Amgen, BMS, Celgene, Genentech, Janssen, Lilly, Novartis, Pfizer and UCB, Bruce Kirkham Grant/research support from: Abbvie, Janssen, Lilly, Novartis; Roche, UCB, Consultant for: Abbvie, Janssen, Lilly, Novartis, Roche, UCB, Speakers bureau: Abbvie, Janssen, Lilly, Novartis, Roche, UCB, Alejandro Balsal Grant/research support from: Abbvie, Pfizer, Novartis, BMS, Nordic, Sanofi, Consultant for: Abbvie, Pfizer, Novartis, BMS, Nordic, Sanofi, Sandoz, Lilly, Paid instructor for: Pfizer, Speakers bureau: Pfizer, Novartis, UCB, Nordic, Sanofi, Sandoz, Lilly, Atul Sinhal Singh Grant/ research support from: Abbvie, Gilead, Sanofi, Regeneron, Amgen, Roche, BMS, Janssen, Lilly, Novartis, Pfizer, UCB, Astra Zeneca, Medi- immune, FujiFilm, Nichi-iko, Mallinckrodt, Speakers bureau: Abbvie, Erhard Quebe-Fehling Shareholder of: Novartis, Employee of: Novartis, Luminita Pricop Shareholder of: Novartis, Employee of: Novartis, Corine Gaillez Shareholder of: Novartis, BMS, Employee of: Novartis


FRIO458

OBJECTIVE MEASURES OF PSORIASIS SEVERITY AND THE RISK FOR PSA: RESULTS FROM THE INCIDENT HEALTH OUTCOMES AND PSORIASIS EVENTS PROSPECTIVE COHORT STUDY

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Background: Psoriasis severity is a presumed risk factor for development of psoriatic arthritis (PsA) but most studies have examined this question retrospectively. Additionally, it remains unclear whether obesity and body surface area of psoriasis (BSA) are independent risk factors for PsA.

Methods: We examined the association of psoriasis severity, obesity and other potential risk factors for the development of PsA in patients with psoriasis.

Results: Among 10,474 questionnaires sent out, 9,987 (95%) were returned and, of those, 9,069 (91%) had confirmed psoriasis. The mean age was 46 and 53% were female. BSA was provided for 8,881 patients of which 52% had mild psoriasis, 36% moderate psoriasis, and 12% severe psoriasis. Mean follow up time was 4.2 years (SD 2.1); the incidence of PsA was 5.4 cases per 1,000 person years. In univariable models, age and sex were not associated with PsA but obesity, BMI (continuous), and depression were significantly associated with development of PsA. The final multivariable model included BSA category (ref mild, moderate: HR 1.44, 95%CI: 1.20-2.03; severe >10%: HR 1.99, 1.28-3.11), history of depression (1.69, 1.22-2.34), obesity (1.64, 1.19-2.25), age (HR 0.99, 0.98-1.00) and female sex (HR 0.72, 0.52-0.99). There was not a statistically significant interaction between BSA and obesity although patients that were obese and had >10% BSA had the highest risk (HR 3.90, 2.22-6.85).

Conclusion: In this large prospective cohort study, we found that body surface area is a strong predictor of developing psoriasis over the next 4-7 years and obesity is an additive risk factor.

REFERENCES:

Acknowledgement: Funded by NIH/NIAMS K23 AR063764

Disclosure of Interests: Alexis Ogdie Grant/research support from: (To my university) Novartis, Pfizer, Grant/research support from: Novartis, Pfizer, Grant/research support from: Novartis, Pfizer, Grant/research support from: Novartis, Pfizer, Consultant for: Abbvie, Bristol-Myers Squibb, Celgene, Corrona, Eli Lilly and Company, Novartis, Pfizer, and Takeda, Consultant for: Abbvie, Amgen, Bristol-Myers Squibb, Celgene, Corrona, Eli Lilly, Novartis, Pfizer Inc, Takeda, Consultant for: Abbvie, Amgen, BMS, Celgene, Corrona, Lilly, Novartis, Pfizer, Takeda, Consultant for: Abbvie, Amgen, BMS, Celgene, Corrona, Lilly, Novartis, Pfizer, Takeda, Consultant for: Abbvie, Amgen, BMS, Celgene, Corrona, Lilly, Novartis, Pfizer, Takeda, Daniel Shin: None declared, Hyon Choi: None declared, Christopher T. Ritchlin Grant/research support from: Abbvie, Amgen, UCB Pharma, Consultant for: Abbvie, Amgen, Lilly, Novartis, Pfizer, UCB, Pharmaceutical, Janssen Biologics, Novartis Corp, UCB (DSMB), Sanofi, and Pfizer Inc., Paid instructor for: Received payment for continuing medical education work related to psoriasis that was supported indirectly by Lilly, Ortho Dermatologics and Novartis.


FRIO459

PREVALENCE OF DISEASE DOMAIN PRESENTATIONS AMONG PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS FROM THE CORRONA PSORIATIC ARTHRITIS/SPONDYLOARTHRITIS (PSA/SPA) REGISTRY

Alexis Ogdie1, Peter Hur2, Mei Liu3, Sabrina Rebello2, Robert Mclean3, Blessing Dube4, Meghan Glynn5, Philip J. Mease6, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, United States of America; 2Novartis Pharmaceuticals Corporation, East Hanover, United States of America; 3Corrona, LLC, Waltham, United States of America; 4Swedish Medical Center/Providence St. Joseph Health and University of Washington, Seattle, United States of America

Background: Psoriatic arthritis (PsA) is a heterogeneous, chronic inflammatory disease of the skin and musculoskeletal system. Six key domains of PsA have been identified to help guide treatment: peripheral arthritis, axial disease, enthesitis, dactylitis, and psoriatic skin and nail disease. Understanding the epidemiology of these different disease presentations is important for the management and treatment of PsA, yet there is limited evidence available.

Objectives: To describe the prevalence of disease domain presentations among patients with PsA at enrollment in the Corrona PsA/SpA Registry.

Methods: This study included adult patients with PsA enrolled in the Corrona PsA/SpA Registry between March 2013 and August 2018. Patients were evaluated for the presence of 6 disease domains at enrollment: enthesitis (Spondyloarthritids Research Consortium of Canada enthesitis count > 0), dactylitis (dactylitis count > 0), peripheral arthritis (PA: tender and/or swollen joint count > 0), nail psoriasis (global nail psoriasis visual analog scale > 0), axial disease (physician-reported presence of spinal involvement), and involvement of the peripheral joints (sacroiliitis, and skin disease (BSA > 0%). The most common mutually exclusive disease presentations were summarized among all patients

Univariable Multivariable

<table>
<thead>
<tr>
<th>Variable</th>
<th>HR (95% CI)</th>
<th>Age</th>
<th>0.99 (0.98-1.00)</th>
<th>0.99 (0.98-1.00)</th>
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<tr>
<td>Female Sex</td>
<td>0.83 (0.63-1.09)</td>
<td>0.72 (0.52-0.99)</td>
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</tr>
<tr>
<td>Body Mass Index (per 1 unit)</td>
<td>1.04 (1.02-1.07)</td>
<td>1.62 (1.20-2.17)</td>
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<tr>
<td>Obese BMI (BMI&gt;30 vs &lt;=30)</td>
<td>1.62 (1.20-2.17)</td>
<td>1.64 (1.19-2.25)</td>
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FRI0459

Prevalence of Disease Domain Presentations Among Patients with Psoriatic Arthritis: Results from the Corrona Psoriatic Arthritis/Spondyloarthritis (PSA/SPA) Registry

Alexis Ogdie1, Peter Hur2, Mei Liu3, Sabrina Rebello2, Robert Mclean3, Blessing Dube4, Meghan Glynn5, Philip J. Mease6, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, United States of America; 2Novartis Pharmaceuticals Corporation, East Hanover, United States of America; 3Corrona, LLC, Waltham, United States of America; 4Swedish Medical Center/Providence St. Joseph Health and University of Washington, Seattle, United States of America

Background: Psoriatic arthritis (PsA) is a heterogeneous, chronic inflammatory disease of the skin and musculoskeletal system. Six key domains of PsA have been identified to help guide treatment: peripheral arthritis, axial disease, enthesitis, dactylitis, and psoriatic skin and nail disease. Understanding the epidemiology of these different disease presentations is important for the management and treatment of PsA, yet there is limited evidence available.

Objectives: To describe the prevalence of disease domain presentations among patients with PsA at enrollment in the Corrona PsA/SpA Registry.

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