AB0754

HOW DO WE TREAT PSORIATIC ARTHRITIS? EVIDENCE FROM A 15-YEAR MONOCENTRIC BDMARDS EXPERIENCE

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Background: Psoriatic arthritis (PsA) treatment paradigm has dramatically change during the last 15 years, improving patients clinical outcomes and quality of life. We have now the possibility of a wide option among bDMARDs with different targets: TNF-inhibitors (TNFi), anti-IL17A inhibitors and anti-p40IL12/23. However, the choice of the "best" treatment in PsA patients is still a challenge in our daily clinical practice, making treatment decision a tricking issue.

Objectives: Aim of the study was to retrospectively evaluate the distribution of clinical PsA subtypes and comorbidities among bDMARDs treated patients in the last 15 years in a monocentric cohort of the Rheumatology Unit, University of Rome Tor Vergata.

Methods: Patients affected by PsA diagnosed by the CASPAR criteria and treated with a bDMARDs, in the last 15 years were enrolled. Clinical assessment included the presence of: oligo and/or polyarthritis and axial involvement (yes/no), enthesitis (yes/no), dactylitis (yes/no), PsO and onychopathy (yes/no). Comorbidities, as cardiovascular, metabolic syndrome and kidney diseases, were registered. The overall timeframe was halved in: 1st period (2004-2011) and 2nd period (2012-2019). Chi-square test was used to analyze the distribution of clinical PsA subtypes and comorbidities.

Results: Data from 314 consecutive PsA patients treated with bDMARDs were obtained (Table 1). A total of 259 (82,48%) patients were treated with TNFi, while 55 (17,52%) with non-TNFi (i.e. Secukinumab, Ustekinumab or Apremilast). In the 1st period, 143 (86,14%) patients were treated with TNFi and 23 (13,85%) with non-TNFi; in the 2nd period, 116 (78,4%) patients were treated with TNFi and 32 (21,2%) with non-TNFi. PsA patients with polyarticular involvement were on TNFi in a higher prevalence in the first period than in the second ($p<0.001$). On the contrary, oligo-articular PsA and axial PsA were on TNFi in a higher prevalence in the 2nd period than in the 1st ($p<0.001$), as well as non-TNFi drugs were more frequently used in the 2nd period than in the 1st ($p=0.03$). PsA patients with PsO and/or onychopathy were in a higher prevalence on non-TNFi than on TNFi in the 1st period ($p<0.001$). PsA with enthesitis and/or dactylitis were in a higher prevalence on TNFi than on non-TNFi in the 1st period ($p<0.001$); this difference disappeared in the 2nd period, when both TNFi and non-TNFi were equally used ($p=ns$). PsA patients with metabolic syndrome and/or cardio-vascular and/or renal diseases were more prevalent on TNFi in the 1st period than in the 2nd while in the 2nd these patients were more frequently on non-TNFi ($p<0.05$).

Conclusion: Here, we demonstrated that clinicians treatment choice in patients with moderate-severe PsA may be influenced by the clinical subtype and/or the occurrence of comorbidities. In particular, during the last years, the use of non-TNFi can be chosen more adequately as a therapeutical challenge in patients with different clinical manifestations and with comorbidities, improving PsA treatment paradigm.

Table 1. Clinical characteristics of patients enrolled.

	TNFi		Non-TNFi	
	2004-2011	2012-2019	2004-2011	2012-2019
F (N)	104	68	16	22
M (N)	53	34	9	8
Total, divided for period	157	102	25	30
Total, divided for drugs	259		55	
F/M (%)	66/34	67/33	64/36	73/27
Age, years	55,4±13,09	56,28±11,34	54,80±12,56	57,44±11,15
Disease duration, months	156±106,03	162,69±101,65	172,87±108,53	167,2±108,89
Age of onset, years	42,57±13,00	41,73±12,13	42,06±15,33	45,8±13,6
Age of diagnosis, years	44,74±12,98	43,35±11,25	43,4±14,33	46,8±15,98
Diagnostic delay, months	72±34,68	12±8,52	6,73±10,64	27±15,12

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.5403

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REAL WORLD EFFECTIVENESS OF SECUKINUMAB IN PSORIATIC ARTHRITIS: FINDINGS FROM A RECENT CROSS SECTIONAL SURVEY OF RHEUMATOLOGISTS AND PATIENTS IN EUROPE

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Background: Secukinumab has demonstrated significant and sustained reduction of disease activity and improvement in physical functioning and quality of life in PsA pts in RCTs.¹

Objectives: This study assessed effectiveness of secukinumab in PsA in a real-world setting.

Methods: This was a cross-sectional survey of rheumatologists, dermatologists and pts in France, Germany, Italy, Spain, and UK. Data were collected online from June-Dec 2018 via physician-completed patient record forms. Pts receiving any treatment for PsA were included in survey (n=1675). Pts receiving secukinumab >4 months were included in this analysis. Pts reported quality of life, work, and disability measures at their current consultation. Physicians reported patient demographic and disease characteristics, concomitant and previous treatments, and time since diagnosis. Physicians also reported overall, skin and joint disease severity, pain (1-10 scale), BSA psoriasis involvement, global VAS score, PASI score, SJC, and TJC for 2 time points: initiation of treatment and at the time of data collection (current consultation). Data were analysed descriptively. The data analysed here is representative of pts that are currently receiving secukinumab and does not assess pts that have discontinued treatment.

Results: 572 PsA pts were receiving secukinumab >4 months at their current consultation. Patient mean age was 47.9 yrs, with 43% female, 59% working full time, and a mean BMI of 26.6. On average, pts were diagnosed with PsA 5.6 years before the current consultation, had received secukinumab for 11.0 months, and for 59% of pts secukinumab was their 1st advanced therapy (bDMARDs or tsDMARDs), 24% their 2nd and 16% their 3rd or more. 25% of pts were also receiving a csDMARD concurrently. Pts reported a mean EQ5D utility score of 0.83, mean WPAI overall work impairment of 24.3%, mean HAQ-DI score as 0.6, and mean PsAID12 score as 2.6 at current consultation. Proportion of pts with moderate and severe overall disease severity, and skin and joint severity decreased at current consultation vs at the initiation treatment (Table 1). Between initiation of treatment and current consultation, pts achieved a significant reduction in disease activity scores, pain score, global VAS scores, BSA, PASI score as well as a greater proportion of pts achieving a BSA < 3%, a PASI score < 3 (Table 2).

Conclusion: This multinational study demonstrated secukinumab effectiveness in routine care in PsA pts, with significant improvements across all outcomes.

References:

[1] Mease et al. RMD Open. 2018; 4(2): e000723

Table 1. Disease severity at initiation of secukinumab and at current consultation

	At initiation of secukinumab (n=572)	At current consultation (n=572)
Overall disease severity, n (%)		
Mild	32 (5.6)	432 (75.5)
Moderate	316 (55.2)	131 (22.9)
Severe	218 (38.1)	9 (1.6)
Don't know	6 (1.0)	-
Skin severity, n (%)		
Mild	93 (16.3)	478 (83.6)
Moderate	287 (51.2)	82 (14.3)
Severe	154 (26.9)	12 (2.1)
Don't know	38 (6.6)	-
Joint severity, n (%)		
Mild	50 (8.7)	444 (77.6)
Moderate	329 (57.5)	118 (20.6)
Severe	181 (31.6)	10 (1.7)
Don't know	12 (2.1)	-

Table 2. Physician reported outcomes at initiation of secukinumab and at current consultation, mean (SD)

	At initiation of secukinumab (n=572)	At current consultation (n=572)
BSA ^a	19.2 (15.3)	4.6 (8.7)
BSA < 3%, n (%)	28 (8.2)	213 (62.5)
PASI score (0-72) ^a	17.2 (11.5)	4.2 (8)
PASI score < 3, n (%)	11 (7.1)	99 (64.3)
DAS28 score ^a	5.2 (1.5)*	2.8 (1.3)
TJC (0-68) ^a	12.1 (9.9)	2.5 (3.6)
SJC (0-66) ^a	10.0 (9.5)	2.9 (7.5)
Pain score (1-10)	6.3 (2.0)	2.6 (1.6)
Physician global VAS score (1-100) ^a	59.4 (24.2)	23.3 (22.2)