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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

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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)

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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

the RU-PsART after signing consent participation forms. Every 6 months (259 visits total) all pts underwent evaluation of PsA activity: The Tender Joint count (TJC68), Swollen Joint Count (SJC66), Leeds Enthesitis Index (LEI), physician's global disease activity (PhGA) VAS, CRP (mg/l), ESR (mm/h), by PROs - patient pain global assessment VAS, Patient global disease activity (PGA) VAS and the PsAID-12. PsA activity was calculated by DAPSA. All pts were divided into 2 groups based on disease activity state by DAPSA: the first one with results ≤ 14 that interpreted as Remission and Low Disease Activity (REM and LDA) and second one with results >14 that interpreted as Moderate and High Disease Activity (MoDA and HDA). Pearson correlation coefficient and ROC-curve analysis were performed. All $p < 0.05$ were considered to indicate statistical significance.

Results: The Significant positive correlations between the PsAID-12 and all parameters of PsA activity, PROs were found (table 1). The Significant positive correlations for DAPSA ($r=0,71$) were found. The high prognostic value of the PsAID-12 for PsA activity by DAPSA showed by ROC-curve analysis (AUC=0,89, CI 95% (0,85-0,93)). The threshold for MoDA and HDA (DAPSA >14) by PsAID was 1.

Parameters	r
Patient global disease activity VAS	0,81
patient pain global assessment VAS	0,78
PhGA	0,74
DAPSA	0,71
HAQ	0,70
DAS 28	0,67
SJC66	0,59
TJC78	0,57
LEI	0,41
CRP (mg/l)	0,39
ESR (mm/h)	0,31

Conclusion: The PsAID-12 has a significant prognostic value for PsA activity by DAPSA. The questionnaire doesn't include any physician's or laboratory's data, so it could be useful as a simple instrument for pts' self-control and prognosis disease activity in daily clinical practice.

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AB0758

PERSISTENCE AND DRUG SURVIVAL RATES OF THE FIRST-LINE BIOLOGICAL (B) DMARDS IN PATIENTS (PTS) WITH PSORIATIC ARTHRITIS (PSA) FROM THE RUSSIAN PSORIATIC ARTHRITIS REGISTRY (RU-PSART)

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Background: Persistence with bDMARDs has only been studied recently in the last few years. But this information is very relevant for choice of bDMARDs treatment in real-life practice. RU-PsART collected data from 25 rheumatology clinics in the Russian Federation.

Objectives: to investigate drug survival and persistence rates, reasons for discontinuation of first-line bDMARDs in PsA pts in clinical practice.

Methods: 170 (M/F=87/83) PsA pts according to CASPAR criteria, median (Me) age 43 (Min 19 – Max 74) years (yrs.) who were treated with first-line bDMARDs were included in the present analysis. All information concerning the data for starting/withdrawing bDMARDs and reasons for discontinuation were taken at the time of being included to the RU-PsART registry. Pts took the following bDMARDs: Adalimumab (ADA) (57pts), Infliximab (INF) (40pts), Ustekinumab (UST) (36pts), Etanercept (ETN) (23pts), Golimumab (GOL) (14pts). Drug survival rate was evaluated with Kaplan-Meier cumulative analysis, Me [Min-Max],%, Breslow, Tarone-Ware, Log Rank tests were performed. All $p \leq 0.05$, were considered to indicate statistical significance.

Results: 71 out of 170 pts (41.8%) were treated with mono-bDMARDs and 99 out of 170 pts (58.2%) were treated with a combination with different sDMARDs. Among them ADA/INF/UST/ETN/GOL were used in combination with MTX in 66.7%/72.5%/33.3%/65.2%/35.7% of pts accordingly Average (Me) duration of bDMARDs therapy was 13.5[0-74]/39[2-179]/15[0-55]/26[2-49]/19[4-33] months for ADA/INF/UST/ETN/GOL accordingly. 31 out of 170 pts (18.2%) stopped bDMARDs. INF/ADA/ETN/UST/GOL were stopped in 30%/22%/17%/5%/0% of cases accordingly. Among them 4 pts (2.35%) stopped due to inefficacy, 13 pts (7.6%) - due to loss of efficacy, 8 pts (4.7%) - due to adverse events, 6 pts (3.5%) - due to other reasons. No significant differences in drug survival rates were seen between all bDMARDs within two years of therapy. During long-term observations GOL had better persistence among iTNF agents. UST has shown significantly higher cumulative survival and persistence rates compared to ADA ($p < 0.05$, Log Rank tests). No significant differences were found between UST and other iTNF biologics (Fig.1). **Fig.1.** Cumulative survival rates for all bDMARDs.

Conclusion: In our real practice PsA pts cohort bDMARDs with different mechanisms of action were well tolerated and effective. During long-term observational periods UST has shown better cumulative survival rates compared to ADA.

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