Results: Overall, 398 pts were included in the analysis of the cumulative ABA period (213 received ABA from study Day 1; 185 completed initial randomisation to PBO and received ABA thereafter). Of these, 322 pts entered the LTE (initial randomisation: ABA, n=162; PBO, n=160) and continued to receive OL ABA beyond the 28-week OL period. Of 162 and 160 pts initially randomised to ABA and PBO, respectively, 19 (11.7%) and 21 (13.1%) pts discontinued ABA in the LTE. Median (range) number of ABA injections in the cumulative ABA period to end of LTE was 80 (1–133). Safety during the cumulative ABA period over 2 years is shown (Table 1); 6-month interval safety data will be available at time of presentation. In the LTE, there were 3 SAEs of infection (osteomyelitis, intervertebral discitis and cellulitis) and 3 pts discontinued due to infection (hepatitis A, Epstein-Barr virus, intervertebral discitis). No malignancies or deaths were reported, and no autoimmune events were reported as serious or led to ABA discontinuation during the LTE. AEs, SAEs and AEs of special interest occurred with a similar frequency regardless of concomitant MTX or prior TNF inhibitor (TNFi) use. The proportion of pts with anti-ABA antibodies during the cumulative ABA period was higher during the post-treatment period (≥ 22 days after last dose; 37.1% [91/245]) than in the on-treatment period (first treatment dose date to ≤ 21 days after last dose; 7.1% [28/392]). No apparent relationship between anti-ABA antibodies and efficacy in the on-treatment period or AEs suggestive of systemic immune reactions was seen.

Conclusion: Abatacept was well tolerated up to 2 years with no new safety signals during the LTE in this Phase III study in PsA. There was no impact of concomitant MTX use or prior TNFi exposure on the safety profile of abatacept. The occurrence of anti-abatacept antibodies had no impact on abatacept efficacy or safety.

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AB0764

USE OF IXEKIZUMAB IN A THIRD LEVEL HOSPITAL

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory disease mediated by the immune system, which affects the musculoskeletal system and the skin. It is a disease with increased expression of TNF-alpha

and IL23/IL17 cytokines, which are therapeutic targets whose neutralization has a great impact on the control of the disease.

Ixekizumab is a monoclonal antibody inhibitor of IL-17 indicated for the treatment of moderate-severe psoriasis and PsA. Ixekizumab is administered subcutaneously every 4 weeks, and according to the latest studies, it is a well-tolerated drug and an effective treatment option with significant improvement in the quality of life of patients with cutaneous psoriasis and PsA.

Objectives: -Describe the clinical characteristics, tolerance, safety and survival of a cohort of patients diagnosed with psoriasis or PsA, who have started treatment with Ixekizumab.

-Correlate skin involvement and joint with the quality of life of the patient through the life questionnaire (DLQI) in patients treated with Ixekizumab.

Methods: An observational, cross-sectional and retrospective study was conducted on a cohort of 29 patients who started treatment with Ixekizumab in our hospital in the last year (2018). The data were obtained through the review of patients' medical records and through telephone contact to carry out quality of life questionnaires (DLQI).

Results: Twenty-nine patients were included, of which 22 were males (79.5%). The mean age of the patients was 47 years. Of the cases included, 22 of the patients presented cutaneous Psoriasis (75.8%), 6 of the patients with PsA (20.7%) and 1 patient presented with Dermatomyositis antiMDA 5 (3.5%). Of the 29 patients included, 24 (82.2%) did not present adverse effects. Of the 5 patients who presented adverse effects, in 100% of the cases they were mild. All patients had received prior therapy with disease modifying drugs (DMARDs), and 31% were naive to biological therapy. A total of 4 patients required concomitant therapy with corticosteroid treatment, 3 of them with PAs and 1 with dermatomyositis anti MDA 5. The average of the DLQI of the patients analyzed was 4 and an average PASI of 1 after the start of the treatment, obtaining an Overall improvement of the skin.

A statistically significant Pearson correlation of 0.895 was found between DLQI and PASI (dependent variable), with a strong degree of association. In which patients with a lower score in the DLQI had a lower PASI.

Regarding the pain produced by the autoinjector, measured according to the EVA scale, it was 2 (mild pain), and none would abandon the treatment for this reason. Of all the patients, 9.1% abandoned the treatment due to inefficiency.

Conclusion: The treatment with Ixekizumab presents some promising results in the treatment of cutaneous psoriasis and PsA.

Treatment with Ixekizumab presents a significant improvement in the quality of life of patients.

Ixekizumab is a well-tolerated drug with good efficacy in the short-medium term. It has also been shown to be a safe drug among the patients included in the study.

However, long-term studies with a larger number of patients are required to evaluate the efficacy and safety of Ixekizumab.

Disclosure of Interests: None declared

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AB0765

THE IMPACT OF PSORIASIS SEVERITY ON OUTCOMES AMONG PSORIATIC ARTHRITIS PATIENTS RECEIVING ADALIMUMAB

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Background: Psoriatic arthritis (PsA) is a heterogeneous, chronic, immune mediated disease associated with psoriasis (PsO). The American College of Rheumatology (ACR) and National Psoriasis Foundation (NPF) recently released a guideline for treatment of PsA, in which TNF inhibitors are recommended over IL-17 or IL-12/23 inhibitors in pts with active PsA.¹ The ACR/NPF conditionally recommend that IL-17 or IL-12/23 inhibitors may be used instead of TNF inhibitors in pts with severe PsO (defined as a psoriasis activity and severity index [PASI] ≥ 12 or a body surface area [BSA] of $\geq 10\%$).

Objectives: Evaluate the impact of PsO severity on clinical, functional, and structural outcomes among PsA pts treated with adalimumab (ADA) or placebo (PBO).