disease duration was 17.3 years, 18.2% of patients had psoriatic arthritis at baseline, and 38.9% had previously used biologic therapy. Mean BSA involvement at baseline was 26.3%, mean PASI was 21.4, and the percentage with severe sPGA (score=4) at baseline was 21.2%. Significantly greater proportions of patients in the deucravacitinib versus placebo and apremilast arms achieved PASI 75 (58.7% vs 12.7% vs 35.1%, respectively; $P<0.0001$) and sPGA 0/1 (53.6% vs 7.2% vs 32.1%, respectively; $P<0.0001$) response at Week 16 (Figure 1). Deucravacitinib was also superior to apremilast at Week 24, with 69.0% versus 38.1% of patients achieving PASI 75 and 58.4% versus 31.0% achieving sPGA 0/1 ($P<0.0001$ for both). In addition, DLQI 0/1 responses at Week 16 were significantly higher with deucravacitinib versus placebo and apremilast, demonstrating improved quality of life (40.7% vs 10.6% vs 28.6%, respectively; Figure 1). During the 16-week, placebo-controlled period, the most common AEs ($\geq 5\%$ in any arm) were nasopharyngitis, upper respiratory tract infection, headache, diarrhea, and nausea (Table 1). Frequencies of SAEs and treatment discontinuations due to AEs were low (Table 1).

Table 1. Summary of adverse events (AEs) through Week 16

Patients, n (%)	Deucravacitinib	Placebo	Apremilast
	n=332	n=165	n=168
Any AEs	176 (53.0)	70 (42.4)	93 (55.4)
Severe AEs	5 (1.5)	7 (4.2)	5 (3.0)
Serious AEs	7 (2.1)	9 (5.5)	4 (2.4)
AEs leading to treatment discontinuation	6 (1.8)	7 (4.2)	10 (6.0)
Most common AEs ($\geq 5\%$ in any arm)			
Nasopharyngitis	21 (6.3)	7 (4.2)	14 (8.3)
Upper respiratory tract infection	21 (6.3)	6 (3.6)	3 (1.8)
Headache	16 (4.8)	5 (3.0)	17 (10.1)
Diarrhea	13 (3.9)	6 (3.6)	17 (10.1)
Nausea	7 (2.1)	4 (2.4)	19 (11.3)

Conclusion: Deucravacitinib demonstrated superiority versus placebo and apremilast across multiple efficacy endpoints in patients with moderate to severe plaque psoriasis, and was generally well tolerated. Overall, the efficacy and safety profile of deucravacitinib was consistent with that observed in the Phase 2 plaque psoriasis and psoriatic arthritis trials.^{2,3}

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Figure. Efficacy responses at Week 16

DLQI=Dermatology Life Quality Index; PASI=Psoriasis Area Severity Index; sPGA=static Physician's Global Assessment.

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NETAKIMAB REDUCES PSORIATIC ARTHRITIS ACTIVITY IN PATIENTS WITH OR WITHOUT AXIAL DISEASE: SUBANALYSIS OF THE PATERA STUDY

T. Korotaeva¹, I. Gaydukova², V. Mazurov², A. Samstov³, V. Khayrutdinov³, A. Bakulev⁴, A. Kundzer⁵, N. Soroka⁶, A. Ereemeeva⁷. ¹Nasonova Research Institute of Rheumatology, Laboratory of Spondyloarthritis and Psoriatic Arthritis, Moscow, Russian Federation; ²Mechnikov North-Western State Medical University, Department of Therapy and Rheumatology of Temporary Disability and Medical Care Quality Expertise, St-Petersburg, Russian Federation; ³Kirov Military Medical Academy, Department of Skin and Venereal 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: PATERA is an ongoing phase 3 international double-blind, placebo-controlled clinical study of netakimab (NTK) in psoriatic arthritis (PsA) (NCT03598751). Netakimab (NTK) is an anti-interleukin-17A monoclonal antibody approved for psoriasis, ankylosing spondylitis, PsA in Russia and Belarus. **Objectives:** A subanalysis was performed to define the impact of NTK on PsA activity depending on the presence of axial disease: a subset of patients with inflammatory back pain (IBP) according to self-reported ASAS IBP criteria, 2009 (IBP+) was compared to those without IBP (IBP-).

Methods: 194 eligible adult patients with PsA fulfilling the CASPAR criteria, 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. Patients with missing values for categorical variables were considered as non-responders in the analysis. For quantitative variables, missing values were replaced using the multiple imputation method.

Results: 97 PsA patients (N=54 IBP(+), N=43 IBP(-)) received NTK. Both subpopulations were comparable in gender, age and PsA activity at baseline. The treatment led to a pronounced decline in PsA activity in both subpopulations, significant differences between arms were observed only in DAPSA remission and very low disease activity (VLDA) at week 24 (Figure 1A). Changes from baseline in DAS28-CRP were consistent between IBP(+) and IBP(-) patients with a rapid decline during the first month with further improvement up to week 24 (Figure 1B). A similar trend was observed PsA-specific composite responder index (PSARC) (data not shown). A comparable percentage of IBP(+) and IBP(-) patients achieved PSARC at each timepoint of evaluation with 87% and 86% of responders respectively at week 24.

Conclusion: NTK significantly improved PsA activity regardless of the presence of IBP.

Figure 1. PsA activity after 24-week treatment with NTK. (A) Percentage of patients with DAPSA remission (0-4), very low disease activity (VLDA), minimal disease activity (MDA) at week 24; (B) change from baseline in DAS28-CRP

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POS1044

EFFECT OF SECUKINUMAB VERSUS ADALIMUMAB ON ACR CORE COMPONENTS AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS FROM THE EXCEED STUDY

P. Goupille¹, F. Behrens², L. C. Coates³, J. Gratacos-Masmitja⁴, P. J. Mease⁵, D. D. Gladman⁶, P. Nash⁷, A. Kavanaugh⁸, R. Martin⁹, W. Bao⁹, C. Gaillez¹⁰, I. McInnes¹¹. ¹University of Tours, Department of Rheumatology and INSERM-CIC1415, Tours, France; ²Goethe University, Rheumatology University Hospital and Fraunhofer Institute for Molecular Biology and Applied Ecology IME, Branch for Translational Medicine and Pharmacology TMP and Fraunhofer Cluster of Excellence for Immune-Mediated Diseases CIMD, Frankfurt, Germany; ³University of Oxford, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, Oxford, United Kingdom; ⁴University Hospital Parc Taulí, Sabadell, Universitat Autònoma de Barcelona, Rheumatology Department, Barcelona, Spain; ⁵Swedish Medical Centre/Providence St. Joseph Health and University of Washington, Rheumatology Research Division, Seattle, United States of America; ⁶Toronto Western Hospital, University of Toronto, Schroeder Arthritis Institute, Ontario, Canada; ⁷Griffith University, Department of Medicine, Brisbane, Australia; ⁸University of California San Diego, School of Medicine, Rheumatology, Allergy, Immunology Division, La Jolla, United States of America; ⁹Novartis Pharmaceuticals Corporation, Immunology, Hepatology and Dermatology, East Hanover, United States of America; ¹⁰Novartis Pharma AG, Immunology, Hepatology and Dermatology, Basel, Switzerland; ¹¹University of Glasgow, Institute of Infection, Immunity and Inflammation, College of Medical, Veterinary and Life Sciences, Glasgow, United Kingdom

Background: EXCEED (NCT02745080) was the first fully blinded head-to-head trial to evaluate the efficacy and safety of secukinumab (SEC) versus (vs) adalimumab (ADA) monotherapy in patients with active psoriatic arthritis (PsA) with a primary endpoint of American College of Rheumatology (ACR) 20 at Week 52. Although SEC narrowly missed statistical significance for superiority vs ADA, numerically higher response for other musculoskeletal endpoints and composite indices were observed with SEC.¹

Objectives: To explore the effect of SEC and ADA on ACR core components, function and Health-related Quality of Life (HRQoL) outcomes.

Methods: Patients were randomised 1:1 to receive SEC 300mg (N=426) subcutaneous (s.c.) at baseline, Week 1-4, followed by every 4 weeks until Week 48 or ADA 40mg (N=427) s.c. at baseline followed by same dosing every 2 weeks until Week 50. The primary, key secondary and some exploratory endpoints at Week 52 were previously reported.¹ A supportive analysis for ACR50 response using logistic regression model and trimmed means model for Health Assessment Questionnaire-Disability Index (HAQ-DI) with gender and smoking status as factors was performed to adjust for imbalances in baseline characteristics. An exploratory analysis of ACR core components with SEC vs ADA at Week 52 was conducted using a mixed-effects repeated measures model that included tender and swollen joint counts, patient and physician global assessment, PsA pain (VAS) and erythrocyte sedimentation rate. HRQoL variables were also exploratory and assessed based on Short Form Health Survey Physical/Mental Component Summary (SF-36 PCS/MCS) scores and Dermatology Life Quality Index (DLQI).

Results: The demographic and baseline disease characteristics were comparable across treatment groups, except for an imbalance in sex (females: 51.2% vs 46.4%) and smoking status (yes: 21.8% vs 17.8%) in SEC and ADA group, respectively. At Week 52, ACR50 responses were 49.0% and 44.8% (P=0.0929) and HAQ-DI mean change from baseline were -0.69 and -0.58 (P=0.0314) in SEC and ADA treatment groups, respectively after adjusting for gender and smoking status. No major difference across ACR core components was observed in both treatment groups at Week 52 (Table 1). At Week 52, SEC presented similar improvement in SF-36 PCS/MCS score and numerically higher improvement in DLQI compared to ADA (Figure 1).

Conclusion: Secukinumab provided similar improvements in ACR core components and SF-36 based quality of life at Week 52 with adalimumab. Greater improvement in HAQ-DI response and DLQI was demonstrated with secukinumab compared to adalimumab.