Hexal, Sanofi, and USB; advisory board: AbbVie, Bio Skin, Bristol-Myers Squibb, Celgene, Dignity, Eli Lilly, Galapagos, GlaxoSmithKline, Janssen Cilag, Leo Pharma, Morphosis, Novartis, Pfizer, Sandoz, Sanofi, and UCB, Nicola Booth Employee of: Adelphi Real World, Steve Lobosco Employee of: Adelphi Real World, Gary Milligan Employee of: Adelphi Real World, Matthew Hufford Shareholder of: Eli Lilly and Company, Employee of: Eli Lilly and Company, Julie Birt Shareholder of: Eli Lilly and Company, Employee of: Eli Lilly and Company, Wolf-Henning Boehncke Consultant for: Pfizer Inc, Speakers bureau: Pfizer Inc, Elizabeth Holdsworth Employee of: Adelphi Real World
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AB0784 SUBCLINICAL MYOCARDIAL INVOLVEMENT IN PSORIATIC ARTHRITIS PATIENTS

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Background: Psoriatic arthritis (PsA) is a systemic inflammatory disease affecting 15-30% of patients with psoriasis¹. Patients with PsA present 43% higher risk of cardiovascular disease, involving myocardial infarction, heart failure and cerebrovascular events compared with the general population². The common underlying pathophysiologic basis of these clinical events is early atherosclerosis. Myocardial fibrosis in the context of systemic inflammation³ seems to play a significant role in the cardiac manifestations of the disease as well. However, only a few trials have evaluated the possibility of recognition of myocardial involvement in its subclinical phase, which might be of value in reducing the morbidity and mortality of the disease.

Objectives: Our goal was to evaluate the systolic and diastolic myocardial function in asymptomatic patients with PsA and no cardiac comorbidities and emphasize the value of speckle tracking echocardiography in this condition.

Methods: Sixty patients (29 males) and 34 healthy controls (18 males) participated in the study. The patients' mean age was 52.5 (s.d. = 11.29) and the controls' mean age was 50.7 years (s.d. = 17.42). They were all subjected to 2D transthoracic echocardiography, tissue Doppler imaging, and speckle tracking echocardiography, in order to evaluate left ventricular systolic function with conventional indices such as ejection fraction (EF), and with novel indices such as global longitudinal strain (GLS). Diastolic dysfunction was also assessed in both groups. Blood tests including CRP and ESR were conducted. Disease duration and severity scores, PASI and DAS 28, were also recorded. The statistical analysis was conducted with SPSS v.23.0.

Results: Linear regression analysis showed statistically significantly impaired left ventricular systolic function (p<0.001), as assessed with global longitudinal strain (GLS), in PsA patients (mean = -19.79, s.d. = 4.54) compared to the controls (mean = -23.67, s.d. = 3.27). The results were adjusted for age and gender. Ejection fraction, on the contrary, did not show any statistically significant difference between the two groups (p=0.535). Left ventricular diastolic function did not present significant difference between the two groups. GLS showed no association with disease duration, severity scores or the blood tests.

Conclusion: PsA patients present a higher risk of left ventricular systolic dysfunction compared to controls. GLS measured by speckle tracking echocardiography is a useful tool in revealing this subclinical myocardial impairment.

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AB0785 DRUG SURVIVAL OF SECUKINUMAB FOR PSORIATIC ARTHRITIS IN A REAL-WORLD SETTING

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Background: Secukinumab is a newly introduced biologic therapy against IL-17 which has been approved for Psoriatic Arthritis and has showed efficacy in clinical trials, but real world data is still lacking.

Objectives: This study aims to analyze secukinumab drug survival for psoriatic arthritis in a real world environment.

Methods: Multicentric observational, longitudinal retrospective study conducted at 4 tertiary hospitals in Madrid region. Patients with clinical diagnosis of psoriatic arthritis which had received at least one dose of secukinumab between January 2016 and October 2018 were included. With follow up period till December 31, 2018. Medical records were reviewed to collect data about psoriatic arthritis involvement, comorbidities, previous DMARD and bDMARD therapies and its reasons for discontinuation, duration of secukinumab therapy, reasons for discontinuing secukinumab therapy and adverse events. Statistical analysis was performed including bivariate analysis (considering withdrawal of drug during study period or not) and survival analysis with Kaplan-Meier and Cox regression.

Results: 177 patients that initiated secukinumab therapy in the recruitment period were included. 123 patients were on 150 mg dose and 54 on 300 mg dose. Average follow up period was 13 months (SD 8.28; range 1-34). In the bivariate analysis, a higher proportion of biologic-naïve patients was found among the group without secukinumab withdrawal during the study (40% vs 23%, p 0.07). No other differences were observed between both groups regarding demographic characteristics nor comorbidities (tobacco exposure, hypertension, diabetes mellitus, dyslipidemia, ischemic heart disease or malignancy). Median survival time for secukinumab in the Kaplan-Meier analysis was 21.2 months (IC 95%: 14.3 - 22.2), with an average of 19.9 months. One event was censored due to lost to follow-up. Secukinumab treatment was withdrawn in 79 patients (44.6%). Reasons for discontinuation were lack of effectiveness (37%), either primary (40 patients) or secondary (26 patients), adverse events (9 patients, 0.5%), elective surgery in one patient and latex allergy in other. The only variable associated to higher drug survival in Cox regression analysis was biologic-naïve status. No differences in drug survival were found in all other variables studied (gender, age, secukinumab dosage, illness duration, clinical features, tobacco exposure and rest of comorbidities).

Conclusion: As secukinumab was marketed in 2016, real-world setting studies lack long term data. The mean follow up period in our study was 13 months. Most of withdrawals were to lack of effectiveness. Median survival was 21.2 months, significantly higher in biologic-naïve patients. No other differences were found in all other variables studied. Probably real-world data differ from those of clinical trials.

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AB0786 HIGH TREATMENT SATISFACTION OF THERAPY WITH USTEKINUMAB IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS DUE TO EARLY AND LONG-TERM TREATMENT RESPONSE AND HIGH TOLERABILITY – RESULTS OF THE NON-INTERVENTIONAL STUDY SUSTAIN

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