FRI0453

DOES DISCORDANCE BETWEEN BASELINE PATIENT'S AND EVALUATOR'S GLOBAL ASSESSMENT OF DISEASE ACTIVITY IMPACT RETENTION AND REMISSION RATES OF TNF INHIBITORS IN PATIENTS WITH PSORIATIC ARTHRITIS? DATA FROM THE EUROSPA RESEARCH COLLABORATION

Brigitte Michelsen, Lykke Ørnbjerg, Heřman Mann, Joseph Sexton, Michael Nissen, Maria Jose Santos, Dan Nordström, Lennart T.H. Jacobsson, Ziga Rotar, Björn Gudbjörnsson, Süleyman Serdar Koca, Catalin Codreanu, Manuel Pombo-Suarez, Irene van der Horst-Bruinsma, Anne Gitte Loft, Karel Pavelka, Eirik Kristianslund, Burkhard Moeller, Elsa Vieira-Sousa, Anna-Mari Hokkanen, Ulf Lindström, Matija Tomsic, Thorvaldur Jon Love, Berna Goker, Ruxandra Ionescu, Carlos Sánchez-Piedra, Marleen van de Sande, Gary Macfarlane, Florenzo Iannone, Lise Hyldstrup, Niels Steen Krogh, Mikkel Østergaard, Merete L. Hetland. *EuroSpA Research Collaboration, on behalf of DANBIO (Denmark), ARTIS (Sweden), SCQM (Switzerland), NOR-DIMARD (Norway), ATTRA (Czech Republic), Reuma.pt (Portugal), BIOBADASER (Spain), ROB-FIN (Finland), biorx.si (Slovenia), ICEBIO (Iceland), TURKBIO (Turkey), RRBR (Romania), ARC (Netherlands), BSRBR-AS (UK), GISEA (Italy), Denmark*

Background: Discordance between baseline patient's and evaluator's global assessment of disease activity is common¹ and may reduce the likelihood of remission following tumor necrosis factor inhibitor (TNFi) treatment in patients with psoriatic arthritis (PsA).² However, the impact of such discordance on retention rates of TNFi in PsA patients remains unexplored.

Objectives: To explore the impact of discordance, defined as patient's minus evaluator's global assessment (Δ PEG), on retention rates and remission rates (DAS28(3)CRP (which does not include patient's global) and DAS28(4)CRP (which includes patient's global)) in PsA patients initiating their first TNFi treatment. We used pooled data from the European Spondyloarthritis Research Collaboration (EuroSpA).

Methods: TNFi naïve PsA patients from 11 European registries in EuroSpA were included. Kaplan-Meier analyses were used to estimate TNFi retention rates after 6/12/24 months, with comparison between baseline Δ PEG quartiles using the log rank test, stratified by gender. Remission rates were compared between different Δ PEG quartiles with Chi-square test, stratified by gender.

Results: A total of 5422 PsA patients were included. Mean (SD) age for women(n=2988)/men(n=2867) were 49.3(12.5)/47.4(11.7) years, disease duration 6.6(7.3)/6.7(7.2) years, median(25-75 percentiles) baseline Δ PEG 17(0-38)/10(0-30) mm. Retention rates and DAS28(4)CRP but not DAS28(3)CRP remission rates were lower for higher quartiles of baseline Δ PEG (table, figure).

Conclusion: High baseline discordance (Δ PEG) was associated with lower TNFi retention rates and with DAS28(4)CRP but not DAS28(3)CRP remission rates after 6, 12 and 24 months' follow-up in both male and female PsA patients. The choice of remission criteria in the follow-up of PsA patients may affect important treatment decisions, and may be of particular impact in patients with high baseline Δ PEG.

REFERENCES:

- [1] Lindstrom, et al., J Rheumatol 2015;42:1781-5; 2 Michelsen, et al. Ann Rheum Dis 2016;76:708-11.

Acknowledgement: Novartis Pharma AG and IQVIA for supporting the EuroSpA collaboration.:

Disclosure of Interests: Brigitte Michelsen Grant/research support from: Unrestricted grant: Novartis, Consultant for: Novartis, UCB, Lykke Ørnbjerg Grant/research support from: Unrestricted grant: Novartis, Heřman Mann Consultant for: Pfizer, Eli Lilly, Sanofi, Speakers bureau: AbbVie, Roche, Pfizer, MSD, Eli Lilly, Sanofi, Joseph Sexton: None declared, Michael Nissen Consultant for: AbbVie, Lilly, Novartis, and Pfizer, Maria Jose Santos: None declared, Dan Nordström Grant/research support from: MSD, Pfizer, Consultant for: AbbVie, BMS, MSD, Novartis, Roche, Pfizer, UCB, Speakers bureau: Novartis, UCB, Lennart T.H. Jacobsson Consultant for: LJ has received lecture and consulting fees from Pfizer, Abbvie, Novartis, Eli-Lilly and Janssen, Ziga Rotar: None declared, Björn Gudbjörnsson: None declared, Süleyman Serdar Koca: None declared, Catalin Codreanu: None declared, Manuel Pombo-Suarez: None declared, Irene van der Horst-Bruinsma Grant/research support from: MSD, Pfizer, AbbVie, Consultant for: Abbvie, UCB, MSD, Novartis, Speakers bureau: BMS, AbbVie, Pfizer, MSD, Anne Gitte Loft: None declared, Karel Pavelka: None declared, Eirik Kristianslund: None declared, Burkhard Moeller Consultant for: Swissmedic Human Medicines Expert Committee Member (regulatory agency), Elsa Vieira-Sousa Grant/research support from: MSD, Novartis, Anna-Mari Hokkanen: None declared, Ulf Lindström: None declared, Matija Tomsic: None declared, Thorvaldur Jon Love Consultant

for: Received reimbursement from Celgene for speaking about guidelines for the treatment of psoriatic arthritis, Berna Goker: None declared, Ruxandra Ionescu: None declared, Carlos Sánchez-Piedra: None declared, Marleen van de Sande Grant/research support from: van Janssen, Novartis, Eli Lilly, Consultant for: Novartis and Abbvie, Gary Macfarlane Grant/research support from: Have received research grants (not current) from Abbvie and Pfizer.

TNFi retention rates	TNFi retention rates (% 95%CI) according to baseline patient's minus evaluator's global assessment (Δ PEG) quartiles									
	Women (n=2988)					Men (n=2867)				
	1 st quartile (100 to 0)	2 nd quartile (0 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value	1 st quartile (100 to 0)	2 nd quartile (0 to 9)	3 rd quartile (10 to 30)	4 th quartile (31 to 100)	p value
6 months	87% (85-89%)	85% (82-88%)	83% (79-84%)	74% (71-77%)	<0.001	93% (91-95%)	93% (91-95%)	92% (90-93%)	86% (83-89%)	<0.001
12 months	79% (76-82%)	76% (73-79%)	70% (67-74%)	61% (57-65%)	<0.001	86% (83-89%)	86% (84-89%)	83% (80-85%)	78% (75-81%)	<0.001
24 months	69% (66-72%)	69% (65-73%)	63% (57-67%)	52% (48-56%)	<0.001	77% (74-81%)	76% (73-82%)	74% (71-78%)	69% (66-73%)	<0.001
Proportions, % (95%CI) of patients in DAS28(3)CRP remission according to baseline patient's minus evaluator's global assessment (Δ PEG) quartiles										
DAS28(3)CRP remission (<2.6)	Women					Men				
	1 st quartile (100 to 0)	2 nd quartile (0 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value	1 st quartile (100 to 0)	2 nd quartile (0 to 9)	3 rd quartile (10 to 30)	4 th quartile (31 to 100)	p value
6 months	51% (47-54%)	48% (44-52%)	39% (34-42%)	30% (23-42%)	<0.001	63% (59-68%)	67% (64-71%)	59% (55-63%)	50% (44-57%)	0.04
12 months	53% (49-57%)	53% (49-58%)	43% (38-47%)	38% (33-43%)	<0.001	68% (64-73%)	69% (65-73%)	63% (58-67%)	49% (44-54%)	0.21
24 months	58% (53-63%)	58% (52-63%)	47% (42-51%)	37% (32-43%)	<0.001	69% (64-74%)	72% (67-77%)	64% (59-69%)	46% (40-52%)	0.007
Proportions, % (95%CI) of patients in DAS28(4)CRP remission according to baseline patient's minus evaluator's global assessment (Δ PEG) quartiles										
DAS28(4)CRP remission (<2.6)	Women					Men				
	1 st quartile (100 to 0)	2 nd quartile (0 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value	1 st quartile (100 to 0)	2 nd quartile (0 to 9)	3 rd quartile (10 to 30)	4 th quartile (31 to 100)	p value
6 months	57% (54-57%)	53% (49-57%)	47% (43-52%)	48% (43-52%)	0.19	63% (60-70%)	69% (64-73%)	64% (60-68%)	68% (64-73%)	0.28
12 months	54% (50-58%)	52% (47-57%)	53% (48-57%)	56% (45-55%)	0.30	70% (66-75%)	73% (68-78%)	67% (62-72%)	72% (68-76%)	0.27
24 months	61% (56-66%)	60% (55-65%)	55% (50-60%)	52% (46-57%)	0.04	74% (69-79%)	77% (71-83%)	70% (64-76%)	73% (68-78%)	0.32

Have received research grants (not current) from the British Society for Rheumatology, who received the funds from Abbvie, Pfizer and UCB. Have received research grant (current) from the British Society for Rheumatology, who received the funds from Celgene., Florenzo Iannone: None declared, Lise Hyldstrup: None declared, Niels Steen Krogh: None declared, Mikkel Østergaard Grant/research support from: Abbvie, Celgene, Centocor, Merck, Novartis, Consultant for: Abbvie, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Hospira, Janssen, Merck, Novartis, Novo, Orion, Pfizer, Regeneron, Roche, and UCB, Speakers bureau: Abbvie, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Hospira, Janssen, Merck, Novartis, Novo, Orion, Pfizer, Regeneron, Roche, and UCB, Merete L. Hetland Grant/research support from: BMS, MSD, AbbVie, Roche, Novartis, Biogen, Pfizer, Consultant for: Eli Lilly, Speakers bureau: Orion Pharma, Biogen, Pfizer, CellTrion, Merck, Samsung Bioepis

DOI: 10.1136/annrheumdis-2019-eular.863

FRI0454

EVOLUTION OF SUBCLINICAL ATHEROSCLEROSIS IN PATIENTS WITH PSORIASIS ARTHROPATHY

L Montolio-Chiva¹, M Robustillo-Villarino², A Sendra-García^{1,3}, Marta Aguilar-Zamora¹, C Vergara-Dangond⁴, Ana V Orenes Vera¹, I Vázquez-Gómez¹, À Martínez-Ferrer¹, Elia Valls-Pascual¹, D Ybáñez-García¹, V Núñez-Monje^{1,3}, I Torner-Hernández¹, Juanjo J. Alegre-Sancho¹. ¹University Peset Doctor Hospital, Valencia, Spain, ²La Plana Hospital, Villareal, Spain, ³Foundation for the promotion of sanitary and biomedical research in the Valencian Community (FISABIO), Valencia, Spain, ⁴HM Hospital, Madrid, Spain

Background: Patients with psoriatic arthritis (PsA) have a higher prevalence of classical vascular risk factors (CVRF) and early atherosclerosis determined by chronic inflammation.

Objectives: To study the evolution over time of different vascular damage evaluation measures in patients with PsA and investigate the factors related to these changes.

Methods: Pre-post longitudinal study with analytical components. PsA patients with peripheral joint involvement were included. Demographic (sex, age), clinical [duration of the disease, DAS28, current treatment, body mass index (BMI), CVRF, vascular events] and analytical variables [atherogenic index, glomerular filtration (GF-MDRD), fibrinogen, glycosylated hemoglobin (HbA1c), CRP, ESR, ultrasensitive CRP, Apolipoprotein A1, apolipoprotein B] were collected. Other variables were collected from the clinical history retrospectively. Basal vascular risk was estimated through SCORE tool. Extracranial carotid artery was explored with an Esaote MyLab70XVG ultrasound with linear probe (7-12MHz) and an