Table 1. Inefficacy events according to treatment and drug survival in 1, 2, and 3 years.

Drug	Total episodes	Inefficacy events (%)	HR	95% CI	P value	1 st year survival %	2 nd year survival %	3 rd year survival %
SEC	90	30 (33.3)	1		0.095	86	58	41
ETA	202	86 (42.6)	1.16	0.77-1.76	0.479	75	58	50
IFX	87	34 (39.1)	1.01	0.62-1.65	0.966	82	64	52
ADA	227	103 (45.4)	1.36	0.9-2.04	0.143	71	53	46
GOL	103	103 (50)	1.64	1.05-2.59	0.031	63	50	42

Table 2. Inefficacy events and drug survival according to line of treatment.

Drug	Total episodes	Inefficacy events (%)	HR	95% CI	P value	1 st year survival %	2 nd year survival %	3 rd year survival %
1st line								
SEC	13	2 (15.4)	1		0.216	92	92	76
ETA	130	55 (42.3)	3.25	0.79-13.34	0.101	76	59	51
IFX	28	11 (39.3)	2.88	0.64-13.01	0.168	81	63	52
ADA	103	37 (35.9)	2.63	0.63-10.91	0.183	79	63	59
GOL	25	14 (56)	4.55	1.03-20	0.045	60	50	40
2nd and 3rd lines								
SEC	34	7 (20.6)	1		0.039	90	66	66
ETA	68	29 (42.6)	1.68	0.74-3.85	0.218	73	57	51
IFX	51	20 (39.2)	1.42	0.6-3.36	0.431	85	64	54
ADA	119	62 (52.1)	2.5	1.15-5.48	0.022	65	46	35
GOL	52	23 (44.2)	2.26	0.97-5.27	0.06	65	50	46
4th line								
SEC	43	21 (48.8)	1		0.082	82	44	24
ETA	4	2 (50)	1.1	0.25-4.73	0.902	67	33	-
IFX	8	3 (37.5)	0.83	0.25-2.79	0.762	69	69	-
ADA	5	4 (80)	4.87	1.6-14.81	0.005	30	-	-
GOL	26	13 (50)	1.29	0.64-2.58	0.473	62	52	31

Figure 1. Cumulative survival without an inefficacy event of secukinumab compared to TNFα inhibitors regardless of treatment line.**Table 1. Comparison of comorbidities between psoriatic arthritis (PsA), rheumatoid (RA) arthritis and Diabetes mellitus (DM) patients. OR: odds ratio, MACE: major adverse cardiovascular events. CI: Confidence Intervals**

Comorbidity	PsA vs RA			PsA vs DM			
	PsA n=215 n (%)	RA n=215 n (%)	DM N=215 n (%)	Crude OR (95% CI)	Adjusted OR (95% CI)	Crude OR (95% CI)	Adjusted OR (95% CI)
Smoking	76 (35.4)	62 (28.8)	85 (39.5)	1.35 (0.90-2.03)	-	0.84 (0.57-1.24)	-
Obesity	50 (29.4)	24 (12.8)	79 (36.7)	2.83 (1.65-4.86)	-	0.72 (0.47-1.10)	-
Hyperlipidemia	101 (47.0)	67 (31.2)	101 (47.0)	1.96 (1.32-2.90)	-	1	-
Hypertension	62 (28.8)	51 (23.8)	97 (45.1)	1.30 (0.84-1.99)	-	0.49 (0.33-0.74)	-
Coronary disease	10 (4.7)	10 (4.7)	16 (7.4)	1 (0.41-2.45)	0.97 (0.34-2.79)*	0.61 (0.27-1.37)	0.66 (0.23-1.91)*
Stroke	8 (3.7)	2 (0.9)	7 (3.3)	4.12 (0.86-19.6)	3.74 (0.73-19.3)*	1.15 (0.41-3.22)	1.20 (0.35-4.12)*
MACE	12 (5.6)	12 (5.6)	22 (10.2)	1 (0.44-2.28)	0.94 (0.36-2.46)*	0.52 (0.25-1.08)	0.42 (0.16-1.10)*
Osteoporosis	9 (5.5)	24 (11.2)	2 (0.9)	0.46 (0.21-1.03)	0.67 (0.28-1.64)**	6.22 (1.33-29.2)	-
Depression	42 (19.5)	15 (7.0)	12 (5.6)	3.24 (1.74-6.04)	3.02 (1.57-5.81)***	4.11 (2.10-8.05)	4.85 (2.37-9.93)***
Malignancy	12 (5.6)	7 (3.3)	-	1.76 (0.68-4.55)	1.60 (0.60-4.26)****	-	-

* adjusted for age, gender, smoking, hypertension, dyslipidemia, body mass index, ** adjusted for steroids, *** adjusted for age, gender, disease duration, smoking, **** adjusted for age, disease duration

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FRI0338

SIMILAR CARDIOVASCULAR COMORBIDITY AND HIGHER DEPRESSION RATES IN PSORIATIC ARTHRITIS COMPARED TO AGE- AND SEX-MATCHED RHEUMATOID ARTHRITIS AND DIABETES MELLITUS PATIENTS

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Background: Comorbidities are frequent in psoriatic arthritis (PsA) but it is not known how they differ from other high comorbidity burden diseases like rheumatoid arthritis (RA) and diabetes mellitus (DM).

Objectives: To compare the prevalence of comorbidities in PsA vs. RA and DM patients.

Methods: 215 PsA patients were age/gender-matched with 215 RA and 215 DM patients from two tertiary hospitals. Prevalence of comorbidities (hypertension, current smoking, hyperlipidemia, obesity (BMI≥30), coronary disease [CD], stroke, MACE [combined CD and stroke], depression, osteoporosis, history of malignancies) were compared across the three groups. Within PsA group, associations between comorbidities and demographic and clinical features (e.g. enthesitis), including PsA phenotypes (RA-like vs oligoarthritis pattern and Axial-involvement vs Non-Axial-involvement) were assessed.

Results: Hyperlipidaemia, obesity and depression were more frequent in PsA vs. RA. Depression and osteoporosis were more common in PsA vs DM. In contrast, hypertension was more frequent in DM. All other comorbidities, including frequency of stroke, CD and major adverse cardiovascular events did not differ between groups. Results remain unchanged after adjustments (Table 1).

Within PsA group, depression was associated with female gender (p=0.02), older age (p=0.03), higher disease duration (p=0.04) and current smoking (p=0.04). MACEs in PsA, were associated with male gender (p=0.03), older age (p=0.0002), dyslipidaemia (p=0.003) and hypertension (p<0.0001). No differences were found between different phenotypes of PsA.

Conclusion: PsA patients had higher BMI and hyperlipidaemia compared to RA but not to DM. MACE is comparable between PsA and RA or DM, while depression is more common in PsA. Taking into account certain risk factors, screening for and management of comorbidities in PsA is important in the clinical setting.

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FRI0339
LONG-TERM EFFICACY OF THE ORAL SELECTIVE JANUS KINASE 1 INHIBITOR FILGOTINIB IN PSORIATIC ARTHRITIS: WEEK 52 RESPONSE PATTERNS IN INDIVIDUAL PATIENTS FROM AN OPEN-LABEL EXTENSION (OLE) STUDY (EQUATOR2)
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Background: EQUATOR (NCT03101670) was a 16-week, Phase 2, multicenter, double-blind, placebo-controlled, randomized controlled trial (RCT) of filgotinib in patients with active psoriatic arthritis.¹ Filgotinib demonstrated rapid efficacy compared with placebo across multiple domains, including the primary endpoint of Week 16 American College of Rheumatology (ACR) 20 response.¹ Patients completing the RCT could join an ongoing 148-week OLE (EQUATOR2; NCT03320876).

Objectives: In this prespecified interim analysis at Week 52 of the OLE, individual patient responses with respect to disease activity were evaluated.

Methods: Placebo-treated RCT patients switched to filgotinib (200mg once daily) at Week 16 and entered the OLE; patients previously assigned to filgotinib continued. Individual response patterns at Week 52 of the OLE were evaluated for ACR20/50/70, Psoriatic Arthritis Disease Activity Score (PASDAS) low disease activity (LDA), minimal disease activity (MDA), and MDA/very low disease activity (VLDA).

Results: 124 patients (95%) completed EQUATOR; 122 (93%) enrolled in the OLE. At Week 52, 11 patients (9%) had discontinued treatment in the OLE. Median (range) exposure to filgotinib was 66.0 (0.4–104.1) weeks. In patients originally assigned to filgotinib, sustained efficacy was seen through to OLE Week 52 for ACR20, 50, and 70; PASDAS LDA; MDA (Table; Figure 1a); and MDA/VLDA. In total, 77% and 93% of those achieving MDA and ACR50 response in the RCT period maintained this at Week 52 (Table). A substantial proportion of RCT non-responders also achieved a treatment response in the OLE, meeting MDA and ACR50 criteria (22% and 37%, respectively; Table). Response patterns in the OLE were similar regardless of prior RCT treatment. In total, at Week 52 of the OLE, 33.6% of patients achieved MDA response (Figure 1a); 55.0% achieved ACR50 response. Figure 1b shows individual patient response over time for MDA.

Conclusion: Data from this 52-week OLE interim analysis suggest that further improvement in disease activity can be expected with filgotinib beyond 16 weeks in patients with active psoriatic arthritis. Sustained efficacy was demonstrated across several measures of disease activity, including MDA and ACR50.

References:
[1] Mease P, et al. Lancet 2018;392:2367–77.

Table. Responders at Week 52 of the OLE, by treatment and previous RCT responder status (observed cases).				
Treatment	Filgotinib (N=59) → Filgotinib (N=54) ^a		Placebo (N=63) → Filgotinib (N=57) ^a	
	OLE responders/ RCT responders	OLE responders/ responders/RCT non-responders	OLE responders/ RCT responders	OLE responders/ responders/RCT non-responders
ACR20	40/47 (85.1)	5/7 (71.4)	17/18 (94.4)	27/38 (71.1)
ACR50	25/27 (92.6)	10/27 (37.0)	5/8 (62.5)	21/49 (42.9)
ACR70	10/13 (76.9)	12/41 (29.3)	3/4 (75.0)	12/53 (22.6)
PASDAS LDA ^b	19/21 (90.5)	12/32 (37.5)	5/6 (83.3)	21/48 (43.8)
MDA	10/13 (76.9)	9/41 (22.0)	4/5 (80.0)	14/51 (27.5)

^aIndicates number remaining at OLE Week 52 interim analysis, after dropouts
^bPASDAS information was not available for one patient at Week 16 of the RCT

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FRI0340
COMPARISON OF SECUKINUMAB VERSUS ADALIMUMAB EFFICACY ON SKIN OUTCOMES IN PSORIATIC ARTHRITIS: 52-WEEK RESULTS FROM THE EXCEED STUDY
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Background: Psoriatic arthritis (PsA) is a heterogeneous disease comprising musculoskeletal and dermatological manifestations, especially plaque psoriasis.¹ Secukinumab (SEC), an IL-17A inhibitor, provided significantly greater PASI 75/100 responses in a head-to-head trial versus (vs.) etanercept, a TNF inhibitor, in patients (pts) with moderate-to-severe plaque psoriasis.² The objective of the EXCEED study (NCT02745080) was to investigate whether SEC is superior to