Disclosure of Interests: Jean-Guillaume Letarouilly: None declared, Jere- mie Sellam: None declared, Pascal Richette Consultant for: Grunenthal, Horizon, Speakers bureau: AstraZeneca, Grunenthal, Philippe Dieudé: None declared, Pascal Claudiere Consultant for: Honoraria from Novar- tis as steering committee of this survey, Corinne Miceli Richard Grant/ research support from: MSD, Pfizer, AbbVie, Biogen, UCB, Novartis, Con- sultant for: Abbvie, Novartis, BMS, Eric Houvenagel Speakers bureau: Lilly, Novartis, Janssen, Chi Duc Nguyen: None declared, Marie-Hélène Guyet: None declared, Nicolas Segaud: None declared, Laurent Maguer- eois: None declared, speakers bureau: Roche, Novartis; Jean-Hugues Salmon Speakers bureau: Janssen Novartis, Guy Baudens Grant/research support from: Financial Grant from NordicPharma, Consult- ant for: Roche SAS, Mavea Kyheng: None declared, Julien Paccou Speakers bureau: Novartis Janssen, Elisabeth Gervais Grant/research sup- port from: Roche, Pfizer, Consultant for: Bristol-Myers Squibb, UCB, René-Marc Fipco Consultant for: Honoraria from Novartis as steering com- mittee of this survey


AB0761 SECUKINUMAB FOR THE TREATMENT OF PSORIATIC ARTHRITIS IN REAL LIFE: AN ITALIAN EXPERIENCE

1Federica Martinis1, Cristian Caimmi2, Rosario Foti2, Elisa Visalli2, Giorgio Amato2, Roberta Ramonda2, Augusto Ortolani1, Mariagrazia Lorenzin1, Angelo Semeraro1, Leonardo Santo2, Emanuela Piana3, Maria Sole Chimenti1, Roberto Pericione1, Elena Frasassi1, Maurizio Rossini1, Antonio Carletto1, 2Rheumatology Unit, University of Verona, Verona, Italy; 3Rheumatology Unit, A.O.U. Policlinico Vittorio Emanuele, Catania, Italy; 4Rheumatology Unit Department of Medicine, DIMED, University of Padova, Padova, Italy; 5Rheumatology Unit, ASL Taranto, Taranto, Italy; 6Rheumatology Unit, ASL BT Andria – DSS4 Barletta, Barletta-Andria- Trani, Italy; 7Rheumatology, allergology and clinical immunology, University of Rome Tor Vergata, Roma, Italy; 8Rheumatology Unit, Department of Clinical Medicine and Surgery, University Federico II, Napoli, Italy

Background: Secukinumab is a novel treatment for psoriatic arthritis (PsA) but data from real life are still missing.

Objectives: The aim of this study is to evaluate a wide cohort of PsA patients on secukinumab followed in 7 Italian rheumatologic centers. In particular DAPSA and ASDAS were used to assess articular and axial involvement.

Methods: Two-hundred and seventy-nine patients affected by PsA and on secukinumab were enrolled. Data on disease characteristics, previous and ongoing treatments, comorbidities and duration of follow-up were collected. In particular DAPSA and ASDAS were used to assess articular and axial disease activity.

Results: Mean age of our cohort was 53±11 years and BMI 26.4±5.1 kg/m² with the majority of patients being female (63.8%). Mean disease duration was 9.7±7.5 years and mean follow-up was 10.9±6.8 years. For 100 patients (35.8%) secukinumab was their first line biologic treatment and 41 (50.5%) were in monotherapy. DAPSA was 25±10.5 at baseline, 15.9±9.7 at M3, 12.9±8.4 at M6, 9.8±7.1 at M12 with a significant downward trend (p<0.001) and a downward trend for M12 (p=0.004), probably because of the small number of patients with axial involvement at M12 (15). After 12 months of treatment 70.6% with axial involvement and 76.6% with articular manifestations had an inactive disease state. Forty patients (14.3%) stopped the treatment during the follow up mainly because of primary or secondary loss of efficacy (18 and 10, respectively). Only 9 patients suspended the treatment because of adverse events, of which 5 because of reactions at site of injection. The retention rate at 12 months was very good in the whole population (figure), and in particular in patients with enthesitis at the baseline (10.5 vs. 11.2, p=0.038). No differences in survival were found between naïve and non-naïve patients (p=0.895) and between those in monotherapy or in combination therapy (p=0.925).

Conclusion: This is one of the first real life studies on secukinumab and shows a very good efficacy and safety of this treatment in PsA patients, also for the articular manifestations, as shown by a significant decrease of DAPSA over a 12-months follow up.


AB0762 TREATMENT WITH TOFACITINIB IN REFRACTORY PSORIATIC ARTHRITIS. MULTICENTER STUDY OF CLINICAL PRACTICE

1José Luis Martín-Varillas1, Eva Galíndez3, Esteban Rubio Romero2, Agustí Selles-Fernández1, Roberto Daniel González Benítez2, Beatriz Joven-Ibáñez1, José Campos Esteban1, Olga Rusinovitch1, Vanesa Calvo-Rio1, Francisco Ortiz-Sanjur1, Clara Ventín-Rodríguez1, Luis Fernández-Domínguez2, Antía Crespo Golmar3, Ximenia Elizabeth Larco Rojas4, Manuel Moreno4, Alejandro Escudero Contrares5, Emma Beltrán6, Rafael Melero6, María Jose Moreño6, Enrique Rayas7, Beatriz Arca8, María-Luisa Perera9, Olga Maiz9, Raul Vezo García9, Alfonso Corrales9, Natalia Palmou-Fontana9, Belén Atienza-Mateo9, 1L. Lorica9, Miguel A. González-Gay10, Ricardo Blanco1, 1H.U.M. Valdecilla, Santander, Spain; 2H. Basurto, Bilbao, Spain; 3H. Virgen del Rocio, Sevilla, Spain; 4H. Vall d’Hebron, Barcelona, Spain; 5H.U.O. Gregorio Marañón, Madrid, Spain; 6H. 12 de Octubre, Madrid, Spain; 7H. Puerta de Hierro, Madrid, Spain; 8H. La Fe, Valencia, Spain; 9H.U. A Coruña, A Coruña, Spain; 10H. Ourense, Ourense, Spain; 11H. León, León, Spain; 12H. Virgen Arrixaca, Murcia, Spain; 13H. Reina Sofia, Córdoba, Spain; 14H. del Mar, Barcelona, Spain; 15H. Vigo, Vigo, Spain; 16H. Rafael Méndez, Lorca, Spain; 17H. San Cecilio, Granada, Spain; 18H. San Agustín, Avilés, Spain; 19H.U. Alicante, Alicante, Spain; 20H. Donostia, San Sebastián, Spain; 21H. Mérida, Mérida, Spain

Background: Tofacitinib (TOFA) is the first inhibitor of JAK kinases with approval for the treatment of psoriatic arthritis (PsA) in Europe (July 2018). TOFA has shown efficacy in refractory patients to anti-TNF. Methods: A) to assess efficacy and safety of TOFA in the first cases in Spain in clinical practice, B) to compare the profile of clinical practice patients with clinical trial.

Methods: Study of 41 patients of clinical practice with PsA treated with TOFA in Spain. The diagnosis of PsA was made using CASPAR criteria. Patients who received at least one dose of TOFA were included. Results are expressed as percentage, mean±SD or median [IRQ].

Results: 41 patients (23/18%), mean age of 50.2±10.7 years (table 1).

Table 1. Pattern joint involvement as follows: peripheral (n=25), axial (1) and mixed (15). During the PsA evolution, in addition to arthritis, patients also presented enthesitis (60.9%), nail involvement (39%) and dactylitis (31.7%).