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)
Patient global VAS score (1-100) ^a	56.7 (30.4)	23.4 (18.3)

1. ^aCalculated on available data.

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AB0756 GUSELKUMAB IMPROVED WORK PRODUCTIVITY AND DAILY ACTIVITY IN PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS FROM A PHASE 3 TRIAL

J. Curtis¹, I. McInnes², P. Rahman³, W. Tillett⁴, P. J. Mease⁵, A. Kollmeier⁶, E. C. Hsia^{6,7}, B. Zhou⁶, P. Agarwal⁶, S. Peterson⁸, C. Han⁶. ¹Univ Alabama, Birmingham, United States of America; ²Institute of Infection, Immunity & Inflammation, Univ Glasgow, Glasgow, United Kingdom; ³Memorial Univ of Newfoundland, St Johns, Canada; ⁴Royal Natl Hospital for Rheumatic Diseases, Bath, United Kingdom; ⁵Swed Medical Ctr/Providence St. Joseph Health and U Wash School of Med, Seattle, United States of America; ⁶Janssen Research & Development, LLC, Spring House, United States of America; ⁷U Penn Med Ctr, Philadelphia, United States of America; ⁸Janssen Global Svcs, LLC, Horsham, United States of America

Background: DISCOVER 2 (DISC 2) is a Phase 3 trial of anti-IL-23-specific mAb guselkumab (GUS) in psoriatic arthritis (PsA) pts, who experience impaired physical function, resulting in disability, work productivity loss, and economic consequences.¹

Table. Model-based estimates of mean change from baseline in WPAI-PsA domains

% change from baseline	PBO		GUS 100 mg q8W		GUS 100 mg q4W	
	W16	W24	W16	W24	W16	W24
Work time missed (absenteeism), n	155	152	141	145	145	143
LSMean	-4.6 (-7.2, -1.9)	-3.5 (-6.4, -0.6)	-3.5 (-6.2, -0.7)	-3.1 (-6.1, -0.1)	-4.7 (-7.4, -2.0)	-3.8 (-6.8, -0.8)
LSMean diff			1.1 (-2.6, 4.8)*	0.4 (-3.7, 4.5)*	-0.2 (-3.9, 3.5)*	-0.3 (-4.4, 3.8)*
Impairment while working (presenteeism), n	131	130	125	129	133	130
LSMean	-10.3 (-13.9, -6.7)	-10.2 (-13.7, -6.7)	-16.1 (-19.7, -12.4)	-19.4 (-22.9, -15.9)	-15.1 (-18.7, -11.5)	-19.5 (-23.0, -16.0)
LSMean diff			-5.8 (-10.8, -0.8)†	-9.2 (-14.0, -4.4)‡	-4.8 (-9.7, 0.1)*	-9.3 (-14.1, -4.5)‡
Overall work productivity impairment (absenteeism + presenteeism), n	131	130	125	129	133	130
LSMean	-11.2 (-15.0, -7.5)	-10.9 (-14.6, -7.1)	-15.9 (-19.7, -12.2)	-19.7 (-23.4, -16.0)	-15.8 (-19.5, -12.1)	-20.0 (-23.7, -16.3)
LSMean diff			-4.7 (-9.9, 0.5)*	-8.8 (-14.0, -3.7)‡	-4.6 (-9.7, 0.5)*	-9.2 (-14.3, -4.0)‡
Daily activity impairment, n	244	244	247	246	243	245
LSMean	-10.6 (-13.3, -7.9)	-10.3 (-13.1, -7.6)	-17.1 (-19.8, -14.4)	-21.5 (-24.2, -18.7)	-17.0 (-19.7, -14.3)	-20.5 (-23.2, -17.7)
LSMean diff			-6.5 (-10.2, -2.8)‡	-11.1 (-15.0, -7.4)‡	-6.5 (-10.2, -2.7)‡	-10.2 (-14.0, -6.4)‡

Data are % (95% CI)

*p<0.05, †p<0.05, ‡p<0.001

LSmeans, p values based on MMRM

LSmean diffs, p values vs PBO

Objectives: To evaluate the effect of GUS on impaired work productivity and daily activity in DISC 2 using the Work Productivity and Activity Impairment Questionnaire: Psoriatic Arthritis (WPAI-PsA).

Methods: Bio-naïve adults with active PsA despite nonbiologic DMARDs &/or NSAIDs received subcutaneous GUS 100mg every (q) 4 weeks (W); GUS 100mg W0, W4, q8W; or placebo (PBO). WPAI-PsA assesses, due to PsA over the previous week, work time missed (absenteeism), impairment while working (presenteeism), and impaired overall work productivity (absenteeism + presenteeism) and daily activity. Percentage change from baseline was analyzed for WPAI-PsA domains using mixed-effect model repeated measure (MMRM). Indirect savings from improved overall work productivity were estimated with 2018 US mean yearly wage estimate (all occupations).²

Results: At Week 24, impaired overall work productivity and daily activity were improved 20-22% in GUS-treated and 10-11% in PBO-treated pts (Table). Potential yearly indirect savings from improved overall work productivity was \$10,242 with GUS q8W and \$10,404 with GUS q4W vs \$5,648 with PBO; \$4,594 and \$4,756 difference, respectively.

Conclusion: Improvement in overall work productivity and daily activity was greater with GUS versus PBO among pts with moderate-to-severe PsA, resulting in potential annual incremental economic gains.

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AB0757 ASSOCIATION BETWEEN DEPRESSIVE SYMPTOMS AND ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH PSORIATIC ARTHRITIS

E. De Lorenzo^{1,2}, A. Di Giorgio³, G. Natalello¹, A. Nesci³, D. Bruno¹, D. Lucchetti⁴, G. Tanti¹, C. Di Mario¹, P. Rubortone¹, M. R. Magurano⁵, B. Tulusso⁶, A. Santoliquido^{3,7}, G. Peluso⁶, E. Gremese^{1,8}. ¹Catholic University of the Sacred Heart, Institute of Rheumatology, Rome, Italy; ²University of Verona, Ph.D. Program in Biomolecular Medicine - Cycle XXXV, Verona, Italy; ³Fondazione Policlinico Universitario A. Gemelli IRCCS, Angiology Service - Presidio Columbus, Rome, Italy; ⁴Fondazione Policlinico Universitario A. Gemelli IRCCS, Institute of General Pathology, Rome, Italy; ⁵Fondazione Policlinico Universitario A. Gemelli IRCCS, Clinical Psychology Service - Presidio Columbus, Rome, Italy; ⁶Fondazione Policlinico Universitario A. Gemelli IRCCS, Division of Rheumatology, Rome, Italy; ⁷Catholic University of the Sacred Heart, Department of Translational Medicine and Surgery, Rome, Italy

Background: Cardiovascular complications are the leading cause of death in patients with psoriatic arthritis (PsA), but current strategies for reducing cardiovascular risk are still inadequate. Depression is a common comorbidity in PsA patients and it is recognized as an independent cardiovascular risk factor in the general population. Endothelial dysfunction, assessed as a reduction in brachial

artery Flow Mediated Dilation (FMD), is a predictor of major cardiovascular events in high and low risk populations.

Objectives: To investigate the relationship between endothelial function and depressive symptoms in a cohort of patients with PsA.

Methods: Sixty consecutive patients with PsA, aged between 30 and 79 years, with no history of major cardiovascular events, were characterized for traditional cardiovascular risk factors and features of psoriatic disease. The risk of cardiovascular events according to traditional risk factors was calculated using the Framingham Risk Score (FRS) and the presence of depressive symptoms was defined through the Hospital Anxiety and Depression Scale (HDS) using the validated cut-off of 8. Endothelial function was assessed by FMD. Serum IL-6 was quantified by ELISA, IL-17 and TNF- α levels by Luminex method.

Results: Patients had an average age of 52.1 ± 11.0 years, 43.3% of them were male, 23.3% obese and 25.0% active smokers; 38.3%, 25.0% and 11.7% were treated for high blood pressure, dyslipidemia and diabetes mellitus, respectively. The 10-year risk of major cardiovascular events estimated by FRS was 10.4%. The mean duration of PsA was 9.4 years, 30.0% of patients were in minimal disease activity (MDA) and 61.7% and 46.7% were treated with conventional and biotechnological DMARDs, respectively. The mean HDS value was 6.9 ± 3.2 and 43.4% of patients had significant depressive symptoms. The severity of depressive symptoms according to HDS correlated with disease activity according to DAPSA ($r=0.449$, $p=0.001$). The mean FMD was $7.8 \pm 3.8\%$, this value correlated inversely with age ($r=-0.408$, $p<0.001$), risk of major cardiovascular events according to FRS ($r=-0.327$, $p=0.011$) and severity of depressive symptoms according to HDS ($r=-0.285$, $p=0.027$). The correlation between FMD and serum IL-6, IL-17 and TNF- α levels was not statistically significant. In multivariate linear regression models, the relationship between FMD and HDS was significant also when corrected for age ($\beta=-0.26$, $p=0.03$, $R^2=0.23$) and FRS normalized through logarithmic transformation ($\beta=-0.32$, $p=0.009$, $R^2=0.22$).

Conclusion: The degree of endothelial dysfunction quantified by FRS correlates with the severity of the depressive symptoms in patients with PsA, independently of the cardiovascular risk attributable to classical risk factors. The weak relationship between FRS and serum levels of IL-6, IL-17 and TNF- α suggests a role of factors independent of inflammation in the regulation of endothelial function in patients with PsA. Systematic research and treatment of depressive symptoms could contribute to a more complete stratification and a better management of cardiovascular risk in patients with PsA.

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AB0758

REAL-WORLD EFFICACY AND SAFETY OF APREMILAST IN BELGIAN PATIENTS WITH PSORIATIC ARTHRITIS: FINAL ANALYSIS OF THE MULTICENTRE, PROSPECTIVE APOLO STUDY

K. De Vlam¹, A. Nzeusseu Toukap², M. J. Kaiser³, J. Vanhoof⁴, P. Remans⁴, S. Di Romana⁵, F. Van den Bosch⁶, V. Vanhoof⁷, R. Lories¹. ¹University Hospitals Leuven-KU Leuven, Leuven, Belgium; ²University Hospitals Saint-Luc, Brussels, Belgium; ³University of Liège, Liège, Belgium; ⁴ReumaClinic Genk, Genk, Belgium; ⁵University Hospital Saint-Pierre, Brussels, Belgium; ⁶Ghent University Hospital, Gent, Belgium; ⁷Amgen Inc., Brain-Allied, Belgium

Background: Real-world evidence on the efficacy and safety for patients (pts) with psoriatic arthritis (PsA) treated with apremilast (APR) is lacking but required to understand the uptake and potential of the drug.

Objectives: To assess the efficacy and safety of APR in pts with active PsA from routine clinical practice in Belgium.

Methods: In this multicentre, prospective study, the primary endpoint was the PsA Response Criteria (PsARC) response 6 months after APR initiation, defined as improvement in ≥ 2 (at least 1 must be joint swelling or tenderness) and no worsening in any of 4 criteria: swollen joint count (SJC [0-66]), tender joint count (TJC [0-66]), Physician's Global Assessment of Disease Activity and Pt's Global Assessment of Disease Activity. Other endpoints included the 12-item PsA Impact of the Disease (PsAID12) questionnaire, Health Assessment Questionnaire-Disability Index (HAQ-DI), Physician's and Pt's Numerical Rating Scale assessing disease activity for the most affected joint, psoriasis-involved body surface area, enthesitis, dactylitis and pain.

Results: In total, 107 pts were enrolled and included in the baseline (BL) demographics/disease characteristics and safety analyses. The efficacy population

comprised 69 pts (pts who started APR ≤ 30 days before inclusion in the study and completed ≥ 150 days of treatment). Mean age was 53 years, mean body mass index was 29 kg/m^2 and 56% were female. Mean duration of PsA was ≈ 8 years (87.1 months). One-third of pts presented with short disease duration (time since diagnosis of PsA: ≤ 2 years); 84% were biologic naive. The most frequently reported comorbidities were cardiovascular disease (30%) and hypercholesterolemia (24%). At BL, mean (SD) SJC was 8.0 (6.5); mean (SD) TJC was 14.2 (12.5). Pts from the efficacy population were representative of the overall population. Fifty-four pts (60%) continued APR treatment for 6 months; 38 (36%) had discontinued APR (insufficient efficacy: $n=15$; adverse events [AEs]: $n=16$; intolerance: $n=6$; other reason: $n=1$). AEs were mostly mild or moderate in nature and consistent with APR's known safety and tolerability profile.¹ At Month 6, data were available for 49 pts, 65% of whom were PsARC responders. Mean change from BL in SJC was -5.23, with improvements (defined as $\geq 30\%$ decrease per PsARC) observed in 80% of pts; 42% had no swollen joints at 6 months. Comparable results were seen for TJC, with mean changes from BL of -5.34 and improvements observed in 71% of pts; 27% had no tender joints at 6 months. Among pts with enthesitis at BL ($n=21$), 43% achieved a score of 0 by Month 6. Among pts with dactylitis at BL ($n=18$), 83% achieved a count of 0 by Month 6. Impact of PsA on quality of life (QoL) from the pt's perspective was assessed using the PsAID12 questionnaire and characterized by physical and psychological domains. After 3 and 6 months of treatment, 33% and 50% of pts with PsAID > 4 at BL ($n=60$) achieved PsAID12 ≤ 4 , respectively (cutoff value for Pt Acceptable Symptom State²). Improvements were observed in all 12 domains at Months 3 and 6 compared with BL (Figure). In all, 66% of pts showed a decrease ≥ 0.35 in HAQ-DI; the proportion of pts reaching a global HAQ-DI < 0.5 increased over time (14% at 3 months; 20% at 6 months).

Conclusion: Results from APOLO, a study assessing the impact of APR in routine settings, indicated that APR is associated with rapid and sustained improvements in PsA signs and symptoms and QoL in an important proportion of pts. Safety and tolerability were consistent with the known profile of APR.

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Figure. Improvement From Baseline in Mean PsAID12 Domain Scores

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