	Univariate analysis	Multivariate analysis
	Odd Ratio (95% Confidence Interval)	
Gender	1.43 (0.76; 2.72)	
Disease duration	1.02 (0.99; 1.06)	
Age at TNF- α initiation	0.97 (0.95; 0.995)	0.97 (0.94; 0.999)
Magnetic sacroiliitis	0.46 (0.21; 0.99)	0.63 (0.26; 1.52)
Baseline BASDAI	1.02 (0.99; 1.04)	
Baseline CRP	0.99 (0.98; 1.02)	
Positive B27	0.81 (0.4; 1.68)	
Peripheral involvement	0.79 (0.4; 1.56)	
NSAIDs	2.91 (1.47; 5.77)	1.08 (0.41; 2.79)
PPIs	6.4 (3.25; 12.7)	6.9 (2.8; 17)
Antibiotics	1.87 (0.84; 4.16)	
Psychotics	1.94 (0.75; 4.97)	
Corticosteroids	1.11 (0.39; 3.11)	
Methotrexate	2.29 (0.97; 5.38)	

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.

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AB0470 EXPERIENCE WITH THE USE OF INTERLEUKIN 6 INHIBITOR IN SEVERE ANKYLOSING SPONDYLITIS

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Background: Inhibitors of interleukin 6 (IL6) have been found to be ineffective in ankylosing spondylitis (AS) based on the results of randomized clinical trials (RCTs) on tocilizumab (TCZ) and sarilumab [1, 2]. However, there is evidence that IL6 is actively involved in the pathogenesis of the disease [3]. In addition, the efficacy of IL6 inhibitors has been shown in patients with secondary AA amyloidosis [4].

Objectives: to analyze the effectiveness of IL6 inhibitor - TCZ in patients with AS with high disease activity and secondary AA-amyloidosis.

Methods: The analysis included 10 patients with AS receiving TCZ therapy, of which 8 (80%) men, 2 (20%) women, and 100% HLA B27 positive. The average age of the patients was 40 $\pm$ 8.6 years, the average age of disease onset was 13.4 $\pm$ 7.5 years, the average duration of AS was 25.6 $\pm$ 6.5 years. 9 patients had histologically confirmed secondary AA-amyloidosis: 100% had kidney amyloidosis, 6 (66.6%) patients also had gastrointestinal amyloidosis and 3 (33.4%) patients had heart amyloidosis. All patients had arthritis and coxitis.

Results: As the first biological drug, TCZ was prescribed to 2 patients due to the presence of manifestations of secondary AA-amyloidosis, and 8 patients had previous experience of treatment with one or more inhibitors of tumor necrosis factor- α (TNF- α). The average duration of TCZ treatment was 22.0 months [1.0; 36.0]. 8 (80%) patients continue to take TCZ therapy to date, and 2 (20%) - are transferred to TNF- α inhibitors. Table 1 shows the main clinical and laboratory characteristics of patients at the initiation of TCZ therapy and during the last

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

	Before TCZ	After TCZ	p
CRP, Me [25%; 75%], mg/l	95.2 [52.2; 189.0]	10.8 [0.8; 8.0]	p<0,05
Proteinuria, Me [25%; 75%], g/day.	1,6 [1,0; 2,1]	0,08 [0; 0,3]	p<0,05
BASDAI, Mean (SD)	6,1 (1,6)	3,3 (0,9)	p<0,05
ASDAS CRP, Mean (SD)	4,3 (1,1)	2,2 (0,7)	p<0,05
IBP, N (%)	10 (100%)	2 (20%)	p<0,05
Arthritis, N (%)	10 (100%)	2 (20%)	p<0,05
Coxitis, N (%)	10 (100%)	5 (50%)	p<0,05
Enthesitis, N (%)	7 (70%)	6 (60%)	p>0,05

hospitalization at the V.A. Nasonova Research Institute of Rheumatology. As you can see, against the background of TCZ therapy, both the level of CRP, proteinuria and the indices of AS activity (BASDAI, ASDAS CRP) significantly decreased. The number of patients with inflammatory back pain (IBP), arthritis and coxitis also decreased significantly.

Conclusion: The above data showed that the method of treating AS with IL6 inhibitors, in certain clinical situations, primarily such as ineffectiveness of TNF- α inhibitors, high CRP level and the development of secondary AA-amyloidosis, can be highly effective. Therefore, it is advisable to continue the set of clinical observations on the treatment of especially severe patients with AS treated with non-standard methods.

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AB0471 PATIENTS WITH RADIOGRAPHIC axSpA WHO PROGRESSED 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 are 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).