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SAT0427

COMPARATIVE EFFECTIVENESS OF TOFACITINIB (TF) AND ADALIMUMAB (ADA) IN PSORIATIC ARTHRITIS (PSA) PATIENTS IN REAL CLINICAL PRACTICE.

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Background: Tofacitinib (TF) is an oral Janus kinase inhibitor approved for PsA treatment. It has demonstrated comparable to ADA efficacy in RCT in reducing PsA clinical symptoms^{1,2}. There is currently no data concerning comparative effectiveness of TF and ADA in clinical practice. The Russian PsA RegisTry (RU-PsART) collected data from 43 rheumatology centers of the Russian Federation.

Objectives: to study responses to TF or ADA over a period of 6 months (mo) treatment in patients (pts) with active PsA in real clinical practice.

Methods: 77 (M/F=43/34) PsA pts fulfilling the CASPAR criteria from the RU-PsART cohort were divided into two groups according to the treatment given. 41pts (M/F=24 (58.5%)/17 (41.5%), mean age 42.4±10.3 years (yrs), median (Me) PsA duration 72 [35;120] mo were treated with TF 5mg twice daily. 36 pts (M/F=19 (52.8%)/17 (47.2%), mean age 44±11.5 yrs, Me PsA duration 59 [22;102] mo were treated with ADA 40 mg/2 weeks, subcutaneous, as a first-line bDMARD. In TF/ADA groups 89%/52.8% pts accordingly were given combination therapy with Methotrexate (MTX). At baseline (BL) and at 6 mo of therapy PsA activity by DAPSA, BASDAI, the number of pts (NPs) with dactylitis, enthesitis by LEI, BSA, HAQ were evaluated in both groups. At 6 mo of therapy the NPs who achieved remission by DAPSA (≤4)/Low activity (LA)≤14) and Minimal disease activity (MDA, 5 of 7) were calculated in both groups. M±SD, Me [Q25; Q75], Min-Max, %, t-test, Pearson- χ^2 , Mann-Whitney, Wilcoxon tests were performed. All p<0.05, were considered to indicate statistical significance.

Results: At BL TF pts had higher PsA activity by DAPSA compared to ADA group: 44.2[37.8; 55.3]/35.8 [21.1; 52] accordingly (p=0.03). At 6 mo of treatment DAPSA significantly decreased in TF/ADA groups - to 11 [4.3; 17.3]/9.1[6; 19.6] (p<0.001) accordingly. At 6 mo of therapy there were no significant differences between groups in achieving MDA, DAPSA LA/Remission (table 1). At 6 mo of treatment in TF-treated group the NPs with dactylitis significantly decreased from 22 (53.7%) to 5 (13.2%) pts (p<0.001), and in ADA-treated group no significant differences were found in NPs with dactylitis [despite a quantitative decrease from 13 (36.1%) to 6 (20%) pts (p=0.15)]. The NPs with enthesitis in both TF/ADA groups decreased significantly: from 27 (69.2%) to 12 (30.8%) (p<0.002) and from 16 (72.7%) to 5 (38.5%) (p<0.046) pts accordingly. In TF/ADA-treated pts BASDAI improved from 6 [4.2;7] to 1.4 [0.6; 3.2] (p<0.001)/from 4.4 [1.9;5.8] to 3 [0.8;4.5] accordingly (p<0.046); HAQ significantly decreased from 1 [0.625;1.5] to 0.5 [0; 0.875] and from 0.875 [0.5;1.38] to 0.5 [0; 0.875] accordingly. The NPs with BSA>3% significantly reduced in the TF group: from 20 (51.3%) to 8 (26.7%) pts (p<0.002), but not in the ADA group.

Table 1. MDA, DAPSA LA/Remission in TF/ADA at 6 mo

Study	TF		ADA		OR (95% CI)	P
	Events	Subjects	Events	Subjects		
DAPSA remission abs, % achieved	11 (26.8%)	41	6 (20.8%)	29	1.406 (0.453-4.366)	0.556
DAPSA LA abs, % achieved	15 (36.6%)	41	13 (44.8%)	29	0.710 (0.269-1.872)	0.489
MDA abs, % achieved	16 (40%)	40	9 (30%)	30	1.556 (0.569-4.249)	0.389

Conclusion: In real clinical practice TF and ADA demonstrated comparable effectiveness in all clinical domains of active PsA and showed equal result in achievement of MDA/LA/Remission according to DAPSA.

References:

- Mease P, Hall S, FitzGerald O, et al. N Engl J Med 2017;377:1537–50.
- Gladman D, Rigby W, Azevedo VF, et al. N Engl J Med 2017;377:1525–36.

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IMPACT OF DOSE ESCALATION OF SECUKINUMAB IN PATIENTS WITH PSORIATIC ARTHRITIS IN REAL-WORLD SETTING.

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Background: Secukinumab (SEC) has provided efficacy in clinical trials in patients with psoriatic arthritis (PsA). In PsA patients, a gain in response has been suggested by dose escalation from 150 to 300 mg in the open phase of the FUTURE study¹.

Objectives: To analyze the usefulness of dose escalation of SEC from 150 to 300 in patients with non-responding PsA to 150 mg in real-world setting.

Methods: Multicentric observational, longitudinal, retrospective study conducted in a tertiary hospital between January 2016 and December 2019. Patients with PsA (CASPAR criteria) receiving at least one dose of SEC were included. Medical records were reviewed to collect demographic and clinical data related to PsA (including activity assessment and treatment). Descriptive statistics and a comparative analysis of the efficacy of SCK by the Student t test in the different dose groups and by the ANOVA test to compare the response between the three dose groups were performed.

Results: 98 patients with PsA treated with SEC, of which 69(70%) female were included. Mean age was 54 y.o (SD12) and average duration of the disease was 9 (SD 7) years. Three groups were made according to the dose received, SEC150, SEC300 and SEC150-300 (non-responders after SEC150 onset increasing to 300 mg). The SEC150 group includes 58(59%) patients of whom 32(55%) had received at least one biological (16 one biological, 8 two biological and 10 three or more). The survival of SEC was 1.3 (SD1) years and was suspended in 24(41%) patients, due to primary failure in 9, secondary failure 10, adverse events 4 and allergy to latex 1. The SEC300 group includes 12 (12%) patients of whom 10 (83%) had received at least one biological (1 one biological, 3 two and 6 three or more). The survival of the SEC was 1.6 SD (1.3) years and was suspended in 8 (67%) patients, due to primary failure in 2, secondary failure 5 and remission 1. Finally, the SEC150-300 group includes 28 (29%) patients of whom 17 (61%) had received at least one biologic (7 one biologic, 2 two and 8 three or more). The survival of the SEC was 1.6 (SD0.9) years and was suspended in 13 (46%) patients, all due to secondary failure. 54%, therefore, maintains the SCK after responding to the dose increase. The average time of dose increase to 300 mg was 9(SD6) months. In the three treatment groups, a significant decrease in the values of CRP, ASDAS-CRP and DAPSA was observed at 6 months of SEC (Table 1). However, when comparing the difference of means obtained during follow-up (Δ CRP, Δ ASDAS and Δ DAPSA) between the 3 dose groups, no significant differences were found (p=0.76 for CRP, p=0.86 for ASDAS and p=0.35 for DAPSA).

Table 1. Disease activity assessment at 6 months of SEC therapy.

	Baseline	6 months after SEC	Mean difference	p value
CRP300 (mg/L)	9±8,3	4,7±3,7	-4,3 (IC95% -8,9 a 0,2)	p=0,06
CRP150 (mg/L)	7,3±9,1	4,0±4,7	-2,9 (IC95% -4,7 a -1,3)	p=0,0009
CRP150-300(mg/L)	9,9±11	6,0±7,4	-3,9 (IC95% -6,9 a -0,5)	p=0,0142
ASDAS-CRP300	2,3±0,7	1,6±0,6	-0,6 (IC95% -0,9 a -0,3)	p=0,0014
ASDAS-CRP150	2,3±0,6	1,6±0,7	-0,7 (IC95% -0,8 a -0,5)	p<0,0001
ASDAS-CRP150-300	2,2±0,6	1,6±0,7	-0,6 (IC95% -0,8 a -0,4)	p<0,0001
DAPSA300	33,7±19,3	16,9±10,6	-16,8 (IC95% -29,6 a -3,9)	p=0,01
DAPSA150	27,4±11,4	15,4±10,4	-11 (IC95% -14,4 a -7,6)	p<0,0001
DAPSA150-300	28±9,9	15,8±8,7	-12,2 (IC95% -15,3 a -9,1)	p<0,0001

CRP300: C-reactive protein in patients with SCK 300 mg, CRP150: in patients with SCK 150, CRP150-300: in patients with dose escalation from 150 to 300 (same for ASDAS-CRP and DAPSA), SEC: secukinumab

Conclusion: There are no significant differences in the response evaluated by CRP, ASDAS-CRP and DAPSA between the dose of 150 and 300 mg of SEC. However, both doses of treatment provided efficacy in clinical practice with significant reduction of activity parameters. In the case of patients not responding to SEC150 mg and prior failure to TNFi, increasing the dose to 300 mg could be an effective option.