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Figure 2. (A) Prior Medication Use, (B) Number of Prior Biologics Used, and (C) Reasons for Discontinuation of Previous Biologic* Among Patients With AS at the Index Date

SMD, standardized mean difference.

* Comparisons with SMD > 0.1 were suggestive of clinically relevant differences.

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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 at baseline (T0) and at 6 (T6) and 12 months (T12) after starting SEC (39 AS, 23%; 129 PsA, 77%).

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 ($R^2=0.4$; $p=0.009$) and peripheral joint involvement ($R^2=0.4$; $p=0.04$). During follow-up, reduction of BASDAI positively correlated with high ESR ($R^2=0.65$; $p=0.04$). ASDAS-CRP at T0 positively correlated with high ESR ($R^2=0.34$; $p=0.004$). Reduction of ASDAS-CRP from T0 to T6 correlated with current smoking status ($R^2=0.42$; $p=0.0005$). In PsA patients, reduction of DAPSA score from T0 to T12 negatively correlated with the presence of metabolic syndrome ($R^2=0.41$; $p=0.0025$). 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.

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

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

A. Retention Rate according to BMI; B. Retention Rate according to lines of biologics

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