Matts classification, follow up period, presence of other EIMs and ileal pouchitis. Follow up period [OR 1.17 (95% CI 1.03-1.33, $p < 0.05$)], Matts classification [OR 2.61 (95% CI 1.19-5.74, $p < 0.05$)] and ileal pouchitis [OR 2.65 (95% CI 1.16-6.07, $p < 0.05$)] were significantly associated with an increased risk of developing arthropathy of UC patients after colectomy.

Table 1. The risk factors for developing arthropathy in patients with ulcerative colitis after underwent colectomy by multi variate logistic regression analysis.

	Odd ratio	95% CI	p value
Age at operation, years	1.02	0.99, 1.04	NS
Sex (female vs male)	1.81	0.84, 3.91	NS
Follow-up period, years	1.17	1.03, 1.33	<0.05
Matts Classification (grade 3+4 vs 1+2)	2.61	1.19, 5.74	<0.05
Ileal pouchitis	2.65	1.16, 6.07	<0.05
Extraintestinal manifestations	2.74	0.85, 8.87	NS

Conclusion: About one fifth patients with UC who underwent colectomy developed arthropathy presenting predominantly peripheral type. Long follow up period, High disease activity by endoscopic classification, and ileal pouchitis were risk factors of developing arthropathy in UC patients after total colectomy. The frequency and risk factors for developing arthropathy even after colectomy was demonstrated in this study for the first time.

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SAT0343

BURDEN OF DISEASE AT TREATMENT INITIATION AMONG BIOLOGIC-NAÏVE PATIENTS WITH OLIGOARTICULAR VERSUS POLYARTICULAR PSORIATIC ARTHRITIS IN THE CORRONA PSORIATIC ARTHRITIS/SPONDYLOARTHRITIS REGISTRY

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Background: Oligoarticular PsA accounts for ≈50% of PsA worldwide, but only a paucity of data describes disease burden among patients with this subtype. The Corrona PsA/SpA Registry, a prospective, US-based, observational cohort study, collects real-world data on characteristics and treatment of PsA patients, including those with oligoarthritis.

Objectives: To characterize demographics, clinical characteristics and patient-reported outcomes (PROs) at treatment initiation in biologic-naïve patients with oligoarticular (≤4 swollen and ≤4 tender joints) vs. polyarticular (>4 swollen or >4 tender joints) PsA.

Methods: Biologic-naïve patients ≥18 years of age diagnosed with PsA and enrolled in the registry who initiated apremilast, biologics and/or csDMARDs for PsA from March 2013–December 2018 were included. Data on patient demographics, disease activity, treatment history, comorbidities and PROs were analyzed at treatment initiation; comparisons between oligoarticular and polyarticular PsA patients were performed using *t*-tests or Wilcoxon rank-sum tests for continuous variables and chi-square tests or Fisher's exact tests for categorical variables, as appropriate.

Results: 330 biologic-naïve PsA patients initiating apremilast, biologics and/or csDMARDs were included (oligoarthritis: n=149; polyarthritis: n=181). Demographics and clinical characteristics were mostly similar for patients with oligoarthritis and polyarthritis, including mean age (51.6 vs. 54.3 years; $P=0.068$), proportion of females (51.0% vs. 59.7%; $P=0.117$), mean disease duration (3.0 vs. 3.1 years; $P=0.789$) and prior use of

csDMARDs (13.4% vs. 21.0%; $P=0.072$). History of comorbidities was similar between the 2 groups, but the proportion of patients with fibromyalgia was higher in the polyarthritis group (2.0% vs. 8.8%; $P=0.008$; Table 1). Patients with oligoarthritis had lower disease activity at treatment initiation vs. those with polyarthritis based on SJC (0-66) and TJC (0-68), nail psoriasis VAS score, cDAPSA score, presence of enthesitis, SPARCC enthesitis score, presence of dactylitis and dactylitis count. More patients with oligoarthritis were classified with minimal disease activity vs. patients with polyarthritis (Table 2). Mean Pain VAS (42.6 vs. 59.8), Fatigue VAS (41.9 vs. 55.3), Patient's Global Assessment of Disease Activity VAS (38.6 vs. 47.7) and HAQ-DI (0.7 vs. 1.0) scores were significantly lower and the proportion of patients with HAQ-DI score <0.5 was significantly greater for patients with oligoarthritis vs. polyarthritis (39.7% vs. 20.1%) (all $P \leq 0.001$). Presence of inflammatory back pain (8.7% vs. 10.5%; $P=0.588$) and mean psoriasis-involved body surface area (8.0% vs. 6.8%; $P=0.276$) were similar in the 2 groups.

Conclusion: This Corrona PsA/SpA Registry analysis showed similar overall disease burden and comorbidity burden in biologic-naïve patients with oligoarthritis and polyarthritis. However, patients with oligoarthritis vs. polyarthritis had lower scores on disease activity and PRO measures at treatment initiation.

Table 1. History of Comorbid Conditions Among Biologic-Naïve Patients With Oligoarticular vs. Polyarticular PsA^{a,b}

History of Comorbidity, n (%)	Oligoarthritis n=149	Polyarthritis n=181	P Value
Cancer (any except NMSC)	15 (10.1)	19 (10.5)	0.898
Cardiovascular disease	17 (11.4)	23 (12.7)	0.719
Depression	20 (13.4)	36 (19.9)	0.119
Diabetes mellitus	20 (13.4)	33 (18.2)	0.236
Fibromyalgia	3 (2.0)	16 (8.8)	0.008
Hyperlipidemia	26 (17.4)	38 (21.0)	0.418
Hypertension	48 (32.2)	74 (40.9)	0.104
Metabolic syndrome	19 (12.8)	33 (18.2)	0.174
Nail psoriasis	65 (43.6)	97 (53.6)	0.071
Psoriasis	121 (81.2)	150 (82.9)	0.694

^aOligoarticular PsA (≤4 swollen and ≤4 tender joints) vs. polyarticular PsA (>4 swollen or >4 tender joints). ^bIncludes patients initiated on apremilast, biologics and/or csDMARDs. NMSC=non-melanoma skin cancer.

Table 2. Disease Characteristics of Biologic-Naïve Patients With Oligoarticular vs. Polyarticular PsA^{a,b}

Disease Characteristic	Oligoarthritis n=149	Polyarthritis n=181	P Value
Swollen joint count (0-66), mean (SD)	1.3 (1.5)	6.2 (5.3)	<0.001
Tender joint count (0-68), mean (SD)	1.6 (1.5)	13.9 (12.7)	<0.001
Nail psoriasis VAS, mean (SD)	11.4 (23.6)	15.7 (24.6)	0.037
cDAPSA score, mean (SD)	10.9 (5.6)	31.1 (15.8)	<0.001
High (>27) cDAPSA, n (%)	0 (0.0)	91 (52.0)	<0.001
Presence of enthesitis, n (%)	37 (24.8)	84 (46.4)	<0.001
SPARCC enthesitis score, mean (SD)	2.1 (1.3)	4.4 (3.4)	<0.001
Presence of dactylitis, n (%)	25 (16.8)	54 (29.8)	0.006
Dactylitis count, mean (SD)	1.9 (1.6)	2.4 (1.7)	0.060
Minimal disease activity, n (%)	40 (29.6)	6 (3.6)	<0.001

^aOligoarticular PsA (≤4 swollen and ≤4 tender joints) vs. polyarticular PsA (>4 swollen or >4 tender joints). ^bIncludes patients initiated on apremilast, biologics and/or csDMARDs. SPARCC=Spontaneous Psoriasis Research Consortium of Canada.

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