criteria were subsequently sub-classified using the Moll and Wright classification criteria based on the manifestations of PsA at their index outpatient visit. This subtype was then compared to their Moll and Wright subtype at the last outpatient visit prior to January 3, 2019. While it was possible for patients to display more than one subtype simultaneously, the classification made at baseline and at latest visit reflected the predominant Moll and Wright subtype of the patient, in the opinion of the expert treating rheumatologist.

Results: 76 patients were identified as meeting entry criteria, with none being in remission at the index visit. Mean age of patients at the latest visit was 60.2 ± 12.6 years, and 47.4% were male. Median time between the index visit and latest visit was 7 years [IQR: 5 to 8 years]. 42.1% of patients had the same Moll and Wright subtype at both visits. Table 1 presents the distribution of Moll and Wright subtypes present at index visit and latest visit. Table 2 reports the changes, or lack thereof, in subtype between visits. 22/76 patients (28.9%) were in remission at the latest visit. Of the patients in remission, 12 (54.5%) were being treated with a biologic, DMARD, and/or steroid.

Abstract AB0780 Table 1.. Distribution of Moll and Wright subtypes at index visit and latest visit.

Moll and Wright subtype (N=76 patients)	Index visit (N)	Latest visit (N)
Polyarticular	19	8
Oligoarticular	42	36
Distal interphalangeal joint predominant	2	1
Spondylitis predominant	12	7
Arthritis mutilans	1	2

Abstract AB0780 Table 2.. Persistence of Moll and Wright subtype.

Description of change from index visit to latest visit ¹	N = 76
No change	32 (42.1%)
Polyarticular	5
Oligoarticular	20
Distal interphalangeal joint predominant	1
Spondylitis predominant	5
Mutilans	1
Polyarticular → oligoarticular	11 (14.5%)
Spondylitis predominant → oligoarticular	4 (5.3%)
Distal interphalangeal joint predominant → oligoarticular	1 (1.3%)
Oligoarticular → polyarticular	3 (3.9%)
Oligoarticular → spondylitis predominant	2 (2.6%)
Polyarticular → mutilans	1 (1.3%)
Oligoarticular → remission	17 (22.4%)
Polyarticular → remission	2 (2.6%)
Spondylitis predominant → remission	3 (3.9%)

¹ Arrow (→) indicates change from index visit to latest visit.

Conclusion: In this retrospective analysis there was a persistence of Moll and Wright subtype in 42.1% of psoriatic arthritis patients over the median time of 7 years. Whether patients who maintain Moll and Wright subtypes respond differently to targeted therapy for PsA should be evaluated in prospective trials.

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AB0781 ASSOCIATION OF MICA POLYMORPHISM AND SERUM LEVELS WITH PREDISPOSITION TO PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) is a multifactorial chronic inflammatory disease manifested by joint inflammation and cutaneous psoriasis. The

precise etiology of PsA remains unknown, however both genetic and environmental factors contribute to development of this immune-mediated disease.

Objectives: This present study aimed to assess whether polymorphism within gene coding for major histocompatibility complex (MHC) class I chain-related A (MICA) proteins could be a prognostic factor of PsA.

Methods: For this purpose 77 PsA patients and 234 controls were enrolled to the study on MICA polymorphic variants. Genotyping for MICA rs1051792 (Met/Val; G>A) was performed using a LightSNiP assay. In addition the MICA serum levels were studied in 66 patients and 99 controls employing Luminex assay.

Results: Interestingly, MICA polymorphism was found to affect the susceptibility to PsA. The presence of the A (Val) variant was found to increase the risk of PsA (OR= 1.932, p=0.022).

No significant differences were detected between MICA serum levels in patients and controls. However, patients carrying this risk variant (A allele) characterized with lower MICA serum levels as compared GG homozygotes (p=0.018)

Conclusion: These results imply that MICA polymorphism may constitute a risk factor of PsA and be associated with MICA serum levels in PsA patients. Supported by the National Science Centre (Poland) grant: 2016/21/B/NZ5/01901.

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AB0782 SECUKINUMAB PROVIDES IMPROVEMENTS IN HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS, REGARDLESS OF THE TIME SINCE DIAGNOSIS: POOLED RESULTS FROM THE SECUKINUMAB PHASE 3 TRIAL PROGRAM

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Background: Psoriatic arthritis (PsA) can have a profound impact on health-related quality of life (HRQoL). Secukinumab (SEC), a fully-human IL-17A inhibitor, has been shown to improve symptoms and HRQoL in patients (pts) with PsA.¹

Objectives: To evaluate the impact of SEC on HRQoL, assessed using the Short Form-36 Health Survey (SF-36), in pts with PsA stratified by time since first diagnosis (<2 or ≥2 yrs).

Methods: Pts were randomized to either subcutaneous placebo (PBO) or SEC 150 mg (FUTURE 2, 3, 4, 5), 150 mg no load (NL; FUTURE 4, 5), or 300 mg (FUTURE 2, 3, 5). Doses were administered at baseline (BL) and Wks 1–4, followed by every 4 wks (or every 4 wks from BL in NL groups). Pts on PBO were re-randomized to SEC at Wk 16 or 24. Mixed-models for repeated measures were used to assess changes from BL to Wk 16; observed data are presented at Wk 52. The proportion of pts reporting improvements ≥ minimum clinically important differences (MCID) in SF-36 physical (PCS responders), mental component summary (MCS responders), and individual SF-36 domains was also assessed. Non-responder imputation was employed for missing values in responder analyses. Fisher's exact test was used to compare the proportion of responders.