20(3-42)/15(0-37) mm. TNFi retention rates and proportions of patients achieving BASDAI $\leq$ 2 and ASDAS $\leq$ 1.3 after 6/12/24 months were lower for higher quartiles of Δ PEG (table, figure).

Conclusion: In patients receiving their first TNFi, high baseline patient's compared with evaluator's global assessment is negatively associated with retention rates as well as proportions of patients achieving BASDAI remission and ASDAS inactive disease after 6, 12 as well as 24 months follow-up, both in female and male axSpA patients.

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FRI0404

POOLED 6-MONTH TREATMENT OUTCOMES AND DRUG RETENTION RATES IN 1556 PATIENTS WITH AXIAL SPONDYLOARTHRITIS TREATED WITH SECUKINUMAB IN ROUTINE CLINICAL PRACTICE IN 12 EUROPEAN COUNTRIES IN THE EUROSPA RESEARCH COLLABORATION

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Background: There is a lack of real-life data on secukinumab exposure, treatment outcomes and retention rates in axial spondyloarthritis (axSpA) patients.

Objectives: Primary objective: To assess the proportion of axSpA patients in BASDAI low disease activity (<4) and ASDAS inactive disease (<1.3) after 6 months of secukinumab treatment across Europe. Secondary objectives: To compare baseline characteristics, crude and LUNDEX adjusted 6-month BASDAI <4 and ASDAS <1.3 rates, retention rates and median time to secukinumab withdrawal (due to loss of efficacy/adverse events) between biologic DMARD (bDMARD) naïve and non-naïve patients, as well as across the participating registries.

Methods: Data from axSpA patients treated with secukinumab in routine care from 12 countries in the European Spondyloarthritis Research Collaboration (EuroSpA) were pooled. Time from treatment initiation to data cut was $\geq$ 6 months. Group comparisons were performed with independent t-test, Mann-Whitney U-test, ANOVA, Kruskal-Wallis and Chi-square test, as appropriate. Kaplan-Meier analyses with log rank test were performed for comparison of secukinumab drug survival.

Results: A total of 1556 axSpA patients were included. Overall 6-month BASDAI<4 was achieved by 49% and ASDAS<1.3 by 9% of the patients. bDMARD naïve compared with non-naïve secukinumab starters had shorter disease duration, higher baseline disease activity, a higher proportion were men and a higher proportion achieved crude and LUNDEX adjusted 6-month BASDAI<4 but not ASDAS<1.3 (table).

	All patients (n=1556)	bDMARD-naïve patients (n=998)	Previous bDMARD users (n=558)	p-value*
Age (years), mean (SD)	47 (12)	47 (12)	47 (12)	0.01
Male, %	54%	67%	32%	<0.001
Disease duration (years), mean (SD)	10 (9)	8 (9)	13 (9)	<0.001
Current smoker, %	22%	23%	21%	0.59
Baseline CRP (mg/L), median [25-75 th percentile]	8.2 (2.5)	10 (3-15)	7.0 (3.0)	<0.001
Baseline ESR (mm/h), median [25-75 th percentile]	23 (9-45)	31 (17-47)	20 (8-41)	<0.001
Baseline Pain (0-100), median [25-75 th percentile]	70 (50-81)	80 (65-90)	70 (50-80)	<0.001
Baseline Fatigue (0-100), median [25-75 th percentile]	70 (50-82)	78 (64-90)	70 (50-80)	<0.001
Baseline BASDAI, median [25-75 th percentile]	6.3 (4.5-7.6)	6.8 (5.0-8.0)	6.1 (4.7-7.6)	0.001
Baseline ASDAS, median [25-75 th percentile]	3.4 (3.0-4.4)	4.3 (3.3-4.9)	3.5 (3.1-4.3)	<0.001
6 months BASDAI, median [25-75 th percentile]	4.3 (3.3-5.2)	5.0 (3.7-6.4)	4.8 (3.3-6.4)	<0.001
6 months ASDAS, median [25-75 th percentile]	3.4 (2.9-4.0)	3.7 (3.1-4.3)	3.4 (2.9-4.0)	<0.001
6 months BASDAI <4, % (95%CI)	49% (44-53%)	40% (36-44%)	40% (36-44%)	<0.001
6 months ASDAS <1.3, % (95%CI)	9% (7-12%)	10% (8-12%)	8% (6-10%)	0.61
6 months secukinumab retention rate, % (95%CI)	83% (81-85%)	81% (80-82%)	85% (83-86%)	<0.001
LUNDEX adjusted 6 months BASDAI <4, % (95%CI)	32% (29-35%)	40% (36-42%)	29% (26-32%)	<0.001
LUNDEX adjusted 6 months ASDAS <1.3, % (95%CI)	6% (5-7%)	7% (6-8%)	5% (4-6%)	0.65
Time to secukinumab withdrawal in patients who withdrew due to loss of efficacy or adverse events before 6 months, median [25 th -75 th percentile] weeks, n of events	15 (10-21), n=125	18 (13-24), n=123	15 (10-21), n=122	0.14
Mean [SD] (log _e) time to events, censored by 24 weeks	24.3 (23.9-24.6)	24.2 (24.2-24.4)	24.3 (23.7-24.2)	<0.001

* Comparison between bDMARD-naïve and non-naïve patients

Drug retention was higher for bDMARD naïve compared with non-naïve patients (figure 1a). Baseline characteristics and disease activity (data not shown) as well as drug retention differed in-between the European registries (figure 1b).

Figure 1a. Pooled 6-month secukinumab retention rates for axSpA patients in EuroSpA, as well as compared between the bDMARD naïve and non-naïve patients (log rank test; $p<0.001$).

Figure 1b. Pooled 6-month secukinumab retention rate as well as compared across 11 registries in EuroSpA (log rank test; $p<0.001$). ICEBIO was excluded from the Kaplan-Meier plot (<10 patients).

Conclusion: This study of >1500 patients in 12 European countries provides real-world data on the effectiveness of secukinumab in patients with axSpA, adding evidence to existing RCTs. A majority of the patients was previous bDMARD users and had long disease duration. BASDAI <4 was achieved by 49% of the patients and ASDAS <1.3 by 9% at 6 months. Overall retention rate was 83% at 6 months, with significant differences across the registries and higher retention rates for bDMARD naïve compared with non-naïve axSpA patients.

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FRI0405 AQUILA STUDY IN GERMANY – REAL WORLD DATA ON SECUKINUMAB'S EFFECTIVENESS IN PSORIATIC ARTHRITIS PATIENTS – RESULTS FROM AN INTERIM ANALYSIS

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Background: Psoriatic arthritis (PsA) is a chronic, progressive, inflammatory disorder of skin and joints, it impacts both physical and emotional well-being, and increases the risk of comorbidities. Thus, improvement of disease activity as well as emotional well-being is of utmost importance in treatment of PsA patients (pts). In clinical trials, secukinumab, an anti-interleukin (IL)-17A monoclonal antibody, has shown to significantly improve signs and symptoms of PsA¹.

Objectives: To evaluate real-world interim data on the effectiveness of secukinumab on treatment outcomes and quality of life (QoL) in pts with active PsA.

Methods: AQUILA is an ongoing, 52-week (wk) non-interventional study enrolling 2000 pts with active PsA and ankylosing spondylitis. Here, we report interim results of effectiveness in a subgroup of PsA pts treated with secukinumab.

Validated questionnaires were used to measure effectiveness of secukinumab on:

- disease activity
 - Physician's Global Assessment (PhGA, 0=no disease activity, 10=most intense disease activity),
 - Psoriasis Area and Severity Index (PASI),
 - American College of Rheumatology (ACR) joint count and
 - C-reactive protein (CRP);
- and QoL
 - Psoriatic Arthritis Impact of Disease 12-item score (PsAID-12),
 - Medical Outcomes Study (MOS) Sleep scale and
 - Beck's Depression Inventory II (BDI-II).

Pts who were already under secukinumab treatment or just about initiating secukinumab therapy, based on medical therapeutic need, were included; in both scenarios, disease activity at start of secukinumab treatment was used as starting point for analysis. Treatment decision was made independently of participating in this study. Pts were observed from