Adverse events (AEs), including treatment-emergent AEs (TEAEs) and serious AEs (SAEs), were monitored throughout the study.

Results: Overall, 391/500 pts screened met the inclusion criteria; 55% were female with a mean age of 48.8 years. At baseline, disease characteristics were generally consistent across treatment arms (Table).

At W24, DAS28-CRP response rates increased across all TIL treatment arms relative to PBO (Figure). After W24, response rates continued to increase and were sustained through W52, including in pts who switched from PBO to TIL.

From W0–W24/W25–W52, 50.4%/39.9% and 2.3%/1.0% of pts experienced a TEAE and SAE, respectively. There were no reports of candidiasis, inflammatory bowel disease, major adverse cardiac events or elevated liver enzymes. From W0–W24, 1 pt (0.3%) had urinary tract infection (TIL 100 mg Q12W). From W25–W52, 1 pt (0.3%) had an intraductal proliferative breast lesion (TIL 20→200 mg Q12W). One pt (0.3%) discontinued before 24 weeks due to hypertension. No deaths were reported.

Table. Baseline disease characteristics related to DAS28-CRP

	TIL 200mg Q4W n = 78	TIL 200mg Q12W n = 79	TIL 100mg Q12W n = 77	TIL 20→ 200mg Q12W n = 78	PBO→TIL 200mg Q12W n = 79
hsCRP, mg/L	7.8 ± 18.6	10.5 ± 14.4	10.6 ± 20.0	10.7 ± 14.0	13.0 ± 20.8
ESR, mm/h*	22.8 ± 18.9	22.5 ± 19.8	24.7 ± 19.8	27.2 ± 20.7	26.9 ± 20.5
Swollen joint count (66)	10.4 ± 7.4	10.0 ± 8.0	11.0 ± 8.2	9.4 ± 6.4	11.8 ± 9.8
Tender joint count (68)	16.6 ± 11.9	19.5 ± 13.9	21.3 ± 14.8	19.0 ± 13.0	19.7 ± 14.7
PTGA	57.8 ± 18.3	61.1 ± 20.7	60.3 ± 20.2	61.9 ± 17.4	65.2 ± 18.1

Data are reported as mean ± standard deviation unless otherwise stated.

*Total pts analysed (n) = 71, 69, 70, 68, 62, respectively.

ESR, erythrocyte sedimentation rate; hsCRP, high-sensitivity C-Reactive Protein; PBO, placebo; PTGA, Patient Global Assessment; pts, patients; Q4W, every 4 weeks; Q12W, every 12 weeks; TIL, tildrakizumab.

Conclusion: Treatment with all doses of TIL increased the rate of DAS28-CRP responders in pts with active PsA and was well tolerated, suggesting a reduction in PsA-related disease activity for up to 52 weeks of treatment. Ongoing analyses will assess whether DAS28-CRP responses correlate with baseline clinical characteristics.

Figure. DAS28-CRP response rates across treatments and time points

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Table 2. Obstetric outcomes

Study	Comparator: Pregnant women without ...	Reported as	(Pre-) Eclampsia	Gestational diabetes	Elective Caesarean section	Preterm birth	SGA	LBW
Bröms	... psoriasis	HR	1.49 (1.08-2.05)	1.21 (0.79-1.87)	1.47 (1.18-1.81)	1.25 (0.94-1.65)	0.72 (0.42-1.22)	1.07 (0.75-1.52)
Mork	... Spondyloarthritis	OR	1.03 (0.23-4.57)	-	1.01 (0.47-2.19)	1.24 (0.54-2.83)	1.72 (0.98-3.02)	-
Remaues	... PsA	HR	1.21 (0.78-1.88)	1.26 (0.54-2.94)	1.47 (1.10-1.97)	1.63 (1.17-2.28)	1.06 (0.61-1.84)	-
Smith	... auto-immune/ other chronic diseases	RR	2.22 (0.98-5.04)	1.41 (0.70-2.87)	-	1.69 (0.94-3.03)	-	1.52 (0.76-3.04)
Strouse	... rheumatic diseases	HR	-	-	-	1.77 (1.15-2.73)	1.24 (0.75-2.06)	-

Abbreviation: HR, Hazard ratio; OR, Odds ratio; RR, risk ratio.

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AB0804

PREGNANCY AND PSORIATIC ARTHRITIS: A SYSTEMATIC LITERATURE REVIEW OF DISEASE ACTIVITY AND ADVERSE PREGNANCY OUTCOMES

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Background: There is little robust evidence on the course of pregnancy and its outcomes in women with psoriatic arthritis (PsA) on which recommendations for the management of these patients could be based.

Objectives: To review available data on disease activity during pregnancy and adverse pregnancy outcomes in women with PsA.

Methods: Systematic literature search within the databases Pubmed and Embase using the keywords 'psoriatic arthritis' and 'pregnan*/ obstetr*/ matern*/ gestation*/ deliver*/ abortion*/ reproduct*/ birth/ parity'. All full text articles published until 31 Dec 2019 were systematically evaluated by 2 reviewers. All studies including at least 5 pregnant PsA patients and reporting on disease activity and/or obstetric outcomes were considered.

Results: The review of 592 search results revealed 13 eligible publications reporting on a total of 2332 pregnancies in PsA. Nine studies reported disease activity during and after pregnancy using differing instruments (table 1). Three of them reported an increase in the proportion of women with moderate to severe activity postpartum compared to pregnancy. Another 3 studies described a worsening of the arthritis in 15-32% and in the psoriatic activity in 4-9% of patients during pregnancy and postpartum in 33-50% and 27-43% of patients, respectively.

Table 1. Study characteristics

Study	Data source	No. of pregnancies	Disease activity instruments
Berman, 2018	Hospital records	35	Synovitis
Bröms, 2018	National registries	964	-
Eudy, 2019	Hospital records + questionnaires	37	Patient reported arthritis + psoriatic activity
Mork, 2019	National registries	130	-
Mouyis, 2017	Hospital records	16	Physician global activity
Murray, 2019	Hospital cohort*	18	DAS28-CRP3
Ostensen, 1988	Hospital cohort*	12	Composite score
Polachek, 2017	Hospital cohort*	42	SJC/ TJC, PASI
Polachek, 2019	Hospital cohort + questionnaires	151	Patient reported PsA activity
Remaues, 2019	National registries	541	-
Smith, 2019	Cohort*	117	HAQ, RAPID3
Strouse, 2019	Claims data	161	-
Ursin, 2019	Cohort*	108	DAS28, BASDAI

*Prospective study

Adjusted analyses did not show an increased risk for gestational diabetes, small for gestational age (SGA) and low birth weight (LBW) in PsA patients (table 2). However, estimates for other obstetric outcomes diverged.

Conclusion: Individual studies showed a trend towards increased disease activity after pregnancy in PsA patients but due to the heterogeneity of the instruments used, it is difficult to summarise the single results. No signal for specific adverse pregnancy outcomes was identified. However, a higher risk for (pre)eclampsia, elective caesarean section and preterm birth cannot be ruled out. Differences in studies (e.g. primary vs secondary data) limit statements on obstetric outcomes. Harmonization of approaches and instruments is crucial in order to enable future joint data analyses and meta-analyses. In particular, a standardised instrument for assessing disease activity of PsA that takes into account the particularities of pregnancy is needed.

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AB0805

PREMATURE ATHEROSCLEROSIS IN PSORIATIC ARTHRITIS (PSA) PATIENTS AND ITS POSSIBLE ASSOCIATION WITH INSULIN RESISTANCE & SERUM LEPTIN LEVEL

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Background: PsA is a heterogeneous inflammatory arthritis. Patients (pts) with PsA suffer from associated cardiovascular disease, obesity, metabolic syndrome, diabetes (DM), osteoporosis. In psoriasis, leptin has been shown to stimulate keratinocyte proliferation, expression of adhesion molecules and angiogenesis.

Objectives: To detect the presence of premature atherosclerosis in PsA pts, measure HOMA-IR as a reflection of insulin resistance (IR) and serum leptin (LEP) level & to detect their association with the presence of premature atherosclerosis in PsA pts.

Methods: 45 PsA pts (classified according to CASPAR Criteria) & 45 healthy subjects as controls were included. Pts were subjected to history taking, clinical examination to determine body mass index (BMI), the clinical type of PsA, distribution, involved body surface area (BSA), measuring the Psoriasis Area and Severity Index (PASI) and Disease Activity in Psoriatic Arthritis: DAPSA score. Routine laboratory, fasting insulin (FI), fasting blood glucose (FBG) to calculate HOMA-IR, total cholesterol (TC), HDL, LDL, Triglycerides (TG), serum LEP, carotid Doppler to determine Carotid intima-media thickness (CIMT) & presence or absence of plaques were done. Exclusion: DM, RA, SLE, smoking, postmenopausal females, HCV infection, morbid obesity

CIMT	Person correlation coefficient	p-value
BMI	0.095	0.371
Duration of disease (years)	0.179	0.239
BSA score	0.12	0.434
PASI	0.186	0.221
FBG	0.059	0.582
WBC	-0.104	0.329
Platelet	0.022	0.835
Hb	-0.106	0.319
HDL	0.505	0.000**
LDL	0.382	0.000**
TC	0.275	0.009**
Triglyceride	0.06	0.577
SGOT	0.03	0.776
SGPT	0.033	0.754
Serum leptin	0.537	0.0001**
HOMA IR	0.446	0.000**
ESR	0.351	0.001**
CRP	0.320	0.002**
Urea	0.445	0.784
Creatinine	0.392	0.954
Uric acid	0.034	0.748
FI	0.431	0.000**

Results: Mean BMI 22.51±1.69 and 23.46±1.82 kg/m², no statistical significance (P=0.205).

Mean BSA 5.9±3.1%, DAPSA score (13.98±4.7), PASI score: 88.9% (40 pts) had mild to moderate PASI, 5 had severe disease (8.6±4.8).

TC, LDL and TG were higher in pts, while HDL was higher in controls (P=0.0003, 0.0001, 0.00001 & 0.05).

A significance between 2 groups regarding LEP (P=0.00001), ranging from 2-16.99 (9.7±4.5) in group I and 1.35-1.78 (1.6±0.1) µg/ml in controls. **Normal: 2.6-8.35**

FI & HOMA IR were significantly higher in PsA group (P=0.001, 0.00001)

The mean CIMT 1.1±0.3mm and in group II 0.8±0.1mm. 14 pts (31.1%) had plaque, while 68.9% & all controls had no plaques, with a significance regarding CIMT & presence of plaques (P=0.011 & 0.0041).

A positive statistical significance between LEP and dd (P=0.001), BSA, PASI and DAPSA (P=0.007, 0.003, 0.001) but not with age, BMI (P=0.98 & 0.88).

There was no statistical significance between LEP and FBG, HbA1C, HOMA IR, FI, CBC (P>0.05), or between LEP and TC, TG, HDL, LDL (P=0.438, 0.390, 0.699, 0.050), liver enzymes, renal functions, ESR and CRP.

There was statistical positive correlation between LEP and CIMT (P=0.0001), but not with the presence of plaques (P=0.846).

CIMT and other variables: Table 1

DAPSA: there was no statistical significance with TC, HDL, LDL and TG (P=0.51, 0.876, 0.717 & 0.255), but a statistically significance with LEP and CIMT (p=0.001 & 0.009). Pts with higher score had higher LEP and increased CIMT.

PASI: there was no significance between TC, HDL, LDL, TG (P=0.724, 0.157, 0.651 & 0.374) or CIMT (p=0.290) in mild-moderate and severe PASI. LEP was significantly higher in severe PASI score (P=0.001).

Conclusion: The presence of abnormal lipid profile, IR, increased CIMT, high disease activity and increased LEP may be considered as useful criteria for early recognition and thus prevention of atherosclerosis in PsA pts.

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AB0806

DOES VITAMIN D INFLUENCE THE ACTIVITY OF THE DISEASE IN PATIENTS WITH PSORIATIC ARTHRITIS?

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Background: Several studies have shown an inverse relationship between vitamin D levels (25OHD) and disease activity in patients with rheumatoid arthritis (RA). However, the existing data in patients with psoriatic arthritis (PsA) are poor, and they use the DAS28 index as a peripheral joint activity marker by extrapolation with RA.

Objectives: To analyze the relationship between 25OHD levels, disease activity and functional capacity in patients with PsA.

Methods: Transversal, observational, descriptive study. We included PsA patients with peripheral joint involvement. We collected demographic variables (gender, age), clinical variables [follow-up, received treatments, TJC