AB0917

A RANDOMIZED, USUAL CARE CONTROLLED, PARALLEL-GROUP PRAGMATIC CLINICAL TRIAL IN AN INTERDISCIPLINARY COMBINED DERMATOLOGY–GASTROENTEROLOGY–RHEUMATOLOGY CLINIC: PRELIMINARY DATA ON BASELINE CHARACTERISTICS OF 128 PATIENTS AND QUESTIONNAIRE-BASED QUALITATIVE DATA FROM 30 PATIENTS AND 15 HCPs

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Background: Immune-Mediated Inflammatory Diseases (IMIDs), including psoriatic arthritis (PsA), axial spondyloarthritides (axSpA), spondylitis, and inflammatory bowel disease share both pathophysiological and environmental factors, individuals with one IMID have an increased risk for developing other IMIDs, and are associated with reduced health-related quality of life, increased risk of comorbidities, and reduced socioeconomic status. Unmet needs in care of patients with IMIDs may result from lack of patient-centricity in the usual mono-disciplinary siloed approach to these diseases.

Objectives: The overall aim of this study is to determine the effectiveness of an interdisciplinary combined clinic intervention compared to usual care in patients with the aforementioned IMIDs.

Methods: This is a randomized, usual care controlled, parallel-group pragmatic clinical trial. 300 consecutively enrolled participants with co-occurrence of at least two IMIDs are randomly assigned 2:1 to either treatment in the interdisciplinary combined clinic or usual care. The study consists of a 6-month active intervention period and a 6-month follow-up period. Primary outcome is change from baseline to 24-Weeks on the Short-Form Health Survey (SF-36). Additional questionnaire-based qualitative data from 30 patients and 15 health-care professionals (HCPs) involved in the center are reported.

Results: Here we report baseline characteristics of the first 128 patients (mean age 45.4y, 18–94y, females 83 (64.8%); All patients had ≥2 IMIDs: Psoriasis (98.773%), PsA (peripheral) (72.563%), AxSpA (34.266%), Hidradenitis (16.125%), Cohn (35.273%), Colitis (20.15.6), AxSpA (9, 70.9), IBD-associated arthritis (10, 78%), HS-associated arthritides (1, 0.8%), HLA-B27 was positive in 22 (24.2%) patients. Advantages, challenges, and themes mentioned by the patients are listed in Table 1.

A statement from a patient: “It gave me much more peace of mind that I should not “split” my health problems and run errands between different departments. Didn’t have to tell the same issues in several places or even try to figure out who to say what to, or who can answer a given question.”

Conclusion: In conclusion, an interdisciplinary combined clinic based on an inflammation medicine holistic concept has been successfully established. Preliminary results indicate a high value of an interdisciplinary combined clinic in patients with IMIDs, and HCPs find both advantages and challenges in establishing a combined clinic.

Disclosure of Interests: None declared


AB0918

EVALUATION OF X-RAY PROGRESSION AT 6 YEARS FOLLOW-UP OF TREAT-TO-TARGET STRATEGY IN EARLY PSORIATIC ARTHRITIS

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Background: In psoriatic arthritis (PsA) patients (pts) persistence inflammation in the peripheral joints leading bone erosions, joint space narrowing and new bone formation. Tight control of PsA disease improved joint and skin outcomes, but the number of pts with erosions increased [1]. Despite of clinical improvement no long-term to target (T2T) strategy data on radiographs progression yet [2].

Objectives: To study X-ray progression in PsA pts treated according to T2T strategy at the early stage of disease at 6 yrs (y) follow-up.

Methods: 30 (MF–17/13) PsA pts fulfilling CASPAR criteria, mean age 44.7±11.4 yrs, median (Me) PsA duration 78.5 [66.95] month (mos), Me follow-up 71 [62.86] mos, Me DAPSA 24 [7.45]. All pts were treated according to T2T strategy at the early stage with MTX alone or in combination with TNF within 2 yrs. When T2T strategy was ended at pts were treated according to standard care. All pts underwent standard clinical examination of PsA activity, DAPSA was calculated. Radiographs of the hands and feet were available for 30 pts at baseline and 26 (86.6%) at 6yrs follow-up. Radiographs of the hands and feet were scored using the modified van der Heijde-Sharp (m-v-d-HS) scoring method for PsA assessing both erosion, joint space narrowing (JSN) and total score (TS) m-v-d-HS. Scoring was done by two readers. The number of pts with erosions at baseline and 6 yrs later, M±SD, Me [Q25; Q75], Me (Min–Max), Mann-Whitney test were performed. All p<0.05 were considered to indicate statistical significance.

Results: At 6 yrs follow-up Me TS m-v-d-HS and JSN significantly increased from 4 (0–10.4) to 50 (6-253) and from 4 (0.97) to 50 (6-127) accordingly (p=0.006 and p=0.011); count of erosion from 0 (0–13) to 4 (0–128), p=0.002. In 19 out of 26 pts significantly negative X-ray progression in the feet and hands by TS m-v-d-HS, count erosion, joint space narrowing was seen for all (p<0.05). In 7 out of 26 pts X-Ray progression was found. PsA activity by DAPSA was significantly higher in pts with X-ray progression compared to those without progression 14.1 [5.93;33.67] and 2.22 [0.5;13.54] accordingly (p=0.04), 6 yrs later the number of pts with erosions significantly increased from 12 out of 26 (46%) at baseline to 22 out of 26 (85%) pts accordingly (p=0.002).

Conclusion: At 6 yrs follow-up negative radiographic progressions in the hand and feet found in mostly early PsA pts despite of tight control treatment strategy within 6 yrs.

Disclosure of Interests: None declared

REFERENCES:

Table 1. Advantages and challenges on feedback from 15 HCPs and feedback from 30 patients.

<table>
<thead>
<tr>
<th>Advantages - HCP</th>
<th>Challenges - HCP</th>
<th>Themes mentioned by the patients</th>
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<tbody>
<tr>
<td>Professional development</td>
<td>-Old habits from regular departments</td>
<td>Communication between HCPs improved treatment</td>
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<tr>
<td>Satisfying to work on a high professional level</td>
<td>-“This is how we usually do this”</td>
<td>Collaboration between HCPs improved treatment</td>
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<td>Improved perspective on diseases and patients</td>
<td>-Larger differences between specialties and HCPs</td>
<td>Holistic approach – patients felt HCPs cared for all health aspects</td>
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<tr>
<td>Collaboration – professional, personal, team spirit</td>
<td>-Shared goals</td>
<td>Confidence in living with diseases</td>
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<tr>
<td>Meaning full to work with all aspects of disease</td>
<td>-Time and patience</td>
<td>Coherece</td>
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<tr>
<td>Effective communication</td>
<td>-Optimal use of time and resources</td>
<td>Treatment optimization</td>
</tr>
<tr>
<td>Learning can be brought back to “monodisciplinary” work</td>
<td>-IMID treatment in respective departments</td>
<td>Clarification about diet, mastering fatigue and work-related problems</td>
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<td>Broader disease focus</td>
<td>Avoid patient being information carriers</td>
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Disclosure of Interests: Polina Tremaskina: None declared, Elena Loginova Speakers bureau: Janssen, Tatiana Kondaeva Speakers bureau: Pfizer, MSD, AbbVie, Novartis-Sandoz, JSC Biocad, Janssen, UCB, Lilly, Anastasia Sukhinina: None declared, Svetlana Glushanova: None declared, Alexander Smirnov: None declared, Alexander Lila: None declared

AB0919
PSORIATIC ARTHRITIS: FACTORS ASSOCIATED WITH THE USE OF BIOThERAPy
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Background: The use of biological treatment in psoriatic arthritis has revolutionized its management with both joint and skin efficacy [1].

Objectives: The goal of our study was to evaluate the use of biological treatment in these patients and to assess the factors associated with it.

Methods: Retrospective study conducted within the rheumatology department of the University Hospital of Fez. Patients were recruited from January 2011 to January 2021. We included patients with psoriatic arthritis according to CASPAR criteria and assessed the use of biotherapy as well as the epidemiological, clinical and biological factors associated with it.

Results: There were a total of 98 patients with psoriatic arthritis, 21 of whom had been put on biological treatment. Of the total of 21 patients, there were 42.9% women and 57.1% men, the average age was 51.1 ± 9.29 years. 20% of patients had a history of tuberculosis, 14.3% had diabetes, 10% had hypertension and 30% had dyslipidemia. 60% of patients had an inflammatory syndrome, 73% had radiographic sacroiliitis and 63.2% had functional repercussions. In bivariate analysis, the value of the initial C-reactive protein CRP (p = 0.04), the initial disease activity score DAS 28 CRP (p = 0.0001) and the value of the initial erythrocyte sedimentation rate ESR (p = 0.02) were significantly associated with the use of biotherapy, there was no significant association with the other parameters. In multivariate analysis, no factor was significant.

Conclusion: An active psoriatic arthritis predicts the prescription of a biological treatment, other studies with a larger sample would be necessary to confirm our results.

REFERENCES:

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AB0920
SAFETY OF APREMILAST IN PSA PATIENTS WITH HISTORY OF MALIGNANCIES OR ACTIVITY CANCER: A RETROSPECTIVE STUDY
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Background: One of the most intriguing aspects in the management of patients with inflammatory arthritis is the safety of novel therapies in those with a recent history of malignancy or active neoplasm. In this regard, apremilast (APR), an oral PDE4 inhibitor, is emerging as one of the safest therapeutic options in patients with PsA with comorbid cancer.

Objectives: This retrospective study aims to assess the effectiveness and safety of APR in PsA patients with a recent history of malignancy or active cancer.

Methods: We retrospectively observed patients with a history of neoplasm diagnosed from 1997 to 2021, who underwent apremilast treatment from 2017 to 2021 in a tertiary care centre. We recorded demographic and clinical characteristics at APR baseline and last visit. Furthermore, we recorded the eventual diagnosis of primary cancer occurred. Patient 9 had the onset of a new neoplasm. The APR was not discontinued as such malignancies were not considered as treatment associated. Three patients (4, 6, 10) discontinued APR due to intolerance or lack of efficacy.

Conclusion: APR seems a safe option in PsA patients with a recent history of malignancy or active cancer, improving articular involvement.

Disclosure of Interests: None declared