with PsA and those who initiated biologics using frequency counts and percentages.

Results: Of 2517 patients with PsA enrolled in the Corrona PsA/SpA Registry, 1698 patients (64.9%) had multidomain disease presentations, 617 (23.6%) had single-domain presentations, and 302 (11.5%) had no presentations. Overall, 1814 (69.3%) patients presented with skin disease, 1523 (68.2%) with PA, 1042 (39.8%) with nail psoriasis, 539 (20.6%) with enthesitis, 319 (12.2%) with axial disease, and 235 (9.0%) with dactylitis at enrollment. Among all patients with PsA, the most common disease presentations were skin disease (2.7%), PA + skin disease (11.7%), and PA + nail psoriasis + skin disease (10.3%) (Figure 1). A total of 354 patients initiated biologics at enrollment. Of these, 289 patients (81.6%) had multidomain disease presentations, 45 (12.7%) had single-domain presentations, and 20 (5.6%) had no presentations; 273 patients (77.1%) presented with PA, 267 (75.4%) with skin disease, 159 (44.9%) with nail psoriasis, 115 (32.5%) with enthesitis, 70 (19.8%) with dactylitis, and 64 (18.1%) with axial disease at enrollment. The most common disease presentations were PA + nail psoriasis + skin disease (11.6%), PA + skin disease (11.3%), and enthesitis + PA + nail psoriasis + skin disease (8.8%), and enthesitis + PA + skin disease (5.9%) (Figure 2).

Conclusion: The majority of patients with PsA presented with multidisease domains. Biologic initiators generally had a higher prevalence of all disease features. These results may increase the physician awareness of the heterogeneity of disease presentations among patients with PsA, which can be important for the development of an effective management plan.

REFERENCES:

Acknowledgement: This study was sponsored by Corrona, LLC. Corrona is supported through contracted subscriptions with multiple pharmaceutical companies. The abstract was a collaborative effort between Corrona and Novartis, with financial support provided by Novartis.

Disclosure of Interests: Alexis Ogdie Grant/research support from: Abbvie, Bristol-Myers Squibb, Celgene, Corrona, Eli Lilly and Company, Novartis, Pfizer, and Takeda, Consultant for: Abbvie, Bristol-Myers Squibb, Celgene, Corrona, Eli Lilly, Novartis, Pfizer Inc, Takeda, Corrona, Abbvie, Celgene, Corrona, Lilly, Novartis, Pfizer, Takeda, Peter Hur Employee of: Peter Hur is an employee of Novartis Pharmaceuticals Corporation, East Hanover, New Jersey, USA, Mei Liu Employee of: Mei Liu is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Robert McLean: None declared, Blessing Dube Employee of: B. Dube is an employee of Corrona, LLC., Meghan Glynn Employee of: M. Glynn is an employee of Corrona, LLC., Philip J. Mease Grant/research support from: AbbVie, Amgen, BMS, Celgene, Janssen, Lilly, Novartis, Pfizer, SUN and UCB, Consultant for: AbbVie, Amgen, BMS, Galapagos, Gilead Sciences, Inc., Janssen, Lilly, Novartis, Pfizer, SUN and UCB, Speakers bureau: AbbVie, Amgen, BMS, Celgene, Genentech, Janssen, Lilly, Novartis, Pfizer and UCB. DOI: 10.1136/annrheumdis-2019-eular.502

**Figure 1:** Impact of multidomain disease presentations on overall disease burden among patients with PsA.

**Figure 2:** Bar graph showing the prevalence of multidomain disease presentations.

**Table 1:** Summary of disease presentations among patients with PsA.

**Table 2:** Comparison of disease characteristics among patients with single- and multidomain disease presentations.

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Disclosure of Interests: Rubén Querol-Silva1, Pablo Coto-Segura2, Leire González-Lara3, Belen Alonso3, Juan Gómez3, Elías Cuesta-Llavona1, Eliecer Coto3, 1Hospital Universitario Central de Asturias, Rheumatology, Oviedo, Spain; 2Hospital Álvarez Buylla, Dermatology, Mieres, Spain; 3Hospital Universitario Central de Asturias, Genética Molecular, Oviedo, Spain

Background: Psoriasis and psoriatic arthritis (PsA) are the main manifestations of what is now known as psoriatic disease. Both entities share common genetic pathways, but they also differ. The NF-κB pathway has been implicated in the genesis of psoriatic disease, but the differential contribution of this genetic pathway to the risk of psoriasis and PsA is not fully understood†.

Objectives: Our aim was to study the association of common polymorphisms at genes of the NF-κB pathway in patients with psoriatic disease. Methods: The study involved a total of 690 psoriatic disease patients (187 of them with PsA) and 550 controls. We genotyped three common polymorphisms in NFKB1 (rs305026), NFKBIA (rs7152376) and NFKBIZ rs3217713 indel) and compared allele and genotype frequencies between cases and controls.

Results: The rare NFKBIA rs7152376 C was significantly more frequent in the PsA group vs. controls (0.42 vs. 0.36; p=0.04, OR=1.29, 95% CI:1.02-1.63). Compared to skin psoriasis, PsA patients showed a significantly higher frequency of the rs7152376 C (0.42 vs. 0.31; p<0.001). In reference to the genotypes, carriers of rs7152376 C (CC+CT) were non-significantly more frequent in PsA vs. skin psoriasis (p=0.004). Thus, our data showed significant association between the rare NFKBIA rs7152376 C allele and PsA, and a trend toward the opposite effect for skin psoriasis. Neither NFKB1 rs200526 nor NFKBIZ rs3217713 indel were associated with the risk of developing psoriasis or PsA.

Conclusion: We found a significant association between NFKBIA variants and PsA. Our study shows that alterations in the same genetic pathway may have differential effects on different manifestations of psoriatic disease. Additional studies from larger cohorts and different populations are necessary to validate these results.

REFERENCES:

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Genetic Analysis of the NF-KB Pathway Can Be Useful to Distinguish Patients at Risk of Psoriatic Arthritis Within the Spectrum of Psoriatic Disease

FR0461

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Background: Pain is a priority for patients (pts) with psoriatic arthritis (PsA) and physicians. Tofacitinib is an oral Janus kinase inhibitor for the treatment of PsA and physicians. Tofacitinib is an oral Janus kinase inhibitor for the treatment of PsA.