not appear to predict response in this group. There were no adverse events reported

Conclusion: Yttrium therapy is not widely used with only one unit in Northern Ireland performing the procedure. The use of effective DMARDs and biological therapy has improved management of psoriatic and rheumatoid arthritis. In spite of this some patients still have refractory disease. We have shown in this observational study that in patients with knee synovitis despite treatment with DMARDs, biologics and intra-articular steroids, Yttrium synovectomy shows good efficacy, is a relatively low cost and generally safe treatment option for these patients. Going forward this study and our standard operating procedure will allow us to develop criteria to help select patients for Yttrium therapy and standardize our treatment.

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FRI0443

IMPACT OF APREMILAST ON PSAID CORE COMPONENTS IN PATIENTS WITH A LIMITED NUMBER OF ACTIVE JOINTS: RESULTS FROM THE REAL-WORLD, PROSPECTIVE, MULTICENTRE REWARD STUDY

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Background: Recent data suggest that patients with moderately active psoriatic arthritis (PsA) and a limited number of active joints have a high likelihood of achieving treatment goals with apremilast treatment.^{1,2} Real-world evidence on the effect of apremilast on patients' perception of the impact of their disease is limited.

Objectives: To describe the effects of apremilast on the impact of disease in the real world as measured by the Psoriatic Arthritis Impact of Disease (PsAID) questionnaire in PsA patients with SJC ≤4 at baseline.

Methods: The prospective, multicentre, observational REWARD study (The Netherlands) is investigating apremilast treatment in real-world patients with PsA. Descriptive statistics were assessed for disease measures, including swollen joint count (SJC; 0-66) and tender joint count (TJC; 0-68), PsAID (0-10) and patient's perception of pain based on the visual analog scale (VAS; 0-100 mm) among patients with limited number of swollen joints (SJC ≤4) at baseline. We report the effects of apremilast on these disease measures at treatment initiation and at the first 6 months of treatment with a data cutoff of December 2018.

Results: A total of 48 patients from 9 clinics who were receiving apremilast were included in this interim analysis. Among these patients, 31 (65%) had SJC ≤4 and 17 (35%) had SJC >4 at baseline. Of patients with SJC ≤4 at baseline, 18 and 8 had at least 3 and 6 months of follow-up, respectively, at the time of data cutoff. Results are reported for patients with available data at each time point. Baseline characteristics for patients with SJC ≤4 included a mean age of 54 years, mean BMI of 29.1 and mean years since PsA diagnosis of 7.0 years; 58% of patients were female, 90% had prior cDMARD use and 29% had prior biologic use. For patients with SJC ≤4, disease measures were reported as follows: The mean SJC at baseline, 3 and 6 months were 1.1, 0.6 and 0.1 and the mean TJC at baseline, 3 and 6 months were 4.5, 3.6 and 1.5. The mean PsAID scores at baseline, 3 and 6 months were 4.2, 3.4 and 2.6. Individual PsAID domain scores by time points are shown (Figure). Patients with a limited number of swollen joints showed gradual improvements in all domains of the PsAID. Mean Pain VAS scores at baseline, 2 weeks, 6 weeks, 3 months and 6 months were 47, 48, 39, 29 and 26 in these patients.

PsAID Domains in Patients With SJC ≤4 at Baseline*

*Includes patients (n=8) with data available at Month 6 and at baseline.

Conclusion: Results from the real-world, prospective, multicenter, observational REWARD study suggest that PsA patients with a limited number of active swollen joints may benefit from apremilast treatment. Apremilast was associated with improvements in the perceived impact of disease, as observed by reductions in the PsAID and its core components.

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FRI0444

EFFICACY AND SAFETY OF SECUKINUMAB IN PATIENTS WITH PSORIATIC ARTHRITIS FOLLOWING INADEQUATE RESPONSE TO SYNTHETIC OR BIOLOGICAL DISEASE MODIFYING ANTIRHEUMATIC DRUGS IN REAL-LIFE SETTINGS

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Background: The data regarding the efficacy and safety of Secukinumab (SEC) in patients with psoriatic arthritis (PsA) in daily clinical practice are scarce.

Objectives: To assess the safety and efficacy of SEC in patients with PsA in real life settings.

Methods: All PsA patients treated with SEC in the Rheumatology Units of 2 referral University Hospitals were prospectively included (from 3/2016-12/2018). Patients' characteristics, treatments and indices of disease activity (DAPSA, DAS28-CRP, BASDAI) and function (HAQ, BASFI) as well as the extent of skin disease (BSA) were recorded at baseline and during therapy.

Results: 79 patients treated with SEC were included; 75% were females (n=59) with a mean age of 54±13.4 years, a median disease duration of 7.8 years and a median SEC treatment duration of 10 months (IQR 13). At baseline, 42% had axial involvement, 25% enthesitis and 13% dactylitis. The majority of patients had previously failed anti-TNFs (91%, n=72; n=1: 32%, n=2: 43% or n≥3: 25%), anti-IL12/23 (37%), both biologic agents (34%) or apremilast (5%). SEC was administered in combination with csDMARDs in 55% and corticosteroids in 40% of patients, respectively. At the end of the follow-up period (median: 15 months), patients' disease activity (median DAPSA: 29 → 18.5, p<0.001, DAS28-CRP: 4.6 → 3.7, p=0.05, BASDAI: 5.5 → 3.2, p=0.15), function (median HAQ: 1 → 0.38, p=0.07, BASFI: 7 → 3.2, p=0.14) and skin psoriasis (median BSA: 2 → 0%, p=0.005) improved. Drug survival at the last follow-up visit was 63% (n=50). Reasons for SEC discontinuation were inadequate response (25%, n=20), serious adverse events (7%, n=5) or other reasons (5%, n=4). During follow-up there were 12 adverse events (1.2/100 patient-years); among them 5 were serious (0.5/100 patient-years). The rate of serious infections was 0.1/100 patient-years. Two fungal infections (one oral-genital and one inguinal that improved with local therapy) and three cases of cancer were also recorded (two colon cancers/one fatal and one endometrial cancer).

Conclusion: In a large, real life, cohort of patients with PsA, resistant to different biologics (anti-TNFs and/or anti-IL12/23), SEC displayed a high retention rate (63% after a median follow-up of 15 months) without significant side effects. These data emphasize the role of SEC as a viable therapeutic option even in patients with difficult to treat, multi-resistant PsA in daily clinical practice.

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