Figure 1. Drug survival of initial TNFi in axSpA patients (p=0.56).

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.2925

THU0379

REDUCTION OF ANTERIOR UVEITIS FLARES IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS FOLLOWING ONE YEAR OF TREATMENT WITH CERTOLIZUMAB PEGOL: 48-WEEK INTERIM RESULTS FROM A 96-WEEK OPEN-LABEL STUDY

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Background: Acute anterior uveitis (AAU), inflammation of the anterior uveal tract, is reported in up to 40% of patients (pts) with axial spondyloarthritis (axSpA).¹ AAU is associated with significant clinical burden; symptoms include blurred vision, photophobia and pain.² Previous studies have shown that TNF inhibitors (TNFi) can reduce AAU flare incidence in pts with radiographic axSpA,³⁻⁵ but few have focused on pts across the full axSpA spectrum.

Objectives: To analyse the impact of certolizumab pegol (CZP) treatment on AAU in pts with active radiographic and non-radiographic axSpA and a recent history of AAU.

Methods: C-VIEW (NCT03020992) is an ongoing multicentre, open-label, phase 4 study. Pts had active axSpA according to the ASAS classification, a history of recurrent AAU (≥ 2 AAU flares in total and ≥ 1 AAU flare in the year prior to study entry), were HLA-B27 positive, and were eligible for TNFi treatment (previous failure of ≥ 2 NSAIDs, biologic naïve or had failed ≤ 1 TNFi). Pts received CZP 400mg at Weeks (Wks) 0/2/4, then 200mg every two wks (Q2W) to Wk 96. The primary variable was incidence of AAU flares compared to historic rates. A pre-specified interim analysis compared AAU incidence in the 48 wks prior to CZP treatment with the 48 wks of treatment, using Poisson regression adjusted for possible within-pt correlations, with period (pre- and post-baseline) and axSpA disease duration as covariates. Incidence rates (IR) were calculated based on the number of cases/pts at risk over 48 wks. Observed data are reported.

Results: Of 115 enrolled pts, 89 initiated CZP treatment; 85 completed Wk 48. Baseline characteristics are shown in the Table. The 48-wk interim analysis revealed significantly fewer AAU flares/pt during CZP treatment vs before treatment (Figure; Poisson-adjusted IR: 0.2 vs 1.5, $p < 0.001$). The number of pts experiencing 1 and ≥ 2 AAU flares (64.0% and 31.5% respectively) substantially reduced during CZP treatment (12.4% and 2.2%). After 48 wks CZP treatment, disease activity improved substantially (mean $\pm$ SD Ankylosing Spondylitis Disease Activity Score [ASDAS]: 2.0 ± 0.9 ; Bath Ankylosing Spondylitis Disease Activity Index [BASDAI]: 3.3 ± 2.1), with 31.4% pts achieving ASAS partial remission and 29.1% ASDAS major improvement. No new safety signals were identified.

Table. Baseline characteristics

CZP 200 mg Q2W (N=89)	
Age (years), mean $\pm$ SD	46.5 $\pm$ 11.2
Male, n (%)	56 (62.9)
Racial group, n (%)	
Caucasian	87 (97.8)
Other	2 (2.2)
Diagnosis, n (%)	
Radiographic axSpA	76 (85.4)
Non-radiographic axSpA	13 (14.6)
Duration of axSpA (years), mean $\pm$ SD	8.6 $\pm$ 8.4
Time since onset of first uveitis flare (years), mean $\pm$ SD	9.9 $\pm$ 9.0
ASDAS, mean $\pm$ SD	3.5 $\pm$ 0.9
BASDAI, mean $\pm$ SD	6.5 $\pm$ 1.5

Conclusion: In this open-label study, AAU flare rate significantly reduced in axSpA pts with a history of recurrent AAU during the first 48 wks of CZP. Pts also experienced substantial improvements in axSpA disease activity.

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Figure: (A) Mean number of acute anterior uveitis flares experienced by patients in C-VIEW and (B) proportion of patients experiencing 1, 2 or ≥ 3 acute anterior uveitis flares

AAU: acute anterior uveitis; CZP: certolizumab pegol; Q2W: every 2 weeks; SD: standard deviation.

Acknowledgments: This study was funded by UCB Pharma. Editorial services were provided by Costello Medical.

Disclosure of Interests: Irene van der Horst-Bruinsma Grant/research support from: AbbVie, Novartis, Eli Lilly, Bristol-Myers Squibb, MSD, Pfizer, UCB Pharma, Consultant of: AbbVie, Novartis, Eli Lilly, Bristol-Myers Squibb, MSD, Pfizer, UCB Pharma, Rianne van Benthum: None declared, Frank Verbrak Grant/research support from: Bayer, Novartis, IDxD, UCB Pharma, Consultant of: Bayer, Novartis, IDxD, UCB Pharma, Thomas Rath Grant/research support from: AbbVie, Bristol-Myers Squibb, Chugai, Eli Lilly, MSD, Novartis, Pfizer, Roche, UCB Pharma, James Rosenbaum Consultant of: AbbVie, Corvus, Eyeveensys, Gilead, Novartis, Janssen, Roche, UCB Pharma; royalties from UpToDate, Maria Misterska-Skora: None declared, Bengt Hoepken Employee of: UCB Pharma, Oscar Irvin-Sellers Employee of: UCB Pharma, Brenda VanLunen Employee of: UCB Pharma, Lars Bauer Employee of: UCB Pharma, Martin Rudwaleit Consultant of: AbbVie, BMS, Celgene, Janssen, Eli Lilly, MSD, Novartis, Pfizer, Roche, UCB Pharma

DOI: 10.1136/annrheumdis-2020-eular.3747

THU0380

SECUKINUMAB IS FREQUENTLY PREFERRED IN MULTI ANTI-TNF RESISTANCE SPONDYLOARTHRITIS PATIENTS: HUR-BIO REAL LIFE RESULTS

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Background: Anti-TNF agents have been used for the last two decades. However, targeting interleukin-17 (secukinumab (SEC)) is a relatively novel treatment