Results: In all 57 patients: male - 25 (43.9%), mean age 43.4±10.3(SD) years (y), PsA duration was 7 (3;10) y. PsA duration 10 (8; 22) y: 53 (41.1%) had axial involvement, 42 (73.7%) dactylitis, 8 (14%) clinical enthesitis, and 56 (98.2%) skin psoriasis. Psoriatic Activity and Severity Index score 6.4 (2:14.4), Disease Activity in PsA score 18.1 (10.2;21.6), hsCRP 10.1 (2:4.21), ESR 230 (11:33:5). Synovitis count increased with age noticeably (r=0.508, p<0.01), and weak correlation of PsA with synovitis (r=0.262, p=0.049) and age was found. The enthesis thickening and hyperoecogenicity and structural findings increased with age respectively (r=0.345, p<0.009; r=0.337 , p<0.01). There was no correlation between PD+ entheses and age. The association between PD+ entheses and blood biomarkers of inflammation (hs-CRP (r=0.364, p=0.008); ESR (r=0.358, p=0.008) was found.

Conclusion: Our study found significant relationship between age and US synovial enthesal involvement and age and US enthesal involvement was noted. Only PD+ entheses was not related with age in comparison with other US enthesal findings. The presence of PD US signal in association with increased inflammatory blood biomarkers can be evaluated as the sign of disease activity regardless of age and not as age-related lesion in PsA patients.

References:

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.5902
Conclusion: PASI75/90/100 response rates progressively improved with treat-
mint; PASI 75 responses were significantly improved vs placebo as early as W4 (TL 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 psoriasis 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:

Disclosure of Interests: Alice B Gottlieb Grant/research support from: Pfizer, Abbvie, BMS, Lilly, MSD, Novartis, Roche, Sanofi, Sandoz, Nordic, Celimtion and UCB.; Consultant of: Pfizer, Abbvie, BMS, Lilly, MSD, Novartis, Roche, Sanofi, Sandoz, Nordic, Celimtion and UCB.; Speakers bureau:: Research grants, consultation fees, or speaker honoraria for lectures from: Pfizer, Abbvie, BMS, Lilly, MSD, Novartis, Roche, Sanofi, Sandoz, Nordic, Celimtion and UCB.; Consultant of:: Research grants, consultation fees, or speaker honoraria for lectures from: Pfizer, Abbvie, BMS, Lilly, MSD, Novartis, Roche, Sanofi, Sandoz; Speakers bureau:: Abbvie, BIOCAD, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck Sharp & Dohme, Novartis, Novartis-Sandoz, Pfizer, UCb; Consultant of: Abbvie, BIOCAD, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck Sharp & Dohme, Novartis, Novari-
tis-Sandoz, Pfizer, UCb, Yulia Korsakova: None declared, Elena Loginova


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**SAT0419**

**ASSOCIATION OF ACTIVE MRI SACROLIITIS 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 multiple 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 inhibitor, 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 activity indexes: DAPSA 44.2 [37.8; 55.3], BASDAI 6.0 [4.2; 7.0], ASDAS 3.8 [2.8; 4.4], Me CRP 21.3 [3.2; 72.3] mg/L, ESR 28 [12; 52] mm/h. Enthesitis was observed in 65.9% of pts with Me LEI index 1 [0; 1], dactylitis in 53.7% of pts, Me digits with dactylitis 1 [0; 2]. Apart from a standard clinical examination, MRI of sacroiliac joints (SIs) was performed in all 40 pts using MRI scanner Siemens General Electric 1.5 TESLA. Bone marrow edema/ostitis on MRI (STIR) was considered active MRI sacroiliitis (MRI-Si), was evaluated by 2 independent readers (radiologist and rheumatologist). TOFA was given in 5mg tablets bds over a period of 6 months, after which 35 patients underwent SIJ MRI. Me [Q25; Q75], Pierson-χ2 tests were performed. All p<0.05 were considered to indicate statistical significance.

**Results:** Prior to TOFA therapy, active MRI-Si was detected in 14 of 40 (35.0%) pts: bilateral in 9 pts, unilateral in 5 pts. At the end of 6 months therapy, active MRI-Si was detected in 4 of 35 (11.4%) pts observed: in 1 pt with baseline bilateral MRI-Si and in 2 pts with unilateral MRI-Si. 1 pt showed negative dynamics, that is, development of active MRI-Si (absent at baseline). The decrease in number of active MRI-SI patients is statistically significant (p = 0.017; Pearson-χ2). At baseline, inflammatory changes were detected in 23 of 80 (28.8%) SIs, after 6 months of therapy they were found in 5 of 70 (7.1%) SIs observed. Decrease in number of SIs with active inflammation is statistically significant (p = 0.001; Pearson-χ2). At baseline, Me BASDAI 6.0 [4.2; 7.0], Me ASDAS 3.8 [2.8; 4.4]. After 6 months of treatment, Me BASDAI 1.4 [0.6; 3.2], Me ASDAS1.5 [1.0; 2.1] (p = 0.001 for both comparisons).

**Conclusion:** JAK inhibition using TOFA therapy shows high efficacy in reducing active MRI-Si and decreasing activity of axial involvement in PsA. More extensive studies are needed.

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**SAT0418**

**EFFECT OF TOFACITINIB TREATMENT ON ACTIVE MRI SACROLIITIS 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 (F/M – 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: DAPSA 44.2 [37.8; 55.3], BASDAI 6.0 [4.2; 7.0], ASDAS 3.8 [2.8; 4.4], Me CRP 21.3 [3.2; 72.3] mg/L, ESR 28 [12; 52] mm/h. Enthesitis was observed in 65.9% of pts with Me LEI index 1 [0; 1], dactylitis in 53.7% of pts, Me digits with dactylitis 1 [0; 2]. Apart from a standard clinical examination, MRI of sacroiliac joints (SIs) was performed in all 40 pts using MRI scanner Siemens General Electric 1.5 TESLA. Bone marrow edema/ostitis on MRI (STIR) with one lesion on two consecutive slices or at least two lesions on a single slice, was considered active MRI-Si. MRI results were evaluated by 2 independent readers (radiologist and rheumatologist). TOFA was given in 5mg tablets bds over a period of 6 months, after which 35 patients underwent SIJ MRI. Me [Q25; Q75], Pierson-χ2 tests were performed. All p<0.05 were considered to indicate statistical significance.

**Results:** Prior to TOFA therapy, active MRI-Si was detected in 14 of 40 (35.0%) pts: bilateral in 9 pts, unilateral in 5 pts. At the end of 6 months therapy, active MRI-Si was detected in 4 of 35 (11.4%) pts observed: in 1 pt with baseline bilateral MRI-Si and in 2 pts with unilateral MRI-Si. 1 pt showed negative dynamics, that is, development of active MRI-Si (absent at baseline). The decrease in number of active MRI-SI patients is statistically significant (p = 0.017; Pearson-χ2). At baseline, inflammatory changes were detected in 23 of 80 (28.8%) SIs, after 6 months of therapy they were found in 5 of 70 (7.1%) SIs observed. Decrease in number of SIs with active inflammation is statistically significant (p = 0.001; Pearson-χ2). At baseline, Me BASDAI 6.0 [4.2; 7.0], Me ASDAS 3.8 [2.8; 4.4]. After 6 months of treatment, Me BASDAI 1.4 [0.6; 3.2], Me ASDAS1.5 [1.0; 2.1] (p = 0.001 for both comparisons).

**Conclusion:** JAK inhibition using TOFA therapy shows high efficacy in reducing active MRI-Si and decreasing activity of axial involvement in PsA. More extensive studies are needed.

References: