with inflammatory bowel disease, none of whom flared. No new safety signals were identified.

## Table. Clinical response to Secukinumab in patients with active AS

<table>
<thead>
<tr>
<th>Time</th>
<th>BASDAI</th>
<th>BASFI</th>
<th>Fatigue</th>
<th>AS pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>%change</td>
<td>Mean</td>
<td>%change</td>
</tr>
<tr>
<td>Baseline</td>
<td>7.09</td>
<td>-</td>
<td>7.3</td>
<td>-</td>
</tr>
<tr>
<td>3M</td>
<td>6.71</td>
<td>-5%</td>
<td>7.24</td>
<td>-8%</td>
</tr>
<tr>
<td>6M</td>
<td>5.4</td>
<td>-24%</td>
<td>5.8</td>
<td>-20%</td>
</tr>
<tr>
<td>9M</td>
<td>6.01</td>
<td>-15%</td>
<td>6.56</td>
<td>-10%</td>
</tr>
<tr>
<td>12M</td>
<td>5.04</td>
<td>-29%</td>
<td>5.42</td>
<td>-26%</td>
</tr>
<tr>
<td>18M</td>
<td>4.98</td>
<td>-30%</td>
<td>3.73</td>
<td>-49%</td>
</tr>
<tr>
<td>24M</td>
<td>5.52</td>
<td>-22%</td>
<td>5.72</td>
<td>-22%</td>
</tr>
</tbody>
</table>

### References


## Disclosure of Interests: None declared

**DOI:** 10.1136/annrheumdis-2020-eular.295

### AB0634

REAL WORLD EXPERIENCE OF THE IMPACT OF SECUKINUMAB ON DISEASE ACTIVITY AND FATIGUE IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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**Background:** Fatigue is one of the most commonly reported symptom of ankylosing spondylitis (AS). It impacts functional ability, quality of life, and ability to maintain employment. Secukinumab, a fully human monoclonal IgG1 antibody that neutralizes IL-17A, has shown significant and sustained improvement in the signs and symptoms of active AS in the MEASURE 2 study2. It has also shown to improve fatigue scores. Despite this, the published literature on real life experience is scarce. We report our experience of Secukinumab use at Gartnavel General Hospital, Glasgow, UK.

**Objectives:** We performed a retrospective review to assess the response of our AS patients to Secukinumab. We also reviewed the impact of treatment on fatigue.

**Methods:** AS patients commenced on Secukinumab 150mg subcutaneously from mid-2016 to September 2019 were identified using the clinical records on our database. Response using Bath AS disease activity index (BASDAI) and Bath AS function index (BASFI) were recorded. Impact on fatigue and pain was measured using single-item fatigue and pain visual analogue scale (VAS) within the BASDAI questionnaire.

**Results:** 30 AS patients, 11 anti-TNF naïve and 19 anti-TNF inadequate responders (IR), on Secukinumab were identified. Retention rate was 76.66% (23/30). Sustained improvement was observed across all outcome measures over 3.5 years. Fatigue and pain improvement were somewhat lower than expected but did show slow improvement. Responses were greater in anti-TNF naïve patients. There was no significant difference in response between smokers (33.34%, 10/30) and non-smokers (36.67%, 11/30). There were 4 patients losing spondylitis (AS). It impacts functional ability, quality of life, and ability to maintain employment2. Secukinumab is a fully human monoclonal IgG1 antibody that neutralizes IL-17A, has shown significant and sustained improvement in the signs and symptoms of active AS in the MEASURE 2 study2. It has also shown to improve fatigue scores. Despite this, the published literature on real life experience is scarce. We report our experience of Secukinumab use at Gartnavel General Hospital, Glasgow, UK.

**Background:** Fatigue is one of the most commonly reported symptom of ankylosing spondylitis (AS). It impacts functional ability, quality of life, and ability to maintain employment1. Secukinumab, a fully human monoclonal IgG1 antibody that neutralizes IL-17A, has shown significant and sustained improvement in the signs and symptoms of active AS in the MEASURE 2 study2. It has also shown to improve fatigue scores. Despite this, the published literature on real life experience is scarce. We report our experience of Secukinumab use at Gartnavel General Hospital, Glasgow, UK.

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**Disclosure of Interests: None declared**

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### AB0634

BUDGET IMPACT ANALYSIS OF BIOLOGICAL THERAPY COMPARED TO CONVENTIONAL SPONDYLOARTHRITIS TREATMENT, IN A FOURTH LEVEL HOSPITAL IN BOGOTA COLOMBIA

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**Background:** Spondyloarthritis refers to a family of diseases, of which ankylosing spondylitis and non-radiographic axial spondyloarthritis are responsible for axial impairment. Previously, the only treatment available were NSAIDs, which control activity and stop radiological progression, but at the expense of increased adverse effects, such as cardiovascular risk, dyspepsia and chronic renal failure. For the past 2 decades, biological therapy has been available, which means an increase in care costs.

**Objectives:** The objective of this study is to perform a budget impact analysis of biologic therapy.

**Methods:** To do a budget impact analysis from the perspective of the payer, comparing biological therapy with conventional therapy for the treatment of spondyloarthritis. Demographic characterization of the population attended at the Central Military Hospital. Time horizon from 2012 to 2018, taking the activity count according to the hospital's billing and the prices of the activities of the state body SIMED. Exchange rates at the end of 2018.

**Results:** The patients attended were 117, mostly men (63, 25%), average age 46, 4 years (SD 13), with disease diagnosis time of 9, 8 years (SD 9, 6). In the budget impact analysis, it is observed that 25% of patients were on DMARDS
therapy, 22% with NSAIDs and 96% with biologic therapy. The average year/ patient cost with NSAIDs alone would be EUR 381, with DMARDs only EUR 9,318 and, if only biological therapy was used, EUR 423. Within the total number of patients, the average annual cost, including the possibility of combining these drugs, amounted to EUR 5,403.

Conclusion: Including biological therapy in the care of patients with spondyloarthritis can increase up to 24 times the annual cost per patient. This increase is not only due to higher market value, it also relates to the need for more medical procedures and diagnostic follow-up tests.

References:

AB0636 MODALITIES OF PRESCRIPTION OF ANTI-TNF ALPHA IN AXIAL Spondyloarthritis: ON MONOTHERAPY OR COMBINED WITH CONVENTIONAL SYNTHETIC DMARDs

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Background: The advent of biologics targeting tumor necrosis factor-alpha (anti-TNF alpha) has revolutionized the treatment of spondyloarthritis (SpA). Their association with conventional synthetic disease-modifying antirheumatic drugs (cs-DMARD) is frequent in clinical practice in ax-SpA, but mainly justified by the presence of peripheral arthritis. The anti-TNFs block the tumor necrosis factor-alpha (TNF alpha) and have provided a new therapeutic option for patients with axial spondyloarthritis who are refractory or unresponsive to conventional therapy. However, the choice of anti-TNF therapy strategy and the duration of concomitant use of conventional synthetic DMARDs remains controversial. To date, there is no rationale to recommend a specific anti-TNF strategy, although the combination of anti-TNF alpha on monotherapy and cs-DMARDs is a very common practice in clinical routine.

Aims: To determine the most appropriate therapeutic strategy and the effectiveness of a concomitant use of cs-DMARDs with anti-TNF alpha in a population of ax-SpA.

Methods: This is a retrospective descriptive study including 85 cases of ax-SpA diagnosed between January 2000 and October 2019 and treated with anti-TNF alpha. The clinical features, the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP), the Bath ankylosing spondylitis disease activity index (BASDAI) and Bath ankylosing spondylitis functional index (BASFI) were compared between groups of anti-TNF alpha on monotherapy or combined therapy with cs-DMARDs.

Results: Of 85 ax-SpA, 67 were males (78.8%) and the mean age was 44.4 ± 10.9 years. The mean period of evolution was 12.3 ± 9.1 years and 52.2% of patients were HLA-B27 positive. The ax-SpA was a pure axial form in 74.1% of patients, associated with peripheral arthritis, enthesitis and dactylitis in 19%, 21.5% and 1.5% respectively. The anti-TNFs used were: Infliximab (41.1%), Etanercept (32.9%), Adalimumab (23.5%) and Golimumab (2.3%). Fifty-nine patients (69.4%) were treated with anti-TNF alpha on monotherapy and 26 patients (30.6%) had combined therapy. The cs-DMARDs prescribed were the Salazopyrine (22.4%) and the Methotrexate (71%).

Conclusion: Our results suggest that the concomitant use of cs-DMARDs with anti-TNFs is frequent in clinical practice in ax-SpA, mainly justified by the presence of arthritis or psoriasis.

References:

Disclosure of Interests: None declared.

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