Table. Outcomes at OLE Wk 60 (Wk 108 total)

	BKZ 160 mg [a] (N=82)		BKZ 320 mg [a] (N=41)		BKZ total (N=123)	
	OC	NRI	OC	NRI	OC	NRI
Efficacy (FAS) n (%)						
ACR20	53/62 (85.5)	53 (64.6)	29/37 (78.4)	29 (70.7)	82/99 (82.8)	82 (66.7)
ACR50	41/62 (66.1)	41 (50.0)	25/37 (67.6)	25 (61.0)	66/99 (66.7)	66 (53.7)
ACR70	34/62 (54.8)	34 (41.5)	19/37 (51.4)	19 (46.3)	53/99 (53.5)	53 (43.1)
BSA 0% [b]	35/42 (83.3)	—	14/23 (60.9)	—	49/65 (75.4)	—
MDA [c]	43/61 (70.5)	43 (52.4)	20/35 (57.1)	20 (48.8)	63/96 (65.6)	63 (51.2)
Dactylitis resolution	—	16/27 (59.3)	—	11/14 (78.6)	—	27/41 (65.9)
Enthesitis resolution [c]	—	34/45 (75.6)	—	19/23 (82.6)	—	53/68 (77.9)
Safety (SS)						
n (%) [EAER]	BKZ 160 mg [d] (N=198)		BKZ 320 mg [d] (N=80)		BKZ total [d, e] (N=204)	
Any TEAE	163 (82.3) [160.9]		57 (71.3) [299.8]		179 (87.7) [181.1]	
Study discontinuation due to TEAEs	17 (8.6)		1 (1.3)		18 (8.8)	
Permanent withdrawal of study drug due to TEAEs	16 (8.1)		2 (2.5)		18 (8.8)	
Drug-related TEAEs	72 (36.4)		29 (36.3)		92 (45.1)	
Serious TEAEs	19 (9.6) [4.8]		0		19 (9.3) [4.1]	

[a] BKZ 160mg pts received this dose continuously to Wk 108 (includes those originally assigned to 160mg with LD); BKZ 320mg pts were dose-reduced to 160mg at OLE entry; [b] Pts with BSA $\geq 3\%$ at BL; [c] Data from OLE Wk 72 (Wk 120 total); [d] Dose received at TEAE onset (pts may be counted in multiple columns); [e] Includes pt time on BKZ 16mg. EAER: exposure-adjusted event rate; NRI: non-responder imputation; OC: observed case.

Consultant of: UCB Pharma, Amgen, AbbVie, Lilly, Pfizer, Novartis, Gilead, Janssen

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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 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)¹ 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 CIASSification 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)¹ 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 1970-1999¹ 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).

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

Age Group, yrs	Male		Female		Total	
	N	IR	N	IR	N	Rate
18-29	9	4.1	4	1.6	13	2.8
30-39	24	13.4	14	7.3	38	10.2
40-49	24	13.9	26	14.0	50	14.0
50-59	21	13.5	28	16.2	49	14.9
60-69	7	6.9	8	7.1	15	7.0
70-79	3	5.0	0	0.0	3	2.2
80+	2	6.0	0	0.0	2	2.2
Total (95% CI)	90	9.7 (7.7-11.7)†	80	8.0 (6.2-9.8)†	170	8.8 (7.5-10.1)††

† 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 1970-1999¹ 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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SAT0405 WITHDRAWN