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POS0233 THE EFFICIENCY OF TREATMENT OF COXITIS IN AXIAL SPONDYLOARTHRITIS: EXPERIENCE OF REAL CLINICAL PRACTICE

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Background: Standard therapy for axial spondyloarthritis (axSpA) is effective in inflammatory lesions of the axial skeleton and peripheral arthritis, but its effect on coxitis has not been studied.

Objectives: To assess the effectiveness of anti-TNF therapy for coxitis in patients with axSpA.

Methods: An open observational study was conducted. There were 56 patients with axSpA and coxitis for 2 years who received NSAIDs or NSAIDs+anti-TNF therapy in real clinical practice. The study included only those patients who completed a 2-year follow-up period. All patients regardless of complaints underwent X-ray examination of the pelvis, ultrasound and magnetic resonance imaging (MRI) of the hip joints. An increase in the cervical-capsular distance (CCD) of more than 7 mm and the presence of asymmetry between the joints of more than 1.5 mm were taken for coxitis on ultrasound of the hip joint. The presence of synovitis and/or osteitis was taken for coxitis on MRI. The average age was 31.1±7.0 years, with an average duration of the disease 74.5±100.1 months. HLA-B27 positive were 52 (92%) patients.

Results: A comparative analysis of clinical, laboratory and other parameters of the disease was carried out against the background of 2-year follow-up of patients who were constantly taking only NSAIDs or their combination with anti-TNF therapies (Table 1).

Table 1.

Parameters	Group NSAIDs+ anti-TNF n=27 baseline	Group NSAIDs+ anti-TNF n=27 after 2 y	p	Group NSAIDs n=29 baseline	Group NSAIDs n=29 after 2 y	p
BASRI hip ≥2; n %	10 (37%)	18 (67%)	>0,05	6 (21%)	14 (48%)	<0,05
MRI coxitis; n %	27 (100%)	19 (70%)	<0,05	28 (97%)	24 (83%)	>0,05
CCDmm; Me, [25 %; 75%]	7,9 [7,0;8,2]	7,2 [6,1;8,3]	<0,05	7,2 [6,2;7,8]	6,2[5,6;7,8]	>0,05
CRP,mg/L; Me, [25 %; 75%]	23,7[8,4;56]	6,0 [1,0;17,3]	<0,05	10,3 [2,9;18,6]	8,4[2,9;18,5]	>0,05
ESR; Me, [25 %; 75%]	25 [15;38]	15,0 [5;35,2]	<0,05	13 [7,8;25,5]	13 [6;26,3]	>0,05
ASDAS CRP; Me, [25 %; 75%]	3,5 [2,4;4,7]	2,0 [1,0;2,4]	<0,05	2,6 [1,3;3,6]	2,0[1,1;2,3]	>0,05
BASDAI; Me, [25%; 75%]	4,7[4,2;6,9]	2,2 [2,0;3,7]	<0,05	4,2 [2,4;5,8]	2,2[1,4;4,2]	>0,05
BASFI; Me,[25%;75%]	4,0 [2,0;6,5]	1,9 [0,9;2,9]	<0,05	1,2 [0,3;2,5]	0,9[0,4;2,8]	>0,05

Conclusion:

1. Anti-TNF+NSAIDs therapy with 2 years of use effectively controls the activity of axSpA.

2. Two-year therapy with NSAIDs in combination with anti-TNF, reduces the inflammation of hip joints in some patients according to ultrasound and MRI data.

3. The present study did not conclusively confirm that 2-year anti-TNF therapy with NSAIDs effectively prevents the progression of X-ray bursitis in axSpA.

4. Further studies are needed to improve the effectiveness of treatment of coxitis in axSpA.

Disclosure of Interests: None declared.

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POS0234 SECUKINUMAB RETENTION AND SAFETY IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS OR ANKYLOSING SPONDYLITIS: 2 YEAR INTERIM RESULTS OF THE OBSERVATIONAL SERENA STUDY

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Background: SERENA is an ongoing, prospective, non-interventional study evaluating retention, effectiveness, safety/tolerability and quality of life in more than 2900 patients (pts) with moderate to severe plaque psoriasis, active psoriatic arthritis (PsA) or active ankylosing spondylitis (AS) treated with secukinumab (SEC) at 438 sites across Europe for a period of up to 5 years¹.

Objectives: We present interim results reporting SEC treatment retention and safety data through 2 years in the PsA and AS pts enrolled in the study.

Methods: This interim analysis presents data from 534 PsA and 470 AS pts who were enrolled (target population fulfilling all eligibility criteria) in the study and were followed up for at least 2 years. Pts (aged ≥18 years) with active PsA or AS should have received at least 16 weeks SEC treatment before enrolment in the study¹. Retention rate was defined as the percentage of pts who have not discontinued SEC treatment. A treatment break was defined as interruption of therapy for at least 3 months after last injection.

Results: The mean treatment duration prior to enrolment in the study was 1.0 year and 0.91 year for PsA and AS, respectively. The retention rates for SEC after 1 year since enrolment and since initiation of treatment were: PsA, 85.2% [n=519, CI: 82.01–88.32] and 96.8% [n=528, CI: 95.18–98.38]; AS, 85.8% [n=452, CI: 82.52–89.17] and 94.2% [n=464, CI: 91.94–96.42], respectively. After 2 years since enrolment and since initiation of treatment, the retention rates were: PsA, 74.9% [n=498, CI: 70.99–78.81] and 87.0% [n=515, CI: 83.99–89.99]; AS, 78.9% [n=437, CI: 75.01–82.88] and 84.8% [n=454, CI: 81.39–88.21], respectively. Survival probabilities for individual indications are presented in Figure 1. At baseline, the majority of PsA (79.5%; n/N=423/532) pts were receiving SEC 300 mg, while 97.0% (n/N=456/470) of AS pts were receiving SEC 150 mg. The majority of pts continued their initial SEC dose; "no dose change" in SEC treatment was reported after 1 and 2 years in the study (Year 1: PsA, 93.4% [n=499] and AS, 92.6% [n=435]; Year 2: PsA, 89.7% [n=479] and AS, 87.9% [n=413]). SEC treatment break was recorded for 31 PsA pts [median (min, max) treatment break duration in days: 125.0 (61, 461)] and for 42 AS [118.0 (61, 813)] pts mainly due to adverse events reported in 58.1% (n=18) and 45.2% (n=19) of pts, respectively. The retreatment started with monthly dosing in most of the cases: PsA, 80.6% (n/N=25/31) and AS, 76.2% (n/N=32/42). No new or unexpected safety signals were reported (Table 1).

Conclusion: Secukinumab retention rates in a real world setting after more than 2 years since initiation of treatment and after 2 years since enrolment in the study indicate high persistence rates. Safety data collected prospectively for up to 2 years confirm the favorable safety profile of secukinumab.

Figure: Time to treatment discontinuation of secukinumab by individual indications

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