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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