FRI0447

THE SURVIVAL OF BIOLOGICS IN PSORIATIC ARTHRITIS – THE FIRST DATA FROM MOSCOW UNIFIED REGISTER OF ARTHRITIS (MUAR)

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Background: Early started therapy of psoriatic arthritis with the goal to achieve minimal disease activity can slow the joint damage progression. Data concerning the persistence of psoriatic arthritis (PsA) patients on biologics in real clinical practice are insufficient.

Objectives: to analyze the survival of biological treatment of PsA and detect possible predictors of persistence on biologics.

Methods: PsA patients from Moscow Unified Arthritis Registry (MUAR) treated with biologics were included in study. Unadjusted survival analysis was performed by the Kaplan-Mayer method. The search for independent risk predictors of the therapy discontinuation was carried out by the multivariate Cox regression.

Results: We analyzed 236 treatment episodes in 141 PsA patients enrolled in MUAR, 61 men (43%); mean age was 50.1 ± 11.5 years. We used the following biologics: etanercept (71 patients), infliximab (51), adalimumab (50), ustekinumab (35), golimumab (11), cerolizumab pegol (7). In unadjusted analysis mean treatment survival was longer with etanercept, adalimumab and infliximab. As significant independent predictors of withdrawal risk (potential confounders) low education, mutilating or polyarticular form of PsA, heel pain, shoulder joints swelling and absence of neck pain at the disease onset were detected.

After the adjusting data for cofounders there was no significant difference in risk of withdrawal between different biologics. Neither the year of onset of the case of treatment nor the number of previous bDMARDs show a significant relation with the risk of drug withdrawal (Picture 1). This data show the difference between the patterns of treatment survival of rheumatoid arthritis and psoriatic arthritis.

Conclusion: our analysis of PsA treatment persistence in real clinical practice detected several factors associated with withdrawal risk. These data can provide specialists with a tool for personalized treatment

Picture 1. Adjusted analysis of persistence of bDMARDs

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FRI0448

REAL-WORLD EXPERIENCE OF SECUKINUMAB FOR PSORIATIC ARTHRITIS

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Background: Secukinumab, an inhibitor of IL-17, is a new option for the treatment of Psoriatic Arthritis (PsA) which has showed efficacy in clinical trials. However, real-world data of its use is still scarce.

Objectives: This study aims to analyze the experience of using secukinumab for PsA in four tertiary hospitals.

Methods: Multicentric observational, longitudinal, retrospective study conducted in 4 tertiary hospitals of the Madrid region. Patients with clinical diagnosis of PsA and having received at least one dose of secukinumab were included. Medical records were reviewed to collect demographic and

clinical data (body mass index, BMI, risk factors cardiovascular disease, cancer, HBV/HCV infection), features of PsA (extra-articular involvement, radiological damage), previous therapies, assessment of the disease and response data at 6 months of secukinumab (joint counts, CRP, DAPSA, reasons for discontinuation, adverse events). Descriptive statistic analysis using mean and standard deviation was performed.

Results: 177 patients, of which 115 female (65%) were included. Mean age was 53 y.o.(SD 15) and average duration of the disease was 9 years (SD 7). 169 patients (95%) had peripheral disease (34% joint erosions), 84 (47%) had axial disease (68 with radiological damage), 148 (84%) had psoriasis, 61 (34%) showed dactylitis and 111 (63%) had enthesitis. Average BMI was 28.4 (SD 6), with an obesity rate of 37% (52 pt). Observed comorbidities were hypertension (22 pt, 12%), diabetes mellitus (22 pt, 12%), dyslipidemia (58 pt, 33%), active smoking (55 pt, 31%) and others: 20 patients had HBV infection, 5 had HCV infection and 12% had malignancy.

Regarding previous treatments, 90% had received cDMARDs, particularly methotrexate (77%) and 119 (67%) had been exposed to at least one bDMARD (32% to one, 25% to two, 20% to three and 21% to four or more). 69% were on 150 mg dose and 31% on 300 mg dose.

At baseline, average tender joint count was 7 (SD 8), swollen joint count was 4 (SD 4), CRP 7 mg/l and DAPSA 26. At 6 months of secukinumab therapy, tender joint count had decreased to 5 (SD 8), swollen joint count 2 (SD 3), CRP 5 mg/l and DAPSA 17. Thirty-eight (47%) of the patients with the data available (80) had DAPSA ≤14 (low activity) and 9 DAPSA ≤4 (remission). In naïve to biologic patients, DAPSA varied from 27 in the baseline visit to 16 at 6 months, and in the other group of patients with biologic experience, DAPSA varied from 24 to 17 at 6 months (if they had been exposed to 3 or more biologics, DAPSA from 18 to 10 at 6 months).

Average drug survival time was 20 months (1-34). 79 patients (44.6%) withdrawn therapy, due to primary ineffectiveness (40), secondary ineffectiveness (26), adverse events (9) and other reasons (3). Adverse events do not differ from those reported in clinical trials.

Conclusion: Secukinumab in real-world setting had been indicated in a population of PsA with a high percentage of axial involvement (47%), with an important previous exposure to biologics, and with higher comorbidity than that reported in clinical trials. Response data were favorable, 47% of patients achieved remission or low activity by DAPSA, and similar profile of adverse events to the one reported in the clinical trials was observed.

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FRI0449

EFFECTIVENESS OF BIOLOGIC DRUGS WITH DIFFERENT MECHANISM OF ACTION IN PSORIATIC ARTHRITIS. AN APPRAISAL FROM THE APULIAN REGISTRY BIOPURE

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Background: In the last decade, the number of drugs available for patients affected with psoriatic arthritis (PsA) is increased and rheumatologists have multiple choices to manage PsA refractory to conventional disease modifying anti-rheumatic drugs (cDMARDs). However, the possibility