similar for W24-52 (0.62) and W0-24 (0.46) for Q4W; less radiographic progression occurred from W24-52 v W0-24 for Q8W (0.23 v 0.73) & PBO X Q4W (0.25 v 1.00). In 731 GUS-treated pts, 4.2% had SAEs; 12.1% had serious infections; no pt died; and no pt had IBD, opportunistic infections or active TB, or anaphylactic or serum sickness-like reactions.

**Conclusion:** In biologic-naïve pts with active PsA, GUS elicited sustained improvements in joint & skin symptoms; inhibition of radiographic progression & improvements in physical function, quality of life & composite indices through W52. GUS safety in PsA was similar at W24 & W52 and consistent with GUS safety in psoriasis.

**References:**

[1] Mease P (AHL13), Arthritis Rheumatol 2019;71(suppl 10)

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**Disclosure of Interests:** Iain McInnes Grant/research support from: Bristol-Myers Squibb, Cellgene, Eli Lilly and Company, Gilead, Janssen, Novartis, Pfizer, and UCB. Consultant of: AbbVie, Bristol-Myers Squibb, Cellgene, Eli Lilly and Company, Gilead, Janssen, Novartis, Pfizer, and UCB. Speakers bureau: Abbott, AbbVie, Amgen, BMS, Cellgene, Celgene, Cyxone, Daiichi, Eli-Lilly, Galapagos, Gilead Sciences, Inc. Glaxo-Smith-Kline, Janssen, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi, Takeda, UCB Pharma; Director of Imaging Rheumatology BV, Philip J Mease Grant/research support from: Abbott, Amgen, Biogen Idec, BMS, Celgene Corporation, Eli Lilly, Novartis, Pfizer, Sun Pharmaceutical, UCB – grant/research support, Consultant of: Abbott, Amgen, Biogen Idec, BMS, Celgene Corporation, Eli Lilly, Novartis, Pfizer, Sun Pharmaceutical, UCB – consultant, Speakers bureau: Abbott, Amgen, Biogen Idec, BMS, Eli Lilly, Genentech, Janssen, Pfizer, UCB – speakers bureau

**DOI:** 10.1136/annrheumdis-2020-eular.852

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**Efficacy and Safety of 108 Weeks’ Bimekizumab Treatment in Patients with Psoriatic Arthritis: Interim Results from a Phase 2 Open-Label Extension Study**

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**Background:** Bimekizumab (BKZ), a monoclonal antibody that selectively neutralises IL-17A and IL-17F, has shown clinical improvements in skin and joint outcomes over 48 weeks (wks) in patients (pts) with active psoriatic arthritis (PsA).1

**Objectives:** To report 2-year interim results from a phase 2b dose-ranging study (BE ACTIVE; NCT02969525) and open-label extension (OLE; NCT03347110) of BKZ in pts with PsA

**Methods:** Design of the dose-ranging study is described elsewhere.1 Pts who completed 48 wks’ BKZ treatment without meeting withdrawal criteria were eligible for OLE entry. All OLE pts received BKZ 160 mg Q4W, irrespective of prior dosing regimen.

Data are presented from dose-ranging study baseline (BL) to OLE Wk 60 (Wk 108 total). Efficacy outcomes are reported for the full analysis set (FAS); pts who received ≥1 dose BKZ (specifically those randomised to 160 mg, 160 mg with 320 mg loading dose [LD], or 320 mg at BL) with BL efficacy measurements to allow subsequent determination of ACRO50. Outcomes include ACRO20/50/70; body surface area (BSA) 0%, minimal disease activity (MDA), and enthesis/dactylitis resolution. Rates of treatment-emergent adverse events (TEAEs) are reported for the Safety Set (SS; pts who received ≥1 dose BKZ in the dose-ranging study).

**Results:** BL mean (SD) tender/swollen joint counts were 21.7 (15.7) and 11.2 (8.4). 80 (65.0%) pts had BSA ≥3% and dactylitis/enthesis were present in 41 (33.3%) and 68 (55.3%) pts. Over 108 wks’ BKZ treatment, improvements were observed in skin/joint outcomes: ACRO50 (66.7%), BSA 0% (75.4%), MDA (65.6%), and resolution of dactylitis (65.9%) and enthesis (77.9%) (Table). Serious TEAEs occurred in 9.3% pts (Table); no deaths or major adverse cardiac events were reported. Oral candidiasis occurred in 16 (7.8%) pts (no serious cases).

**Conclusion:** BKZ leads to long-term efficacy for skin/joint manifestations of PsA, with >50% pts achieving high thresholds of disease control (ACRO50, BSA 0%, MDA) after 108 wks’ treatment. The safety profile reflects previous observations.1

**References:**


**Acknowledgments:** This study was funded by UCB Pharma. Editorial services were provided by Costello Medical.

**Disclosure of Interests:** Iain McInnes Grant/research support from: Bristol-Myers Squibb, Cellgene, Eli Lilly and Company, Janssen, and UCB; Consultant of: AbbVie, Bristol-Myers Squibb, Cellgene, Eli Lilly and Company, Gilead, Janssen, Novartis, Pfizer, and UCB. Research grants, consultation fees, or speaker honoraria for lectures from: AbbVie, Bristol-Myers Squibb, Cellgene, Eli Lilly and Company, Gilead, Janssen, Novartis, Pfizer, and UCB. Speakers bureau: AbbVie, Amgen, BMS, Cellgene, Celgene, Cyxone, Daiichi, Eli-Lilly, Galapagos, Gilead Sciences, Inc. Glaxo-Smith-Kline, Janssen, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi, Takeda, UCB Pharma; Director of Imaging Rheumatology BV, Philip J Mease Grant/research support from: AbbVie, Amgen, Biogen Idec, BMS, Celgene Corporation, Eli Lilly, Novartis, Pfizer, Sun Pharmaceutical, UCB – grant/research support, Consultant of: AbbVie, Amgen, Biogen Idec, BMS, Celgene Corporation, Eli Lilly, Novartis, Pfizer, Sun Pharmaceutical, UCB – consultant, Speakers bureau: AbbVie, Amgen, Biogen Idec, BMS, Eli Lilly, Genentech, Janssen, Novartis, Pfizer, UCB Pharma, Laura C Coates; None declared, Paulatsyo Josh Shareholder of: UCB Pharma, Jason Coarse Employee of: UCB Pharma, Barbara Ink Shareholder of: GlaxoSmithKline and UCB Pharma, Employee of: UCB Pharma, Christopher T. Ritchlin Grant/research support from: UCB Pharma, AbbVie, Amgen, Novartis, BMS, Genentech, Janssen, and Roche.

**DOI:** 10.1136/annrheumdis-2020-eular.852

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**References:**

[1] Mease P (AHL13), Arthritis Rheumatol 2019;71(suppl 10)
Psoriatic arthritis (PsA) is a chronic inflammatory musculoskeletal disease with an estimated prevalence of 0.05% to 0.25% in the population and 6% to 41% in psoriasis patients. There is disparity in the reported incidence patterns in the general population in more recent years, with increasing incidence seen in Denmark, but relatively stable rates seen in Canada. However, no studies in the US have looked at the recent incidence patterns, and it would be important to see how newer therapies for psoriasis have impacted the incidence of PsA. Variability in the estimates of incidence and prevalence across different studies has been attributed to differences in case ascertainment and most studies have used ICD codes to identify PsA patients.

**Objectives:** To determine the annual incidence of PsA (2000-17) and compare it to incidence of PsA in previous years (1970-1999) in the Olmsted County, Minnesota, USA population.

**Methods:** A retrospective, population-based cohort of PsA patients ≥18 years of age from Olmsted County, MN meeting CASPARI criteria for PsA (2000-17) was identified from the Rochester Epidemiology Project (REP). REP ensures virtually complete ascertainment and follow-up of all clinically diagnosed cases of PsA in a geographically-defined area. The date of fulfillment of CASPARI criteria was taken as the PsA incidence date. Age- and sex-specific incidence rates, adjusted to 2010 US white population, were reported. Our previously reported cohort from REP (1970-1999) also used the same CASPARI criteria, and trends from the current study were compared to the previous years.

**Results:** There were 170 incident cases of PsA, with a mean age of 46.7 (SD=12.3) years and 47% females from 2000-17. The overall age and sex-adjusted annual incidence of PsA per 100,000 population was 8.8 (95% CI 7.5-10.1), and higher in males (8.7% CI 7.7-11.7) than females (8.0%, 95% CI 6.2-9.8). Overall incidence was highest in the age range 40-59 years (Table 1). The incidence rate was relatively stable in the recent years 2000-2017 compared to 1970-1999 where a rise in incidence was observed (3.6 to 9.8 per 100,000 persons from 1970-79 to 1990-99, p<0.001) (Figure 1).

**Conclusion:** In the Olmsted County population, the increasing PsA incidence seen in previous years 1970-1999 seems to have leveled off after 2000. This is in contrast to increasing incidence in recent years reported from Denmark, Taiwan and Israel. However, similar to our study, incidence rates for PsA from 2008-2015 were reported to be stable in Canada.

**References:**

**Acknowledgments:** This project was supported by CTSA Grant Number UL1 TR002377 from the National Center for Advancing Translational Science (NCATS).

**Disclosure of Interests:** Paras Karmacharya: None declared, Cynthia S. Crowson Grant/research support from: Pfizer research grant, Delamo Bekele: None declared, Sara Achenbach: None declared, John M Davis III Grant/research support from: Research grants from Pfizer, Consultant of: Served on advisory boards for Abbvie and Sanofi-Gemzense, Alexis Ogdie Grant/research support from: Pfizer, Novartis, Consultant of: Abbvie, Amgen, BMS, Celgene, Corrona, Janssen, Lilly, Pfizer, Novartis, Ali Duarte-Garcia: None declared, Hilal Maradit-Kremers: None declared, Megha Tollefson: None declared, Floranne C. Ernste: None declared, Kerry Wright: None declared. The Author(s) declare(s) no conflict of interest.

**DOI:** 10.1136/annrheumdis-2020-eular.1154

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**SAT0405**

**CLINICAL AND PSYCHOLOGICAL PREDICTORS OF GASTROINTESTINAL INTOLERANCE TO METHOTREXATE IN PATIENTS WITH PSORIATIC ARTHRITIS**

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**Background:** Methotrexate (MTX) is a first-line treatment for psoriatic arthritis (PsA). Gastrointestinal intolerance (GI) to the drug is a common adverse event