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AB0466 RETENTION RATE AND EFFECTIVENESS OF SECUKINUMAB VERSUS TNF INHIBITOR SWITCHING IN ANKYLOSING SPONDYLITIS PATIENTS WITH A HISTORY OF TNF INHIBITOR TREATMENT: DATA FROM A KOREAN NATIONALWIDE REGISTRY

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Background: The choice of second-line biologics for ankylosing spondylitis (AS) patients previously treated with a tumour necrosis factor inhibitor (TNFi) remains unclear.

Objectives: Here, we compared drug retention and clinical efficacy between AS patients who switched biologics to secukinumab and those who switched to a different TNFi.

Methods: AS patients enrolled in the Korean College of Rheumatology Biologics registry were included. Patients with previous TNFi exposure were divided into the secukinumab group and the TNFi switching group. Drug retention and clinical efficacy (BASDAI50, ASAS20, ASAS40, ASDAS <2.1, ASDAS clinically inactive, all clinical efficacy parameters were comparable between the two groups (OR=0.833; 95% CI, 0.481–1.441 in PS-matched analysis). Other comparisons tended to decrease also in axSpA patients.

Conclusions: The proportion of patients who achieved BASDAI50 was also comparable between the two groups (OR=0.833; 95% CI, 0.481–1.441 in PS-matched analysis). Other clinical efficacy parameters were also comparable. In the subgroup analysis of AS patients with previous TNFi discontinuation due to ineffective- ness, all clinical efficacy parameters were comparable between the two groups.

Background: Golimumab showed trial efficacy in subjects with active rheumatoid arthritis (RA) previously treated with TNF-inhibitors (TNFi); no trial data are available for psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA).

Objectives: To assess the effectiveness of golimumab after TNF failure in patients with RA, PsA, or axSpA in a real-world setting.

Methods: GO-BEYOND-Italy is an ongoing, multicenter, prospective, observational study of RA, PsA, or axSpA patients starting golimumab after TNF failure. Patients were enrolled between July 2017 and December 2019 and followed for 1 year, with evaluations at 3, 6, and 12 months. This interim analysis estimates the effectiveness after 3 months of golimumab therapy. Differences from baseline were tested by paired t-tests.

Results: 193 patients were enrolled: 38 (19.7%) with RA (median age 54 years; median disease duration 9.5 years), 91 (47.2%) with PsA (median age 53 years; median disease duration 9.0 years) and 64 (33.2%) with axSpA (median age 54 years; median disease duration 7.2 years). Majority of the RA (73.7%), PsA (51.6%) and axSpA (53.1%) were females. Previous TNFi treatment included etanercept (44.6% of patients), adalimumab (42.0%), infliximab (8.8%) and certolizumab (4.7%). The main reason for switching to golimumab was loss of efficacy of TNFi (78.9% in RA, 83.5% in PsA, 75% in axSpA). Comorbidities were highly prevalent (RA 65.8%, PsA 65.9%, axSpA 75%); hypertension (31.1%), dyslipidaemia (13.5%), fibromyalgia (10.4%) were the most common ones. DAS28-CRP significantly reduced in RA and PsA (p<0.01) after 3 months of treatment. In RA, rates of DAS28-CRP remission and low disease activity (LDA) were 29.6% and 22.2%, respectively, and 65.2% of patients achieved good/moderate EULAR response. As for PsA, good/moderate EULAR response was observed in 78.8% of patients and 28% of patients achieved minimal disease activity. In axSpA, ASDAS-CRP (p<0.01), BASDAI (p<0.01) and ASAS-HI (p=0.032) significantly reduced; rates of ASDAS-CRP inactive disease and LDA were 15.2% and 26.1%, respectively; 14% of patients had a ≥50% improvement in baseline BASDAI. After 3 months of golimumab treatment, there was a decrease in the prevalence of enthesis (32.9% to 16.5%), nail (17.6% to 12.9%) and skin psoriasis (42.4% to 34.1%) in PsA patients; the frequency of extra articular manifestations tended to decrease also in axSpA patients.

Conclusion: Preliminary results of the GO-BEYOND-Italy study showed a good short-term effectiveness of golimumab in RA, PsA and axSpA after TNFi failure.
Table 1. Effectiveness of golimumab at 3 months in the GO-BEYOND-Italy study

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Remission

- Moderate disease activity, n (%)
  - Good: 8 (29.6)
  - Moderate: 6 (22.2)
  - Low disease activity: 13 (48.1)

Moderate disease activity response, n (%)

- Moderate: 7 (30.4)
- Low: 21 (28.0)

V1: BASDAI, mean (SD) n=50

- Moderate disease response
  - Good: 7 (30.4)
  - Moderate: 8 (34.8)

Disclosures of Interests: Salvatore D’Angelo Speakers bureau: AbbVie, BMS, Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer, UCB, Consultant of: AbbVie, BMS, Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer, UCB.

References

- ASDA: Ankylosing Spondylitis Disease Activity Score.
- ASAS-HI: Assessment of SpondyloArthritis International Society Health Index.
- BASDAI: Bath Ankylosing Spondylitis Disease Activity Index.
- CRP: C-reactive protein.
- DAS: disease activity score.
- EULAR: European League Against Rheumatism.
- MDA: Minimal Disease Activity.
- SD: standard deviation.
- V0: baseline.
- V1: 3 months evaluation.

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Methods: During the period from January to December 2019, IL17 was initiated in 43 SPA patients. To compare the patients included 40 SPA patients who were prescribed TNF inhibitors during the same period. The diagnosis of AS was based on the mNY criteria, and psoriatic arthritis was based on the CASPAR criteria. In the combined group of 83 patients, AS was in 52 (62.7%), and PSA — in 31; the age of patients was 39.3±10.8 years, and the duration of the disease was 15.1±8.2 years; men were 47 (56.6%).

Results: In the IL17 group, AS had 23 (53.5%) patients, and PSA – 20 (46.5%), while in the TNF group, respectively, 29 (72.5%) and 11 (27.5%); χ2=3.2, p=0.07. Among the patients who were prescribed il17 men were 29 (67%), and in the TNF group – 18 (45%); χ2=4.2, p=0.04. In terms of activity indicators (ESR, CRP, BASDAI ASDAS-CRP), patients who were prescribed IL17 or IFNB did not differ significantly from each other. Peripheral arthritis, dactylitis, and enthesitis were observed with almost the same frequency in both groups. In the IL17 group, there were almost 2 times more patients with psoriasis (53.5% and 25.0%; p<0.05) than in group IFNB and among them, significantly more frequent the patients had previous experience of IFNB treatment (41.9% and 173%; p<0.05). Disease-modifying antirheumatic drugs often received patients in TNF group (80.0% and 48.8%; p<0.05).

Conclusion: Thus, in clinical practice IL17 often prescribed for SPA male patients with psoriasis and previous treatment experience by IFNB. The activity of the disease and the presence of non-axial manifestations practically do not affect the choice of biological therapy.

Disclosure of Interests: None declared.

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PROTON PUMP INHIBITORS MAY IMPAIR RESPONSE TO TNF-INHIBITORS IN SpondyloArthritis Patients

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Background: Considering the potential role of the gut microbiota in the pathophysiology of spondyloarthritis (SpA) as in the therapeutic response to biologics (1), we evaluated the hypothesis that co-medications known to interfere with the gut microbiota could impair the therapeutic response to TNF-inhibitors (TNF-i) in SpA patients. This was first suggested by the results of a retrospective cohort showing that a co-medication with proton pump inhibitors (PPIs), non-steroidal anti-inflammatory drugs (NSAIDs) or antibiotics was significantly associated with a decreased chance to respond to a first TNF-i, independently of each other (2). Objectives: To validate in a replication cohort the potential negative association between therapeutic response to TNF-i and co-medication with commonly used drugs.

Methods: Demographic information and disease characteristics were retrospectively collected. Patients were classified as responder (R) or non-responder (NR) according to the BASDAI (<40/100) value at month 6 or to the clinician judgment (when BASDAI was not available). We collected all drugs known to interfere with the gut microbiota that were administered 1 month before and during the first 3 months of the TNF-i treatment. We only considered drugs given to more than 5% of patients. Univariate and multivariate analyses were performed to evaluate the relationship between co-medications, predictors of response known from literature and TNF-i response. All analyses were computed on STATA 13.1 with a statistically significant threshold of 0.05.

Results: We included from 4 different centres 185 patients having axial SpA with radiographic or magnetic sacroilitis in 75% and 73% of cases, respectively. One third of them had peripheral involvement. 73% were B27 positive. TNF-i administered were infliximab (8%), etanercept (22%), adalimumab (44%) golimumab (19%), certolizumab (7%). 127 patients (69%) were administered were infliximab (8%), etanercept (22%), adalimumab (44%) golimumab (19%), certolizumab (7%). 127 patients (69%) were administered. Considering known predictors of response, a magnetic sacroilitis and the age at TNF-i initiation were significantly associated with a higher proportion of R patients (p=0.048 and 0.018 respectively). In multivariate analysis, PPIs intake remained associated with a poorer response to a first TNF-i (p<0.001), even though 88% of patients exposed to PPIs received also NSAIDs.