Disclosure of Interests: Polina Tremaskina: None declared, Elena Loginova Speakers bureau: Janssen, Tatiana Kornataeva Speakers bureau: Pfizer, MSD, AbbVie, Novartis-Sandoz, JBC Bioclad, Janssen, UCB, Lilly, Anastasiasia Sukhinina: None declared, Svetlana Glushkova: 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 biotreatment 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 (± 9.22) 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 biotreatment, 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:

Disclosure of Interests: None declared

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AB0920

SAFETY OF APREMILAST IN PSA PATIENTS WITH HISTORY OF MALIGNANCIES OR ACTIVE CANCER: A RETROSPECTIVE STUDY

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Background: Gusekukmab is a monoclonal antibody against interleukin-23, biological agent approved for the treatment of plaque psoriasis and psoriatic arthritis. There are two randomised, double-blind, placebo-controlled phase III studies (DISCOVER 1 and DISCOVER 2) that evaluated the efficacy and safety of gusekumab versus placebo. Treatment with gusekumab resulted in significant improvements in the measures of disease activity compared to placebo at Week 24.

Objectives: To evaluate the safety of Guselkumab in PsA patients with Psoriatic Arthritis, according to CASPAR criteria, undergoing treatment by dermatology indication.

Methods: This is an observational descriptive retrospective study that includes patients with Psoriatic Arthritis (according to CASPAR criteria) who are being treated with guselkumab. Guselkumab discontinuation/deferment indication due to skin involvement. In this study, the epidemiological and clinical characteristics of the patients are assessed: IMC, affected domains, previous treatments, concomitant treatments, PASI at baseline (1,76 ± 2,57) did not show a decrease (1,61 ± 0,93); Ten patients were still treated with apremilast at last available follow-up. Patient 6 (Table 1) experienced the relapse of Ductal Breast Papilloma. For patient 8, a relapse 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


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**Table 1**

<table>
<thead>
<tr>
<th>Diagnosis of Neoplasm</th>
<th>Year of Diagnosis</th>
<th>Treatment</th>
<th>Malignancy Occurrence</th>
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<tr>
<td><strong>Epidemiologic data</strong></td>
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<td>Age (50 ± 7 .9 years old, with a BMI (body mass index) average of 33.13 ± 6.26. All the patients presented skin involvement: 4 of 7 with plaque psoriasis (2 of them with scalp psoriasis, and one of those two with inverse psoriasis), 3 of 7 with psoriasis in palms and soles (one with scalp psoriasis and inverse psoriasis), and 2 of 7 patients with nail involvement. Regarding joint damage, all the patients presented peripheral joint involvement, 2 of 7 with axial too. For the other domains: 2 of 7 with enthesitis, 1 of 7 had recurring uveitis, 1 of 7 one episode of dactylitis, and none of them any episode of enthesis nor inflammatory bowel disease. All the patients had received at least 1 bDMARD (average of 2.8 ± 2.23, but one of them have used 7 before). All the patients received the standard dose of Gusekumab 100mg sc (week 1 and 4) and later, according to the treatment schedule, 40mg sc every 8 weeks. Mean DAPSA at baseline 20,55 ± 9,15 decreased to 16,21 ± 1,73 at last visit.</td>
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Conclusion: Guselkumab is a very effective drug for the treatment of psoriasis, but also for the joint involvement in patients with failure to bDMARD. We need more real life studies to determine the effectiveness in daily clinical practice.

REFERENCES:


Disclosure of Interests: None declared