to the national guidelines. $M \pm m, \%$, χ^2 , t-test were performed. All $p < 0.05$ were considered to indicate statistical significance.

Results: 20 out of 99 pts (20.2%) had PsA. In all group mean HADS-D/HADS-A/FACIT were $2.59 \pm 3.88/4.61 \pm 6.54/41.47 \pm 6.41$ accordingly. In PsO pts without PsA presence of disorders/psychiatric morbidity by HADS-A were seen in significantly more cases compare to PsO pts with PsA: totally in 30 out of 79 pts (38%)/in 2 out of 20 pts (10%) accordingly (χ^2 , $p=0.025$). In PsO pts without/with PsA presence of disorders/psychiatric morbidity by HADS-D were seen totally in 20 out of 79 pts (25.3%)/in 2 out of 20 pts (10%) accordingly (χ^2 , $p=0.24$). No significant difference were found between groups. In PsO pts without/with PsA FACIT ≤ 30 were seen in 2 out of 79 pts (2.53%)/in 2 out of 20 pts (10%). No significant difference were found between groups (χ^2 , $p=0.17$).

Conclusion: In our real dermatological clinical practice cohort of pts with severe PsO subclinical and clinical anxiety and depression were detected in about 30% of cases. This fact should be taken into account for the early detection of pts at risk for developing PsA.

REFERENCES

- [1] Lewinson RT, Vallerand IA, Lowerison MW. Depression Is Associated with an Increased Risk of Psoriatic Arthritis among Patients with Psoriasis: A Population-Based Study. *J Invest Dermatol*. 2017;137(4):828-835. doi: 10.1016/j.jid.2016.11.032.

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AB0740

USE OF SECUKINUMAB IN PATIENTS WITH PSORIATIC ARTHRITIS. IMPACTS OF COMBINATION WITH METHOTREXATE

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Background: Secukinumab (SECU) is a human IgG1κ monoclonal antibody that binds to the protein interleukin-17A approved for the treatment of psoriasis, ankylosing spondylitis, and psoriatic arthritis (PsA). Recently presented data suggest that combination with methotrexate (MTX) in patients with PsA may not be as necessary as in rheumatoid arthritis as it improves neither efficacy nor sustainability (1,2,3,4).

Objectives: This analysis describes the use of SECU with or without MTX.

Methods: The data of patients with psoriatic arthritis seen since January 1, 2015 (date at which SECU appeared in the Canadian market) at the Institut de Recherche en Rhumatologie de Montréal (IRRM) and the Centre de l'Ostéoporose et de Rhumatologie de Québec (CORQ) was extracted from the Rhumadata[®] clinical database and registry on January 7, 2019. Selected patients initiated SECU either without (MTX-) or with MTX (MTX+). The collected data include baseline characteristics (socio-demographic variables, concomitant and past medication, comorbidities and the Charlson comorbidity index (CCI)), variables measured over time (laboratory test results, patient and physician-reported outcomes, and disease activity measures such as minimal disease activity (MDA), CDAI and DAS28(4)-ESR) and persistence data (treatment duration, reason for cessation). The groups were compared to identify potential confounder, and persistence data were analyzed using Kaplan-Meier and proportional hazard methods.

Results: A total of 96 patients were prescribed SECU since January 1, 2015. Of those, 49% (n=47) treated with MTX. No significant differences in baseline (at treatment initiation) were observed between the MTX+ and MTX- groups. Average age at treatment initiation was 52.4 (standard deviation=11.3) and 53.7 (13.4) in the MTX+ and MTX- groups respectively. Women represent 45% and 55% of these groups, and the average body mass index was 29.9 (6.2) and 28.1 (6.0) kg/m². Patient global,

pain and fatigue assessments, made on a visual analogue scale ranging from 1 to 10, were 4.9 (2.6), 5.3 (2.9) and 4.3 (2.9) in the MTX+ group and 6.3 (2.2), 6.9 (2.1) and 6.5 (2.9) in the MTX- group. Among the 38 (40%) patients ceasing therapy, the principal reason for cessation was "inefficacy" (MTX+: 15/17 (88%) vs MTX-: 15/21 (71%)). Patients remaining on treatment at last follow-up had an average treatment duration of 1.7 (0.8) and 1.5 (0.7) years. The improvement in CDAI, HAQ and the percentage of patients reaching MDA are similar for both groups. No difference in retention was observed between the MTX+ and MTX- groups (log-rank $p=0.4867$). These results remain unchanged when we adjust for age at treatment initiation, gender, disease duration, and comorbidities (Charlson comorbidity index).

Conclusion: Combining MTX to SECU does not improve its sustainability over time. Efficacy was also the same for both cohorts.

REFERENCES

- [1] Mease PJ, et al. *Arthritis Rheumatol*. 2018; 70 (suppl 10). Abstract L11
- [2] Benryane O, et al. *Arthritis Rheumatol*. 2018; 70 (suppl 10). Abstracts 693 and 694
- [3] Benryane O, et al. CRA-2019, Montréal, Canada.

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AB0741

ACHIEVEMENT OF CDAPSA LOW DISEASE ACTIVITY OR REMISSION IS ASSOCIATED WITH CONTROL OF ARTICULAR AND EXTRA-ARTICULAR MANIFESTATIONS OF ACTIVE PSORIATIC ARTHRITIS IN SUBJECTS TREATED WITH APREMILAST

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Background: Therapeutic targets for psoriatic arthritis (PsA) include the achievement of remission (REM) or low disease activity (LDA), measured by the Clinical Disease Activity Index for Psoriatic Arthritis (cDAPSA [0-154]), a composite of swollen and tender joints counts (SJC and TJC), Patient's Assessment of Pain (PAP) and Patient's Global Assessment of Disease Activity (PtGA).

Objectives: We examined the trajectories for improvement in cDAPSA, its core components and PsA manifestations not measured by cDAPSA among subjects achieving cDAPSA REM or LDA by Week 52.

Methods: Pooled analyses of the phase III PALACE 1, 2 and 3 studies were performed for subjects assigned to receive apremilast (APR) 30 mg twice daily at baseline (BL). Subjects with cDAPSA components available

to calculate responses at Week 52 were included and grouped according to the cDAPSA categories reached at Week 52 (REM: ≤ 4 ; LDA: >4 to ≤ 13 ; moderate disease activity: >13 to ≤ 27 ; high disease activity: >27). We then traced their mean cDAPSA trajectory from BL to Week 52. Mean disease activity in core PsA domains were reported longitudinally by cDAPSA category reached at Week 52.

Results: A total of 375 APR subjects were included in the analyses. Achievement of REM or LDA by Week 52 was associated with lower mean cDAPSA at BL, and these subjects had continuous improvements in disease activity from BL to Week 52 (Figure). Among subjects who achieved REM or LDA by Week 52, most were classified as having LDA (mean cDAPSA: 8.5) or moderate disease activity (mean cDAPSA: 16.6), respectively, at Week 16. Furthermore, subjects who achieved REM or LDA by Week 52 showed early improvement, with no/mild articular and extra-articular disease activity by Week 52 with APR (Table).

Conclusion: In the subgroup of subjects who achieved cDAPSA REM or LDA, early improvement was seen in disease activity by Week 16 and sustained to Week 52 with continued treatment. Subjects achieving cDAPSA REM or LDA exhibited no or mild disease activity in enthesitis, dactylitis, function and skin psoriasis by Week 52.

Articular and Extra-Articular Disease Activity in Subjects With REM or LDA at Week 52									
Mean	Subjects With REM at Week 52 n=25					Subjects With LDA at Week 52 n=106			
	Time Point					Time Point			
	BL	Week 16	Week 24	Week 52		BL	Week 16	Week 24	Week 52
SJC (0-66)	9.1	2.2	1.2	0.1		8.8	3.5	2.0	1.1
TJC (0-68)	12.2	3.2	1.8	0.4		14.8	6.1	4.5	2.5
PAP (VAS 0-100 mm)	50.6	14.4	13.1	7.2		51.2	32.5	32.5	25.1
PGA (VAS 0-100 mm)	44.5	17.0	18.6	7.7		51.5	38.7	34.2	28.0
PhGA (VAS 0-100 mm)	48.8	16.0	12.4	8.4		50.7	24.0	18.9	13.7
PASI* (0-72)	9.5	4.2	3.5	2.7		8.2	3.7	3.4	4.0
MASES† (0-13)	1.9	0.4	0.1	0.4		3.3	1.7	1.2	1.2
Dactylitis count‡	2.3	0.7	0.2	0.0		2.8	1.0	0.6	0.5
HAQ-DI (0-3)	0.9	0.3	0.2	0.1		1.0	0.7	0.7	0.6

Includes subjects assigned to receive APR 30 mg twice daily at BL who had cDAPSA (as calculated with SJC [0-66] and TJC [0-68]) components available at Week 52. Data are as observed and n values vary by time point based on number of subjects with available data for a given end point. *Assessed in subjects with $\geq 3\%$ psoriasis-involved body surface area at BL. †Assessed in subjects with enthesitis at BL. ‡Assessed in subjects with dactylitis at BL. REM, cDAPSA ≤ 4 ; LDA, cDAPSA >4 to ≤ 13 . VAS=visual analog scale; MASES=Maestricht Ankylosing Spondylitis Enthesitis Score.

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AB0742

ACHIEVEMENT OF PASDAS LOW DISEASE ACTIVITY AND VERY LOW DISEASE ACTIVITY IN PATIENTS WITH PSORIATIC ARTHRITIS TREATED WITH CERTOLIZUMAB PEGOL OVER 4 YEARS AND THE OVERLAP WITH DAPSA AND MDA DISEASE ACTIVITY TARGETS

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Background: Psoriatic Arthritis Disease Activity Score (PASDAS),¹ Disease Activity Index for Psoriatic Arthritis (DAPSA),² and the minimal disease activity (MDA) criteria³ are instruments recommended for evaluating disease activity (DA) in psoriatic arthritis (PsA). RAPID-PsA demonstrated the sustained efficacy of certolizumab pegol (CZP) across the spectrum of PsA symptoms.⁴ A substantial proportion of patients (pts) completing 4 years' treatment achieved DA targets; ~75% reached DAPSA low DA (LDA) or remission (REM), and almost 60% had MDA ($\geq 5/7$ MDA criteria), half of whom also achieved very low DA (VLDA) (7/7 MDA criteria).⁵

Objectives: To report the proportion of pts who achieved PASDAS VLDA and LDA over 216 weeks' (wks') CZP treatment, and the overlap in pts achieving PASDAS, DAPSA and MDA.

Methods: RAPID-PsA (NCT01087788) was double-blind and placebo-controlled to Wk24, dose-blind to Wk48, and open-label (OL) to Wk216.⁵ Outcomes reported for pts randomised to CZP at Wk0 (200 mg every 2 wks or 400 mg every 4 wks, following a 400 mg loading dose at Wks0/2/4) are PASDAS change from baseline (CFB); pts achieving PASDAS LDA (>1.9 – <3.2), PASDAS VLDA (≤ 1.9), DAPSA LDA (>4 – ≤ 14), DAPSA REM (≤ 4), MDA and VLDA to Wk216; and the overlap in pts achieving PASDAS VLDA, DAPSA REM, and VLDA, at Wk216. Data are summarized for observed cases per visit. Pts withdrawing between scheduled visits had their final assessment values assigned to the next scheduled visit timepoint.

Results: Of 409 pts randomised, 273 received CZP from Wk0, of whom 248 (90.8%) completed Wk24 and 183 (67.0%) completed Wk216. The mean (SD) baseline PASDAS was 6.0 (1.0): in the high DA range, CFB at Wk216 was -3.4 (1.5). Of pts completing Wk216, 66.3% (118/178) were in PASDAS LDA or VLDA (PASDAS VLDA: 36.5% [n=65]); less than the proportion reaching DAPSA LDA or REM (76.2%), but more than those achieving MDA or VLDA (57.8%) (**Figure A**).

At Wk216, of pts achieving PASDAS VLDA, a large proportion (71% [46/65]) had VLDA based on MDA criteria (**Figure B1**) and most (94% [61/65]) achieved DAPSA REM (**Figure B2**). Almost all pts achieving VLDA (96.1% [50/52]) were also in DAPSA REM (**Figure B3**). After 4 years' CZP treatment, 25.8% (46/178) pts achieved the PASDAS VLDA, DAPSA REM and VLDA.