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FRI0379 LONG-TERM EVALUATION OF SECUKINUMAB 150 MG IN ANKYLOSING SPONDYLITIS: 5-YEAR END-OF-STUDY EFFICACY AND SAFETY RESULTS FROM A PHASE 3 TRIAL

Helena Marzo-Ortega[1], Joachim Sieper[2], Alan Kivitz[3], Ricardo Blanco[4], Martin Cohen[5], Karel Pavelka[6], Eumorphia Maria Delicha[7], Anna Stefanska[8], Hanno Richards[7], Susanne Rohrer[7]. *[1]NIHR Leeds Biomedical Research Centre, Leeds Teaching Hospitals NHS Trust, University of Leeds, Leeds, United Kingdom*; *[2]University Clinic Benjamin Franklin, Berlin, Germany*; *[3]Altoona Center for Clinical Research, Duncansville, United States of America*; *[4]Hospital Universitario Marqués de Valdecilla, Santander, Spain*; *[5]McGill University, Montreal, Canada*; *[6]Institute of Rheumatology and Department of Rheumatology, 1st Faculty of Medicine, Charles University in Prague, Prague, Czech Republic*; *[7]Novartis Pharma AG, Basel, Switzerland*; *[8]Novartis Ireland Limited, Dublin, Ireland*

Background: Evaluation of long-term efficacy and safety for treatments for ankylosing spondylitis (AS) is important. Secukinumab, a fully human monoclonal antibody that directly inhibits interleukin-17A, has shown significant and sustained improvement in the signs and symptoms of AS through 3 years in the MEASURE 2 study (NCT01649375).[1]
Objectives: We report the 5-year end-of-study results of subcutaneous (s.c.) secukinumab 150 mg in the MEASURE 2 study.
Methods: AS patients (pts; N = 219) were randomised to receive s.c. secukinumab 150 mg, 75 mg or placebo at baseline, Weeks (Wks) 1, 2 and 3 and every 4 wks from Wk 4. At Wk 16, placebo-treated pts were re–randomised to receive secukinumab 150/75 mg. Efficacy results are reported for pts initially randomised to secukinumab 150 mg and those who switched from placebo to secukinumab 150 mg at Wk 16 (N = 106). An optional dose escalation from secukinumab 75 mg to 150 mg was initiated beginning Wk 140. Outcome measures at Wk 260 included ASAS20/40, BASDAI50, BASMI, BASFI, SF-36 PCS and ASAS partial remission. Analyses stratified by anti-TNF status (anti–TNF-naïve and anti-TNF inadequate response [IR]) were performed. Safety analysis included all pts who received ≥1 dose of secukinumab. Results are reported as observed.
Results: The retention rate to Wk 260 was 77% (82/106) for secukinumab 150 mg. Sustained efficacy was observed with secukinumab 150 mg across all endpoints through 5 years (Table). Improvements were maintained regardless of prior exposure to anti–TNF therapy with greater responses in anti–TNF-naïve pts. A total of 49 pts on secukinumab 75 mg (46.7%) escalated dose to 150 mg after Wk 140; efficacy responses improved in pts whose dose was escalated. Over the entire study period, the mean exposure (±SD) to secukinumab was 1459.1 ± 597.8 days. Exposure-adjusted incidence rates (per 100 pt-years) with any secukinumab dose for selected adverse events were: *Candida* infections (1.0), Crohn's disease (0.5), major adverse cardiovascular events (0.7), uveitis (0.5), and malignant/unspecified tumours (0.5).
Conclusion: Secukinumab 150 mg provided sustained improvement in the signs, symptoms, and physical function in pts with AS through 5 years of treatment. The safety profile of secukinumab remained consistent with previous reports.[1–3]

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Table. Efficacy Endpoints with Secukinumab 150 mg at Week 260 (5 year)

Variable	Secukinumab 150 mg[1]		
	Total N = 106	Anti–TNF-naïve N = 66	Anti–TNF-IR N = 40
ASAS20[2]	69.9 (83)	73.7 (57)	61.5 (26)
ASAS40[2]	54.2 (83)	63.2 (57)	34.6 (26)
ASAS-Partial Remission[2]	25.3 (83)	28.1 (57)	19.2 (26)
BASDAI50[2]	53.0 (83)	56.1 (57)	46.2 (26)
BASMI[3]	-0.7±1.2 (80)	-	-
BASFI[3]	-2.8±2.6 (83)	-	-
SF-36 PCS[3]	8.0±8.5 (79)	8.5±8.9 (56)	6.8±7.4 (23)

Data are reported as observed; [1]Includes placebo switchers; [2]% responders (n); [3]mean change from baseline ± SD (n); IR, inadequate response; N, total number of randomised patients; n, number of evaluable patients; TNF, tumour necrosis factor

FRI0380 SECUKINUMAB PROVIDES SUSTAINED IMPROVEMENT OF ENTHESITIS IN PATIENTS WITH ANKYLOSING SPONDYLITIS: POOLED ANALYSIS OF FOUR PIVOTAL PHASE 3 STUDIES

Georg Schett[1], Xenofon Baraliakos[2], Filip van den Bosch[3], Atul Deodhar[4], Lianne S. Gensler[5], Mikkel Østergaard[6], Shital Agawane[7], Ayan Das Gupta[7], Shephard Mpofu[8], Todd Fox[9], Adam Winseck[9], Abhijit Shete[8], Brian Porter[9]. *[1]Friedrich Alexander University Erlangen-Nuremberg, Department of Internal Medicine, Erlangen, Germany*; *[2]Rheumazentrum Ruhrgebiet, and Ruhr University Bochum, Herne, Germany*; *[3]Ghent University Hospital, Ghent, Belgium*; *[4]Oregon Health and Science University, Oregon, United States of America*; *[5]University of California, San Francisco, United States of America*; *[6]Copenhagen Center for Arthritis Research (COPECARE), University of Copenhagen, Copenhagen, Denmark*; *[7]Novartis Healthcare Pvt Ltd, Hyderabad, India*; *[8]Novartis Pharma AG, Basel, Switzerland*; *[9]Novartis Pharmaceuticals Corporation, East Hanover, United States of America*

Background: Enthesitis can be a debilitating extra-articular spondyloarthritis (SpA) manifestation and cause of considerable pain and reduced quality of life/physical function.[1,2]
Objectives: To evaluate the effect of secukinumab (SEC) on axial and peripheral enthesitis in ankylosing spondylitis (AS) patients (pts) with baseline enthesitis (BLE) across all Maastricht AS EnthesiS (MASES) sites (N=13), axial MASES sites [N=11; 13 MASES minus Achilles tendons (AT); AxS], peripheral sites (N=6; AT + lateral condyles of humerus/femur; PS) and the AT (N=2; AT) at Weeks (W) 16 and 52.
Methods: This post hoc analysis pooled data across 4 SEC studies in AS (MEASURE 1-4) from pts originally randomised to SEC 150mg (approved dose in AS), 300mg (MEASURE 3 only), or placebo (PBO) with BLE (MASES >0). Study designs have been reported previously. Evaluations include mean change from BL in MASES score, complete resolution (CR; MASES=0) and improvement from BL in MASES score of ≥5 counts. Mixed-effect model repeat measurement (MMRM) analysis was done on change from BL in MASES score and non-responder imputation for resolution of enthesitis at W16; data are reported as observed at W52.
Results: A total of 355 (70.4%), 58 (76.3%), and 280 (72%) pts had BLE in 150mg, 300mg and PBO groups, respectively. BL characteristics were generally comparable across groups. At W16, mean change from BL for overall MASES and at AxS was greater for SEC 150mg (-2.4 and -2.3) and 300mg (-2.9 and -2.9) vs PBO (-1.9 and -1.8; $P<0.05$ and <0.01). At W16, pts treated with SEC 150mg (40.8% and 42.7%) and 300mg (36.2% and 42.1%) vs PBO (28.9% and 30.1%) achieved CR of enthesitis based on overall MASES and at AxS. SEC150mg and 300mg were also consistently associated with higher mean change in MASES and CR of enthesitis at PS and individually at AT vs PBO. A higher proportion of pts treated with SEC 150/300mg vs PBO achieved a higher threshold of improvement (≥5 counts) in overall MASES at W16. Further improvements were observed for all endpoints at W52 (Table).