Disclosure of Interests: Lars Erik Kristensen Speakers bureau: Abbvie, Amgen, Biogen, Bristol Myers Squibb, Gilead, Janssen, Lilly, Merck, Novartis, Pfizer, and UCB; Consultant of: Abbvie, Amgen, Biogen, Bristol Myers Squibb, Gilead, Janssen, Lilly, Merck, Novartis, Pfizer, and UCB.

40

Methods: In this post-hoc analysis from the SELECT-Psa 1 trial, there was a high degree of overlap between patients in LDA across the composite indices including MDA, DAPSA, and PASDAS, irrespective of treatment with UPA 15mg or ADA and despite variability in inclusion of certain components in some indices but not others. Across all indices, fewer patients reported low levels of SF36-PCS, Pain NRS, and HAQ-DI scores, and TJC68. These data show a similar pattern of residual disease activity, or influence by residual damage or external factors, regardless of composite endpoint utilized.

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Acknowledgements: Abbvie funded these studies and participated in the study design, research, analysis, data collection, interpretation of data, reviewing, and approval of the publication. No honoraria or payments were made for authorship. Medical writing support was provided by Monica R.P. Eimore, PhD of Abbvie.

Disclosure of Interests: Josef S. Smolen Consultant of: Abbvie, BMS, Celgene, Chugai, Eli Lilly, Gilead, Janssen, MSD, Novartis-Sandoz, Pfizer, Roche, Sanofi, and UCB; Grant/research support from: Abbvie, BMS, Celgene, Chugai, Eli Lilly, Gilead, Janssen, MSD, Novartis-Sandoz, Pfizer, Roche, Sanofi, and UCB; Andra Balanescu Speakers bureau: Abbvie, Amgen, Angelini, Astra-Zeneca, Berlin-Chemie, BMS, MSD, Novartis, Pfizer, Roche, Sandoz, Teva, UCB, and Zentiva; Consultant of: Abbvie, Pfizer, and Ewopharma; Vibeke Strand Consultant of: Abbvie, Amgen, Arena, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Celltrion, Eli Lilly, Genentech/Roche, Gilead, GlaxoSmithKline, Ichnos, Irmedix, Janssen, Kiniksa, Merck, Myriad Genetics, Novartis, Pfizer, Regeneron Pharmaceuticals, Inc., Samsung, Sanofi, Setpoint, and UCB; Hans Blom Shareholder of: Abbvie Inc., Employee of: Abbvie Inc.; Nancy Vranich Shareholder of: Abbvie Inc., Employee of: Abbvie Inc.; Andreas White Speakers bureau: Abbvie and Novartis; Consultant of: Abbvie and Novartis.

POS1025 COMPARISON OF COMPOSITE INDICES FOR DISEASE ACTIVITY IN PATIENTS WITH PSORIATIC ARTHRITIS TREATED WITH UPADACITINIB: A POST-HOC ANALYSIS FROM SELECT-PSA 1

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Background: Achieving low disease activity (LDA) or remission is a main treatment target in PsA. Composite indices used to assess disease activity include Disease Activity Index for PsA (DAPSA) and PsA Disease Activity Score (PASDAS), which both have cut points for the states of remission and LDA. In addition to these indices, patients receiving UPA and ADA reported on average 52 years of age, 54% were female, with an average disease duration of approximately 6 years.1 With both UPA and ADA, there was a high degree of overlap in the proportion of patients achieving LDA thresholds in MDA, DAPSA, and PASDAS (Figure 1), with reported PtGA improvements showing a similar trend. Defining LDA according to MDA or respective cut points for DAPSA, PASDAS, or PtGA, the proportion of “non-responders” (ie, patients who did not reach such states) is shown in Figure 2. Of the individual components included in these indices, fewer patients reported low levels of SF36-PCS, Pain Numeric Rating Scale (Pain NRS), and Health Assessment Questionnaire - Disability Index (HAQ-DI) scores, as well as Tender Joint Count 68 (TJC68), with similar responses observed across all indices.

Disclosure of Interests: Josep S. Smolen Consultant of: Abbvie, BMS, Celgene, Chugai, Eli Lilly, Gilead, Janssen, MSD, Novartis-Sandoz, Pfizer, Roche, Sanofi, and UCB; Grant/research support from: Abbvie, BMS, Celgene, Chugai, Eli Lilly, Gilead, Janssen, MSD, Novartis-Sandoz, Pfizer, Roche, Sanofi, and UCB; Ennio Lubrano Speakers bureau: Abbvie, Amgen, Angelini, Astra-Zeneca, Berlin-Chemie, BMS, MSD, Novartis, Pfizer, Roche, Sandoz, Teva, UCB, and Zentiva; Consultant of: Abbvie, Pfizer, and Ewopharma; Vibeke Strand Consultant of: Abbvie, Amgen, Arena, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Celltrion, Eli Lilly, Genentech/Roche, Gilead, GlaxoSmithKline, Ichnos, Irmedix, Janssen, Kiniksa, Merck, Myriad Genetics, Novartis, Pfizer, Regeneron Pharmaceuticals, Inc., Samsung, Sanofi, Setpoint, and UCB; Hans Blom Shareholder of: Abbvie Inc., Employee of: Abbvie Inc.; Nancy Vranich Shareholder of: Abbvie Inc., Employee of: Abbvie Inc.; Andreas White Speakers bureau: Abbvie and Novartis; Consultant of: Abbvie and Novartis.

Acknowledgements: Abbvie funded these studies and participated in the study design, research, analysis, data collection, interpretation of data, reviewing, and approval of the publication. No honoraria or payments were made for authorship. Medical writing support was provided by Monica R.P. Eimore, PhD of Abbvie.

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Background: Upadacitinib (UPA) 15 mg once daily (QD) has demonstrated efficacy and safety in patients with psoriatic arthritis (PsA) for up to 56 weeks in the Phase 3 SELECT-Psa 1 and 2 trials.\(^1,2\)

Objectives: This post hoc analysis of these studies explored the association of baseline characteristics and short-term responses with achievement of minimal disease activity (MDA) or Disease Activity Index for Psoriatic Arthritis (DAPSA) low disease activity (LDA).

Methods: Data were pooled from patients with prior inadequate response or intolerance to ≥1 non-biologic (b) DMARDs (SELECT-Psa 1) or ≥1 bDMARDs (SELECT-Psa 2) originally randomized to UPA 15 mg QD. Logistic regression models were used to assess the association between baseline characteristics and short-term (Week 12) responses with achieving MDA or DAPSA LDA at 56 weeks, sustained MDA (MDA at Weeks 36 and 56), or sustained DAPSA LDA (DAPSA LDA at Weeks 36, 44, and 56). Each predictor was evaluated separately in an initial model that included effects for study and concurrent non-bDMARD use. Odds ratios and concordance (c)-statistics were used to determine the predictive accuracy. Statistically significant predictors were then evaluated simultaneously using stepwise logistic regression with the Akaike Information Criterion for model-building.

Results: Of 640 patients included in the analysis, 40% and 47% achieved MDA and DAPSA LDA, respectively, at 56 weeks. Evaluated separately, younger age, sex (male), geographic region, lower body mass index, the presence of dactylitis or enthesitis, and lower scores of Patient’s Assessment of Pain (Pt-Pain), Patient’s Global Assessment (PtGA), tender joint count in 68 joints, and HAQ-DI scores at Week 12 were included in models strongly predictive of success of dactylitis or enthesitis, and lower scores of Patient’s Assessment of Pain (Pt-Pain), Patient’s Global Assessment (PtGA), tender joint count in 68 joints, and HAQ-DI scores at Week 12 were included in models strongly predictive of success.