DISEASE INTERCEPTION IN PSORIASIS PATIENTS WITH SUBCLINICAL JOINT INFLAMMATION BY INTERLEUKIN 17 INHIBITION WITH SECUKINUMAB – RESULTS FROM A PROSPECTIVE, OPEN LABEL STUDY

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Background: Musculoskeletal changes precede the onset of psoriatic arthritis (PsA). A subset of psoriasis patients is characterised by arthralgia as well as inflammatory changes in the joints visible by MRI assessment. These patients have a high risk to progress into PsA.

Objectives: To test the concept of a very early intervention in PsA we exposed psoriasis patients with subclinical joint inflammation to the anti-interleukin (IL) – 17A antibody secukinumab. We hypothesised that IL-17A inhibition disrupted the early link between skin and joint disease in psoriasis.

Methods: Psoriasis (but not PsA) patients were included in the open prospective 24 weeks ‘Interruption in Very Early PsA’ (IVEPSA) study. To fulfil the inclusion criteria patients had to have a PASI score greater than 6 or nail or scalp involvement as well as inflammatory or erosive changes in MRI or high-resolution peripheral quantitative computed tomography (HRpQCT) at baseline. Patients received treatment with secukinumab 300 mg sc. for 24 weeks. MRI scans and HRpQCT of the dominant hand were performed at baseline and at 24 weeks. MRI was scored according to PsAMRIS. HRpQCT evaluated for erosions and enthesophytes.

Results: 20 patients (median age 49.5 years [IQR 42.8, 59], 70% males) with a median disease duration of 14 years (IQR 5.20), were included into the study. At baseline, 85% reported arthralgia assessed by a Visual Analogue Scale (VAS) and 40% had tender joints on examination (TCJ78). 83.3% had at least one inflammatory lesion in the MRI. 66.7% synovitis, 55.6% tendinitis/enthesitis, 27.8% osteitis and 16.7% periarticular inflammation. Erosions were present in 72.2% and 58.8% in the MRI and HRpQCT, respectively, while enthesiophytes were found in 33.3% and 41.2%. One patient was discontinued early due to lack of improvement (wk12) and one patient was unable to perform the follow-up MRI. Psoriatic skin disease (total PASI and BSA) significantly improved (both p<0.05) and also arthralgia (VAS pain, tender joint count) significantly declined after secukinumab treatment (both p<0.05). Total PsAMRIS score and synovitis subscore significantly improved at week 24 (p=0.005 and p=0.008, respectively). Importantly, improvement in total PsAMRIS score significantly correlated with the improvement in arthralgia (p<0.05). Finally, neither erosions nor enthesophytes in MRI and HRpQCT progressed during the 24 weeks of treatment. There was no new signal in the study.

Conclusions: IL-17 inhibition by secukinumab over 24 weeks led to resolution of inflammation and no progression of bone changes in the joints in psoriasis patients with subclinical peripheral joint involvement. These data suggest that very early disease interception in PsA is a feasible approach. IVEPSA also provides the guide for further very early interventions in PsA providing concepts for imaging-based identification and the sensitivity to change subclinical inflammation through biological disease modifying anti-rheumatic drug therapy.

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SUBCUTANEOUS SECUKINUMAB INHIBITS RADIOGRAPHIC PROGRESSION IN PSORIATIC ARTHRITIS: ANALYSIS BY PRIOR ANTI-TNF THERAPY AND CONCOMITANT METHOTREXATE USE

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Background: Psoriatic arthritis (PsA) is associated with joint inflammation, characterised by synovitis, presence of erosions, joint space narrowing (JSN) and new bone formation leading to structural damage, increased disability and reduced quality of life. Secukinumab (SEC) provided significant and rapid clinical efficacy, and inhibition of radiographic progression in PsA patients (pts) in the FUTURE 5 study.

Objectives: To assess the effect of subcutaneous (sc) SEC on radiographic progression by prior anti–TNF therapy or concomitant methotrexate (MTX) use in the FUTURE 5 study.

Methods: Adults (n=996) with active PsA, stratified by prior anti–TNF therapy (naïve and inadequate response/intolerance [IR]) and inhibition of radiographic progression in PsA patients (pts) in the FUTURE 5 study.

Conclusions: Subcutaneous secukinumab 300 mg with loading dose, and 150 mg with and without loading dose, inhibited radiographic progression in patients with active PsA. Low rates of radiographic progression were observed regardless of previous anti-TNF therapy or concomitant MTX use.


Disclosure of Interest: D. van der Heijde Consultant for: AbbVie, Amgen, Astellas, AstraZeneca, BMS, Boehringer Ingelheim, Celgene, Daiichi, Eli-Lilly, Galapagos, Gilead, Glaxo-Smith-Kline, Janssen, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi, Takeda, UCB, Employee of: Director of Imaging Rheumatology, P. Mease Grant/research support from: AbbVie, Amgen, BMS, Celgene, Janssen, Lilly, Novartis, Pfizer, SUN, and UCB, Consultant for: AbbVie, Amgen, BMS,