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

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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.

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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 -5)	2 nd quartile (-5 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value	1 st quartile (-100 to -5)	2 nd quartile (-5 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value
6 months	87% (85-90%)	85% (82-88%)	81% (78-84%)	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%)	63% (57-69%)	<0.001	86% (83-89%)	86% (84-89%)	83% (80-85%)	78% (73-81%)	<0.001
24 months	69% (66-72%)	69% (65-72%)	63% (57-69%)	52% (48-56%)	<0.001	77% (74-81%)	79% (75-82%)	74% (71-78%)	69% (66-73%)	<0.001
DAS28(3)CRP remission (<2.6)	Proportions, % [95%CI] of patients in DAS28(3)CRP remission according to baseline patient's minus evaluator's global assessment (Δ PEG) quartiles									
	Women					Men				
	1 st quartile (-100 to -5)	2 nd quartile (-5 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value	1 st quartile (-100 to -5)	2 nd quartile (-5 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value
6 months	51% (47-54%)	48% (44-52%)	39% (34-43%)	30% (23-37%)	<0.001	63% (59-68%)	62% (58-67%)	59% (53-65%)	50% (44-57%)	0.04
12 months	52% (48-57%)	53% (48-58%)	43% (38-47%)	38% (33-43%)	<0.001	68% (63-73%)	69% (64-73%)	63% (55-71%)	60% (54-67%)	0.21
24 months	58% (53-63%)	58% (52-63%)	47% (42-52%)	37% (32-43%)	<0.001	69% (64-74%)	72% (67-77%)	64% (56-72%)	60% (55-66%)	0.007
DAS28(4)CRP remission (<2.6)	Proportions, % [95%CI] of patients in DAS28(4)CRP remission according to baseline patient's minus evaluator's global assessment (Δ PEG) quartiles									
	Women					Men				
	1 st quartile (-100 to -5)	2 nd quartile (-5 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value	1 st quartile (-100 to -5)	2 nd quartile (-5 to 17)	3 rd quartile (18 to 38)	4 th quartile (39 to 100)	p value
6 months	53% (49-57%)	53% (48-57%)	47% (43-52%)	46% (40-52%)	0.19	63% (59-70%)	69% (64-73%)	64% (58-68%)	68% (64-73%)	0.28
12 months	54% (50-58%)	53% (47-59%)	53% (48-57%)	50% (45-55%)	0.30	70% (66-75%)	69% (64-73%)	69% (65-73%)	72% (68-76%)	0.77
24 months	61% (56-66%)	60% (55-65%)	55% (50-60%)	52% (46-57%)	0.04	74% (69-79%)	76% (71-80%)	70% (66-74%)	73% (69-78%)	0.32

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FRI0454

EVOLUTION OF SUBCLINICAL ATHEROSCLEROSIS IN PATIENTS WITH PSORIASIS ARTHROPATHY

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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. Ultrasonographic carotid artery was explored with an Esaote MyLab70XVG ultrasound with linear probe (7-12MHz) and an

automated program that measures intima media thickness (IMT) by radio-frequency ("Quality intima media thickness in real-time"), and the presence of atheroma plaques was evaluated following Mannheim consensus. Pulse wave velocity (PWV) was measured through Mobil o graph® dispositive. We repeat vascular study 3 years later. $IMT \geq 900 \mu$ and $PWV \geq 10m/s$ were considered as pathological values. Statistical analysis were performed using SPSS 22.0 program.

Results: 108 patients were included. Twelve patients excluded due to high vascular risk [previous event and/or diabetes type II or type I with target organ injury]. Repeated VOP measurement was only available in 49 patients. 64.2% of patients were women and the mean age was 54.2 (SD 1.3) years. Mean disease duration was 93.1 (SD 12.7) months and mean DAS28 was 1.7 (SD 0.1). 22.4% of patients received glucocorticoids, 47.8% NSAIDs, 83.6% DMARDs and 37.3% biological drugs. Mean BMI was 26.5 (SD 0.5) kg/m^2 . 38.8%, 28.4% and 43.3% of patients were smokers, hypertensive (11.9% on ARA2, 3% on IECA, 1.5% on calcium channel blockers, 10.4% on combined treatment) and 43.3% dyslipidemic [most of them (38.8%) on statins]. Mean CRP and ESR were 6.2 (SD 0.4) mg/l and 9.9 (SD 1) mm/h, respectively. Mean SCORE was 1.06 (SD 0.1). Baseline, 23.9% of patients had atheromatous plaques, and 13.4% and 20.4% had a pathological IMT or PWV, respectively. Three years later, we detected new and/or atheromatous plaques rises in 19.4% of patients and PWV and IMT worsening in 10.2% and 1.5% of patients, respectively. As per logistic regression analysis, high baseline SCORE (16.9%), high systolic blood pressure (8.6%), GF-MDRD (8.2%), fibrinogen (6.8%) and the presence of dyslipidemia were the factors that most contributed to the progression of vascular damage, with independence of the therapeutic objective used for their treatment.

Conclusion: Progression of vascular damage is mainly related to CVRF in patients with PsA, therefore it is essential to intervene on CVRF early.

Disclosure of Interests: None declared

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FRI0455 USE OF SECUKINUMAB IN PSORIATIC ARTHRITIS AND ANKYLOSING SPONDYLITIS...REAL WORLD DATA

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Background: Secukinumab was the IL-17 inhibitor licensed for use in Psoriatic Arthritis (PsA) and Ankylosing Spondylitis (AS). The aim of this study was to evaluate the effectiveness and safety of Secukinumab in our cohort of patients.

Objectives: In order to assess the effectiveness and safety of Secukinumab, a retrospective analysis of patients treated with this drug in the Northern Health and Social Care Trust was undertaken.

Methods: Retrospective data was collected from the Local Biologic database. All patients who were on Secukinumab were selected. They were divided into two arms, Psoriatic Arthritis and Ankylosing Spondylitis. From this baseline disease severity was sought, baseline inflammatory markers and patient cohort data was collected. Patients were seen routinely at three monthly intervals and outcomes were collected up to a 12 month period. From patient notes drug response and adverse effects were recorded.

Results: A total of 41 patients with psoriatic arthritis were treated with Secukinumab over the 12-month period studied. Twenty-six patients were female and fifteen were male, with ages ranging from 26 to 70. Only 12 of the patients were on concomitant methotrexate, all met the NICE start criteria with required DAS 76 scores. Seven of the patients were biologic naïve (17%) at commencement of drug.

Of all the patients who responded, most had some response by 3 months, and all had further response by six months.

Sixteen patients (39%) discontinued treatment due to no response, one due to increasing shortness of breath, wheeze and rash, and one patient developed colitis.

Other side effects were noted, which did not cause the drug to be discontinued. Five patients had rash and urticaria, three reported headaches. Infections were fairly common, five patients had chest infections, four had sinusitis and three had urinary tract infections. Four patients reported thrush, one oral thrush and three vaginal.

A total of 18 patients with Ankylosing Spondylitis were commenced on Secukinumab. 11 males and 7 females. A third (6/18) were biologic naïve. Ages ranged from 27 to 65.

In the first three months of commencement there was a reduction in BASDAI scores of all patients. This remained at six months. Inflammatory markers CRP and ESR were also reduced.

Seven patients discontinued Secukinumab after six months due to side effects or lack or perceived response by the patient (seen in 1 patient).

Two patients had a loss of efficacy. The remaining four patients noted cutaneous skin infections, sinus symptoms or headaches as noted in the PsA arm of the audit.

Conclusion: Patients in the Northern Trust starting Secukinumab generally have severe disease and most have had prior treatment with biologics.

There was a high incidence of non responders in this group, however in those patients who responded there was a good response rate at 3 months, and these patients were still on treatment at 12 months. Side effects were as expected, with infections being the most commonly reported side effect.

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FRI0456 THE EFFECT OF GENDER ON DISEASE ACTIVITY, FUNCTIONAL INDEX AND QUALITY OF LIFE IN PATIENTS WITH AXIAL SPA. THE DATA OF TLAR-NETWORK PSA STUDY

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Background: PsA is a chronic musculoskeletal disease. The prevalence of axial involvement in PsA varies according to the duration of the disease. In early stage the incidence varies between 5% and 28%, but it increases up to 25-70% in later stages of the disease. In the literature, there is limited data on the differences in disease activity, functional status and quality of life of men and women with axial PsA.

Objectives: In this study, we aimed to evaluate the effect of gender difference on clinical findings, disease activity, functional status and quality of life in patients with axial involvement in Turkey.

Methods: Patients with PsA who met the CASPAR classification criteria were enrolled consequently in this cohort. Turkish League Against Rheumatism (TLAR)- Network was formed with the participation of 25 centers. The demographic variables, fatigue, diagnostic delay, the beginning of peripheral arthritis, enthesitis, dactylitis and spine involvement, inflammatory lumbar pain, patients' quality of life, BASFI, HAQ, HAQ-s, VAS pain, anxiety, depression and disease activity parameters (TJC, SJC, ESH, DAS28, BASDAI), were recorded. Student's t test and Chi-square test were used to compare variables in SPSS v.22 program.

Results: A total of 1130 patients (36.0% male, 64.0% female) with PsA included in this study. In this cohort, 169 male (46 ± 12.29) and 251 female (47.4 ± 12.11) had axial involvement. VAS pain (p <0.001), fatigue (p <0.001), ESR (p <0.001), DAS28 (p <0.001), BASDAI score (p <0.001), PsAQoL (p <0.001), HAQ score (p <0.001), HAQ-S score (p <0.001), anxiety (p <0.001), depression (p <0.020), FACIT (p <0.001) and FIRST (p <0.001) scores were statistically significantly worse in women than males with axial PsA (Table 1). However, SF-36 physical component score (p <0.001), SF-36 mental component score (p <0.001) and PASI score (p <0.005) were statistically worse in male patients than in female patients with axial involvement.