modified Nail Psoriasis Severity Index (mNAPSI, 0-130) in pts with mNAPSI >0 at BL, and DLQI (0-30) scale.

Results: 394 pts (PBO:n=198; GLM:n=196) had ≥3% BSA psoriasis at BL; 76.5% had mNAPSI>0 at BL(mean 18.6). Pts on IV GLM achieved a greater PASI 75 response rate (RR) vs PBO at wk24 (64.8% vs 13.1%, p<0.001). At wk52, PASI 75 RR was maintained in pts who continued IV GLM treatment and increased numerically in those who crossed-over from PBO to IV GLM at wk24 (71.9% and 60.6%, respectively). At wk24, pts on IV GLM achieved significantly greater PASI 90/100 RR vs PBO. At wk52, PASI 90/100 RR was maintained among those continually on IV GLM and increased numerically in PBO to IV GLM pts(Table). At wk24, significantly greater proportions of pts on IV GLM ± BL methotrexate (MTX) achieved PASI 90/100 vs PBO. By wk52, both ± BL MTX, PASI 90/100 responses were maintained in those continually on IV GLM and increased numerically in PBO to IV GLM pts (Table). The mean decrease (improvement) from BL in the mNAPSI score was also greater with IV GLM vs PBO at wk24, overall and in groups ± BL MTX. At wk52, mNAPSI RR was maintained with continual IV GLM and increased numerically in PBO to IV GLM pts(Table). At wk24, the mean decrease (improvement) from BL in DLQI was greater with IV GLM vs PBO (-8.1 vs -1.9, p<0.001). At wk52, mean DLQI improvement was maintained in pts continually on IV GLM and increased numerically in PBO to IV GLM pts (-7.8 vs -5.8). Similar patterns were seen in subgroups ± BL MTX. In pts with DLQI improvement >1 at baseline, rate of simultaneous achievement of both PASI 50 response & improvement in DLQI ≥5 was greater at wk24 with IV GLM (59.2%) vs PBO (8.1%, p<0.001). At wk52, both were achieved by 56.6% continually on IV GLM vs 41.4% of PBO to IV GLM pts. Similar patterns were seen for simultaneous achievement of both improvement in DLQI ≥5 &PASI 75/90/100 at wks 24 and 52.

Table. Change from Baseline in PASI 90/100 and mNAPSI through Week 52				
	Week 24		Week 52	
	PBO	IV-GLM 2 mg/kg	PBO→ IV-GLM 2 mg/kg at Wk 24	IV-GLM 2 mg/kg
Pts evaluable for improvement from BL in PASI, n	198	196	198	196
PASI 90 (%)	7.6	42.9	41.9	56.1
% Diff (95% CI)		35.3 (27.4, 43.1)*		
PASI 100 (%)	5.6	25.5	18.7	28.6
% Diff (95% CI)		20.0 (13.2, 26.9)*		
+ BL MTX, n	142	131	142	131
PASI 90 (%)	9.2	45.8	40.8	58.0
% Diff (95% CI)		36.6 (26.9, 46.4)*		
PASI 100 (%)	7.0	30.5	18.3	32.8
% Diff (95% CI)		23.5 (14.6, 32.4)*		
- BL MTX, n	56	65	56	65
PASI 90 (%)	3.6	36.9	44.6	52.3
% Diff (95% CI)		33.4 (20.7, 46.1)*		
PASI 100 (%)	1.8	15.4	19.6	20.0
% Diff (95% CI)		13.6 (4.2, 23.0)**		
Pts (mNAPSI >0) evaluable for change from BL in mNAPSI, n	170	197	170	197
Mean mNAPSI (SD)	-3.7 (14.5)	-11.4 (16.4)	-12.9 (16.2)	-12.1 (16.7)
LS Mean diff (95% CI)		-8.4 (-10.8, -6.0)*		
+ BL MTX, n	121	129	121	129
Mean mNAPSI (SD)	-5.8 (14.9)	-10.0 (15.6)	-14.4 (16.1)	-10.1 (15.4)
LS Mean diff (95% CI)		-7.3 (-10.2, -4.4)*		
- BL MTX, n	49	68	49	68
Mean mNAPSI (SD)	1.7 (11.7)	-14.1 (17.6)	-9.3 (16.0)	-15.8 (18.5)
LS Mean diff (95% CI)		-12.2 (-16.6, -7.8)*		
*p<0.001; **p=0.010 BL, baseline; CI, confidence interval; GLM, golimumab; MTX, methotrexate; PASI, Psoriasis Area and Severity Index; PBO, placebo; Pts, patients				

Conclusion: Clinically meaningful improvements in skin and nail psoriasis and psoriasis quality of life after IV GLM treatment of PsA pts were maintained from 24 to 52 weeks of treatment.

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Elizabeth C Hsia Employee of: Employee of Janssen Research & Development, LLC, Arthur Kavanaugh Grant/research support from: UCB Pharma
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AB0755 REGIONAL AND TEMPORAL VARIATION IN THE BASELINE PROFILE OF PSORIATIC ARTHRITIS PATIENTS INITIATING ADALIMUMAB FOLLOWING FAILURE OF NON-BIOLOGIC TREATMENT IN CANADIAN ROUTINE CARE

Majed Khraishi¹, Louis Bessette², Samuel Silverberg³, Boulos Haraoui⁴, Andrew Chow⁵, Yatish Setty⁶, Valencia P. Remple⁷. ¹Memorial University of Newfoundland, St-John's, Canada; ²Université Laval, Faculty of Medicine, Quebec City, Canada; ³Etobicoke General Hospital, Toronto, Canada; ⁴Centre hospitalier de l'Université de Montréal, Montreal, Canada; ⁵University of Toronto, Faculty of Medicine, Toronto, Canada; ⁶Grey Bruce Health Services, Owen Sound, Canada; ⁷AbbVie Corporation, Montreal, Canada

Background: Treatment selection in routine clinical care is driven by treatment guidelines, physician judgment, patient preferences, and regional reimbursement policies, which may vary over time and among geographic regions.

Objectives: The objective of this analysis is to investigate the regional and temporal variability of the profile of anti-TNF naïve psoriatic arthritis (PsA) patients at initiation of adalimumab (ADA) treatment following failure of initial non-biologic treatment.

Methods: COMPLETE-PsA is an ongoing Canadian observational study of anti-TNFα naïve adults with active PsA who require change in their current treatment as per the judgement of their treating physician. Patients are followed for up to 2 years. Regional variation was assessed for the following regions: British Columbia/Manitoba (BC/MB), Newfoundland/Nova Scotia (NL/NS), Ontario (ON), and Quebec (QC). Temporal variation was assessed for the following periods: 2012-2014 and 2015-2017. Multivariate linear regression was used to evaluate the independent impact of region and time period on disease activity (DAS28) and patient function (HAQ).

Results: A total of 278 patients were included, of whom 68 (24.5%) were from BC/MB, 25 (9%) from NL/NS, 104 (37.4%) from ON, and 81 (29.1%) from QC. One hundred fifty-three patients (55%) were enrolled in 2012-2014 and 125 (45%) in 2015-2017.

Using univariate analysis, significant regional variation at ADA initiation was observed for the following disease parameters: BSA<3% (from 42.3% in ON to 76% in NL/NS; p=0.003), morning stiffness (from 60.9 min in QC to 119.7 in BC/MB; p=0.049), WLQ productivity loss score (from 8.4% in BC/MB to 12.9% in NL/NS; p=0.028), and DLQI (from 3.5 in NL/NS to 7.9 in ON; p=0.007); and for the initiation of ADA monotherapy vs. ADA combination therapy (range from 9.9% in QC to 27.9% in ON; p=0.022). No differences were observed in demographics (other than race: Caucasian range from 85% to 100%; p=0.006), or other disease parameters (DAS28, HAQ, SJC, TJC, DAPSA, PtGA, BDI). A statistical trend towards lower DAS28 (2012-14 vs. 2015-17: 4.9 vs. 4.6; p=0.070), SJC (8.3 vs. 6.4; p=0.001), TJC (9.5 vs. 8.1; p=0.074), and DAPSA (30.8 vs. 27.8; p=0.083) at ADA initiation was observed for the more recent time period. Using multivariate analysis to adjust for age, gender, BSA levels, and corticosteroid use, there was no regional or temporal variation in DAS28 and HAQ.

Conclusion: The results of this analysis demonstrate that there is significant regional and temporal variation in the profile of PsA patients initiated on ADA treatment in Canadian routine care. The impact of this profile variation on treatment outcomes requires further investigation.

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AB0756

COMPARATIVE CHANGE IN QUALITY OF LIFE MEASURES IN PRECLINICAL AND ESTABLISHED PSORIATIC ARTHRITIS PATIENTS UNDER SECUKINUMAB TREATMENT. DATA DERIVED FROM THE PROSPECTIVE OPEN LABEL PSARTROS STUDY

Eleni Kampylafka¹, Matthias Englbrecht², Koray Tascilar², Veronika Lerchen², Christina Linz², Arnd Kleyer², David Simon², Jürgen Rech², Georg Schett², Axel Hueber^{2,3}. ¹Friedrich-Alexander University Erlangen-Nürnberg and Universitätsklinikum Erlangen, Department of Internal Medicine 3 – Rheumatology and Immunology, Erlangen, Germany; ²Friedrich-Alexander University Erlangen-Nürnberg and Universitätsklinikum Erlangen, Department of Internal Medicine 3 – Rheumatology and Immunology, Erlangen, Germany; ³Sozialstiftung Bamberg, Bamberg, Germany

Background: Psoriasis (PsO) and psoriatic arthritis (PsA) differentially impact patients' quality of life (QoL) due to pain, mental changes in the context of chronic inflammation and impaired physical function. Effective anti-inflammatory therapy has shown to be effective to improve QoL in PsO and PsA patients. However, the impact of anti-inflammatory therapy on QoL may be different in the earliest stages of PsA as compared to established disease.

Objectives: To perform a detailed comparative investigation of the effect of interleukin (IL)-17 inhibition with 300 mg secukinumab (SEC) on QoL in patients with very early PsA/pre-PsA and established PsA.

Methods: Patients from the IVEPSA study (1) on very early PsA/pre-PsA (N=20) and the PSARTROS (2) study on established PsA (N=20) were longitudinally assessed for SF-36, DLQI, PsAID and HAQ-DI at baseline and after 4, 12 and 24 weeks. All patients received SEC treatment; 19/20 pre-PsA patients and 17/20 established PsA patients completed the study. Changes from baseline values were evaluated using linear mixed effects models adjusted for baseline values of each scale, gender, age and disease duration, and plotted as model coefficients and respective 95% confidence intervals that represent adjusted mean absolute improvement from baseline. Scale signs were inverted as necessary to ease interpretability. Further subgroup analysis was conducted using Mann-Whitney.

Results: Significant and rapid improvements were observed in both pre-PsA and established PsA treated with SEC with regard to pain (SF-36 bodily pain, BP), general health perception (GH), dermatology quality of life index (DLQI) and PsA impact of disease (PsAID), as well as in the SF-36 component scores (mental component score of SF-36, MCS and physical component score of SF-36, PCS). Physical function-oriented instruments like SF-36 physical functioning (PF), role limitation due to physical problem (RP) and HAQ-DI were preferentially affected in established PsA group due to the higher functional burden of disease (Figure). There were more differences with respect to the course of QoL improvements through week 12 and 24, as established PsA patients showed an incremental improvement in SF-36 BP, PF and GH from week 12 to 24 while most of the responses plateaued in the pre-PsA group. Furthermore, established PsA patients who achieved minimal disease activity showed a significantly higher improvement in PsAID, HAQ-DI, SF-36 PF, RP and BP (all $p < 0.05$).

Conclusion: Pain, mental health, general health perception and impact of disease rapidly improve in both very early PsA/pre-PsA and established PsA patients treated with SEC. These data support the concept that very early treatment of PsA leads to significant improvement in QoL with the additional benefit of prevention of bone damage as previously shown (1, 2).

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Figure:

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AB0757

ANALYSIS OF THE PROGNOSTIC VALUE OF THE 12-ITEM PSORIATIC ARTHRITIS IMPACT OF DISEASE (PSAID-12) QUESTIONNAIRE FOR EVALUATION OF PSORIATIC ARTHRITIS ACTIVITY (PSA) BY DISEASE ACTIVITY INDEX FOR PSORIATIC ARTHRITIS (DAPSA) IN ROUTINE CARE: DATA OF THE RUSSIAN PSORIATIC ARTHRITIS REGISTRY (RU-PSART)

Anastasia Koltakova¹, Elena Loginova¹, Elena Gubar¹, Yulia Korsakova¹, Tatiana Korotaeva¹, Maria Sedunova², Igor Pristavsky², Irina Umnova³, Irina Bondareva⁴, Snezana Kudishina⁵, Evgeny Nasonov². ¹Nasonova Research Institute of Rheumatology, Moscow, Russian Federation; ²St. Petersburg Clinical Rheumatology Hospital No.25, St. Petersburg, Russian Federation; ³Omsk Regional Hospital, Omsk, Russian Federation; ⁴Kemerovo Regional Hospital, Kemerovo, Russian Federation; ⁵Vladivostok Clinical Hospital No.2, Vladivostok, Russian Federation

Background: The PSAID-12 is an instrument for assessment the impact of PsA on patients' lives by examine both physical and psychological components of health. DAPSA is a valid and discriminative tool for evaluation of the PsA activity. There is limited data about the PSAID-12 correlations with PsA activity by DAPSA in clinical care [1].

The Russian Psoriatic Arthritis Registry (RU-PSART) collected data from 25 rheumatology clinics in the Russian Federation regions.

Objectives: to investigate the predictive value of the PSAID-12 for evaluate PsA activity by DAPSA in real-world settings.

Methods: 138 (male/female=79/59) patients (pts), median age 40 (Min-Max/23-71), with PsA, according to CASPAR criteria, were included in