10 year period the annual proportion of patients did not significantly change neither for treatment with prednisolone (14.9%), synthetic DMARDs (53.0%, Methotrexate 38.5%) or biologics (29.9%), this both for TNF (28.1%) and non-TNF inhibitors (1.8%).
Conclusions: Despite obvious limitations using disease activity measures (28 joint count, DAS28 and CDAI) designed for use in RA, our study indicate that disease activity decreased in our PsA outpatients over the 10 year period. This despite no significant change in proportions of patients treated with sDMARDs and bDMARDs. For PROMs no significant changes was seen. With new available outcome measures designed for use in PsA and more treatment options available e.g. secukinumab (IL17 inhibition) and ustekinumab (IL12/23) and tofacitinib (JAK inhibitor) further improvements in clinical outcomes both for disease activity and patient perception can be expected.

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THU0310 BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS IN PSORIATIC ARTHRITIS: A REAL-WORLD COHORT OF 439 PATIENTS

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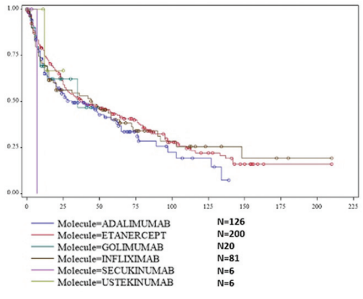
Background: For more than 15 years, severe psoriatic arthritis (PsA) has been treated only by TNF inhibitors. Two new Biologic Disease-modifying Antirheumatic Drugs (bDMARDs) have recently arrived on the market with different targets: IL12–23 for ustekinumab and IL 17 for secukinumab. Few studies exist with a large number of patients and with required hindsight.
Objectives: The objective was to assess drug survival in an observational cohort of 630 PsA depending on the line of treatment and to analyse the reasons of discontinuation.
Methods: This is a retrospective, multicentric observational study based on the data of the registry RIC Nord de France, from patients suffering from PsA (CASPAR criteria) and treated by bDMARDs from january 2000 to august 2017. Drug survival is defined as the time from initiation to discontinuation (stop/switch) of biologic therapy on the registry. The number of patients who discontinued each treatment and the duration of therapy were recorded. Using Kaplan-Meier survival curves and Cox-regression analyses [hazard ratios (HR) and 95% confidence intervals (CIs)], time to discontinuation was compared across cohorts undergoing first-, second- or third-line treatment.



Abstract THU0310 – Figure 1. Drug survival of biotherapies at first-line treatment

Results: Out of 630 PsA, 439 were included with a mean follow up greater than or equal to 6 months. The sex ratio was balanced with 47% of women. The mean age was 54.5 years old and the body mass index (BMI) was 28.7 kg/m². The disease duration was 14.25 years. 51.6% of patients did not smoke. The DAS-28 CRP was 3.99 at the initiation of the biotherapy. The drug survival of the TNF inhibitors was similar at first-line treatment (n=439 patients) (figure 1) and at second-line treatment (n=238 patients). The drug survival of infliximab was statistically longer at third-line treatment (n=209) (p<0.0001), as the drug survival of TNF inhibitors compared to non TNF inhibitor biotherapies (ustekinumab and secukinumab) (p0.011). There was no impact of the age, the sex or the BMI on the drug survival. The discontinuation was mainly due to primary and secondary failure at first-line (respectively 33.33% and 33.71%) and to adverse events at second- and third-line (respectively 30.22% and 44.55%).
Conclusions: The results of the large observational study confirm those of the clinical trials, especially for the patients with failing initial TNF inhibitor therapy.
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THU0311 IMPACT OF SECUKINUMAB TREATMENT ON PSORIATIC ARTHRITIS PATIENTS WITH OR WITHOUT ENTHESITIS AT BASELINE: POOLED DATA FROM TWO PHASE 3 STUDIES (FUTURE 2 AND FUTURE 3)

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Background: Enthesitis is a common phenotypic manifestation of psoriatic arthritis (PsA) affecting approximately 70% of patients (pts) and may be associated with worse outcomes.[1] Secukinumab (SEC), a fully human monoclonal antibody that selectively neutralises IL-17A, provided significant and sustained improvement in the signs and symptoms of active PsA, with sustained resolution of enthesitis in Phase 3 studies.[2,3]
Objectives: To report the impact of SEC treatment on efficacy outcome measures in active PsA pts with or without baseline (BL) enthesitis (defined by Leeds Enthesitis Index) using pooled data from the FUTURE 2 (NCT01752634) and FUTURE 3 (NCT01989468) studies over 2 years.
Methods: SEC and placebo (PBO) were administered weekly during the first 4 weeks (wks) followed by subcutaneous maintenance dosing every 4 wks thereafter (PBO until Wk 16/24). The results are reported only for SEC 300 and 150 mg (approved doses). Efficacy outcomes (ACR20/50/70, PASI 90, HAQ-DI, SF-36 PCS and DAS28-CRP) were analysed *post-hoc* in pts with enthesitis at BL (BLE; n=466) or without enthesitis at BL (No BLE; n=246). Observed data are presented for binary variables and least-square (LS) means from analysis of covariance for continuous variables.
Results: A total of 65% of pts had BLE. BL demographics were balanced between the BLE and No BLE groups except for a higher proportion of females and numerically higher tender joint count, disability (HAQ-DI) and lower physical function (SF-36 PCS) in BLE pts than No BLE pts. At Wk 16, improvements in ACR and PASI responses, HAQ-DI, SF-36 PCS and DAS28-CRP were similar in both groups treated with SEC 300 mg, but were lower (except for PASI) in BLE pts treated with SEC 150 mg (table 1). Improvements in these outcomes followed a similar trend to Wk 104 in SEC-treated pts (table 1).

Abstract THU0311 – Table 1. Summary of Results with Secukinumab

	Wk	BLE			No BLE		
		300 mg	**150** mg	**PBO**	**300** mg	**150** mg	**PBO**
ACR20[a,b]	16	53.5	46.5	19.6	53.7	64.6	18.1
	104	56.8	52.4	-	62.6	62.9	-
ACR50[a,b]	16	31.3	21.4	6.7	35.8	35.4	5.6
	104	44.7	24.8	-	47.3	34.3	-
ACR70[a,b]	16	16.0	8.2	1.8	21.1	16.5	1.4
	104	26.5	15.2	-	34.1	21.4	-
PASI 90[a,c]	16	50.0	36.6	7.9	42.1	37.0	6.7
	104	67.9	59.7	-	73.5	44.4	-
HAQ-DI[d]	16	−0.5	−0.3	−0.2	−0.5	−0.5	−0.2
	104	−0.5	−0.4	-	−0.5	−0.6	-
SF-36 PCS[d]	16	6.4	3.7	2.5	6.5	7.4	2.6
	104	7.4	4.3	-	6.6	6.9	-
DAS28-CRP[d]	16	−1.5	−1.05	−0.5	−1.35	−1.6	−0.5
	104	−1.7	−1.6	-	−2.0	−1.9	-

[a]Response,%; [b]At Wk 16/104, n=144/132 (SEC 300), 159/145 (SEC 150) and 163 (PBO) with enthesitis and n=95/91 (SEC 300), 79/70 (SEC 150) and 72 (PBO) without enthesitis at BL; [c]At Wk 16/104, n=66/56 (SEC 300), 82/62 (SEC 150) and 63 (PBO) with enthesitis and n=38/34 (SEC 300), 46/36 (SEC 150) and 30 (PBO) without enthesitis at BL (psoriasis subset); [d]LS mean