PsA4ID domains for FIL vs PBO, including pain (p=0.0001; Figure 1b). A significant improvement in SF–36 PCS, but not in MICS, with FIL vs PBO was observed. The mean change (SD) from baseline in PCS at week 16 was 7.4 (6.6) vs 2.4 (6.6) for FIL vs PBO, respectively (LS mean of group difference 4.67 [2.58, 6.76], p<0.0001).

Conclusion: Compared with PBO, FIL significantly improved disease impact in patients with active PsA, as measured by the PsA-specific PsA4ID total score and individual domain scores. Significant improvement in SF–36 PCS score was also seen with FIL.

REFERENCE

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GO-DACT: A RANDOMIZED DOUBLE-BLIND PLACEBO-CONTROLLED PROOF-OF-CONCEPT TRIAL OF GOLIMUBU PLUS METHOTREXATE (MTX) VERSUS MTX MONOTHERAPY, IN IMPROVING DACTYLITIS, IN MTX NAIVE PSORIATIC ARTHRITIS PATIENTS

Elisa Vieira-Sousa 1, Pedro Alves 2, Ana Maria Rodrigues 3, Filipa Teixeira 4, José Tavares-Costa 5, Alexandra Bernardo 6, Sofia Pimenta 7, Fernando Pimentel Dos Santos 8, João Lopes Gomes 9, Renata Aguiar 10, Célia Ribeiro 11, Ana-Maria Orbai 12, Cristina Caiata 13, Helana Santos 14, João Morgado 15, Graça Sequeira 16, Lidia Teixeira 17, Pedro Ávila-Ribeiro 18, Fernando M. Martins 19, Helena Chanhão 20, Ruy M Ribeiro 21, João Euroc Fonseca 22, Laura C Coates 23, Alexs Ogidie 24, Thijs Hendrikk 25, Venture for Research, William Tillett 26, Ruy M Ribeiro: None declared, José Tavares-Costa: None declared, Alexandra Bernardo: None declared, Sofia Pimenta: None declared, Fernando Pimentel dos Santos Grant/research support from: (To my university) Novartis, Pfizer, Consultant for: Abbvie, Amgen, and Pfizer, Speakers bureau: Abbvie, Novartis, Pfizer, Biogen, João Lopes Gomes: None declared, Renata Aguiar: None declared, Célia Ribeiro: None declared, Tacieira Videira: None declared, Patricia Pinto: None declared, Ana Maria Rodrigues: None declared, Pedro Ávila-Ribeiro: None declared, Ana-Maria Orbai: None declared, Ruy M Ribeiro: None declared, Joao Euroc Fonseca: None declared, Laura C Coates: None declared, Renata Aguiar: None declared, Alexs Ogidie: None declared, Thijs Hendrikk: None declared, Ana Maria Rodrigues: None declared, Pedro Ávila-Ribeiro: None declared, Fernando M. Martins: None declared, Helena Chanhão: None declared, João Euroc Fonseca: None declared.

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SECUKINUMAB IMPROVES GRAPPHA-OMERACT CORE DOMAINS OF PSORIATIC ARTHRITIS REGARDLESS OF PREVIOUS EXPOSURE TO A TNF INHIBITOR

Ana-Maria Orbai 26, M Elaine Hussni 27, Dafna D. Gladman 28, Ying Yang Leung 29, Stefan Siebert 30, William Tillett 31, Marín Vis 32, Olivier Chambonbier 33, Xianting Meng 34, Philip J. Mease 35, John Hopkins University School of Medicine, Baltimore, United States of America; 36Cleveland Clinic, Cleveland, United States of America; 2Krembil Research Institute, Toronto Western Hospital and University of Toronto, Toronto, Canada; 4Singapore General Hospital, Duke-NUS Medical School, Singapore, Singapore; 5Institute of Infection, Immunity and Inflammation, University of Glasgow, Glasgow, United Kingdom; 6Royal National Hospital for Rheumatic Diseases, Pharmacy and Services, Bath, United Kingdom; 7Erasmus University Medical Center, Rheumatology, Rotterdam, Netherlands; 8Novartis Pharmaceutical Corp, East Hanover, United States of America; 9Swedish Medical Center/ Providence St. Joseph Health and University of Washington, Seattle, United States of America

Background: Secukinumab, a fully human interleukin 17 (IL-17A) monoclonal antibody, has demonstrated efficacy in psoriatic arthritis (PsA) in phase 3 clinical trials.1-4 The PsA core domain set, updated by the