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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

Figure 1. Patients achieving ACR50 and MDA over time (a) and MDA per patient over time (b).

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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