ACR20 (Figure 1). Of the 132 pts treated with ADA who achieved ACR50 at Wk 24, 55% (N=72) maintained ACR50 at every visit. In total, 80% (N=105) of ACR50 achievers maintained ACR50 with some (25% (N=33)) fluctuations between ACR50 and ACR20 (Table 1). Furthermore, of the 174 pts treated with IXE who achieved low DA (DAPSA $\leq$ 14) at Wk 24, 68% (N=119) maintained low DA at every visit. Of the low DA achievers at Wk 24, 82% (N=142) of pts maintained low DA with some (13% (N=23)) fluctuations between moderate and low DA (Figure 1B). Of the 171 pts treated with ADA who achieved low DA at Wk 24; 57% (N=97) maintained low DA at every visit. In total, 77% (N=131) of low DA achievers at Wk 24 maintained low DA with some (20% (N=34)) fluctuations between moderate and low DA (Table 1).

Conclusion: This analysis demonstrates that a numerically higher proportion of pts treated with IXE versus ADA show consistency of response, as measured by ACR50 and DAPSA responses, over time and for each visit at the pt level.

REFERENCES:

[1] Mease et al. Ann Rheum Dis. 2020;79(1):123-131

Table 1. Consistency over time of the effect of ADA in pts with PsA.

	IXE Q4W (N=283)		ADA Q2W (N=283)	
	ACR50 Response, % (n)	DAPSA $\leq$ 14 low DA, % (n)	ACR50 Response, % (n)	DAPSA $\leq$ 14 low DA, % (n)
Patients who achieved the response at Wk 24	51% (143)	61% (174)	47% (132)	60% (171)
Achieved endpoint at Wk 24 and maintained out to Wk 52 with some fluctuations*	83% (N=118)	82% (N=142)	80% (105)	77% (131)
Maintained endpoint at every visit	65% (N=93)	68% (N=119)	55% (72)	57% (97)
Had some fluctuations*	18% (N=25)	13% (N=23)	25% (33)	20% (34)

* fluctuations between ACR50 and ACR20, or between low and moderate disease activity.

Figure 1. Heatmap diagram describing consistency over time of the effect of IXE in pts with PsA who achieved DAPSA $\leq$ 14 (low disease activity) at Wk 24.

Acknowledgements: Edell Hughes, an employee of Eli Lilly and Company, provided editorial and writing support.

Disclosure of Interests: Laura C Coates Speakers bureau: AbbVie, Amgen, Biogen, Celgene, Gilead, Eli Lilly, Janssen, Medac, Novartis, Pfizer, and UCB., Consultant of: AbbVie, Amgen, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Eli Lilly, Gilead, Janssen, Novartis, Pfizer, and UCB, Grant/research support from: AbbVie, Amgen,

Celgene, Eli Lilly, Pfizer, and Novartis, David Sandoval Shareholder of: Eli Lilly & Company, Employee of: Eli Lilly & Company, Rebecca Bolce Shareholder of: Eli Lilly & Company, Employee of: Eli Lilly & Company, Chen-Yen Lin Shareholder of: Eli Lilly & Company, Employee of: Eli Lilly & Company, Keri Stenger Shareholder of: Eli Lilly & Company, Employee of: Eli Lilly & Company, Aubrey Trevelin Sprabery Shareholder of: Eli Lilly and Company; Johnson and Johnson, Employee of: Eli Lilly and Company, Arthur Kavanaugh Consultant of: AbbVie, Amgen, Eli Lilly, BMS, Pfizer, Novartis, Janssen.

DOI: 10.1136/annrheumdis-2021-eular.1514

AB0540 COMPARISON OF EQ-5D HEALTH STATUS IN PSORIATIC ARTHRITIS PATIENTS WITH OR WITHOUT AXIAL DISEASE: RESULTS OF SUBANALYSIS OF THE PATERA STUDY

I. Gaydukova¹, T. Korotaeva², V. Mazurov¹, A. Samtsov³, V. Khayrutdinov³, A. Bakulev⁴, A. Kundzer⁵, N. Soroka⁶, A. Ereemeeva⁷. ¹Mechnikov North-Western State Medical University, Department of Therapy and Rheumatology of Temporary Disability and Medical Care Quality Expertise, St-Petersburg, Russian Federation; ²Nasonova Research Institute of Rheumatology, Laboratory of Spondyloarthritides and Psoriatic Arthritis, Moscow, Russian Federation; ³Kirov Military Medical Academy, Department of Skin and Veneral Diseases, St-Petersburg, Russian Federation; ⁴Razumovsky Saratov State Medical University, Department of Dermatovenereology and Cosmetology, Saratov, Russian Federation; ⁵Belarusian Medical Academy of Postgraduate Education, Department of Cardiology and Rheumatology, Minsk, Belarus; ⁶Belarusian State Medical University, Department of Internal Diseases №2, Minsk, Belarus; ⁷JSC BIOCAD, Clinical Development Department, St-Petersburg, Russian Federation

Background: Netakimab (NTK) is an anti-interleukin-17A monoclonal antibody approved for psoriasis, ankylosing spondylitis, psoriatic arthritis (PsA) in Russia and Belarus. PATERA is an ongoing phase 3 international double-blind, placebo-controlled clinical study of NTK in PsA (NCT03598751).

Objectives: A subanalysis was performed to assess the effect of NTK on domains of the 5-level EuroQol 5 Dimensions questionnaire (EQ-5D-5L) in patients with inflammatory back pain (IBP) (IBP(+)) and without (IBP(-)) at baseline according to self-reported ASAS IBP criteria, 2009.

Methods: 194 adult patients with PsA (CASPAR criteria, 2006) with inadequate response to csDMARD or one TNFi, were randomly assigned to receive NTK 120mg or placebo at weeks 0,1,2,4,6,8,10,14,18,22. The proportion of patients reported >1 problem in each domain was evaluated. Patients with missing values were considered as non-responders in the analysis.

Results: 97 PsA patients (N=54 IBP(+), N=43 IBP(-)) received NTK. The subpopulations didn't differ significantly in gender, age, and PsA activity at baseline. Comparable percentage of patients reported any problems for each domain at baseline ($p \geq 0.05$) (data not shown). IBP(-) subpopulation had a greater improvement for all domains except of anxiety/depression. The absolute declines for IBP(+) vs IBP(-) patients were as followed: 24.1% vs 41.9% (mobility), 18.5% vs 41.9% (self-care), 24.0% vs 51.1% (usual activities), 24.1% vs 37.2% (pain/discomfort), 33.3% vs 9.3% (anxiety/depression). However, the only significant difference between IBP(+) and IBP(-) was observed in usual activity (Figure 1).

Conclusion: NTK resulted in the growing improvement of each EQ-5D-5L domain through 24 weeks irrespectively of the presence of IBP. IBP(-) subjects showed trend to greater benefit compared to IBP(+).

Figure 1 Percentage of patients reported any problems in (A) pain/discomfort, (B) in usual activity at each visit

Acknowledgements: This study was sponsored by JSC BIOCAD.

Disclosure of Interests: Inna Gaydukova Speakers bureau: AbbVie, Biocad, Eli Lilly, MSD, Novartis, Pfizer, Sandoz, Tatiana Korotaeva Speakers bureau: AbbVie, Biocad, Eli Lilly, Johnson & Johnson, Janssen, Novartis, Pfizer, UCB, V Mazurov: None declared., Aleksey Samtsov: None declared., Vladislav Khayrutdinov: None declared., Andrey Bakulev: None declared., Alena Kundzer: None declared., Nikolaj Soroka: None declared., Anna Ereemeeva Employee of: Biocad. DOI: 10.1136/annrheumdis-2021-eular.1535