Figure 1.

Conclusion: AQUILA study revealed high disease burden at BL across AS and PsA pts characterized by the presence of extra-articular manifestations and cardiovascular diseases. Adherence rates under real-world conditions were consistent and comparable with published literature regarding immune-mediated inflammatory diseases³. SEC demonstrated a high drug persistence in real world in particular in Bx-naïve pts. Overall, this interim analysis demonstrated that SEC is a reliable treatment in Bx-naïve as well as Bx-pretreated pts with AS or PsA in a daily routine setting.

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AB0706 DIFFERENCES IN RHEUMATOLOGISTS' TREATMENT PREFERENCES FOR ANKYLOSING SPONDYLITIS AND NON- RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

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Background: The lack of a formal indication for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) has meant that many US rheumatologists fundamentally treat it as an early manifestation of Ankylosing Spondylitis (AS) and seldom differentiate their treatment approach when using biologics/small molecules.

Objectives: This study sought to gain a better understanding of the number of AS and nr-axSpA patients rheumatologists manage, recent changes made in treatment, and how AS and nr-axSpA patients are differentiated beyond radiographic evidence. The study also evaluated the differences in use of biologics/small molecules for the treatment of AS and nr-axSpA and rheumatologist projected changes in the management of these two conditions.

Methods: An independent market analytics firm administered a survey with US rheumatologists (n=104) on the treatment landscape for AS and nr-axSpA. To qualify, rheumatologists had to spend the majority of their professional time in clinical practice, manage a minimum of 50 AS or nr-axSpA patients, and have been in practice between 2 and 35 years. Respondents answered questions pertaining to their practice, the demographics of their AS/nr-axSpA patients, their treatment approaches for each type, as well as attitudinal statements. The survey was administered online in February 2018 and respondents were compensated for their participation. A similar study was also conducted in 2017 allowing for year over year comparison. The data were collected and analyzed in SPSS.

Results: Three-quarters of rheumatologists reported they treated their AS and nr-axSpA patients in a similar manner, though there was a higher use of NSAIDs and local steroids in non-radiographic disease, and more biologic/JAK use in AS. More established TNF inhibitors such as adalimumab, etanercept, and infliximab dominated biologics/small molecule preference, collectively accounting for approximately three-quarters of all biologic-treated AS and nr-axSpA patients. However, use of adalimumab, etanercept, and infliximab was expected to decline or stay flat in the next three months, while use of secukinumab, tofacitinib, golimumab IV, and both infliximab biosimilars, was anticipated to increase.

Although not indicated for either condition, 28% of respondents reported off-label use of tofacitinib for AS, and 25% for nr-axSpA, a significant increase from 2017. Projected off-label use of tofacitinib in the following three months is also expected to increase.

Conclusion: Rheumatologists are less likely to use biologics/small molecules for nr-axSpA, but when they do, use of brands is similar to those used in AS. While TNF inhibitors continue to account for the majority of biologic/small molecule prescriptions for these conditions, rheumatologists project increased use of agents with alternative mechanisms of action in the future.

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AB0707 LTBI SCREENING IN SPONDYLOARTHRITIS PATIENTSPRIOR TO ANTI-TNF TREATMENT AND FOLLOW-UP IN AN ENDEMIC AREA

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Background: Screening for latent tuberculosis infection (LTBI) remains a concern in endemic regions for anti-TNF eligible patients and recent researches have shown peculiarities between the inflammatory arthropathies such as different groups of spondyloarthritis (SpA).

Objectives: To evaluate the long-term efficacy of LTBI screening and treatment in patients with Ankylosing Spondylitis (AS) and Psoriatic Arthritis (PsA) receiving TNF blockers in a single center.

Methods: A total of 218 SpA patients (135 AS and 83 APS) were screened for LTBI before receiving anti-TNF (infliximab, adalimumab, etanercept, certolizumab pegol and golimumab) treatment using the tuberculin skin test (TST), chest X-ray (CXR) and history of previous exposure to tuberculosis (TB). Patients were regularly followed every 2-3 months and asked about infectious symptoms or new exposure. TST was not repeated regularly. LTBI patients were treated with isoniazid (300 mg/day) for 6 months, according local guidelines.

Results: One hundred and eight patients (49.5%) were treated with a single anti-TNF agent and the total duration of biological treatment was approximately six years (5.9 ± 4.0). INF and ADA were most often used among the 422 treatment cycles analyzed, representing 45% and 30% respectively. LTBI screening was positive in 82 patients (38%): 69 (84%) were TST-positive, 23(28%) had a history of TB exposure and 5(6%) had an abnormal CXR. As isolated variables TST positivity and previous exposure accounted for 58(71%) and 11 (13%) LTBI diagnosis. There were some distinct patterns between APS and AS patients screening: despite APS patients had more cases of previous TB than AS patients (6% vs 0.7%, $P = 0.03$), they had a lower frequency of LTBI (30% vs 42%, $P = 0.04$). Among LTBI patients, TST positivity was lower in SpA than AS patients (64% vs 93%, $P = 0.002$), even with more previous exposure (52% vs 18%, $P = 0.02$) and in patients with peripheral arthritis (27% vs 42%, $P = 0.03$). During follow-up, 11 patients developed active TB: 5 under ADA, 5 under INF and 1 under ETA treatment. Five cases (45%) were extrapulmonary: 3 pleural, 1 peritoneal and 1 spondylodiscitis. Four (36%) cases occurred in patients with a positive LTBI screening and 7 in patients without LTBI. There was no difference in drug survival