Disclosure of Interests: Proton Rahman: None declared, Derek Haaland Grant/research support from: Janssen Sponsored Study, Dalton Sholter Grant/research support from: Janssen Sponsored Study, Michael Starr: None declared, Arthur Karasik: None declared, Michelle Teo Grant/ research support from: Janssen Sponsored Study, Sanjay Dixit Grant/ research support from: Janssen Sponsored Study, Consultant for: Janssen, Speakers bureau: Janssen, Arie Masetto Grant/research support from: Amgen, Sanofi, Consultant for: Sanofi, Pfizer, Bristol-Myers Squibb, Novartis, Boehringer Ingelheim, Speakers bureau: Novartis, Anna Jarosynska Grant/research support (week 6 10.5 to 52). Adherence rate was calculated as Adherence was calculated as the rate of therapy had a higher persistence rate than those pretreated with Bx. Efficacy was calculated as the proportion of pts who achieved an adhesion of >80% at wk 52. These calculations included pts who discontinued treatment with SEC; still ongoing pts were excluded from this interim analysis. Treatment persistence (time from study inclusion, i.e. date of informed consent, until treatment discontinuation) stratified by biologic/biosimilar (Bx) pretreatment was analyzed using Kaplan-Meier plots. Results: This interim analysis describes 952 pts (AS n=311, PsA n=641) who were included at BL. In total, 51.4% (n=489) of the pts were female and 48.6% (n=463) male, mean age was 50.8 years, and 67.8% (n=645) were pretreated with Bx. At treatment start with SEC, pts presented with 11.6% (n=36) in AS and 66.3% (n=425) in PsA, uveitis 6.4% (n=20) in AS and 20.7% in PsA, PsA: 32.3% versus 20.7%). The most frequently occurring AEs (>7% of patient in either group) were upper respiratory tract infection, arthralgia and back pain. Two deaths occurred in IFX-treated patients (myocardial infarct, drowning) and two among GLM-treated patients (gastro-intestinal cancer; neutropenia, staphylococcal pseudomonas infections, septic shock). The proportion of patients who discontinued treatment were 65.8% over a mean 3.2 years of exposure in the IFX cohort and 56.8% over 1.6 years in the GLM cohort.

Conclusion: Both IFX and GLM treatment significantly reduced disease activity and improved functionality in a similar fashion and were well tolerated in patients with AS. Differences in baseline characteristics over time demonstrate improvement in early diagnosis of AS and earlier access to biologic therapies.