Objectives: In a real-life setting, to determine the survival rate of GLM (drug survival) at 48 months in the global population, in different clinical settings, and the effectiveness of GLM in improving joint symptoms and cutaneous manifestations in patients affected by moderate to severe PsA with cutaneous involvement.

Methods: We collected retrospectively from 1 January 2014 to 31 December 2019 data from 105 patients affected by PsA, according to the Classification for Psoriatic Arthritis (CASPAR) criteria, who started treatment with GLM. Inclusion criteria were age > 18 years and had a diagnosis of PsA > 6 months, the presence of peripheral arthritis (at least one active joint) and active PsO. Relevant anamnestic, clinical, biochemical data and biological treatment line were collected at baseline (T0) and after 6 (T6), 12 (T12), 24 (T24) and 48 (T48) months of GLM treatment. Comparisons between baseline and 48 months continuous variables were performed using a paired t-test or a Wilcoxon signed-rank test for paired samples. The drug survival rates were analyzed using Kaplan-Meier estimates. Drug survival rates were read from the Kaplan-Meier survival curves. Differences in drug survival between groups were analyzed using a log-rank (Mantel-Cox) test, by stratifying for sex, BMI, smoking habit and line of treatment. A p-value <0.05 was considered as statistically significant.

Results: Peripheral arthritis was present in 67 (63.8%) cases, axial disease in 37 (35.3%), enthesitis and PsO as prominent manifestations in 82 (78%) and 84 (80%) patients respectively. Erosive disease was present in 38 (36.2%) of patients at baseline. The most frequent comorbidities were MetS described in 20 (19%) patients and cardiovascular disease described in 33 (31.4%) patients, probably due to the high incidence of smokers (33 (31.4%) of patients) and to the elevated BMI score (27.1 ± 6.0). At 48 months, the 42% (44 of 105) (figure 1A) of the patients have discontinued therapy; the most frequent reason was insufficient response/loss of efficacy (30 patients (28.6%) out of 105). Unexpectedly, no statistical significant difference emerged according to gender ($p=0.652$), BMI ($p=0.655$), smoking habit ($p=0.466$) and line of treatment ($p=0.208$) (figure 1B-E). Finally, the effectiveness of GLM in improving joint symptoms and cutaneous manifestations was confirmed once again, with a statistical significant improvement at 48 months in clinical (BASDAI $p<0.0001$; PASI $p<0.01$; DAPSA $p<0.0001$) and biochemical (CRP<0.05) data.

Conclusion: This multicentric study revealed a high drug persistence of GLM in real-life patients, although the presence of comorbidities. Unlike what is known in literature, our study population presented no differences in terms of clinical response and efficacy between male and female, smokers and no-smokers, obese and health-weight patients, different line of treatment. On the other hand, efficacy and safety of GLM has been demonstrated once again also in real-life treatments.

References: No references.

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AB0641

MANAGING ANKYLOSING SPONDYLITIS (AS) WITH SHORT TERM BIOSIMILAR ADALIMUMAB REGIMEN IN A RESOURCE STRAPPED SETTING: A PROTOCOL DRIVEN COMMUNITY CLINIC ORIENTED STUDY

A. Chopra¹, N. Khadke¹, M. Saluja¹, T. Kianifard¹, A. Venugopalan¹. ¹Center For Rheumatic Diseases, Pune, India

Background: We were handicapped by the exorbitant cost of innovator anti-Tumour Necrosis Factor (TNF) drugs. Despite limited use, we sometimes observed

long-term benefits following short term induction like use. Emboldened by advent of biosimilars, we carried out an investigational study.

Objectives: To evaluate the effectiveness of a short regimen of biosimilar (Bs) Adalimumab in AS

Methods: 50 consenting patients (86% B27+) naïve for biologics and negative for latent TB screen were enrolled into an observational design study of one year; Baseline mean values for age, duration, ASDAS and CRP was 31 years, 98.8 months, 4.6 and 64 mg per dl respectively. During the first year, patients were begun with 40 mg Bs Adalimumab (Bs-ADL) (Exemptia™), injected fortnight, for 12-16 weeks. No patient received DMARD or steroid in the first year of study. Patients continued standard of care follow up program in the clinic. The ASAS (Assessment Spondyloarthritis International Society) improvement indices were used. Standard intention-to-treat analysis was performed; significant $p < 0.05$.

Results: Optimum ASAS 40 improvement was observed at week 12 (68%); substantial improvement lasted till week 36. At one year, the ASAS 40 was 38%; ASAS partial remission 22% patients. Pro-inflammatory cytokines (IL-6, TNF α and IL-17) showed conspicuous reduction; maximum drop in IL-6 at week 24 (See Figure). 11 patients withdrew in the first year. 30 patients completed two years and 22 patients completed 3 year follow up. Over time, there was substantial loss in the ASAS 20 and 40 responses but patients seemed satisfied with the on-going symptomatic relief and improved function. Admittedly, patients showed more adherences to advice on physical exercise and stress reduction. Flares were more frequent after 1 year requiring short term round the clock NSAID; only 5 patients could afford to repeat a short term Bs-ADL regimen and one patient underwent hip arthroplasty. None received steroids and 5 patients were begun on Sulfasalazine in the second year and monitored. We could not evaluate structural modification (AS). Selected outcomes over 2 and 3 years from the current study will be compared to matched control (derived from the clinic database). None developed TB or any serious drug related toxicity. 2 patients developed recurrent uveitis.

Conclusion: This real life documented experience unravelled impressive long term benefits following a kick start short term induction regimen of Biosimilar Adalimumab in AS. Though contrary to standard practice, this seemed a practical solution in our setting. We speculate a psychological and motivational boost rather than a prolonged real time biological effect (Bs-ADL) for this phenomenon. Our study has important socioeconomic bearing and merits validation.

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AB0642

SACROILIAC JOINT INJECTIONS PERFORMED WITH ULTRASOUND GUIDANCE IN PATIENTS WITH SACROILIITIS

A.R. Cunha¹, C. Mazedo¹, R. Aguiar¹, A. Barcelos¹. ¹Rheumatology Department, Centro Hospitalar do Baixo Vouga, Aveiro, Aveiro, Portugal

Background: Sacroiliitis is the hallmark of axial Spondyloarthritis (axSpA). ASAS-EULAR management recommendations for axSpA, consider glucocorticoid injections directed to the local site of musculoskeletal inflammation as a

treatment option for pain relief, besides treatment with oral non-steroidal anti-inflammatory (NSAIDs) before starter biotechnological treatment. However, there are few studies to evaluate efficacy of this technique with a small number of patients and a short follow-up. Ultrasonography has been used as a valuable option to guide this technique.

Objectives: To evaluate the efficacy and safety of ultrasound-guided injections of sacroiliac joints (SIJs) in patients with sacroiliitis using clinical and laboratory outcomes at baseline and at 4-6th weeks.

Methods: This study involved patients with axSpA with acute sacroiliitis, ≥ 18 and ≤ 65 years old, with body mass index (BMI) $< 30\text{ kg/m}^2$ attending the Rheumatology Outpatient Clinic, which had been poorly controlled (ASDAS >2.1) by conventional therapy (physiotherapy, NSAIDs at maximum tolerated dosing during ≥ 4 weeks). Sociodemographic, clinical (disease duration, BMI, BASDAI, BASFI, ASDAS) and laboratory (CRP) data was collected from the medical records at baseline and at 4-6th weeks.

Statistical analyses were conducted using SPSS version 25. Continuous variables were described with mean/median $\pm$ standard deviation (SD).

SIJs injection was performed, under ultrasound guidance, using standard procedures with 2mL of lidocaine 1% and 40mg of methylprednisolone, with a 22-gauge needle. The procedure was performed by the same operator. Written informed consents were obtained from all patients.

Results: We performed eleven sacroiliac injection in eleven consecutive patients (one procedure per patient). Nine patients (81.8%) were female, mean age ($\pm$ SD) of 40.6(± 9.4) years, median disease duration($\pm$ SD) of 0.9(± 6.2) years and median BMI($\pm$ SD) of 24.2(± 3.3). Eight patients (72.7%) had Nr-axSpA. All patients were non-responders to NSAIDs.

At 4-6th weeks there was a decreased in median ($\pm$ SD) BASDAI (5.4 ± 1.9 vs 4.1 ± 1.9), BASFI (4.2 ± 1.4 vs 3.5 ± 2.3) and ASDAS (3.2 ± 0.8 vs 2.2 ± 0.6) indexes.

Conclusion: As previous studies demonstrated, this technique seems to be safe and quite effective.

Our goal is to increase the number of patients undergoing this technique and have a longer follow up to evaluate its efficacy. The study has several limitations: the mid- and long-term effects should be evaluated in the future based on the results of the short-term effects and the study was not conducted as a double-blinded, controlled study.

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AB0643

DRUG SURVIVAL OF SECUKINUMAB IN A SPONDYLOARTHRITIS COHORT. A 24 MONTHS MULTICENTRIC STUDY

P. Navarro Alonso¹, Á. García Martos², A. Castilla³, L. González², M. D. C. Ortega⁴, C. Arconada⁴, A. Prada-Ojeda⁵, L. Sala Icardo⁵, L. Barrio Nogal⁵, E. M. Andres⁶, A. Diaz Oca¹. ¹HU Fuenlabrada, Madrid, Spain; ²HU del Tajo, Aranjuez, Spain; ³HU La Paz, Madrid, Spain; ⁴HU Infanta Elena, Valdemoro, Spain; ⁵HU Torrejon, Torrejon de Ardoz, Spain; ⁶Universidad Rey Juan Carlos, Madrid, Spain

Background: Secukinumab inhibits the interaction between Interleukin 17A (IL-17A) and its receptor. Clinical trials have demonstrated good data in efficacy and safety in patients with spondyloarthritis (SpA) as first biological choice or inadequate response to other biological in SpA. However there is few evidence in real clinical practice.

Objectives: Evaluate the drug survival in a real clinical practice, as an indirect way to show the efficacy and security of Secukinumab at 24 months

Methods: A multicentric observational, longitudinal, retrospective study of 24 months conducted in five Madrid hospitals (Spain). Patients older than 18 years treated with Secukinumab which fulfilled ASAS criteria for SpA and/or modified New York criteria for ankylosing spondylitis (AS) and/or CASPAR criteria for psoriatic arthritis (PsA) were included. For evaluation of the drug survival, dates from starting until closing date or definite withdrawal of the

treatment were determined. Kaplan-Meier function was used to estimate the drug survival and Wilcoxon test for the comparison of the survival rate between the different diagnoses, because of the survival curves did not reach the median

Results: A total of 71 patients were included. The mean age was 50.26 ys (SD 11.01), 57.75% women. 35 patients fulfilled classification criteria for PsA and 36 fulfilled classification criteria for axSpA. 22 patients were naïve for biologic therapies and 49 patients had an inadequate response to TNFi. 13 patients discontinued Secukinumab before the closing date, the main reason for the interruption was secondary failure (n= 6), and primary failure (n=2). Secukinumab survival rate was 81.95% up to 24 months in this cohort. The median of survival was 2.36 years (IC: 1.79-2.84). There were no significant differences about the drug survival related to diagnosis (p=0.976). The safety data were similar to those described in clinical trials.

Conclusion: Secukinumab is an effective and safe treatment for the management of espondiloarthritis regardless of the subtypes, with a high survival rate. In this study naïve patients show similar data obtained in clinical trials. In this cohort of patients, those who initiated secukinumab after failure to TNFi, showed a greater secukinumab survival than the data provided in clinical trials

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AB0644

ULTRASOUND GUIDED EPIDURAL INJECTION IN RADIOGRAPHIC AXIAL SPA PATIENTS WITH LIMITED SPINE MOBILITY: A PROSPECTIVE PILOT RANDOMIZED CONTROLLED TRIAL

A. Hamed¹, A. Radwan², O. Sayed³, A. Elsamani⁴. ¹Minya University, Minya, Egypt; ²Sohag University Hospital, Rheumatology and Rehabilitation Department, Sohag, Egypt; ³Minya University, Rheumatology and Rehabilitation Department, Minya, Egypt; ⁴Sohag University Hospital, Rheumatology and Rehabilitation, Sohag, Egypt

Background: Ankylosing Spondylitis (AS) is a systemic inflammatory disease of unknown origin. It affects mainly males. Chronic inflammatory back pain is the commonest presenting symptom and regularly develops between 20 and 40 years age. AS can likewise, have extra-articular manifestations. These manifestations commonly develop after the onset of axial symptoms but hardly can precede them. Even though AS is a systemic disease, the presenting symptoms, treatment, and morbidity are largely dependent on spine affection. Epidural injections for managing chronic low back pain are one of the most frequently performed interventions in the United States. Friedly et al reported administration of epidural injections in 36% of patients with axial low back pain. However, there is no clinical evidence for the use of epidural injections in axial SPA and most recommendations are limited to radicular pain with disc herniation. The evidence for caudal epidural injections is Level I in managing pain secondary to disc herniation and radiculitis. To our best of knowledge, this is the first study evaluating the role of caudal epidural steroid and lidocaine injections in managing pain and function of the spine in radiographic axial SPA.

Objectives: To evaluate the significance of caudal epidural injections in controlling pain and spinal stiffness in radiographic axial SPA.

Methods: In our study 32 Patients were included. They were randomly doled out into 2 equivalent groups; Group I received caudal epidural injections ultrasound guided with 1% lidocaine hydrochloride (xylocaine, AstraZeneca) 9 mL mixed with 1 mL of triamcinolone 40 milligrams (Kenacort, Bristol Myers Squip), whereas Group II did not receive. Both groups were matched regarding age, sex and disease duration (table) and both were under treatment with anti TNF and NSAIDs with or without sDMARDs. All participants fulfilled the ASAS criteria for radiographic axial SPA. Outcomes measures included: visual Analogue Scale (VAS), and ASDAS score with assessment at baseline, 2 weeks and 8 weeks post-treatment. Significant pain relief was defined as 50% or more or no pain. ASDAS improvement is considered when the score reduction ≥ 1.1 .

Results: There was a significant difference between both groups regarding pain (Figure 1) and ASDAS scores (Figure 2) in favor of group I. This effect was maximum after 2 weeks interval. More than two thirds of the cases (68.8%) had significant pain relief among group 1, compared to only 18.8% among group 2. Despite the decline of this effect after 8 weeks, still the difference significant between both groups. Shorter disease duration and older age of onset were associated with better outcomes among group 1 but not group 2. However, these correlations were non-significant.