Table 1. Adverse events (irrespective of causality) reported over 52 weeks in patients with lcSSc and ILD in SENSCIS and SENSCIS-ON.

<table>
<thead>
<tr>
<th>Event</th>
<th>SENSCIS (n=135)</th>
<th>SENSCIS-ON (n=127)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nintedanib</td>
<td>Placebo</td>
<td>Initiated nintedanib</td>
</tr>
<tr>
<td>Adverse event(s) leading to permanent treatment discontinuation</td>
<td>25 (18.5)</td>
<td>28 (22.2)</td>
</tr>
<tr>
<td>Adverse event(s) leading to dose reduction</td>
<td>47 (34.8)</td>
<td>52 (40.8)</td>
</tr>
<tr>
<td>Serious adverse event(s)</td>
<td>30 (22.2)</td>
<td>30 (23.4)</td>
</tr>
</tbody>
</table>

n (%) of patients with lcSSc with ≥1 such event reported over 52 weeks (or until 28 days after last drug intake if earlier in SENSCIS or until 7 days after last trial drug intake if earlier in SENSCIS-ON). *Adverse events reported in >10% of patients with lcSSc in either group after last drug intake if earlier in SENSCIS or until 7 days after last trial drug intake if earlier in SENSCIS-ON.

Background: Pulmonary interstitial disease (ILD) is very common in connective tissue disease (CTD). Different subtypes display significant differences in prognosis. Pirfenidine (PFD), the targeted anti-fibrosis and anti-inflammatory drug, started to apply in CTD-ILD, while its strategy of combination with immunotherapy, bridging time and service time are worth discussing.

Objectives: To evaluate the efficacy and safety of PFD combined with immunosuppressant (IS) in the treatment of several CTD-ILD.

Methods: 111 CTD-ILD patients were involved from Aug 2019 to Dec 2021 (ClinicalTrials.gov Identifier NCT04928586), including systemic sclerosis (SSc, n=30), inflammatory myopathy (IM, n=51), rheumatoid arthritis (RA, n=17) and other CTDs (such as systemic lupus erythematosus, sjoerger’s syndrome, n=13). Patients were treated with relative stable dose of glucocorticoid (GC) and/or IS since screening. After the evaluation of HRCT, pulmonary function (FVC% and DLco%) in PFD treated CTD-ILD for 24 weeks.

Results: The changes of FVC% and DLco% in PFD treated CTD-ILD for 24 weeks. (A) FVC% changes in SSc, IM, RA and other CTD-ILD from baseline; (B) DLco% changes in SSc, IM, RA and other CTD-ILD from baseline. * p < 0.05, compared to no PFD treatment group.

Figure 1. The changes of FVC% and DLco% in PFD treated CTD-ILD for 24 weeks. (A) FVC% changes in SSc, IM, RA and other CTD-ILD from baseline; (B) DLco% changes in SSc, IM, RA and other CTD-ILD from baseline. * p < 0.05, compared to no PFD treatment group.
New therapeutic avenues in psoriatic arthritis

OBJECTIVES
Psoriatic arthritis (PsA) patients (pts) with differing baseline (BL) characteristics may vary in their response to treatment. In the phase 3 DISCOVER-1 and DISCOVER-2 studies, guselkumab (GUS) significantly improved PsA signs and symptoms through 100 weeks (W100) in pts with PsA disease activity score (DAPSA) ≥ 3, regardless of BL pt demographics, disease characteristics, or conventional synthetic disease-modifying antirheumatic drug (csDMARD) use.1 Durable efficacy with GUS through W100 was observed across multiple disease domains.2,3

RESULTS
PsA patients treated with guselkumab had significantly improved PASI scores at W100; PASI 75 rates were 61.2% vs 31.0% (p < 0.001), 43.7% vs 15.0% (p < 0.001), and 27.7% vs 6.3% (p < 0.001) in the guselkumab vs placebo (PBO) treatment groups, respectively.4 GUS effects on joint, skin, enthesitis, dactylitis, spinal pain, and disease severity endpoints (change in Disease Activity in PsA [PsA-DAPSA], PsJC, and PsA Disease Activity Score [PsASDAS], respectively) were also significant.5 Moreover, a non-significant improvement in DAPSA score was observed.6

CONCLUSION: GUS significantly improved PsA signs and symptoms through W100 across all BL pt subgroups evaluated, including pts with highly active disease, and regardless of dosing regimen.

REFERENCES: