Background: Psoriatic arthritis (PsA) is an inflammatory arthritis that is characterized by a broad spectrum of clinical conditions, including axial skeletal involvement, enthesitis, dactylitis, and clinical data including age, gender, body mass index (BMI), smoking status, disease duration, and disease activity, functional status, and quality of life. Rheumatology, Oporto, Portugal; Faculty of Medicine of Oporto’s University, Oporto, Portugal

Methods: A retrospective study including all the patients with PsA meeting the CASPAR criteria, beginning first-line biological therapy at our centre. Demographic and clinical data including age, gender, body mass index (BMI), smoking status, physical examination findings such as presence of enthesitis, dactylitis, chronic back pain, tender and swollen joint counts (TJC/SJC), ESR, CRP, and DAS 28 4vESR, BASDAI, BSAFI, BASMI, ASDAS, HAQ, patient VAS score, MASES, and SPARCC were collected from the Portuguese database Reumapt. Statistical analysis was performed with SPSS. Continuous variables were analysed through Spearman correlations. Results: We included 129 patients with PsA (60 female), of which 14.9% were active smokers. The mean age of patients was 46.4 ± 10.3 years. The median disease duration was 6.8 (0.3-33.8) years and the mean BMI was 23.6 ± 0.5 Kg/m². Enthesitis, dactylitis, inflammatory back pain, peripheral arthritis, unigloved, dactyloscopy, and psoriasis were present in 53 (45.7%), 45 (38.8%), 76 (65.5%), 109 (94%), 45 (38.8%), 104 (89.7%) patients, respectively. At baseline, mean (SD) disease activity parameters were: DAS 28 4vESR 5.2 (3.3) mg/hr, HAQ 1.3 (0.1), BASDAI 39.1 (2.0), ASDAS 3.9 (0.1), BASMI 3.7 (0.2), BASFI 5.8 (0.3), MASES 19.0 (3.9), SPARCC 2.3 (0.3). Median (min-max) values of TJC, SJC and patient VAS score at baseline were 4 (0-28), 3 (0-19), 76 (0-100), respectively. There were statistically significant positive correlations (0.12 months) between DAS28 and ASDAS 28 vESR (p=0.029, rho=0.402), DHAQ (p=0.02, rho=0.411), ΔBASDAI (p=0.025, rho=0.326), ΔBSAFI (p=0.037, rho=0.315), ΔASDAS (p=0.023, rho=0.331). Correlations

Results: Our results suggest that enthesis is correlated with clinical response in PsA, supporting the idea that it is a major determinant of disease activity. It should be given more importance, namely by incorporating it in daily clinical practice, due to its major role, both in establishing an early diagnosis and in assessing treatment response.

References:

Disclosure of Interests: Sara Ganhão; None declared, Salomé Garcia; None declared, Bruno Miguel Fernandes; None declared, Maria Rato; None declared, Filipe Pinheiro; None declared, Eva Mariz; None declared, Miguel Bernardes Speakeus bureau: Abbvie, Amgen, Biogen, Eli-Lilly, Glaxo-Smith-Kline, Pfizer, Janssen, Novartis, Lúcia Costa; None declared

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SAT0417

TILDRAKIZUMAB EFFICACY FOR PSORIASIS IN PATIENTS WITH PSORIATIC ARTHRITIS—A 52-WEEK ANALYSIS FROM A PHASE 2 STUDY

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Background: Tildrakizumab (TIL)—a high-affinity anti–interleukin-23p19 monoclonal antibody—is approved in the US, EU, and Australia to treat moderate to severe plaque psoriasis.1 A randomised, double-blind, multiplacebo-controlled, phase 2b study (NCT02980692) evaluating the efficacy and safety of TIL for the treatment of psoriatic arthritis (PsA) was recently completed. Objectives: To evaluate the proportion with 75%/90%/100% improvement in Psoriasis Area and Severity Index (PASI 75/90/100) among patients (pts) with PsA and measurable psoriasis (≥3% of the body surface area [BSA] affected at baseline) over 52 weeks of treatment. Methods: Pts ≥18 years old with PsA and ≥3 swollen joints, stratified by prior anti-TNF use and baseline body weight (<90kg and ≥90kg), were randomised 1:1:1:1:1 to receive TIL 200 mg every 4 weeks (Q4W) to week 52 (S2W), TIL 200 mg every 12 weeks (Q12W) to week 52, TIL 100 mg Q12W to week 52. TIL 20mg Q12W to W24—TIL 200mg Q12W to W52, or placebo (PBO) Q4W to W24—TIL 200mg Q12W to W52. PASI 75/90/100 were prespecified endpoints and were assessed by an independent assessor. Pts who received ≥1 dose of study drug were analysed. Safety assessments included treatment-emergent adverse event (TEAE) monitoring. Results: Overall, 391/500 pts screened met inclusion criteria; 235 (60.1%) had ≥3% BSA involvement at baseline (41–55treatment arm). Demographics and baseline disease characteristics were generally consistent across treatment arms. Mean (standard deviation [SD]) age was 48.8 (12.6) years, average body mass index was 29.7, 96.7% of pts were White, and 23.3% were anti–tumour necrosis factor (TNF)-experienced. At baseline, the mean (SD) PASI score was 6.8 (8.2) and mean (SD) BSA affected was 10.5% (9.7%). Among pts with baseline BSA ≥3%. TIL treatment significantly increased the proportion of PASI 75/90/100 responders vs PBO at W24; the proportion of responders continued to increase thereafter and was sustained through W52 (Figure). Similarly, in pts switching from PBO—TIL 200 mg Q12W or escalating from TIL 20—200 mg Q12W after W24, PASI 75/90/100 response rates increased through W36 and remained stable through W52. From W0—W24/W25—W52, 50.4%/39.9% pts experienced a TEAE. The most frequent TEAEs were nasopharyngitis (pooled TIL arms 5.4%/4.2% vs PBO 6.3%/3.8%) and upper respiratory tract infection (pooled TIL arms 3.8%/4.2% vs PBO 3.5%/2.0%). One pt (0.3%) discontinued before 24 weeks due to hypotension. There were no deaths or major adverse cardiac events during W0—W24 or W25—W52.
Conclusion: PASI75/90/100 response rates progressively improved with treat-
ment; PASI 75 responses were significantly improved vs placebo as early as
W4 (TIL 200 mg Q12W), and all response rates were significantly improved vs
placebo at W24. Response rates continued to improve through W36 and were
sustained through W52. These results demonstrate TIL significantly reduced pso-
riasis disease activity and was generally well tolerated in a mixed population of
anti-TNF-naïve and -experienced patients with PsA and BSA ≥3% through W52.

References:

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SAT0419

ASSOCIATION OF ACTIVE MRI SACROILIITIS WITH
DACTYLITIS AND WORK PRODUCTIVITY IMPAIRMENT IN
PSORIATIC ARTHRITIS PATIENTS. POSITIVE
EFFECTS OF TOFACITINIB TREATMENT. DATA FROM
CLINICAL PRACTICE

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Background: Psoriatic arthritis (PsA) is a heterogeneous disease with multi-
ple manifestations and choosing among treatments can be a complex decision.
Patients (pts) with axial involvement and pts having dactylitis are more likely to
develop a severe disease (1, 2). Tofacitinib (TOFA), an oral Janus kinase inhibi-
tor, showed efficacy in treating PsA pts with dactylitis (3). However, its efficacy in
treating PsA pts with active sacroiliitis (SI) and dactylitis has not been studied.

Objectives: To study the effect of TOFA therapy in PsA pts having active SI on
MRI (MRI-SI) and dactylitis.

Methods: 40 pts (M/F – 23/17) with active PsA fulfilling the CASPAR criteria
were examined. Median (Me) age 41.0 [35.0; 50.0] yrs, Me PsA duration 6.0 [3.0; 10.0]
yrs. Pts underwent a standard clinical examination of PsA activity: Me tender
joint count 19 [12; 24], swollen joint count 11 [8; 16], patient’s global disease
activity measured by Visual Analogue Scale (VAS) 70 [50; 80], patient’s
pain VAS 65 [50; 75], Me metrics: BASDAI 6.0 [4.2; 7.0], ASDAS 3.8 [2.8; 4.4].

Results: Patient’s data are shown in Table 1. By the end of 6 months therapy, Me BASDAI 6.0 [4.2; 7.0], ASDAS 3.8 [2.8; 4.4]. CRP 21.3 [2.3; 72.3] mg/L, ESR 28 [1.2; 52] mm/h.

Conclusions: TOFA therapy shows high efficacy in reducing active MRI-SI and
decreasing activity of axial involvement in PsA. More extensive studies are needed.

References:

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SAT0418

EFFECT OF TOFACITINIB TREATMENT ON ACTIVE MRI
SACROILIITIS AND DISEASE ACTIVITY REDUCTION
IN PSORIATIC ARTHRITIS PATIENTS. DATA FROM
CLINICAL PRACTICE

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Background: Axial involvement in psoriatic arthritis (PsA) is quite common.
Tofacitinib (TOFA) is an oral Janus kinase inhibitor. There is no data on the use of
TOFA in PsA patients (pts) with axial involvement, nor is there any data on its
effect on active MRI sacroiliitis (MRI-SI). There are only preliminary results of a
randomized clinical trial on TOFA efficacy on active SI in AS (1).

Objectives: To study the effect of TOFA therapy on active MRI-SI in PsA pts.

Methods: 40 pts (M/F – 23/17) with active PsA fulfilling the CASPAR criteria
were examined. Median (Me) age 41.0 [35.0; 50.0] yrs, Me PsA duration 6.0 [3.0; 10.0]
yrs. Pts underwent a standard clinical examination of PsA activity: Me tender
joint count 19 [12; 24], swollen joint count 11 [8; 16], patient’s global disease
activity measured by Visual Analogue Scale (VAS) 70 [50; 80], patient’s
pain VAS 65 [50; 75], Me activity indexes: BASDAI 6.0 [4.2; 7.0], ASDAS 3.8 [2.8; 4.4].

Results: Patient’s data are shown in Table 1. By the end of 6 months therapy, Me BASDAI 6.0 [4.2; 7.0], ASDAS 3.8 [2.8; 4.4]. CRP 21.3 [2.3; 72.3] mg/L, ESR 28 [1.2; 52] mm/h.

Conclusions: TOFA therapy shows high efficacy in reducing active MRI-SI and
decreasing activity of axial involvement in PsA. More extensive studies are needed.

References:

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