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**IXEKIZUMAB IMPROVES SIGNS AND SYMPTOMS AND SPINAL INFLAMMATION OF ANKYLOSING SPONDYLITIS/RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS THROUGH ONE YEAR OF TREATMENT IN BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG-NAIVE PATIENTS**

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**Background:** During 16 weeks (wks) of blinded treatment, ixekizumab (IXE) and an adalimumab (ADA) active reference arm were superior to placebo (PBO) in improving signs and symptoms of radiographic axial spondyloarthritis (r-axSpA).1

**Objectives:** To assess the safety and efficacy of continuous treatment with IXE through 52 wks in patients (pts) with r-axSpA and to describe clinical response at Wk 52 for pts who switched to IXE following 16 wks of treatment with either ADA or PBO.

**Methods:** Participants were biologic disease-modifying anti-rheumatic drug (bDMARD)-naive adult pts with active r-axSpA per Assessment of Spondyloarthritides (SpA) international Society (ASAS) criteria (sacroilitis centrally defined by modified New York criteria and ≥1 SpA feature) and inadequate response or intolerance to non-steroidal anti-inflammatory drugs. Pts were randomized 1:1:1:1 to receive 80 mg IXE every 2 (Q2W) or 4 wks (Q4W), 40 mg adalimumab (ADA) Q2W (active reference arm), or PBO. At Wk 16, pts assigned to IXE continued their assigned treatment and pts receiving PBO or ADA were re-randomized 1:1 to IXE Q2W or IXE Q4W through Wk 52.

**Results:** Of 164 pts initially randomized to IXE, 146 (99%) completed Wk 52. IXE Q4W and IXE Q2W led to persistent improvements in disease activity, function, objective inflammation (MRI and C-reactive protein), quality of life, health status, and overall functioning for up to 52 wks (Figure and Table). For pts initially assigned to PBO or ADA, ASAS40 response was a numerical increase upon switching to IXE (Table). Frequencies of treatment-emergent adverse events (AEs) were similar between IXE dosing regimens. Among pts with >1 dose of IXE (N=336), serious AEs occurred in 20 (6%) pts. There were no deaths and 11 (3%) pts discontinued due to AEs.

**Conclusion:** Persistent improvements in the signs and symptoms of r-axSpA were observed through Wk 52 in pts who received continuous treatment with IXE. ASAS40 response rates at Wk 52 were numerically similar between pts who received continuous treatment with IXE and pts who switched from ADA to IXE. No unexpected safety signals were observed through 52 wks of treatment.

**REFERENCES**

[1] van der Heijde, et al., Lancet, 2018

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**Spondyloarthropathy – clinical aspects (other than treatment)**

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**Background:** Axial spondyloarthropathy (axSpA) is a chronic inflammatory disease that mainly affects axial skeleton. Ocular inflammation is one of the most common extra-articular manifestations of axSpA, mainly form of acute anterior uveitis (AAU). However posterior segment of the eye was rarely evaluated. The inaccessibility of posterior structures like choroid and retina to direct examination led clinicians to use non-invasive imaging technics. Optical coherence tomography (OCT) is an imaging technology for the non-invasive assessment of the retina and choroid. OCT is now widely used for the assessment of patients with uveitis including AAU. OCT in axSpA is helpful for the clinical management of AAU patients and for the early detection of any subclinical choroidal inflammation.

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