Objectives: Our aim was to assess the remission rate (RR) in AxSpA patients in real life, and to compare the RR in AxSpA patients on NSAIDs to RR for those on biologics (TNFα blockers or IL-17A blockers).

Methods: This cross-sectional study reviewed clinical data from a single center (St-Luc university hospitals, UCLouvain, Brussels) from 01/2013 to 03/2019. Last visit available for clinical assessment was evaluated. Disease activity was measured using the Bath Ankylosing Spondylitis disease activity index (BASDAI), and the Ankylosing Spondylitis disease activity score (ASDAS) using the C-reactive protein. Remission was defined as BASDAI < 4 and ASDAS < 1.3.

Results: Data from 551 AxSpA patients were reviewed. 353 were men (64.3%). In the entire cohort, 478 BASDAI and 317 ASDAS were recorded. The RR according to the BASDAI was 46.7% (n = 223), and 17.3% for the ASDAS (n = 55). To look for the treatment-related RR, we stratified by the treatment (NSAIDs vs Biologics). We had 285 patients on NSAIDs (177 men, 62.5%) and 233 for BIOL. 110 patients on NSAIDs (44.9%) and 113 on BIOL (48.5%) were in remission for BASDAI. Regarding ASDAS (table below), data from 172 patients on NSAIDs and 144 on BIOL were available. Out of them, 27 (15.7%) and 28 (14.9%) were in remission for NSAIDs and BIOL respectively. Chi-square test: p = 0.853.

Table. Distribution of ASDAS values in both groups.

<table>
<thead>
<tr>
<th>ASDAS</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1.3</td>
<td>N = 27 (15.7%)</td>
<td>41 (23.8%)</td>
</tr>
<tr>
<td>≥1.3 &lt;2.1</td>
<td>N = 70 (40.7%)</td>
<td>34 (19.8%)</td>
</tr>
<tr>
<td>≥2.1 &lt;3.5</td>
<td>N = 57 (39.6%)</td>
<td>29 (20.1%)</td>
</tr>
<tr>
<td>≥3.5</td>
<td>N = 28 (19.4%)</td>
<td>30 (20.8%)</td>
</tr>
</tbody>
</table>

Conclusion: The real life RR in AxSpA seems to be higher on BiOL, even if compared to NSAIDs, the difference is not significant. However, many patients on NSAIDs achieve the remission.


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ONE-YEAR EFFECTIVENESS, RETENTION RATE AND SAFETY OF SECUKINUMAB IN ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS: A REAL-LIFE MULTICENTRE STUDY


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Background: Secukinumab (SEC) is the first interleukin-17A inhibitor showing efficacy in both ankylosing spondylitis (AS) and psoriatic arthritis (PsA) in randomised trials, but real-life data are lacking.

Objectives: In this prospective observational study, we evaluated the effectiveness and safety of SEC in patients with AS and PsA in a real-life setting.

Methods: From September 2018 to September 2019, data were collected from 168 consecutive outpatients (108 AS, 64 PsA) at baseline (T0) and at 6 (T6) and 12 months (T12) after starting SEC.

Results: Significant improvement was seen at T6 and T12 for all clinical variables, including TJC, SJC, ESR, CRP, DAPSA, ASDAS-CRP and BASDAI, as well as in patient-reported outcomes such as VAS-pain. By multivariable regression analysis, in AS patients high BASDAI at T0 correlated with diagnostic delay (R²=0.4; p=0.009) and peripheral joint involvement (R²=0.4; p=0.04). During follow-up, reduction of BASDAI positively correlated with high ESR (R²=0.65; p=0.004) and ASDAS-CRP at T0 positively correlated with high ESR (R²=0.34; p=0.004). Reduction of ASDAS-CRP from T0 to T6 correlated with current smoking status (R²=0.42; p=0.0005). In PsA patients, reduction of DAPSA score from T0 to T12 negatively correlated with the presence of metabolic syndrome (R²=0.41; p=0.0025). Retention rate showed good drug survival and an influence of female sex (Figure 1) in the survival curve in only AS patients, but no differences based on BMI, gender and lines of treatment were observed (Figure 2). SEC was well tolerated: Eleven patients discontinued treatment for non-severe adverse events.

Conclusion: We demonstrated the effectiveness and safety of SEC in patients with AS and PsA in a real-life setting for the first time. No gender differences were observed; however, less clinical improvement was seen in smokers and in patients with metabolic syndrome

References: No references.

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A. Global retention rate; B. Global retention rate according to gender; C. Retention Rate according to gender in AS patients; D. Retention Rate according to gender in PsA patients

Figure 1. Twelve months retention rate of secukinumab in AS and PsA patients according to gender

Figure 2. Twelve months retention rate of secukinumab in AS and PsA patients according to BMI and to lines of treatment