AB0700

GOLIMUMAB PERSISTENCE IN BIOLOGIC NAÏVE AND NON-NAÏVE PATIENTS WITH AXIAL SPONDYLOARTHRITIS: RESULTS OF THE GO-PRACTICE STUDY

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Background: Golimumab (GLM) was the latest anti-TNF α therapy to be indicated in the treatment of chronic inflammatory rheumatic diseases. The pivotal GO-AFTER study [1] and the ongoing observational GO-BEYOND study investigate GLM efficacy in rheumatoid arthritis (RA) patients who previously received biologics. However, clinical studies of GLM in axial spondyloarthritis (AS) are lacking. Using data from the GO-PRACTICE study, we examined GLM persistence in patients with AS.

Objectives: Primary objective was to estimate GLM persistence at 2 years from initial prescription, as a first line of treatment (in biologic naïve patients:BN) and as a second or further line of treatment (in biologic pre-treated patients:BP). Persistence was estimated with the Kaplan-Meier method. Secondary outcomes included assessing disease activity (ASDAS) evolution and patient-reported evaluations of disease activity (BASDAI), pain (VAS), functional ability (HAQ) and quality of life (EQ-5D and SF-12).

Methods: Observational, prospective, multicenter French study, that recruited adult patients with RA, psoriatic arthritis or AS, who were newly prescribed GLM. Patients were followed-up over 2 years; data were collected at baseline (BL), 1 year and 2 years. This abstract presents results from the AS cohort of GO-PRACTICE.

Results: 478 patients with AS (constituting 63% of the total cohort) from 134 sites were included from January 2015 to March 2016. Mean age was 43 years, 55% were female; 61% were BN (n=291) and 39% (n=187) were BP. Mean duration of AS was 5.5 and 10.7 years in BN and BP patients, respectively ($P<.001$). At BL most were prescribed 50 mg GLM monthly (97%). Co-treatments were disease-modifying anti-rheumatic drugs (34%), corticosteroids (17%) and NSAIDs/analgesics (90%). GLM persistence over 2 years was significantly higher in BN than BP patients (59.2% vs 45.1%, $p<.01$). For those still on GLM at 2 years, disease activity (Table1) and patient assessments showed significant improvements for both, BN and BP patients, with improvements being greater in BN patients. GLM was well tolerated in AS patients (n=478), with 46 (9.6%) discontinuing due to intolerance. Among BN patients, 18 (6.2%) discontinued GLM due to primary treatment failure, compared to 28 BP patients (15%). GLM was re-prescribed for 213 (88%) of the 241 patients persisting on GLM at 2-years. Post-hoc multivariate analysis showed that being female was a risk factor for GLM discontinuation in AS patients (HR1.9, IC95% 1.4-2.6).

Table 1. Disease activity at BL and 2 years for BN and BP patients with AS persisting on GLM

	BN patients		BP patients		P*
	BL	2 years	BL	2 years	
ASDAS-CRP, Mean (SD)	3.2(0.8)	1.5(0.9)	3.1(0.8)	2.0(1.0)	$P=.0051$
BASDAI, Mean (SD)	5.3(1.7)	2.6(1.9)	5.7(1.6)	3.1(2.0)	$P<.0001$

*P is from a 2-factor repeated-measures model testing the significance of the effect of prior biologic treatment on score evolution, adjusted to time

Conclusion: GLM is associated with clinical improvements and good persistence in AS patients, especially those who are biologic naïve.

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Kaplan-Meier plots showing the cumulative persistence probability of golimumab over 24 months for Biologic naïve (BN) and biologic-pre-treated (BP) patients with Axial spondyloarthritis (AS).

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REAL-WORLD EXPERIENCE OF SECUKINUMAB FOR AXIAL SPONDYLOARTHRITIS: SPECIFIC POPULATION CHARACTERISTICS

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Background: IL-17 inhibition has been proved effective in patients with ankylosing spondylitis (AS) in clinical trials and it has been added to the most recent national and international treatment guidelines. However, real-world data of its use is still scarce.

Objectives: This study aims to describe the axial spondyloarthritis (AxSpA) population receiving secukinumab therapy under non-experimental conditions.

Methods: Multicentric observational, retrospective, longitudinal study conducted in 4 tertiary hospitals of the Madrid region. Patients over 18 y.o. with clinical diagnosis of AxSpA and having received at least one dose of secukinumab were included. Medical records were reviewed to collect demographic and clinical data related to AxSpA, its features and treatment. Descriptive statistic analysis with measures of central tendency and measures of variability was performed.

Results: 143 patients, of which 68 women (47.6%) were included. Mean age was 50.6 y.o.(26-74) and average duration of the disease was 12.4 years (1-54). 105 AS patients (73.4%) and 38 non radiographic AxSpA patients (26.6%). 85 of them were HLAB27 positive (62%)

Observed comorbidities were hypertension (37pt, 25.8%), diabetes mellitus (12pt, 8.4%), dyslipidemia (43 pt,30.1%) and active smoking (41pt,28.7%) Average BMI was 27.1 (15.8-43.4), with an obesity rate of 27.6% (29pt). Other comorbidities highlighted were ischemic heart disease (10pt, 7%), HBV infection (10pt, 7.5%), malignancy (14pt, 9.8%) and renal transplantation (2 pt, 1.4%). No HVC nor HIV infections were detected.

In terms of axial disease, 97 (65.7%) patients showed grade 2 or higher sacroiliitis. In sacroiliac joint MRI studies 35 patients (42.7%) had acute and chronic lesions, 13 (15.9%) had acute lesions, 17 (20.7%) had chronic lesions and 17 (20.7%) were normal. Syndesmophytes were present in 49 patients (34.5%) and hip arthropathy in 15 patients (11.4%).

In addition, peripheral disease was present: 77 patients (53.8%) had arthritis, 80 patients (55.9%) had enthesitis and 9 patients (6.3%) showed dactylitis. Joint erosions in hand and feet X-rays were reported in 6 patients (6.8%).

Extraarticular SpA features found were inflammatory bowel disease in 3 patients (2.1%), uveitis in 17 pts (11.9%) and psoriasis in12 pts (8.4%). 2 patients (1.4%) presented secondary amyloidosis.

Regarding previous treatments, 97.2% had used NSAIDs and 38.5% glucocorticoids. 100 patients (84.1%) had received DMARDs, particularly sulfasalazine (84 pts, 58.7%). 38 patients were naïve to biologic therapy (26.6%); 36 (34.3%) had been exposed to one bDMARD, 39 (37.1%) to two and 30 (28.6%) to three or more. Besides all TNF inhibitors, 13

treatments with abatacept, tocilizumab, rituximab or ustekinumab were recorded.

Average baseline BASDAI was 6.54 (0.4-12.8), and 5.01 (0-10) after 6 mo SCK therapy. Baseline BASFI was 5.8 (0.4-10) and 4.8 (0-9.6) at 6 months. Adverse events did not differ from those reported in clinical trials.

Conclusion: Population receiving SCK in real-world setting is different to clinical trials: more complex patients, with higher disease activity, higher use of previous bDMARDs and higher comorbidity, particularly cardiovascular risk, infections or malignancy that could preclude the use of other biologic therapies. A relevant percentage of off-label prescription in nrAx-SpA is reported. Further studies are needed to characterize this population and its clinical response and tolerability to SCK therapy.

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TREATMENT EFFECT OF TUMOR NECROSIS FACTOR α INHIBITORS ON MAGNETIC RESONANCE IMAGING PROGRESSION IN PATIENTS WITH SPONDYLOARTHRITIS: A META-ANALYSIS

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Background: Treatment effect of tumor necrosis factor α inhibitors (TNFi) in patients with spondyloarthritis (SpA) had been proved by plenty of studies that could remarkably eliminate symptoms, signs, and laboratory inflammatory manifestations [1,2]. Simultaneously, the treatment effect of TNFi on delaying radiographic progression in SpA was often reported [3,4], including magnetic resonance imaging (MRI) which has a high sensitivity on detecting the earliest inflammation [5].

Objectives: A meta-analysis was performed to summarize the treatment effect of TNFi on MRI progression reflected by SPARCC score in SpA patients

Methods: Comprehensive search was conducted in the electronic databases of OVID Medline, OVID EMBASE and Cochrane library on Nov.27, 2018. All randomized controlled trials (RCTs) focused on MRI progression and disease activity in SpA patients treated with TNFi were included. Primary outcome was the Spondyloarthritis Research Consortium Canad (SPARCC) MRI scoring system, accompanied with or without other outcomes, including Ankylosing Spondylitis Disease Activity Score (ASDAS), Bath Ankylosing Spondylitis disease activity index (BASDAI), Bath Ankylosing Spondylitis functional index (BASFI), C-reactive protein (CRP). Data were pooled by mean differences (MD) with 95% confidence intervals (CI) and publication bias was assessed by funnel plot. Sensitivity analysis was performed to test the result robustness. Jadad scale was applied to assess the methodology quality of included trials. Two reviewers independently selected studies, extracted data, and assessed study quality.

Results: Totally 10 RCTs enrolled 1006 patients with high methodology were included. Compared with control group, TNFi significantly improved SPARCC score at sacroiliac joint (SIJ) (MD=2.84, 95% CI 2.43-3.25), SPARCC score of spine (MD=1.87, 95% CI 1.27-2.46), ASDAS (MD=0.96, 95% CI 0.71-1.20), BASDAI (MD=1.15, 95% CI 0.51-1.78), BASFI (MD=0.95, 95% CI 0.51-1.40), and CRP (MD=4.64, 95% CI 1.06-8.23) in double-blind phase. Subgroup analyses by disease subgroup and individual TNFi showed treatment effect of TNFi on delaying MRI progression was not affected by disease subgroup and individual TNFi. Sensitivity analysis showed the treatment effects of TNFi versus placebo were consistent with TNFi versus controls, suggesting the results of the study were robust. The funnel plot of SPARCC score at SIJ based on TNFi versus control in double-blind phase was asymmetric, suggesting there might have potential publication bias.

Conclusion: TNFi are effective to treat SpA patients and delay MRI progression which are assessed by SPARCC score and treatment effect is consistent among disease subgroups and individual TNFi.

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INFLAMMATORY BOWEL DISEASES AMONG SECUKINUMAB-TREATED PATIENTS: FIRST RESULTS OF THE MISSIL REGISTRY

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Background: Interleukin 17 (IL17) blockade is a therapeutic alternative for patients who are Tumor Necrosis Factor inhibitor-Inadequate Responders. However, in randomized controlled trials, cases of de novo inflammatory bowel diseases (IBD) have been reported in patients treated by IL17 inhibitors.

Objectives: To describe patients treated by IL 17 inhibitors developing new onset IBD (Crohn's disease and ulcerative colitis).

Methods: A French national registry called MISSIL was started in February 2018 to collect the cases of these patients. This registry is conducted by rheumatologist, dermatologist and gastroenterologist learned societies specialized on immune-mediated inflammatory diseases (IMID). In France, secukinumab has been granted market authorization in June 2016 and ixekizumab in April 2018.

Results: 12 cases were reported between February and December 2018 : 11 patients with new onset Crohn's disease and one with ulcerative colitis. Mean age was 51 $\pm$ 14.3 years old and 8/12 were female. 6 presented an axial spondyloarthritis, 3 a peripheral spondyloarthritis and 3 both. 9/10 were HLA-B27 positive. 4/10 have a radiographic sacroiliitis and 3/10 a MRI sacroiliitis. Only one was biological Disease-modifying antirheumatic drug (bDMARD)-naïve. Crohn's disease was mainly located at the ileum, colon and rectum. The mean time to onset of symptoms was 4.9 $\pm$ 5.6 months. The main symptoms were diarrhoea, nausea and vomiting and loss of weight. Median CRP at the onset of symptoms was 107 mg/L (66.5-200.7). 9 patients underwent biopsies. 5 were in favour of Crohn's disease. IL17 inhibitors were consistently stopped. Patients were treated by corticosteroids (9/12), mesalazine (3/12), methotrexate (2/12), thiopurines (1/12), infliximab (3/12), adalimumab (1/12), golimumab (1/12), ustekinumab (3/12). The evolution was favourable under treatment with healing (5/12), improvement (4/12) or stabilization (1/12). One patient worsened under treatment and one died (massive myocardial infarction).

Conclusion: IBD under IL 17 inhibitors are rare and lead to discuss the potential iatrogenic role of IL 17 inhibitor drugs. Further cases and case control studies are needed to better characterize this complication and identify patients at risk to develop IBD under IL 17 inhibitor.

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