (-27.7, -18.4)	60.2 (23.7)	-27.8 (-32.3, -23.2)
Physician global VAS	55.3 (18.4)	-25.1 (-29.0, -21.2)	55.0 (20.5)	-25.1 (-28.5, -21.7)
CRP (mg/dl) median (IQR)	0.7 (0.3, 1.3)	-0.2 (-0.6, 0.0)	0.7 (0.3, 1.9)	-0.4 (-1.2, -0.04)
BASDAI ^a	5.8 (2.2)	-1.9 (-2.4, -1.5)	5.7 (2.1)	-2.1 (-2.5, -1.7)
ASDAS ^b	3.2 (1.1)	-1.0 (-1.2, -0.7)	3.4 (1.0)	-1.3 (-1.5, -1.1)

^aAmong all patients with available data at baseline and month 6 (UST, n=128; TNFi, n=114).

^bAmong all patients with available data at baseline and month 6 (UST, n=82; TNFi, n=87).

Conclusions: Both UST- and TNFi-treated patients showed statistically significant and considerable improvements in joint-related measures after 6 months in a real-world setting, irrespective of whether first or further line of treatment.