Conclusion: Similar to observations in DMARD-naïve patients with PsA, patients who were biologic naïve but may have had experience with a maximum of 1 csDMARD, including those with enthesitis, and who were in ModDA at baseline had a higher probability of achieving treatment targets (cDAPSA REM or LDA) at Week 52 with continued APR treatment compared with those with HDA.

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BASELINE DISEASE ACTIVITY AS A PREDICTOR FOR ACHIEVING cDAPSA TREATMENT TARGETS WITH APREMILAST IN DMARD-NAIVE PATIENTS WITH MANIFESTATIONS OF ACTIVE PSORIATIC ARTHRITIS

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Background: In PALACE 4, DMARD-naïve patients (pts) with moderately active (ModDA) psoriatic arthritis (PsA) at baseline (BL) were more likely to achieve Clinical Disease Activity Index for PsA (cDAPSA) treatment targets (cDAPSA remission [REM] or low disease activity [LDA]) at Week 52 with continued apremilast 30 mg BID (APR) treatment than pts with high disease activity (HDA) at BL. Pts who achieved cDAPSA treatment targets also had no or mild articular and extra-articular disease activity by Week 52. Whether specific PsA manifestations other than arthritis impact the achievement of cDAPSA treatment targets in this population is unknown.

Objectives: To assess the predictive value of BL clinical disease status on achieving cDAPSA treatment targets in DMARD-naïve pts in PALACE 4 with PsA in ModDA or HDA who exhibited manifestations of skin involvement, enthesitis, and/or dactylitis at BL.

Methods: This post hoc analysis included APR-treated pts in ModDA or HDA with available cDAPSA data at BL and Week 52 who exhibited any of the PsA manifestations at BL, including skin-involved body surface area (BSA) $\geq 3\%$, Maastricht Ankylosing Spondylitis Entheses Score (MASES) >0 , or dactylitis count >0 . Pts were divided into 4 subgroups based on number of manifestations: ≥ 1 , only 1, any 2, or all 3. The proportions of pts who shifted across ModDA (>13 to ≤ 27) and HDA (>27) cDAPSA categories at BL to REM (≤ 4) and LDA (>4 to ≤ 13) treatment targets at Week 52 were calculated (data as observed).

Results: In 176 PALACE 4 pts with PsA receiving APR, 165 had involvement in ≥ 1 PsA manifestation in addition to peripheral arthritis (ie, skin/enthesitis/dactylitis) at BL. This population had a mean age of 48.8 years, PsA duration of 3.6 years, Psoriasis Area and Severity Index (PASI) score of 6.6, MASES of 3.8, and dactylitis count of 3.5 (Table 1). Within this subgroup, 32.7% had only 1 of these non-arthritis PsA manifestations, 50.9% had any 2, and 16.4% had all 3. In pts with ≥ 1 manifestation, a greater proportion in ModDA achieved REM/LDA at Week 52 than those in HDA (66.7% vs 32.2%; risk difference: 0.34) (Figure 1). Similarly, greater rates of treatment target achievement were observed in subgroups of pts in ModDA vs HDA and only 1 (72.2% vs 39.1%; risk difference: 0.33), any 2 (57.1% vs 28.6%; risk difference: 0.29), or all 3 (75.0% vs 33.3%; risk difference: 0.42) PsA manifestations (Figure 1).

Conclusion: In DMARD-naïve pts exhibiting various non-arthritis manifestations of active PsA (ie, skin/enthesitis/dactylitis), those in ModDA at BL were more likely to achieve cDAPSA REM or LDA at Week 52 of APR treatment than pts in HDA. This observation was consistent whether pts had only 1 or multiple manifestations. These findings are consistent with the probability of achieving

treatment targets demonstrated in the overall population in PALACE 4 (61.7% ModDA vs 28.2% HDA).

Table 1. BL Demographics and Disease Characteristics in Pts With ≥ 1 Manifestations of PsA (Skin Involvement, Enthesitis, and/or Dactylitis) Treated With APR (N = 165)

Age*, years	48.8 (12.5)
Women, n (%)	87 (52.7)
BMI*, kg/m ²	29.9 (6.5)
Duration of PsA*, years	3.6 (5.0)
Duration of psoriasis*, years	15.5 (13.3)
cDAPSA (0-154)*	39.4 (19.7)
Swollen joint count (0-66)*	10.3 (7.7)
Tender joint count (0-68)*	18.5 (12.9)
Pt's Assessment of Pain (VAS 0-100 mm)*	52.8 (21.5)
Pt's Global Assessment (VAS 0-100 mm)*	53.8 (20.1)
Physician's Global Assessment (VAS 0-100 mm)*	52.2 (17.6)
PASI score (0-72)* [†]	6.6 (5.1)
MASES (0-13)* [‡]	3.8 (3.0)
Dactylitis count (0-20)* [§]	3.5 (3.3)
Corticosteroid use, n (%)	13 (7.9)
NSAID use, n (%)	126 (76.4)

*Mean (SD). [†]In pts with BSA $\geq 3\%$ at BL. [‡]In pts with enthesitis at BL. [§]In pts with dactylitis at BL.

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Figure 1.

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