Methods: 70 patients (pts) (M/F=35/35) with active early PsA fulfilling the CASPAR criteria treated by T2T strategy were included. Mean age 36.9±10.2 years (yrs), PsA duration 11.3±10.6 months (mos.), psoriasis duration 80.6±89.9 mos. Median DAPSA= 29.4 [23.1;36.0]. At baseline (BL) all pts were given therapy with Methotrexate (MTX) s/c with escalating dose from 5 to 25 mg/week, then over a period of 12 mos pts with ineffectiveness of MTX were added bDMARDs. At BL and every 3 mos of therapy all pts underwent standard clinical examinations of PsA activity by DAPSA ≥ 30 (p = 0.009), BMI (kg/m²) ≥ 27 (p = 0.0225) and neoplasia (n=8, 14.8%). Psychiatric disease (i.e., depression) (n=5, 9.3%) and other reasons (n=2, 3.7%) after a mean (SD) treatment of 3.05 (2.20) months.

Results: Comparative analysis of two groups showed the following features accordingly. (Figure 1). Fifteen (27.8%) patients interrupted treatment permanently (n=13, 24.1%) or temporarily (n=2, 3.7%), due to no/partial response (n=8, 14.8%), tolerability issues leading to adverse events (n=3, 5.6%), patient decision (n=2, 3.7%), and other reasons (n=2, 3.7%) after a mean (SD) treatment of 3.05 (2.20) months.

Conclusion: It is a combination of features from first visit to clinic and at 3 mos. of MTX monotherapy – high PsA activity by DAPSA, male gender, persistent enthesitis, obesity, ESR increase and severe fatigue by FACIT - that constitutes a prognostic factor for the initiation of bDMARDs within an early-stage of PsA. These factors should be considered in clinical practice to avoid losing time for the early initiation of bDMARDs and improved outcomes of PsA.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.1541
Conclusion: Forty-one (75.9%) patients with PsA naïve to biological therapies were treated with apremilast during ≥6 months. After treatment, the number of swelling joints, and dactylitis and enthesitis decreased and changes in disease activity according to DAPSA and PGA pointed to a favorable disease evolution. Apremilast treatment provides a clinical benefit to patients with PsA treated in clinical practice.

REFERENCES:

Disclosure of Interests: Jordi Gratacos-Masmítja Speakers bureau: MSD, Pfizer, AbbVie, Janssen Cilag, Novartis, Celgene y Lilly, Consultant: of MSD, Pfizer, AbbVie, Janssen Cilag, Novartis, Celgene y Lilly, José Luis Álvarez Vega Speakers bureau: AbbVie, Amgen, MSD, Lilly, Roche, Esteve, UCB, Menarini, Pfizer, GSK, BMS, Janssen, Novartis, Gebro., Grant/research support from: AbbVie, Amgen, MSD, Lilly, Roche, Esteve, UCB, Menarini, Pfizer, GSK, BMS, Janssen, Novartis, Gebro., Emma Beltrán Speakers bureau: AbbVie, Bristol, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Roche and UCB, Consultant of: AbbVie, Bristol, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Roche and UCB, Grant/research support from: AbbVie, Bristol, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Roche and UCB, ANA URUTICOECHA-ARANA: None declared., C. Fito-Manteiga: None declared., Joaquín María Belzunegui Otano Speakers bureau: Lilly, Amgen, Novartis, AbbVie, Janssen, J. Fernández-Melón Speakers bureau: Amgen SL, Eugenio Chamizo Carrera: None declared., Abrad Hernández Speakers bureau: MSD, Pfizer, AbbVie, Janssen, Novartis, Biogen, Sandoz, Amgen, Sanofi, Lilly, Roche and Janssen-Cilag, Consultant of: MSD, AbbVie, Pfizer, Kern, Novartis, Biogen, Sandoz, Amgen, Sanofi, Lilly, Roche and Janssen-Cilag, Inmaculada Rois Consultant of: AbbVie, Grant/research support from: MSD, Roche, Novartis, Lilly, Pfizer, Amgen, Eva Pascual Shareholder of: Amgen, Employee of: Amgen, Juan Carlos Torre Speakers bureau: AbbVie, Amgen, Lilly, Novartis, Pfizer, Consultant of: Amgen, Lilly, Novartis, Janssen, Pfizer, Grant/research support from: Amgen, Lilly, Novartis, Janssen, Pfizer.

DOI: 10.1136/annrheumdis-2021-eular.1640

AB0544 Efficacy and Safety of Tildrakizumab in Patients with and without Metabolic Syndrome: 5-Year Pooled Data from reSURFACE 1 and reSURFACE 2


1. Icahn School of Medicine at Mount Sinai, Department of Dermatology, New York, United States of America; 2. National Institutes of Health, National Heart, Lung and Blood Institute, Bethesda, United States of America; 3. Baylor Scott & White, Division of Dermatology, Dallas, United States of America; 4. Texas A&M College of Medicine, Division of Dermatology, Dallas, United States of America; 5. Sun Pharmaceutical Industries Inc., Medical Affairs, Princeton, United States of America

Background: Patients with psoriasis and metabolic syndrome (MetS) may have reduced absolute Psoriasis Area and Severity Index (PASI) response and long-term drug survival. Tildrakizumab is approved for the treatment of moderate to severe plaque psoriasis in the US, EU, Australia, and Japan. Efficacy and safety of tildrakizumab were previously shown to be comparable in patients with vs. without MetS after 1 and 3 years of treatment.1 This post hoc analysis reports results from a pooled data analysis through to 5 years of treatment in patients with psoriasis with and without MetS.

Methods: reSURFACE 1 and 2 were 3-part, double-blind, randomized controlled phase 3 trials with long-term extensions evaluating tildrakizumab 100 or 200mg monotherapy at Weeks 0, 4, and every 12 weeks thereafter in adults with moderate to severe plaque psoriasis.2 Patients who achieved ≥50% improvement from baseline PASI score (PASI 50 response) at both week 28 and at the end of the phase 3 studies could enter the long-term extension studies continuing the same dose of tildrakizumab.3 This post hoc analysis reports results from a pooled data analysis through to 5 years of tildrakizumab exposure from patients with and without MetS by National Cholesterol Education Program-Adult Treatment Panel III criteria who continuously received the same dose of tildrakizumab throughout the base studies and entered the long-term extensions. Efficacy was assessed as change from baseline PASI score; missing data were handled using multiple imputations.

 Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.1621

AB0543 Characteristics and Treatment Changes in Patients with Psoriatic Arthritis Seen in a Combined Dermatology-Rheumatology Clinic

K. Klavdianou1, M. Stavropoulos1, P. Panagakis1, M. Papoutsakis1, A. Panagiotopoulos1, C. Koutsianas1, A. Stratigos2, D. Rigopoulos4, D. Vassilopoulos1.

1. Hippokration General Hospital, 2nd Department of Medicine and Laboratory, Clinical Immunology - Rheumatology Unit, National and Kapodistrian University of Athens, School of Medicine, Athens, Greece; 2. National and Kapodistrian University of Athens, School of Medicine, Athens, Greece.

Background: Data on patients with Psoriatic Arthritis (PsA) referred to a combined Dermatology-Rheumatology outpatient clinic (Derm-Rheum) with suspected psoriatic arthritis (PsA) are limited.

Objectives: To assess patient characteristics and treatment changes in PsA patients referred to a Derm-Rheum Clinic.

Methods: Prospective study of PsA patients referred to a combined Derm-Rheum Clinic from February 2018 to June 2020 in a Tertiary University Hospital.

Results: Among 151 patients with PsO referred to the Clinic, 129 (85%) with a final diagnosis of PsA were included. In 73% of patients (n=94) PsA was diagnosed before the visit (n=4 time. 56% were females with a mean age of 55 years and a median disease duration of 14.2 years. At initial evaluation, 95% had peripheral arthritis, 45% nail involvement, 23% axial involvement, 12% enthesitis and 6% dactylitis with a median DAPSA score of 20.5 and PASI score of 1.6, respectively. 31% of the patients were not receiving any systemic treatment, 45% were on biologics (30% as monotherapy, 15% in combination with non-biologics), 29% were on non-biologics (14% as monotherapy, 15% in combination with biologics or targeted synthetic agents) and 10% were on targeted synthetic (ts) agents. At last visit (median follow-up: 15 months) only 8% did not receive any systemic therapy (p<0.001 compared to 1st visit), 62% were on biologics (39% monotherapy – 23% in combination with non-biologics, p=0.009), 46% were on non-biologics (20% as monotherapy – 26% in combination with biologics or ts agents, p=0.01) and 10% of the patients were on apremilast. The median DAPSA and PASI scores at last visit were 5.3 and 0, respectively.

Conclusion: About 2/3 of patients with PsO referred to a combined Derm-Rheum Clinic with suspicious musculoskeletal complaints were diagnosed for the first time as PsA. During follow-up the percentage of PsA patients who started or continued systemic therapy significantly increased with significant improvement of disease activity indices. These data emphasize the value of combined Derm-Rheum Clinics for earlier diagnosis and more efficacious treatment of PsA patients.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.1621