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

¹Renata Sokolik^{*}, Marta Dratwa², Joanna Wielinska², Milena Iwaszko², Monika Chaszczewska-Markowska², Piotr Wiland¹, Katarzyna Bogunia-Kubik².
¹Wroclaw Medical University, Department of Rheumatology and Internal Medicine, Wroclaw, Poland; ²Polish Academy of Sciences, Laboratory of Clinical Immunogenetics and Pharmacogenetics, Hirsfeld Institute of Immunology and Experimental Therapy, Wroclaw, Poland

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

¹Vibeke Strand^{*}, Oliver Fitzgerald², Laura C. Coates³, Jessica A. Walsh⁴, Juan D. Cañete⁵, Peter Nash⁶, Eric Davenport⁷, Luminita Pricop⁸, Gregory Hustache⁹, Isabelle Gilloteau⁹, Aurore Yocolly¹⁰, Matthias Augustin¹¹.
¹Stanford University, Palo Alto, United States of America; ²University College Dublin, Dublin, Ireland; ³University of Oxford, Oxford, United Kingdom; ⁴University of Utah School of Medicine, Salt Lake City, United States of America; ⁵Hospital Clinic and IDIBAPS, Barcelona, Spain; ⁶University of Queensland, Brisbane, Australia; ⁷RTI Health Solutions, Research Triangle Park, United States of America; ⁸Novartis Pharmaceuticals Corporation, East Hanover, United States of America; ⁹Novartis Pharma AG, Basel, Switzerland; ¹⁰Novartis Global Service Center, Dublin, Ireland; ¹¹University Medical Center Hamburg-Eppendorf, Hamburg, Germany

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.

Results: A total of 2049 pts were included: 681, 461, 572, and 335 in the PBO, SEC 300 mg, 150 mg, and 150 mg NL groups, respectively. Of these, 34%, 30%, 32%, and 33%, were classified as <2 yrs since PsA diagnosis (overall: 32%). Mean times since diagnosis were 0.8–0.9 yrs across treatment groups in the <2 yrs subgroup, and 8.6–10.1 yrs in the ≥2 yrs subgroup. The least squares mean (LSM) changes from BL to Wk 16 in PCS and MCS were significantly improved with all doses of SEC vs PBO in both <2 yrs (PCS: PBO = 0.8 vs 6.5 [p<0.0001], 4.8 [p<0.0001], 3.6 [p<0.01] for the 300 mg, 150 mg, and 150 mg NL groups, respectively; MCS: PBO = 1.3 vs 4.0 [p<0.01], 4.4 [p<0.01], 3.8 [p<0.05]) and ≥2 yrs since diagnosis (PCS: PBO = 1.9 vs 6.9 [p<0.0001], 5.3 [p<0.0001], 5.5 [p<0.0001]; MCS: PBO = 0.9 vs 3.6 [p<0.01], 2.8 [p<0.01], 3.0 [p<0.01]) groups. Improvements in individual SF-36 domains were reported with SEC vs PBO in the overall population and both subgroups (Figure). At Wk 16, the proportion of PCS responders was significantly higher with SEC vs PBO, in both <2 yrs (PBO: 38.5% vs 300 mg: 69.1% [p<0.0001]; 150 mg: 59.5% [p<0.01]; 150 mg NL: 53.6% [p<0.05]) and ≥2 yrs (PBO: 43.8%; 300 mg: 64.6% [p<0.0001]; 150 mg: 59.4% [p<0.01]; 150 mg NL: 65.8% [p<0.0001]) groups. Overall, improvements in SF-36 scores and MCID responses were generally more prominent with SEC 300 mg vs SEC 150 mg and in those <2 yrs vs ≥2 yrs from diagnosis. Improvements in PCS, MCS, individual domains, and MCID responses with SEC were sustained to Wk 52.

Conclusion: SEC offered significant, clinically meaningful and sustained improvements in HRQoL (SF-36) in pts with PsA, regardless of time since diagnosis.

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AB0783

RELATIVE IMPACT OF JOINT AND SKIN SYMPTOMS ON QUALITY OF LIFE AND WORK PRODUCTIVITY IN PSORIATIC ARTHRITIS (PSA) PATIENTS

¹William Tillett¹, Joseph F. Merola², Diamant Thaci³, Nicola Booth⁴, Steve Lobosco⁴, Gary Milligan⁴, Matthew Hufford⁵, Julie Birt⁵, Wolf-Henning Boehncke⁶, Elizabeth Holdsworth⁴. ¹University of Bath, Bath, Somerset, United Kingdom; ²Harvard Medical School, Boston, United States of America; ³Comprehensive Center for Inflammation Medicine, Ratzeburger Allee, Germany; ⁴Adelphi Real World, Macclesfield, United Kingdom; ⁵Eli Lilly and Company, Indianapolis, United States of America; ⁶Hôpitaux Universitaires de Genève, Geneva, Switzerland

Background: PsA is a chronic inflammatory arthritis with heterogeneous clinical manifestations. Disease burden and quality of life (QoL) is affected by both joint and skin aspects of the disease (1,2). Given variability among patients of the extent and severity of joint and skin symptoms, the relative impact of each aspect on overall burden to the patient has not been well quantified.

Objectives: Describe the relative impact of joint and skin symptoms in PsA in a real-world population through an assessment of patient perception of symptom importance, QoL, and work productivity.

Methods: Cross-sectional survey of rheumatologists and dermatologists and their PsA patients in Australia, Canada, France, Germany, Italy, Japan, Spain, UK, and US. Physicians provided data on patient Body Surface Area (BSA) psoriasis coverage at the time of survey. Patient self-reported data included perceptions of symptom importance, EQ-5D, Psoriatic Arthritis Impact of Disease (PsAID12), and Work Productivity and Activity Impairment (WPAI: SHP) Index. Patients were compared according to BSA (BSA=0 vs. BSA>0), using parametric and non-parametric tests as appropriate.

Results: Data were collected for 3200 patients with PsA by 454 rheumatologists and 238 dermatologists. 556 patient self-completed questionnaires were also collected. Mean age was 49 years, 46% female, 69% had a BSA>0. Patients with BSA>0 had mean tender joint count (TJC) of 5.2 and mean swollen joint count (SJC) of 4.8. Patients with BSA=0 had mean TJC and SJC of 2.0 and 1.5, respectively.

Across all patients, when asked to prioritize the burden of symptoms, 62% of patients prioritized joints and 38% prioritized skin. In patients with BSA=0, 35% still prioritized skin as most important. 41% indicated they experienced anxiety/depression as a result of their PsA, with 62% indicating both joint and skin symptoms were the cause (28% joint alone, 9% skin alone).

Patients with BSA >0 reported significantly worse QoL and work productivity and activity impairment than BSA=0 (EQ5D index 0.79 vs. 0.85, p<0.0001; EQ5D VAS 71.98 vs. 77.68, p<0.0001; PsAID 2.91 vs. 1.66, p<0.0001; WPAI overall 25.61 vs. 16.32, p<0.0001).

Conclusion: The majority of PsA patients prioritise joint symptoms over skin. Patients with any joint/skin involvement likely have worse quality of life than in the general population (3). PsA patients report that both joints and skin have an impact on their QoL and work productivity with significantly greater impact in those who have skin involvement. Treatment goals focusing on both components of PsA would optimize patient outcomes.

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