Conclusion: Co-medication with PPIs was considered as an independent factor associated with TNF-α failure. The hypothesis that this effect is due to their interference with the gut microbiota is only speculative but, regardless of the reason for this interaction, clinicians should be aware of the potential negative effect on TNF-α response.

REFERENCES:

Disclosure of Interests: None declared.

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AB0471
PATIENTS WITH RADIOGRAPHIC IxSaR WHO PROGRESS FROM ASAS20 AT WEEK 16 TO ASAS40 AT WEEK 52: RESULTS FROM COAST-W
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Background: The timeframe for maximum treatment response varies across patients with radiographic axial spondyloarthritis (r-axSpA). Understanding which patients may benefit from additional time on treatment could influence treatment decisions. Objectives: This post-hoc analysis aims to determine the percentage of patients, previously exposed to TNFi, who progressed from ASAS20 at week 16 to ASAS40 response at week 52 with ixekizumab (IXE) treatment and to explore factors that may associate with additional improvement after 16 weeks.

Methods: Patients who achieved Assessment of SpondyloArthritis International Society (ASAS)20 at week 16 from COAST-W (NCT02696798), a Phase 3, randomized, double-blind, placebo-controlled trial, in tumour necrosis factor inhibitor (TNFi)-experienced patients who fulfilled the ASAS criteria for r-axSpA, were analysed. Patients treated with IXE 80mg Q4W were categorized according to their ASAS response at week 52: sustaining ASAS20 but not reaching an ASAS40 response or achieving ASAS40. Patient demographics and disease characteristics at baseline were analysed by descriptive statistics, and the individual components determining ASAS response at baseline and at week 52 were provided.

Results: At week 16, 22.8% (n=26/114) of patients achieved ASAS20 but not ASAS40; of these, 2 patients discontinued the study before week 52. Amongst the patients who continued through week 52, 50% (12/24) of patients achieved ASAS40; the other 50% sustained their ASAS20 response. Patients who achieved ASAS40 at week 52 were older, had longer disease duration, were less likely to be HLA-B27 positive, and had worse BASDAI and BASFI scores at baseline (Table 1, part a). Achieving ASAS40 appeared to depend most on the Patient Global Assessment of Disease Activity and spinal pain score over time (Table 1, part b).

Table 1. The main clinical and laboratory characteristics of patients at the initiation and after of TCZ therapy.

<table>
<thead>
<tr>
<th>Univariate analysis</th>
<th>Multivariate analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Odd Ratio (95% Confidence Interval)</td>
</tr>
<tr>
<td>Disease duration</td>
<td>1.02 (0.99;1.06)</td>
</tr>
<tr>
<td>Age at TNF-α initiation</td>
<td>0.97 (0.95;0.99)</td>
</tr>
<tr>
<td>Magnetic sacroiliitis</td>
<td>0.66 (0.21;0.99)</td>
</tr>
<tr>
<td>Baseline BASDAI</td>
<td>1.02 (0.99;1.04)</td>
</tr>
<tr>
<td>Baseline CRP</td>
<td>0.99 (0.98;1.02)</td>
</tr>
<tr>
<td>Positive B27</td>
<td>0.81 (0.41;1.68)</td>
</tr>
<tr>
<td>Peripheral involvement</td>
<td>0.79 (0.4;1.56)</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>2.91 (1.47;5.77)</td>
</tr>
<tr>
<td>PPIs</td>
<td>6.4 (3.43;12.7)</td>
</tr>
<tr>
<td>Enthesitis, N (%)</td>
<td>7 (70%)</td>
</tr>
<tr>
<td>Cocxitis, N (%)</td>
<td>10 (100%)</td>
</tr>
<tr>
<td>Arthritis, N (%)</td>
<td>10 (100%)</td>
</tr>
</tbody>
</table>

| Baseline CRP, Mean (SD) | 6.9 (2.8;17) |
| Baseline PPIs, Mean (SD) | 6.4 (3.43;12.7) |
| Baseline Enthesitis, N (%) | 7 (70%) |
| Baseline Cocxitis, N (%) | 10 (100%) |
| Baseline Arthritis, N (%) | 10 (100%) |
| Baseline NSAIDs, N (%)  | 2.91 (1.47;5.77) |
| Baseline PPIs, Mean (SD) | 6.4 (3.43;12.7) |
| Baseline Enthesitis, N (%) | 7 (70%) |
| Baseline Cocxitis, N (%) | 10 (100%) |
| Baseline Arthritis, N (%) | 10 (100%) |

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