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% had serious infections; no pt died; and no pt had IBID, opportunistic infections or active TB, or anaphylactic or serum sickness-like reactions.

**Conclusion:** In biologic-naive 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 (AWHLJ), Arthritis Rheumatol 2019;71(suppl 10)

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**SAT0403**

**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 efficacy measurements to allow subsequent determination of ACR50. Outcomes include ACR20/50/70, body surface area (BSA) 0%, minimal disease activity (MDA), and enthesitis/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/enthesitis were present in 41 (33.3%) and 68 (55.3%) pts. Over 108 wks’ BKZ treatment, improvements were observed in skin/joint outcomes: ACR50 (66.7%), BSA 0% (75.4%), MDA (65.6%), and resolution of dactylitis (65.3%) and enthesitis (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 (ACR50, BSA 0%, MDA) after 108 wks’ treatment. The safety profile reflects previous observations.1

**References:**


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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 of PsA in the United States of America (USA) population, were reported. Our previously reported cohort from REP (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.

Table 1. Annual incidence rate, IR (per 100,000) of psoriatic arthritis by age and sex between 2000-17 in Olmsted County, MN.

<table>
<thead>
<tr>
<th>Age Group, yrs</th>
<th>Male</th>
<th>N</th>
<th>IR</th>
<th>Female</th>
<th>N</th>
<th>IR</th>
<th>Total</th>
<th>N</th>
<th>IR</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>9</td>
<td>4.1</td>
<td>4</td>
<td>1.6</td>
<td>13</td>
<td>2.8</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30-39</td>
<td>24</td>
<td>13.4</td>
<td>14</td>
<td>7.3</td>
<td>38</td>
<td>10.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>24</td>
<td>13.9</td>
<td>26</td>
<td>14.0</td>
<td>50</td>
<td>14.0</td>
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<tr>
<td>50-59</td>
<td>21</td>
<td>13.5</td>
<td>28</td>
<td>16.2</td>
<td>49</td>
<td>14.9</td>
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<tr>
<td>60-69</td>
<td>7</td>
<td>6.9</td>
<td>8</td>
<td>7.1</td>
<td>15</td>
<td>7.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-79</td>
<td>3</td>
<td>5.0</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>80+</td>
<td>2</td>
<td>6.0</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (95% CI)</td>
<td>90</td>
<td>9.7 (7.1-11.7)</td>
<td>80</td>
<td>8.0 (6.2-9.8)</td>
<td>170</td>
<td>8.8 (7.5-10.1)</td>
<td></td>
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</tr>
</tbody>
</table>

† Age-adjusted to the 2010 US White population. †† Age- and sex-adjusted to the 2010 US White population.

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:

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SAT0404 WITHDRAWN

SAT0404 INCIDENCE OF PSORIATIC ARTHRITIS FROM 2000-2017: A POPULATION-BASED STUDY

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Background: 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 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 CASsification of Psoriatic ARthritis (CASPAR) 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 CASPAR 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 CASPAR 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 (9.7, 95% 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).