-23.08 (20.21), respectively) vs PBO (mean (SD) change from baseline: -0.49 (1.33), -0.35 (1.39), -0.8 (2.16), -0.97 (20.11), respectively, all p<0.001). Significantly more GUS-treated patients achieved a low or very low disease activity state defined by PASDAS, GRACE, and mCPDAI (35.0%, 29.6%, and 45.9%, respectively) vs PBO (4.1%, 2.1%, and 10.4%, respectively, all p<0.001). In addition, 12% of GUS- vs 0% of PBO-treated patients achieved DAPSA remission (p<0.01). Post Week24, improvements in PASDAS, GRACE, mCPDAI, and DAPSA were also observed in PBO-GUS patients (39.3%, 39.3%, 71.4%, and 50.0% achieved disease activity states of low, very low, or remission at Week 44, respectively), and were maintained through Week44 in GUS patients (45.8%, 42.2%, 62.7%, and 51.1% achieved disease activity states of low, very low, or remission, respectively).

Conclusion: GUS demonstrated consistent improvements based on all PsA composite indices evaluated, and efficacy was maintained through Week44.

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EFFECTIVENESS OF YTTRIUM KNEE SYNOVECTOMY IN PSORIATIC ARTHRITIS PATIENTS SUFFERING FROM SERONEGATIVE ARTHRITIS WHO HAVE FAILED CONVENTIONAL THERAPY

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Background: Radiation synovectomy with Yttrium 90Y is indicated for refractory arthritides of various etiologies e.g. inflammatory joint diseases such as rheumatoid arthritis, seronegative arthritides such as psoriatic arthritis and reactive arthritis, Haemophilic arthritis, Calcium pyrophosphate dihydrate (CPPD) arthritis and pigmentated villonodular synovitis (PVNS)1. Treatment of inflammatory arthritis has improved due to more effective therapy and earlier treatment therefore Yttrium therapy is less commonly used.

Objectives: To assess the response to Yttrium 90Y synovectomy in patients with Psoriatic arthritis or seronegative arthritis with synovitis affecting the knee joint in a cohort of patients who had failed conventional DMARDs, biological DMARDs or intra-articular steroid injections. To identify any possible predictors of good or poor response. To develop a standard operating procedure to improve consistency and also allow service to be potentially expanded.

Methods: Retrospective chart and electronic care record review of all patients receiving Yttrium therapy in Northern Ireland from March 2016 to April 2018. Patient demographics, MRI findings, conventional and biological DMARD use, previous intra-articular steroid use were recorded. Patients were reviewed approximately six months following treatment. The medical notes were reviewed to decide whether there had been a good or poor response to treatment and data analyzed to look for factors that may predict response. The process was evaluated and we developed a standard operating procedure to improve consistency and safety going forward.

Results: 17 patients in total received Yttrium therapy. 9 males. Age range was 18-75 with a mean 41. 10 patients were diagnosed with seronegative arthritis and 7 with psoriatic arthritis. All patients had an MRI of the affected joint(s) which confirmed synovitis in all cases. 9 MRIs showed no significant degenerative changes, 5 showed mild degenerative changes and 3 moderate/severe. All patients had previously received intra-articular steroid injection. 12 patients also were receiving or had failed treatment with a conventional or biological DMARD.

Long disease duration (OR 1.005, p<0.01), but not age, predicted NAFLD. In particular, those with disease duration of 10 years or more were of higher risk (OR 2.79, p<0.001). Cardiovascular risk factors including hypertension, diabetes mellitus, dyslipidaemia, and established cardiovascular diseases were not found to be predictors of NAFLD among PsA. None of the treatment agents including steroid, conventional synthetic or biological disease modifying anti-rheumatic drugs (DMARDs) was found to be risk factor for NAFLD.

Conclusion: NAFLD was common among patients with PsA, though it seldom led to significant hepatic impairment or interruption of treatment of PsA. Patients with longer duration of psoriatic arthritis were at risk of developing fatty liver. Traditional cardiovascular risk factors, established cardiovascular diseases or use of any particular treatment agent were not found to be predicting factor of development of NAFLD in PsA.

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