clinical research collaborations and 69% basic research collaborations. The majority of young specialists would be interested in online (84%) and/or 1–2 days (86%) common courses including cases discussion (80%) and training workshops (84%), as well as webinars recorded with several specialists on a specific disease (96%). Respondents were a bit less enthusiastic with developing collaboration through social media (facebook 61%, twitter 58%) but interested in common apps (71%).

Conclusions: This collaborative initiative highlighted wishes from young specialists for developing 1) regular local multidisciplinary meetings to discuss complex patients 2) clinical research collaboration with combined grants and 3) multidisciplinary online projects such as common courses, webinars and apps.

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The changing therapeutic landscape of PsA

OP0305

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

E. Kampylafka¹, I. d Oliveira¹, C. Linz¹, V. Lerchen¹, M. Engbrecht¹, D. Simon¹, M. Sticherling², J. Rech¹, A. Kleyer¹, G. Schett¹, A.J. Hueber¹. ¹Department of Internal Medicine 3 – Rheumatology and Immunology; ²Department of Dermatology, Friedrich-Alexander-University Erlangen-Nürnberg (FAU) And Universität Tsklinikum Erlangen, Ulmenweg 18, 91054 Erlangen, Germany, Erlangen, Germany

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 'Interception 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 enthesiophytes.

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 (TJC78). 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 enthesiophytes in MRI and HRpQCT progressed during the 24 weeks of treatment. There was no new safety 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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OP0306

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

D. van der Heijde¹, P. Mease², R. Landewé³, S. Mpofo⁴, P. Rahman⁵, H. Tahir⁶, A. Singhal⁷, E. Boettcher⁸, S. Navarra⁹, X. Zhu¹⁰, A. Reade¹⁰, L. Pricop¹⁰, K. Abrams¹⁰. ¹Leiden University Medical Centre, Leiden, Netherlands; ²Swedish Medical Centre and University of Washington, Seattle, WA, USA; ³University of Amsterdam and Atrium Medical Centre, Amsterdam, Netherlands; ⁴Novartis Pharma AG, Basel, Switzerland; ⁵Memorial University, Newfoundland and Labrador, Canada; ⁶Whipps Cross Hospital, London, UK; ⁷Southwest Rheumatology, Dallas, TX, USA; ⁸Rheumazentrum Favoriten, Vienna, Vienna, Austria; ⁹University of Santo Tomas Hospital, Manila, Philippines; ¹⁰Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA

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.¹

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]) were randomised 2:2:2:3 to sc SEC 300 mg with loading dose (LD), 150 mg LD, 150 mg no LD, or placebo (PBO) at baseline (BL), Wks 1, 2, 3, 4, and every 4 wks thereafter. At Wk 16, PBO non-responders were switched to SEC 300 or 150 mg. Concomitant MTX (≤ 25 mg/week) was allowed. Radiographic progression (mean change in van der Heijde-modified total Sharp score for PsA [vdH-mTSS] and its components: erosion and joint space narrowing [JSN] scores from BL to Wk 24) was based on hand/wrist/foot X-rays obtained at BL, Wks 16 (non-responders) assessed by two blinded readers (plus an adjudicator if required). Average scores were used. Statistical analyses used linear extrapolation at Wk 24 for all PBO non-responders and for all other pts with missing Wk 24 X-rays.

Results: At BL, 30% pts were anti-TNF-IR and 50% were on concomitant MTX. Radiographic progression was significantly inhibited at Wk 24 in the overall population with SEC vs PBO; mean change from BL in vdH-mTSS was 0.08 (300mg; $p < 0.01$), 0.17 (150mg; $p < 0.05$), -0.09 (150mg no LD; $P < 0.01$) vs 0.50 (PBO). Lower radiographic progression (vdH-mTSS, erosion and JSN scores) was observed with SEC vs PBO regardless of prior anti-TNF therapy or concomitant MTX use (table 1).

Abstract OP0306 – Table 1. Radiographic findings (mean change in scores from BL to Wk 24)

	Radiographic findings (mean change in scores from BL to Wk 24)			
	SEC 300mg		SEC 150mg	
	LD	LD	No LD	PBO
Anti-TNF-naïve	n=152	n=149	n=151	n=214
vdH-mTSS	0.01 [§]	0.12 [‡]	-0.25 [‡]	0.48
Erosion	0.03 [§]	0.09 [‡]	0.01 [‡]	0.36
JSN	-0.02	0.03	-0.25 [‡]	0.12
Anti-TNF-IR	n=65	n=64	n=59	n=82
vdH-mTSS	0.23	0.29	0.31	0.54
Erosion	0.10	0.19	0.27	0.30
JSN	0.13	0.10	0.04	0.24
Without concomitant MTX	n=107	n=106	n=95	n=151
vdH-mTSS	0.06 [‡]	0.16	-0.17 [‡]	0.46
Erosion	0.07 [‡]	0.13	-0.09 [§]	0.41
JSN	-0.01	0.03	-0.07	0.05
With concomitant MTX	n=110	n=107	n=115	n=145
vdH-mTSS	0.10 [‡]	0.18 [‡]	-0.03	0.54
Erosion	0.04 [‡]	0.11	0.22	0.27
JSN	0.06	0.07	-0.25 [‡]	0.26

[‡] $P < 0.0001$; [§] $P < 0.001$; [‡] $P < 0.01$; [‡] $P < 0.05$ un-adjusted P -values vs. PBO

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.

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