Figure: A) Patients with PsA achieving PASDAS, DAPSA and MDA disease activity targets over 4 years' CZP treatment (OC)

B) Overlap in patients with PsA achieving PASDAS VLDA, DAPSA REM and VLDA upon completing 216 weeks' CZP treatment (OC)

Data are for OC per visit. Patients withdrawing between scheduled visits had their final assessment values assigned to the next scheduled visit timepoint. CZP: certolizumab pegol; DAPSA: Disease Activity Index for Psoriatic Arthritis; LDA: low disease activity; MDA: Minimal Disease Activity; OC: observed case; PASDAS: Psoriatic Arthritis Disease Activity Score; PsA: psoriatic arthritis; REM: remission; VLDA: very low disease activity.

Conclusion: A substantial proportion of pts completing 4 years' CZP treatment achieved PASDAS LDA or VLDA, and the vast majority who achieved PASDAS VLDA at Wk216 also reached DAPSA REM and/or VLDA. 1 in 4 pts achieved the most stringent DA target with all 3 instruments.

REFERENCES

- [1] Helliwell P. Ann Rheum Dis 2013;72:986–91; 2. Schoels M. Ann Rheum Dis 2016;75:811–18; 3. Coates L. Ann Rheum Dis 2010;69:48–53; 4. van der Heijde D. RMD Open 2018;4:e000582.

Acknowledgement: We thank the patients who participated. This study was funded by UCB Pharma, medical writing by Hinal Tanna, Costello Medical, UK.

Disclosure of Interests: Laura C Coates Grant/research support from: AbbVie, Celgene, Lilly, Novartis and Pfizer, Consultant for: AbbVie, Amgen, BMS, Celgene, Galapagos, Gilead Sciences Inc., Janssen, Lilly, Novartis, Pfizer, Prothena Corp and UCB, Joseph F. Merola Consultant for: Biogen IDEC, Abbvie, Amgen, Eli Lilly and Company, Novartis, Pfizer, Janssen, UCB, Samumed, Celgene, Sanofi Regeneron, Merck, and GSK, Oliver FitzGerald: None declared, Arthur Kavanaugh Grant/research support from: UCB Pharma, Alice B Gottlieb Grant/research support from: PI: Incyte Corporation, Janssen-Ortho Inc., Lilly ICOS LLC, Novartis, UCB, XBiotech, Consultant for: AbbVie, Dermira, Incyte Corporation, Lilly ICOS LLC, Novartis, Sun Pharmaceutical Industries Ltd., Avotres (unpaid), XBiotech (unpaid), Speakers bureau: AbbVie, Eli Lilly and Company, Janssen Biotech; advisory board: Bristol-Myers Squibb, Celgene Corporation, Janssen Biotech, Janssen-Ortho Inc., LEO Pharma, Novartis, UCB, William Tillett Grant/research support from: AbbVie, Celgene, and Lilly, Consultant for: AbbVie, Celgene, Lilly, Novartis, and Pfizer, Speakers bureau: Abbvie, Celgene, Lilly, Janssen, Novartis, UCB, and Pfizer, Lars Bauer Employee of: Employee of UCB Pharma, Bengt Hoepken Employee of: Employee of UCB Pharma, Tommi Nurminen Employee of: Employee of UCB Pharma, Philip J Mease Grant/research support from: AbbVie, Amgen, BMS, Celgene, Janssen, Lilly, Novartis, Pfizer, SUN and UCB, Consultant for: AbbVie, Amgen, BMS, Galapagos, Gilead Sciences, Inc., Janssen, Lilly, Novartis, Pfizer, SUN and UCB, Speakers bureau: AbbVie, Amgen, BMS, Celgene, Genentech, Janssen, Lilly, Novartis, Pfizer and UCB, Philip Helliwell Grant/research support from: Paid to charity: from AbbVie, Janssen and Novartis, Consultant for: Paid to charity: from AbbVie, Amgen, Pfizer, and UCB and Celgene. Paid to self: from Celgene and Galapagos, Désirée van der Heijde Consultant for: AbbVie, Amgen, Astellas, AstraZeneca, Bristol-Myers Squibb, Boehringer Ingelheim, Celgene, Daiichi, Eli-Lilly, Galapagos, Gilead, GlaxoSmithKline, Janssen, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi, Takeda, Union Chimique Belge

DOI: 10.1136/annrheumdis-2019-eular.765

AB0743

REAL-WORLD EFFECTIVENESS AND SAFETY OF APREMILAST IN BELGIAN PATIENTS WITH PSORIATIC ARTHRITIS: ANALYSIS FROM THE MULTICENTRE, PROSPECTIVE, NON-INTERVENTIONAL APOLO STUDY

¹Kurt de Vlam^{*}, Adrien Nzeusseu², Marie-Joëlle Kaiser³, Johan Vanhoof⁴, Philip Remans⁴, Marthe Van den Berghe⁵, Silvana Di Romana⁶, Filip van den Bosch⁷, Sofie Leroux⁸, Virginie Vanhoof⁸, Rik Lories¹. ¹Skeletal Biology and Engineering Research Center, University Hospital Leuven, Leuven, Belgium; ²University Hospitals Saint-Luc, Brussels, Belgium; ³Department of Rheumatology, C.H.U. Sart Tilman, Liège, Belgium; ⁴Department of Rheumatology, ReumaClinic Genk, Genk, Belgium; ⁵Department of Rheumatology, ASZ Aalst, Aalst, Belgium; ⁶Department of Rheumatology, University Hospital Saint-Pierre, Brussels, Belgium; ⁷Department of Rheumatology, Ghent University Hospital, Ghent, Belgium; ⁸Celgene BeLux, Braine-l'Alleud, Belgium

Background: Real-world evidence on effectiveness and safety data for patients (pts) with psoriatic arthritis (PsA) in the Belgium clinical practice setting is lacking.

Objectives: To assess the effectiveness and safety of apremilast (APR) in pts with active PsA from routine clinical practice in Belgium.

Methods: In this multicentre, prospective, non-interventional study (APOLO), the PsA Response Criteria (PsARC) response 6 months after APR initiation was the primary endpoint. PsARC response was defined as improvement in ≥ 2 and no worsening of any of the following 4 measures: tender joint count (TJC; 0-68), swollen joint count (SJC; 0-66), Physician's Global Assessment of Disease Activity (PhGA) and Patient's Global Assessment of Disease Activity (PtGA). Other endpoints included PsAID12, HAQ-DI, Physician's and Patient's Numerical Rating Scale (NRS) assessing disease activity for the most affected joint, psoriasis-affected body surface area (BSA), enthesitis, dactylitis, pain and pruritus. The current analysis is based on observed data.

Results: The first 55 of a planned 150 Belgian pts receiving APR for up to 6 months were evaluated. Mean age was 52.5 yrs, mean BMI was 27.1 kg/m² and 47.3% were female. Mean durations of psoriasis and PsA were 15.8 yrs and 8.1 yrs, respectively; $\approx 80\%$ of pts were biologic-naïve. At baseline (BL), mean (SD) SJC was 8.0 (5.4), mean (SD) TJC was 12.7 (9.5) and mean (SD) body surface affected was 12.3% (20.8%); 31.0% of pts had dactylitis and 47.8% had enthesitis. In total, 35 pts (63.6%) continued APR treatment for 6 months; 20 (36.4%) had discontinued APR (insufficient effectiveness: 21.8%; adverse events: 10.9%, intolerance: 3.6%). After 6 months of APR initiation, 69.6% of pts had a PsARC response. Mean changes from BL in SJC were -4.4 (Month 3) and -5.7 (Month 6), with improvements in SJC (defined as $\geq 30\%$ decrease per PsARC) observed in most pts (Month 3: 78.3%; Month 6: 83.3%). Comparable results were seen for TJC: Mean changes from BL were -7.2 (Month 3) and -6.7 (Month 6), with improvements observed in most pts (Month 3: 78.3%; Month 6: 80%). Decreases in PhGA score of ≥ 1 from BL were observed in most pts at Months 3 (73.7%) and 6 (66.7%). Mean (SD) Physician's NRS scores decreased from 5.6 (2.6) at BL to 2.5 (2.0) at Month 6. Among pts with enthesitis at BL who had data available at Month 6, 54.5% achieved a score of 0. Among pts with dactylitis at BL who had data available at Month 6, 44.4% achieved a score of 0. BL mean (SD) PsAID12 score of 5.9 (1.6) decreased to 3.7 (1.8) at Month 6. Mean (SD) BSA improved from 12.3% (20.8%) at BL to 7.5% (14.7%) at Month 6. An improvement of $\geq 20\%$ in HAQ-DI at Month 6 was achieved by 73.1% of pts. Improvements were also seen in PtGA score, overall pain and pruritus. No new safety and tolerability concerns from known overall safety profile of APR.

Conclusion: Results from this real-world PsA study confirmed an improvement in disease activity with APR in both physician-assessed and pt-reported outcomes for most pts. Overall, improvements were observed after 3 months of APR treatment and were maintained up to the 6-month observation period. Safety and tolerability were similar to the known profile of APR.

Disclosure of Interests: Kurt de Vlam Consultant for: Pfizer Inc, Consultant for: Johnson & Johnson, Adrien Nzeusseu: None declared, Marie-Joëlle Kaiser Consultant for: Celgene Corporation, Johan Vanhoof: None declared, Philip Remans: None declared, Marthe Van den Berghe: None declared, Silvana Di Romana: None declared, Filip van den Bosch Consultant for: AbbVie, BMS, Galapagos, Janssen, Lilly, Merck, Novartis, Pfizer and UCB, Speakers bureau: AbbVie, BMS, Janssen, Lilly, Merck, Novartis, Pfizer and UCB., Sofie Leroux Employee of: Celgene Corporation, Virginie Vanhoof Employee of: Celgene Corporation, Rik Lories Consultant for: Abbvie, Celgene, Eli-Lilly, Janssen, Merck, Novartis, Pfizer, UCB

DOI: 10.1136/annrheumdis-2019-eular.1862