Methods: We perform a systematic review of the scientific literature using the PubMed, Cochrane Library, Embase and Web of Science electronic databases, selecting RCTs evaluating the efficacy of IL-17 inhibitors for the treatment of psoriatic arthritis. A meta-analysis was performed using the random-effects model for each efficacy measure evaluated at different weeks.

Results: 23 studies met the selection criteria from a total of 2198 references identified in the search. 14 references contained data on the use of Secukinumab from 7 RCTs. Ixekizumab was the second IL-17 inhibitor most identified with 6 references with data from 5 RCTs. Bimekizumab with 2 references and Brodalumab with 1 reference completed the review. Despite extracting efficacy data in nail, enthesic and PROs manifestations. We were only able to perform meta-analyses of the ACR 20, ACR50, ACR70 and PASI75 response rates at week 12 of treatment, due to the lack of statistically comparable data. The meta-analysis performed demonstrated that IL-17 inhibitors are effective in psoriatic arthritis, compared to placebo in the different efficacy outcomes evaluated (ACR20 12 wk: OR: 3.60 [95% CI: 2.85-4.55], ACR50 12 wk: OR: 10.85 [95% CI: 6.20-18.94], ACR70 12 wk: OR: 7.94 [95% CI: 4.23-14.91]) and PASI75 12 wk: OR: 21.26 [95% CI: 13.72-32.95]).

Conclusion: Our review concluded that IL-17 inhibitors are effective in the treatment of patients who have shown intolerance or had an unsatisfactory response to other lines of treatment in Psoriatic arthritis.

REFERENCES:

Disclosure of Interests: None declared


AB0903 DUAL IMMUNOMODULATORY THERAPIES IN PSORIATIC DISEASE

S. Sundanum1, A. Gorman1, D. Veale1, C. Orr1, L. O’neill1.1Centre for Arthritis and Rheumatic Diseases, Dublin Academic Medical Centre, University College Dublin, Rheumatology, Dublin, Ireland

Background: Since the advent of numerous biologic therapies and small molecular drugs targeting specific cytokines and signalling pathways; the management of patients with psoriatic arthritis (PsA) has significantly improved. However, at least 40% of PsA patients exhibit an incomplete or failure to respond to these treatments. While the outcomes of patients with psoriasis (Pso) has dramatically improved with monoclonal antibody therapies targeting IL-23 and IL-17A; achieving a measurable low disease activity state such as minimal disease activity (MDA) for musculoskeletal manifestations of psoriatic disease is infrequent. Given the complex and heterogeneity of signalling pathways, cytokines and cell types resulting in synovio-entheseal disease in PsA; new treatment strategies must be evaluated to induce deep and sustainable clinical responses in all the phenotypic domains of psoriatic disease (cutaneous, synovium, enthesal and axial). (1) In patients who do not achieve remission in all clinical domains on a biologic monotherapy or combination of a biologic therapy with an oral synthetic agent; dual targeted anti-cytokine strategies or combined biologic with a targeted oral small molecule are a possible treatment option.

Objectives: To describe a series of four patients with recalcitrant psoriatic disease and failure to respond to previous treatment regimens who were successfully treated with dual immunomodulatory therapies.

Methods: Patients on dual immunomodulatory therapies attending our department were prospectively followed and clinical response monitored.

Results:

Table 1.

<table>
<thead>
<tr>
<th>Age/gender</th>
<th>Diagnosis</th>
<th>prior therapies</th>
<th>combination therapy</th>
<th>dose</th>
<th>adverse events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>49/ Male</td>
<td>PsA + PsO</td>
<td>Methotrexate, adalimumab, etanercept, infliximab, golimumab, certolizumab, ustekinumab, secukinumab, ixekizumab</td>
<td>Baricitinib + infliximab</td>
<td>4mg OD + 5mg/kg Q8W</td>
</tr>
<tr>
<td>Case 2</td>
<td>51/ Male</td>
<td>PsA + PsO</td>
<td>Methotrexate, etanercept, adalimumab, ustekinumab, secukinumab, apremilast, ixekizumab</td>
<td>Adalimumab + guselkumab</td>
<td>40mg QoW +100mg Q8W</td>
</tr>
<tr>
<td>Case 3</td>
<td>51/ Female</td>
<td>PsA + PsO</td>
<td>Methotrexate, etanercept, adalimumab, ustekinumab, secukinumab, leflunomide, infliximab, adalimumab, secukinumab, ustekinumab, trifluracetil, abatacept, baricitinib</td>
<td>Adalimumab + trifluracetil</td>
<td>40mg QoW + 5mg BD</td>
</tr>
<tr>
<td>Case 4</td>
<td>39/ Male</td>
<td>PsA + PsO</td>
<td>Methotrexate, etanercept, ustekinumab, adalimumab, secukinumab, ixekizumab, sulphasalazine</td>
<td>Ixekizumab + baricitinib</td>
<td>80mg Q4W+ 4mg OD</td>
</tr>
</tbody>
</table>

Conclusion: Multiple pathways and mediators are responsible for the initiation of and sustained joint inflammation and damage seen in PsA. A phase II trial of ABT-122, a biologic engineered to target both TNF and IL-17A showed statistically significant superior efficacy outcomes at multiple time points based on ACR50, ACR70 and psoriasis outcome measures (PASI75/PASI90) when compared to adalimumab, with similar safety profile.(2)

Safety concerns such as infectious risks are important considerations with such strategies; however, the targeted second-generation anti-cytokine biologics and targeted JAK-I have exhibited improved safety profiles.(3) In our small case series, patients have not, to date, experienced adverse events of combination therapy.

REFERENCES:

Disclosure of Interests: None declared


AB0904 EVALUATING NUMERICAL RATING SCALE VERSIONS OF THE 3 AND 4 VISUAL ANALOG SCALE (3/VAS COMPOSITE MEASURES IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS FROM THE SELECT-Psa PROGRAM

W. Tillet1, L. Coates2, M. Kishimoto3, A. Setty4, T. Gao4, R. Lippe5, P. Hellin6.

1Royal National Hospital for Rheumatic Diseases, Bath, United Kingdom; 2University of Oxford, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, Oxford, United Kingdom; 3Kyorin University School of Medicine, Department of Nephrology and Rheumatology, Tokyo, Japan; 4AbbVie Inc., Immunology, North Chicago, United States of America; 5AbbVie Deutschland GmbH & Co. KG, Immunology, Wiesbaden, Germany; 6Leeds Teaching Hospitals Trust and Leeds Institute of Rheumatic and Musculoskeletal Disease, University of Leeds, NIMHR Leeds Biomedical Research Centre, Manchester, United Kingdom

Background: The multifaceted nature of psoriatic arthritis (PsA) can make it challenging to evaluate treatment targets and disease activity. Moreover, most existing assessment tools are time-consuming and not always feasible in routine clinical care, indicating a need for new disease measures that are easy to perform and calculate. Composite measures using 3-visual analog scale (VAS;