represented by the cumulative averages of CRP (ca-CRP) and ESR (ca-ESR) which were calculated from the AUC (Area Under the Curve) of the 3 documented measurements divided by the total number of months of follow-up. Variables significantly associated at a Bonferroni-corrected p-value were included in the multiple linear regression modelling CRP and ESR.

Results: A total of 283 PsA patients [mean age 54.6±12 years; 52% female; mean PsA duration of 19±9 years; 25% with sacroiliitis; 44.5% with peripheral joint erosions; 60% of patients requiring TNFi for PsA] attended for detailed assessments. The median (IQR) and mean (SD) Ca-CRP was 8.8 (4.6–14.8) and 11.72 (10.52), respectively. The median (IQR) and mean (SD) Ca-ESR was 13.8 (7.8–20.1) and 15.78 (10.46). The variables were also checked for multicollinearity. On multiple linear regression, erosions, sacroiliitis, and the CCI were most significantly associated with Ca-CRP (unstandardised coefficient B=6.4, 2.9, 1.05, respectively, $p<0.01$), when controlled for all other variables in the model [(F=77.6, $p<0.001$), 72% (R-square)]. There was borderline significant association with the higher number of DMARDs and TNFi used ($p=0.09$, 0.08, respectively). Moreover, on multiple linear regression analysis, the erosions, extent of joint involvement (oligoarthritis/polyarthritis), number of TNFi used and the CCI were most significantly associated with Ca-ESR (unstandardised coefficient B=3.8, 1.8, 1.8, 0.76, respectively) when controlled for all other variables in the model [(F=130, $p<0.001$), 77% (R-square)].

Conclusions: PsA is a heterogeneous disease with <50% of patients developing radiographic damage. Elevated inflammatory markers, CRP and ESR, can help identify patients with a severe PsA phenotype. Such patients experience more radiographic damage, they have more comorbidities and their disease is more resistant to DMARDs and TNFi.

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THU0322

SECUKINUMAB PROVIDES SUSTAINED IMPROVEMENTS IN THE SIGNS AND SYMPTOMS OF ACTIVE PSORIATIC ARTHRITIS: 3-YEAR RESULTS FROM THE PHASE 3 FUTURE 2 STUDY

¹P. Nash, I.B. McInnes², P. Rahman³, A.B. Gottlieb⁴, B. Kirkham⁵, K. Ding⁶, L. Pricop⁵, on behalf of the FUTURE 2 study group. ¹University of Queensland, Brisbane, Australia; ²University of Glasgow, Glasgow, UK; ³Memorial University, St. John's, Canada; ⁴New York Medical College, New York, USA; ⁵Guy's and St Thomas' NHS Foundation Trust, London, UK; ⁶Novartis Pharmaceuticals Corporation, East Hanover, USA

Background: Secukinumab, a fully human monoclonal antibody that selectively neutralises IL-17A, provided significant and sustained improvement in the signs and symptoms of active psoriatic arthritis (PsA) over 2 years in the FUTURE 2 study (NCT01752634).¹

Objectives: To report 3 year efficacy and safety results from the FUTURE 2 study.

Methods: Overall, 397 patients (pts) with active PsA were randomised to receive subcutaneous secukinumab (300, 150 or 75 mg) or placebo at baseline, Weeks (Wks) 1, 2, 3 and 4, and every 4 wks thereafter.¹ Assessments at Wk 156 are from pts originally randomised to secukinumab and included ACR20/50, PASI 75, HAQ-DI, and resolution of dactylitis and enthesitis. Analyses by prior anti-TNF use (naïve/inadequate response [IR]) and with/without concomitant methotrexate (MTX) were assessed. Data are reported as observed for secukinumab 300 and 150 mg (approved doses). Safety analysis included all pts who received ≥1 dose of secukinumab.

Results: In total, 73/100 (73.0%) and 72/100 (72.0%) pts in the secukinumab 300 and 150 mg groups, respectively, completed 156 wks of treatment. Sustained clinical improvements were observed in those continuing with secukinumab across all endpoints through Wk 156 (table 1). ACR20 response rates at Wk 156 in anti-TNF-naïve pts were 85.2% and 76.5% with secukinumab 300 and 150 mg respectively; corresponding rates in anti-TNF-IR pts were 55.6% and 54.5%. ACR20 response rates in pts receiving concomitant MTX were 73.0% and 77.1% with secukinumab 300 and 150 mg, respectively; rates in pts without concomitant MTX use were 77.3% and 63.2%. Over the study (mean secukinumab exposure of 991.3 days) the type, incidence and severity of adverse events (AEs) were consistent with that reported previously. Exposure adjusted incidence rates with secukinumab for selected AEs of interest were: serious infections (1.8), *candida* infections (1.8), inflammatory bowel disease (0.1), major adverse cardiovascular event (0.2) and malignant/unspecified tumours (1.2).

Abstract THU0322 – Table 1. Summary of Efficacy Results at Wk 156

Variable % responders (n), unless stated	Secukinumab 300 mg s.c. (n=100)	Secukinumab 150 mg s.c. (n=100) [†]
ACR20	75.3 (81)	69.9 (73)
ACR50	54.3 (81)	38.4 (73)
^a PASI 75	74.3 (35)	81.8 (44)
HAQ-DI, mean change from BL (n)	-0.63 (81)	-0.47 (74)
^b Resolution of enthesitis	68.9 (45)	70.8 (48)
^c Resolution of dactylitis	82.1 (39)	80.0 (25)

^aPASI responses assessed in pts with psoriasis affecting ≥3% body surface area at BL (300 mg: n=41; 150 mg: n=58)

^bAssessed in pts (n=56 [300 mg] and 64 [150 mg]) with this symptom at BL

^cAssessed in pts (n=46 [300 mg] and 32 [150 mg]) with this symptom at BL

[†]Secukinumab 150 mg arm includes 42 pts who were up-titrated to 300 mg starting at Wk 128

BL, baseline; HAQ-DI, health assessment questionnaire-disability index; PASI, psoriasis area and severity index

N, number of pts randomised; n, number of pts with evaluation

Conclusions: Secukinumab 300 and 150 mg provided sustained improvements in signs and symptoms of active PsA through 3 years. Secukinumab was well tolerated, with a safety profile consistent with that reported previously.¹

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THU0323

TOFACITINIB IMPROVES COMPOSITE ENDPOINT MEASURES OF DISEASE IN PATIENTS WITH PSORIATIC ARTHRITIS

¹P. Helliwell, L.C. Coates², O. FitzGerald³, P. Nash⁴, E.R. Soriano⁵, M.E. Husni⁶, M.-A. Hsu⁷, K.S. Kanik⁷, T. Hendrikx⁸, J. Wu⁷, E. Kudlac⁷. ¹Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds; ²University of Oxford, Oxford, UK; ³St Vincent's University Hospital, Dublin, Ireland; ⁴University of Queensland, St Lucia, Brisbane, Australia; ⁵Hospital Italiano de Buenos Aires, Buenos Aires, Argentina; ⁶Cleveland Clinic Orthopedic and Rheumatologic Institute, Cleveland, OH; ⁷Pfizer Inc, Groton, CT; ⁸Pfizer Inc, Collegeville, PA, USA

Background: Tofacitinib is an oral Janus kinase inhibitor for the treatment of psoriatic arthritis (PsA). PsA is a heterogeneous disease and composite endpoints allow assessment of multiple clinical outcomes in one instrument.

Objectives: To examine the effects of tofacitinib treatment on several composite endpoints in patients (pts) with PsA.

Methods: In 2 placebo (PBO)-controlled, double-blind, multicentre, global Phase 3 studies, pts had active PsA and either had an inadequate response (IR) to ≥1 conventional synthetic disease-modifying antirheumatic drug (csDMARD) and were tumour necrosis factor inhibitor (TNFi)-naïve (OPAL Broaden [n=422;