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FRI0411

COMPARABLE CLINICAL RESPONSES BUT HIGHER TREATMENT ADHERENCE OF SECUKINUMAB COMPARED TO TNF INHIBITORS IN SPONDYLOARTHRITIS PATIENTS: LONG TERM PROSPECTIVE OBSERVATIONAL STUDY IN A TERTIARY HOSPITAL OF GREECE

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Background: Data regarding effectiveness and persistence to therapy with anti-IL17 agent secukinumab (SEC) in spondyloarthritis (SpA) patients of real world clinical practice are very limited.

Objectives: To assess characteristics of SpA patients starting therapy with SEC versus tumor necrosis factor inhibitors (TNFis) in routine clinical care and compare clinical responses and treatment retention at 2 years.

Methods: All patients starting a bDMARD in the Rheumatology Department of the University Hospital of Heraklion, Crete, are included in a prospective observational study after their written informed consent. Data concerning disease activity at pre-specified time-points, drugs, comorbidities and any adverse events are recorded. For the present study we analyzed all consecutive patients with axial (AxSpA) or peripheral SpA (pSpA) starting or switching bDMARD therapy, either a TNFi or SEC from 1/2015 till 12/2018. We excluded patients with IBD-related SpA, patients starting ustekinumab (or apremilast) and patients switching from a bio-originator to a biosimilar TNFi. We compared disease activity scores improvement at 6 months using linear regression analysis and treatment retention using Kaplan-Meier survival curves with log-rank test and Cox regression. Inverse propensity score weighting (IPW) was used to adjust for the potential confounding of gender, age, disease duration, previous bDMARDs and csDMARDs number, diagnosis (AxSpA vs pSpA), presence of peripheral arthritis and co-therapy with csDMARDs.

Results: A total of 239 patients with SpA started/switched bDMARD (SEC:69, TNFis:170). SEC was the $\geq 3^{\text{rd}}$ bDMARD in 63% of patients compared to 17% of TNFis ($p<0.001$). Patients' characteristics at baseline were comparable except for disease duration (median (IQR): 5 (1.5-11) years in SEC vs. 0.9 (0.2-4.6) in TNFis, $p<0.001$). AxSpA was the diagnosis in 78% patients starting SEC and 79% starting TNFis while peripheral arthritis was slightly more common with SEC (81% vs 76% in TNFis). Monotherapy tended to be more common with SEC compared to TNFis (52% vs 42%, $p=0.16$). Baseline disease activity regarding both axial and peripheral arthritis was comparable in the two groups. Unadjusted 2-year treatment retention was similar in the two groups, both overall (SEC: 63%, TNFi: 56%, $p=0.18$) and due to failure or adverse events. However, when we selected only patients on 1st or 2nd bDMARD (SEC:26, TNFis:131), 2-year survival of SEC was higher than that of TNFis (95% vs. 57%, $p=0.027$). Similarly, SEC tended to have higher survival than TNFis in patients with pSpA ($p=0.11$). After IPW, SEC administration was an independent predictor for higher bDMARD retention overall [HR (95%CI)=0.48(0.33-0.69), $p<0.001$] and specifically due to dis-

continuation for failure [HR=0.58 (0.38-0.88), $p=0.011$] and for adverse events [HR=0.21 (0.08-0.62), $p=0.004$].

Mean BASDAI and ASDAS improvements at 6 months were similar in patients with AxSpA receiving SEC or TNFis [Mean(SD) δ BASDAI: 1.6 (2.5) vs 1.4(2.5) respectively ($p=0.78$) and δ ASDAS: 0.7 (1.4) vs 1.0 (1.5), $p=0.44$]. Similarly, in patients with peripheral arthritis, δ DAS28 at 6 months was comparable in the two groups ($p=0.88$). Adjusted linear regression with IPW provided similar results to the unadjusted analyses in both axial and peripheral disease.

Conclusion: In SpA patients of real-world, administration of SEC results in similar clinical responses but higher treatment adherence compared to TNFis, especially if Secukinumab is the 1st or 2nd bDMARD. Larger number of patients and longer follow-up is needed to confirm these data.

Disclosure of Interests: None declared

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FRI0412

SPINAL AND SACROILIAC JOINTS INFLAMMATION IN PATIENTS WITH RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS TREATED WITH NETAKIMAB – 16-WEEKS RESULTS OF MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED PHASE III ASTERA STUDY

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Background: Efficacy and safety of netakimab (NTK), a humanized anti-interleukin 17A antibody, have been previously established in two phase 2 clinical trials in patients with radiographic axial spondyloarthritis (r-axSpA)¹ and psoriasis². ASTERA is a randomized, double-blind, placebo (PBO)-controlled phase III trial, aimed to demonstrate efficacy and safety of NTK in subjects with r-axSpA (NCT03447704).

Objectives: To evaluate the effect of NTK on inflammation in spine and sacroiliac joints (SIJ) at Week (Wk) 16 in ongoing ASTERA study in patients with active r-axSpA.

Methods: 228 eligible adults with active r-axSpA were randomized into 2 study arms (1:1) to receive 120 mg of NTK or PBO, administered as SC injections at Wk 0, 1, 2 and then q2wk through Wk 16. After Wk 16 all patients will start to receive NTK up to week 52. Inflammation in spine and SIJ was assessed with magnetic resonance imaging (MRI) at baseline and Wk 16. The following scoring methods were used: the Berlin spine score (derived from Ankylosing Spondylitis Spine MRI Activity (ASspi-MRI-a) Score for spine assessment and the SPARCC score for SIJ assessment. All images were evaluated by central reader, blinded to treatment.

Results: Both arms were comparable in the Berlin spine score (4.18 ± 4.58 in NTK arm vs. 4.19 ± 4.32 in PBO arm) and the SPARCC score (5.67 ± 8.33 in NTK arm vs. 5.23 ± 7.86 in PBO arm) at baseline ($p \geq 0.05$). Data analysis at Wk16 revealed that NTK arm achieved significant decline in bone marrow edema in direct comparison with PBO arm: by Wk 16 the mean change from baseline in the Berlin spine score was -2.16 ± 2.87 in NTK arm vs. -0.30 ± 1.55 in PBO arm ($p<0.0001$) and the mean change from baseline in the SPARCC score was -3.80 ± 6.68 in NTK arm vs. -1.82 ± 4.12 in PBO arm ($p<0.01$).

Conclusion: the treatment with NTK at a dose 120 mg leads to improvement in spine and SIJ inflammation in patients with active r-axSpA by Wk16, as compared with PBO.

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Figure 1. Change from baseline in MRI scores

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FRI0413

EFFICACY, PHARMACOKINETICS, SAFETY AND IMMUNOGENICITY OF THE BIOSIMILAR HS016 IN COMPARISON WITH ADALIMUMAB IN CHINESE PATIENTS WITH ANKYLOSING SPONDYLITIS: A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PARALLEL-GROUP, PHASE 3 TRIAL

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Background: HS016, a proposed biosimilar to adalimumab, has an identical amino acid sequence, similar physicochemical and in vitro functional properties to adalimumab originator.

Objectives: To assess the efficacy, pharmacokinetic (PK) equivalence, safety and immunogenicity of HS016 compared with adalimumab in Chinese patients with ankylosing spondylitis (AS).

Methods: In a multicenter, randomized, double-blind, parallel-controlled phase 3 study, patients with AS fulfilled with the Modified New York Criteria in 1984 in China were randomized 2:1 to receive HS016 or adalimumab with a dose of 40mg every other week for 24 weeks. Blood samples for PK analyses were collected in about half of AS patients pre-dose every other week and during week 12 and week 14. Samples for anti-drug antibodies (ADA) and neutralizing antibodies (NAb) were analyzed in all patients. The primary endpoint was the proportion of patients achieving 20% improvement in Assessment in SpondyloArthritis International Society (ASAS 20) at week 24. Equivalent efficacy was concluded if 90% confidence interval (CI) of the difference in ASAS 20 response rate was between -15% and 15%. The secondary endpoints included the ASAS 20 response rate at week 12, ASAS 40, 50% improvement in Bath Ankylosing Spondylitis Disease Activity Index (BASDAI 50), ASAS5/6 response rate at week 12 and week 24, PK, safety and immunogenicity.

Results: 416 patients were randomly assigned to receive HS016 and 232 to receive adalimumab. The ASAS 20 response rates at week 24 were 87.50% and 90.09% in HS016 and adalimumab groups, respectively, and the difference was -2.59% (90%CI, -6.77% to 1.60%), demonstrating clinical equivalence between HS016 and adalimumab. No significant difference of the proportion of ASAS 40, BASDAI 50 and ASAS 5/6 between the two groups were detected at week 12 or week 24 (table 1).

Table 1. Response rates (%) at week 12 and week 24.

	Week 12			Week 24		
	HS016 (N=416)	Adalimumab (N=232)	P value	HS016 (N=416)	Adalimumab (N=232)	P value
ASAS 20	79.57	81.03	0.65	87.50	90.09	0.32
ASAS 40	58.65	61.64	0.35	71.15	75.43	0.18
BASDAI 50	61.78	61.21	0.96	76.44	78.45	0.52
ASAS 5/6	57.45	58.62	0.86	62.98	67.24	0.37

ASAS, the Assessment in SpondyloArthritis International Society; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index.

Pharmacokinetic values from 188 AS patients in HS016 group and 109 in adalimumab group were analyzed. The geometric means for steady-state maximum plasma concentration (C_{max}) and area under the plasma concentration-time curve from time zero to infinity (AUC_{inf}) were similar between HS016 group and adalimumab group. The proportions of treatment-emergent adverse events, serious adverse events and injection site reactions were similar between the two groups (table 2). **Table 2.** Adverse events in AS patients with HS016 or adalimumab.

Adverse events N (%)	HS016 (N=416)	Adalimumab (N=232)
TEAEs	352 (84.62)	200 (86.21)
TEAEs related to study drug	267 (64.18)	154 (66.38)
TEAEs leading to discontinuation	22 (5.29)	15 (6.47)
SAEs	18 (4.33)	6 (2.59)
Injection site reactions	21 (5.05)	11 (4.74)

TEAE, treatment-emergent adverse event; SAE, serious adverse event.

The frequencies of ADA and NAb positive were similar between the two groups at different time points. Through week 24, 79.13% of 412 patients in HS016 and 79.91% of 229 patients in adalimumab group developed ADAs, and 17.48% of 412 in HS016 and 18.78% of 229 in adalimumab group developed NABs.

Conclusion: The results of efficacy, PK, safety, immunogenicity from the study conducted in Chinese AS patients support a high similarity between HS016 and the adalimumab.

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FRI0414

SECUKINUMAB PROVIDES RAPID AND SIGNIFICANT IMPROVEMENT IN THE SIGNS AND SYMPTOMS OF ANKYLOSING SPONDYLITIS: PRIMARY (16-WEEK) RESULTS FROM A PHASE 3 CHINA-CENTRIC STUDY, MEASURE 5

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Background: Secukinumab (SEC), a fully human monoclonal antibody to IL-17A, has demonstrated significant and sustained efficacy in patients (pts) with ankylosing spondylitis (AS) across several phase 3 studies.¹⁻³ MEASURE 5 (NCT02896127) is a placebo (PBO)-controlled phase 3 China centric 1-year study in pts with active AS.

Objectives: To present the primary efficacy and safety results of the MEASURE 5 study.

Methods: Pts were randomised (2:1) to receive subcutaneous (s.c.) SEC 150 mg or PBO at baseline (BL), Weeks (Wks) 1, 2, 3, and 4, and then every 4 wks (q4w) thereafter through Wk 52. All PBO pts were switched to s.c. SEC 150 mg q4w starting at Wk 16. Primary endpoint was ASAS20 at Wk 16. Key secondary endpoints were ASAS40, hsCRP, ASAS5/6, BASDAI, SF-36 PCS, ASQoL and ASAS partial remission (PR). Randomisation was stratified by geographic location (China vs. non-China). Statistical analyses used non-responder imputation (NRI) for binary and mixed-effect model repeated measures (MMRM) for continuous variables. A pre-defined hierarchical testing strategy was used for overall population to adjust multiplicity. Safety analysis included all pts who received ≥ 1 dose of SEC.

Results: A total of 458 pts were randomised; 327 (71.4%) from China and 131 (28.6%) from Czech Republic, South Korea and UK. Overall, 97.7% (298/305) and 97.4% (149/153) pts in the SEC and PBO groups, respectively, completed 16 wks. BL characteristics were comparable between groups. Approximately 24% of pts were anti-TNF-inadequate responders/intolerant. The primary endpoint was met; SEC (58.4%) significantly improved ASAS20 response at Wk 16 vs. PBO (36.6%; $P < 0.0001$); corresponding rates were 56.0% vs. 38.5% ($P < 0.01$) in the Chinese population. Improvements were demonstrated in all secondary