FRI0436

ACHIEVING THE TREATMENT TARGETS OF REMISSION OR LOW DISEASE ACTIVITY (LDA) IN PSORIATIC ARTHRITIS (PSA) IS ASSOCIATED WITH SIGNIFICANTLY IMPROVED QUALITY OF LIFE, FUNCTION AND PAIN

Laure Gossec^{1,2}, Paul Bergmans³, Kurt de Vlam⁴, Elisa Gremese⁵, Beatriz Joven-Ibáñez⁶, Tatiana Korotaeva⁷, Wim Noel⁸, M.T. Nurmohamed^{9,10}, Petros Sfikakis¹¹, Stefan Siebert¹², Pavel Smirnov¹³, Elke Theander¹⁴, Josef S. Smolen¹⁵. ¹Paris-Sorbonne University, Paris, France; ²Hôpital Pitié-Salpêtrière, Paris, France; ³Janssen-Cilag B.V., Tilburg, Netherlands; ⁴University Hospitals Leuven, Leuven, Belgium; ⁵Fondazione Policlinico Gemelli-IRCCS-Università Cattolica del Sacro Cuore, Rome, Italy; ⁶Hospital 12 De Octubre, Madrid, Spain; ⁷Nasonova Research Institute of Rheumatology, Moscow, Russian Federation; ⁸Janssen-Cilag B.V., Brussels, Belgium; ⁹Amsterdam Rheumatology and Immunology Center | Reade, Amsterdam, Netherlands; ¹⁰Amsterdam Rheumatology and Immunology Center | VU Medical Center, Amsterdam, Netherlands; ¹¹University of Athens, First Department of Propædæutic Internal Medicine and Rheumatology, Athens, Greece; ¹²Institute of Infection, Immunity and Inflammation, University of Glasgow, Glasgow, United Kingdom; ¹³Janssen-Cilag B.V., Moscow, Russian Federation; ¹⁴Janssen-Cilag B.V., Lund, Sweden; ¹⁵Medical University of Vienna, Vienna, Austria

Background: The link between reaching a state of remission or LDA^{1,2} and patient-reported outcomes in PsA has been little explored in an observational setting.

Objectives: This analysis investigates the potential effect of reaching remission or LDA according to cDAPSA and achievement of VLDA/MDA on patient-reported outcomes such as HRQoL, functioning and pain in an observational cohort of PsA patients.

Methods: PsABio (NCT02627768) is an ongoing real-world observational study in 8 European countries where PsA patients receive 1st, 2nd- or 3rd-line biologics (starting either ustekinumab [UST] or a TNFi. Of 563 UST- or TNFi-treated patients enrolled Dec 2015 – Aug 2017, 303 had data available from their 6-month follow-up. Disease states were defined using cDAPSA ≤4 for remission and ≤13 for LDA (data available for 250 patients) and VLDA 7/7 and MDA 5/7 criteria (data available for 206 and 260 patients, respectively). HRQoL was assessed by the generic instrument EQ5D and the PsA specific tool PsAID-12. Physical functioning was measured by the HAQ-DI and pain with a Pain VAS (0–100). Assessment of Psoriasis Skin Disease (68/299=22.7%) was the most frequently missed MDA component, while enthesitis was the least frequently missed (6/299=2.0%). The other 5 components were all missed with equal frequency (8–9%). Available observed data on univariate associations are presented, with no imputation of missing data or adjustment for baseline imbalances.

Figure 2.

cDAPSA, clinical Disease Activity Index for psoriatic arthritis; CI, confidence interval; EQ-5D, EuroQoL 5-dimension questionnaire; HAQ-DI, Health Assessment Questionnaire – Disability Index; LDA, low disease activity; MDA, minimal disease activity; PsAID-12, Psoriatic Arthritis Impact of Disease 12-item questionnaire; VAS, visual analogue scale; VLDA, very low disease activity

Results: For the 303 patients, mean age was 49.7 (standard deviation [SD] 12.8) years, mean disease duration was 7.2 (SD, 8.2) years, and

50.5% were women. Figure 1 shows data at 6 months for cDAPSA remission, cDAPSA LDA, VLDA, and MDA in UST- and TNFi-treated patients. Start of treatment with either UST or TNFi did not significantly influence the rates of these outcomes at 6 months. cDAPSA remission/LDA and VLDA/MDA achievement (Yes vs No) was associated with better general and disease-specific HRQoL assessments, (EQ5D VAS, PsAID-12) physical function (HAQ-DI) and Pain (VAS) shown by non-overlapping confidence intervals in Figure 2.

Conclusion: In real-life, treatment with either UST or a TNFi leads to considerable and comparable numbers of patients reaching LDA or remission. Reaching such LDA is associated with clinically important improvements exceeding minimal clinically important differences for QoL, functioning and pain experience. Our data therefore strongly support a treat-to-target strategy in routine care for PsA.

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Acknowledgement: This study was sponsored by Janssen

Disclosure of Interests: Laure Gossec Grant/research support from: AbbVie, BMS, Celgene, Janssen, Lilly, MSD, Novartis-Sandoz, Pfizer, Sanofi, and UCB, Consultant for: AbbVie, Biogen, BMS, Celgene, Janssen, Lilly, MSD, Nordic Pharma, Novartis-Sandoz, Pfizer, Roche, Sanofi, and UCB, Consultant for: L Gossec has received honoraria from Celgene as investigator for this study, Paul Bergmans Shareholder of: Johnson & Johnson, Employee of: Janssen, Kurt de Vlam Consultant for: Pfizer Inc, Consultant for: Johnson & Johnson, Elisa Gremese Consultant for: AbbVie, BMS, Celgene, Janssen, Lilly, MSD, Novartis, Sanofi, UCB, Roche, and Pfizer, Speakers bureau: BMS, Speakers bureau: Roche, Speakers bureau: AbbVie, BMS, Celgene, Janssen, Lilly, MSD, Novartis, Sanofi, UCB, Roche, and Pfizer, Beatriz Joven-Ibáñez Speakers bureau: Celgene, Novartis, MSD, Pfizer, AbbVie, and Janssen, Tatiana Korotaeva Consultant for: Pfizer, MSD, Novartis, AbbVie, Celgene, Biocad, Janssen, UCB, Lilly and Novartis-Sandoz, Speakers bureau: Pfizer, MSD, Novartis, AbbVie, Celgene, Biocad, Janssen, UCB, Lilly and Novartis-Sandoz, Wim Noel Employee of: Janssen, M.T. Nurmohamed Grant/research support from: Pfizer, AbbVie, Roche, BMS, MSD, Mundipharma, UCB, Janssen, Menarini, Lilly, Sanofi, and Celgene., Grant/research support from: Pfizer, AbbVie, Roche, BMS, MSD, Mundipharma, UCB, Janssen, Menarini, Lilly, Sanofi, and Celgene., Grant/research support from: Pfizer, MSD, Mundipharma, UCB, Janssen, Menarini, Eli Lilly, Celgene & Sanofi, Consultant for: Pfizer, AbbVie, Roche, BMS, MSD, Mundipharma, UCB, Janssen, Menarini, Lilly, Sanofi, and Celgene., Speakers bureau: Pfizer, AbbVie, Roche, BMS, MSD, Mundipharma, UCB, Janssen, Menarini, Lilly, Sanofi, and Celgene., Speakers bureau: Pfizer, AbbVie, Roche, BMS, MSD, Mundipharma, UCB, Janssen, Menarini, Eli Lilly, Celgene & Sanofi, Petros Sfikakis: None declared, Stefan Siebert Grant/research support from: AbbVie, Novartis, Pfizer, Janssen, BMS, Celgene, UCB, and Boehringer Ingelheim, Consultant for: AbbVie, UCB, Pfizer, Janssen, Boehringer Ingelheim, Celgene, and Novartis, Speakers bureau: AbbVie, UCB, Pfizer, Janssen, Boehringer Ingelheim, Celgene, and Novartis, Pavel Smirnov Employee of: Janssen, Elke Theander Employee of: Janssen, Josef S. Smolen Grant/research support from: AbbVie, Amgen, AstraZeneca, Astra, Celgene, Celtrion, Eli Lilly, GlaxoSmithKline, ILTOO, Janssen, Medimmune, MSD, Novartis-Sandoz, Pfizer Inc, Roche, Samsung, Sanofi, UCB, Speakers bureau: AbbVie, Amgen, AstraZeneca, Astra, Celgene, Celtrion, Eli Lilly, GlaxoSmithKline, ILTOO, Janssen, Medimmune, MSD, Novartis-Sandoz, Pfizer Inc, Roche, Samsung, Sanofi, UCB

DOI: 10.1136/annrheumdis-2019-eular.2379

FRI0437

PATIENT-DEFINED FLARES IN IN PSORIATIC ARTHRITIS: WHAT DO THEY MEAN? AN ANALYSIS OF CHANGE BETWEEN 2 VISITS IN 222 PATIENTS

Laure Gossec, Clemence Gorlier, Maarten de Wit, Laura C. Coates, Umut Kalyoncu, Adeline Ruyssen-Witrand, Ying Ying Leung, Rossana Scrivo, Juan D. Cañete, Penelope Palominos, Sandra Tälli, Andra Balanescu, Uta Kiltz, Sibel Aydin, Inna Gaydukova, Emmanuelle Derris, Ana-Maria Orbai, Ennio Lubrano, Josef S. Smolen. *ReFlaP study group, PARIS, France*

Background: In psoriatic arthritis (PsA), disease fluctuations lead to periods of flares which impact patients' lives and treatment retention, these flares have been little studied.