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POS0900

SECUKINUMAB 150 MG PROVIDES SUSTAINED IMPROVEMENT IN SIGNS AND SYMPTOMS OF NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: 2-YEAR RESULTS FROM THE PREVENT STUDY

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Background: Axial spondyloarthritis (axSpA) is an inflammatory disease characterised by chronic back pain, and it comprises radiographic axSpA and non-radiographic axSpA (nr-axSpA).¹ Secukinumab (SEC) 150 mg, with (LD) or without loading (NL), dose significantly improved the signs and symptoms of patients with nr-axSpA in the PREVENT (NCT02696031) study through Week 52.²

Objectives: To report the long-term clinical efficacy and safety of secukinumab from the PREVENT study through 2 years.

Methods: A detailed study design, key primary and secondary endpoints have been reported previously.² In total, 555 patients fulfilling ASAS criteria for axSpA plus abnormal C-reactive protein (CRP) and/or MRI, without evidence of radiographic changes in sacroiliac (SI) joints according to modified New York Criteria for AS were randomised (1:1:1) to receive SEC 150 mg with LD, NL, or placebo (PBO) at baseline. LD patients received SEC 150 mg at Weeks 1, 2, 3, and 4, and then every 4 weeks (q4wk) starting at Week 4. NL patients received SEC 150 mg at baseline and PBO at weeks 1, 2, and 3, and then 150 mg q4wk. 90% patients were anti-tumour necrosis factor (anti-TNF) naïve, 57% had elevated CRP and 73% had evidence of SI joint inflammation on MRI. All images were assessed centrally before inclusion. All patients continued to receive open-label SEC 150 mg treatment after Week 52. Efficacy assessments through Week 104 included ASAS40 in anti-TNF-naïve patients, ASAS40, BASDAI change from baseline, BASDAI50, ASAS partial remission, and ASDAS-CRP inactive disease in the overall population. The safety analyses included all patients who received ≥1 dose of study treatment for the entire treatment period up to Week 104. Data are presented as observed.

Results: Overall, 438 patients completed 104 weeks of study: 78.9% (146/185; LD), 77.7% (143/184; NL) and 80.1% (149/186; PBO). Efficacy results at Week 52 were sustained through Week 104 and are reported in the Table 1. The safety profile was consistent with the previous reports with no deaths reported during the entire treatment period up to Week 104.²

Conclusion: Secukinumab 150 mg demonstrated sustained improvement in the signs and symptoms of patients with nr-axSpA through 2 years. Secukinumab was well tolerated with no new or unexpected safety signals.

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§p<0.01 and †p<0.05 vs placebo (unadjusted p-values at Week 16). Data presented as non-responder imputation till week 16 and as observed from Week 24 to Week 104. At Week 52 all patients remaining on blinded treatment switched to open-label secukinumab.

ASAS, Assessment of SpondyloArthritis International Society; N, total number of patients randomised; n, number of evaluable patients including those who switched to open label secukinumab or standard of care after Week 20. After Week 52, only patients who continued to receive open-label secukinumab are presented; s.c., subcutaneous

Figure 1. ASAS40 response was maintained through Week 104 in the overall population

Table 1. Summary of clinical efficacy (Observed data)

Endpoints	Week	SEC 150 mg LD (N=185)	SEC 150 mg NL (N=184)	PBO-SEC 150 mg (N=186)
*ASAS40 in anti-TNF-naïve patients, n/M (%)	52 ^a	90/137 (65.7)	95/145 (65.5)	85/151 (56.3)
	104	78/123 (63.4)	83/123 (67.5)	83/134 (61.9)
BASDAI change from baseline, mean±SD	52 ^a	-3.7±2.8	-3.7±2.6	-3.3±2.4
	104	-4.1±2.6	-3.9±2.6	-3.7±2.5
BASDAI50, n/M (%)	52 ^a	90/153 (58.8)	92/163 (56.4)	90/161 (55.9)
	104	88/137 (64.2)	84/136 (61.8)	87/142 (61.3)
ASAS partial remission, n/M (%)	52 ^a	46/152 (30.3)	56/163 (34.4)	46/161 (28.6)
	104	51/137 (37.2)	50/135 (37.0)	50/142 (35.2)
ASDAS CRP inactive disease, n/M (%)	52 ^a	49/152 (32.2)	58/163 (35.6)	48/160 (30.0)
	104	50/132 (37.9)	53/133 (39.8)	53/142 (37.3)

*For anti-TNF-naïve patients, N=164, LD; 166, NL; 171, PBO-SEC.^a total number of evaluable patients including open-label SEC and standard of care (SOC; 2 patients in LD, 1 patient in NL continued on SOC). After Week 52, only patients who continued to receive open-label SEC are presented. ASAS, Assessment of SpondyloArthritis International Society; ASDAS, Ankylosing Spondylitis Disease Activity Score; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; M, number of patients with evaluation; N, total randomised patients; n, number of patients who are responders; SD, standard deviation

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POS0901

IXEKIZUMAB SHOWS A DISTINCT PATTERN OF PAIN IMPROVEMENT BEYOND INFLAMMATION IN RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

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Background: The efficacy of ixekizumab (IXE) in biologic-naïve patients with radiographic axial spondyloarthritis (r-axSpA) has been previously presented using traditional axSpA outcome measures, such as BASDAI and ASAS.

Objectives: In patients with active r-axSpA, to assess the analgesic efficacy of IXE as it relates to patient-reported and objective measures of inflammation.

Methods: The Phase III COAST-V (NCT02696785) multi-center, randomized, double-blind, placebo (PBO)-controlled and active reference arm with adalimumab (ADA) trial investigated the efficacy of IXE in 341 patients (pts) with active r-axSpA for 52 weeks (W). Pts were initially randomized to IXEQ4W, IXEQ2W, PBO, and ADAQ2W. At W16, pts assigned to PBO and ADA were re-randomized to IXEQ2W or Q4W. Changes in spinal pain at night (SP-N) and spinal pain were measured at each study visit and analysed while controlling for CRP levels or mean of BASDAI questions 5 & 6 (Q5: Duration and Q6: Intensity of morning stiffness). Observed data analyses are presented for each group stratified by treatment arm and compared to PBO. In the initial analysis, pts were categorized into 2 sub-groups defined as "Sustained" and "Fluctuating" depending on: CRP <5mg/L W4-16 vs. CRP ≥5mg/L at any point beyond W4 between weeks 4-16 respectively. In a second analysis, pts were categorized based on BASDAI Q5/6 improvement: "Sustained" if ≥2-pt improvement W12-16 vs. "Fluctuating" if <2-pt improvement at any point beyond W12 between W12-16.

Results: Between W0 and W16, pts treated (tx) with IXEQ4W experienced greater reduction in SP-N than pts tx with ADA, in both CRP sustained and fluctuating groups (Fig 1a). Pts in the IXEQ4W and ADA arms showed different trajectories of pain improvement in the CRP fluctuating groups. For the pts with a fluctuating CRP ≥5mg/L, pts in IXEQ4W arm demonstrated a greater reduction in SP-N compared to pts in PBO arm ($p < .001$) at W16, whereas pts in ADA arm did not experience a reduction in SP-N compared to PBO ($p = .416$). For the pts with a sustained CRP <5mg/L, IXEQ4W and ADA treatments both significantly demonstrated reduction in SP-N compared to PBO at W16 (IXEQ4W: $p = .002$; ADA: $p = .02$), with IXEQ4W treatment showing a greater level of reduction (Fig 1a). The pts randomized to ADA and re-randomized to IXEQ2W or Q4W (ADA/IXE) experienced further improvement in SP-N. This effect was sustained over the 52-wk period (Fig 1b). The same pattern of improvement in SP-N was observed when controlling for the BASDAI Q5/6; the SP-N improvement was greater in pts with a sustained BASDAI Q5/6 compared to pts with a fluctuating BASDAI Q5/6, regardless of treatment (Table 1). In the fluctuating BASDAI Q5/6, for pts in ADA/IXE arm, further reduction of both spinal pain and SP-N were observed (Table 1).

Figure 1: Change in Spinal Pain at Night (SP-N) over 52 weeks by CRP, in active treatment arms, showing IXE and ADA re-randomized to IXE (Q2W and Q4W combined: ADA/IXE)

Conclusion: IXE reduced SP-N and spinal pain irrespective of CRP or morning stiffness. Additionally, pts treated with ADA re-randomized to IXE experienced a

further reduction in SP-N and spinal pain. Collectively, these results support the additive benefits of IXE in reducing pain above measurable effects on inflammation.

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POS0902

EFFICACY AND SAFETY OF INTRAVENOUS GOLIMUMAB IN ANKYLOSING SPONDYLITIS PATIENTS WITH EARLY VS LATE DISEASE THROUGH WEEK 52 OF GO-ALIVE STUDY

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Background: The GO-ALIVE study assessed efficacy and safety of intravenous golimumab (IV GLM) in patients (pts) with ankylosing spondylitis (AS).^{1,2}

Objectives: In this post hoc analysis, we assessed IV GLM efficacy and safety in AS pts with early disease (ED) vs late disease (LD) based on pt-reported duration of inflammatory back pain (IBP).

Methods: In this Phase 3, double-blind, placebo (PBO)-controlled trial, pts with active AS were randomized (1:1) to receive IV GLM 2mg/kg at Week (W) 0, W4, then Q8W or PBO at W0, W4, and W12 with crossover to IV GLM at W16, W20, then Q8W through 52. The primary endpoint was achievement of SpondyloArthritis International Society 20% improvement response (ASAS 20) at W16. In this post hoc analysis, 208 pts were grouped into quartiles based on self-reported duration of IBP symptoms. Efficacy and safety in 60 pts with ED (1st quartile) were compared with 52 pts with LD (4th quartile).

Results: For the overall study population, mean duration of IBP symptoms was 10.9 yr and mean time since diagnosis was 5.5 yr. For ED pts, the mean duration of IBP symptoms ranged from 2.3 yr (IV GLM) to 2.6 yr (PBO), and for LD pts ranged from 23.5 yr (IV GLM) to 24.4 yr (PBO). At W16, ASAS 20 was achieved by 72% IV GLM vs 32% PBO pts with ED and by 67% IV GLM vs 21% PBO pts with LD. Pts with ED had numerically better response than those with LD in Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Metrology Index (BASMI), and across more stringent endpoints, including ASAS 40, Bath Ankylosing Spondylitis Disease Activity Index 50% improvement

Table 1. Change in Pain Outcome at baseline, week 16 and week 52 by Inflammation Status as assessed by BASDAI or CRP levels for patients receiving placebo (PBO), adalimumab (ADA), and ixekizumab every 4 weeks (IXE Q4W)

		Change from baseline								
		PBO			ADA			IXEQ4W		
		baseline	Week 16 (as observed)	Week 52 PBO/IXE (as observed)	baseline	Week 16 (as observed)	Week 52 ADA/IXE (as observed)	baseline	Week 16 (as observed)	Week 52 (as observed)
Spinal pain	BASDAI Q5/6 sustained	7.54	-3.33	-4.65	7.21	-4.07	-4.5	7.4	-4.52	-4.94
	BASDAI Q5/6 fluctuating	7.37	-1.32	-2.82	6.76	-1.2	-2.24	6.97	-1.3	-2.52
	CRP sustained	7	-1.53	-1.93	6.83	-2.9	-3.6	7.23	-3.57	-4.21
	CRP fluctuating	7.51	-1.96	-3.63	7.28	-2	-2.89	7.24	-2.91	-3.93
Spinal pain at night	BASDAI Q5/6 sustained	7.12	-3.21	-4.61	7.26	-4.63	-4.92	7.12	-4.73	-4.91
	BASDAI Q5/6 fluctuating	7.05	-1.15	-2.88	6.6	-1.2	-2.49	7.03	-2.17	-2.92
	CRP sustained	7.2	-1.87	-2.27	6.76	-3.2	-3.85	6.89	-3.8	-4.12
	CRP fluctuating	7.04	-1.69	-3.6	7.24	-2.21	-3.39	7.35	-3.68	-4.38