Results: GUS was associated with significantly greater improvement in pain compared to PBO as early as 2 wks post-treatment; there was a significant interaction between treatment group and time, with effect of GUS on pain continuously enhanced through W24. Higher baseline (BL) pain score, worse mental health (assessed with the Short-Form-36 Mental Component Summary [SF-36 MCS] score), and lower fatigue level and lower tender joint count [TJC] were previously enhanced through W24. Continuous significant improvement from BL in pain with GUS extended through W52 even after adjustment for the identified determinants of pain improvement (p=0.066); in the models run separately in pts of: UCB Pharma, Amgen, AbbVie, Lilly, Merck, Novartis, Gilead, Janssen, Emami, C. R. Bard, and UCB, Dennis McGonagle Grant/research support from: AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly, Merck, Novartis, Pfizer, and UCB, Consultant of: AbbVie, Amgen, Roche, and UCB, Grant/research support from: AbbVie, Amgen, Novartis, Pfizer, and UCB.

Disclosure of Interests: Peter Nash Grant/research support from: Janssen, Abbvie, Pfizer, Novartis, Lilly, Gilead, Roche, Sandoz, Celgene, Sun, Boehringer, and Bristol Myers Squibb, Christopher T. Ritchlin Consultant of: UCB Pharma, Amgen, Abbvie, Lilly, Pfizer, Novartis, Gilead, Janssen, Grant/research support from: UCB Pharma, AbbVie, Amgen, Proton Rahman Consultant of: AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer, and UCB, Grant/research support from: Janssen and Novartis, May Shavi Shareholder of: Johnson & Johnson, Employee of: Janssen Pharmaceutical Companies of Johnson & Johnson, Emamooni Rampakakis Consultant of: Janssen, Employee of: JSS Medical Research, Youngja Lee Shareholder of: Johnson & Johnson, Employee of: Janssen Asia Pacific, Alexa Kollmeier Shareholder of: Johnson & Johnson, Employee of: Janssen Research & Development, LLC, Xie L Xu Shareholder of: Johnson & Johnson, Employee of: Janssen Research & Development, LLC, Jonathan Sheldon Shareholder of: Johnson & Johnson, Employee of: Janssen Research & Development, LLC, Daniel Cua Shareholder of: Johnson & Johnson, Employee of: Janssen Research & Development, LLC, Saakshi Khatri Speakers bureau: AbbVie, Eli Lilly, Glenmark, Ichnos Sciences, Janssen, Novartis, Pfizer, and UCB, Consultant of: AbbVie, Eli Lilly, Glenmark, Ichnos Sciences, Janssen, Novartis, Pfizer, and UCB, Enrique Soriano Speakers bureau: AbbVie, Amgen, Bristol Myers Squibb, Eli Lilly, Janssen, Novartis, Pfizer, Roche, and UCB, Consultant of: AbbVie, Janssen, Novartis, Roche, and UCB, Dennis McGonagle Grant/research support from: AbbVie, Amgen, Bristol Myers Squibb,Celgene, Eli Lilly, Gilead, Janssen, Novartis, Pfizer, and UCB.

DOI: 10.1136/annrheumdis-2022-eular.1158

Table 1. Significant Predictors of Change in Pain (W24 and W52)

<table>
<thead>
<tr>
<th>BL Determinant</th>
<th>W24</th>
<th>W52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain score</td>
<td>-0.62 (-0.69 to -0.55)</td>
<td>-0.72 (-0.82 to -0.67)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>-0.38 (-0.50 to -0.27)</td>
<td>-0.37 (-0.52 to -0.21)</td>
</tr>
<tr>
<td>SF-36 MCS</td>
<td>0.20 (0.11 to 0.30)</td>
<td>0.11 (-0.02 to 0.24)</td>
</tr>
<tr>
<td>TJC</td>
<td>0.13 (0.06 to 0.19)</td>
<td>0.12 (0.04 to 0.21)</td>
</tr>
<tr>
<td>NSAID use</td>
<td>2.29 (0.23 to 3.61)</td>
<td>2.76 (0.55 to 4.98)</td>
</tr>
</tbody>
</table>

*p <0.05; †p <0.01; ‡p ≤0.0001

Background: Psoriatic arthritis (PsA) can present with peripheral (i.e. arthri- tis, enthesitis, dactylitis) and/or axial (spondyloarthritis) manifestations. Pos- itron Emission Tomography (PET) may be a promising imaging technique for detection of whole body disease activity since it combines quantification and picomolar sensitivity for accurate depiction of pathologic processes with anatomical low dose CT imaging as a reference (3, 4). It was recently demonstrated that [18F]Fluoride PET-CT scans can successfully visualize and monitor ankylosing spondylitis disease activity by imaging of bone formation in the sacro-iliac (SI) joints and spine. PET enhancement in one sacro-iliac joint (SIJ) without any inflammatory back pain (IBP). Only four out of 15 patients reported IBP and missing data for 1...
Conclusion: \[^{[18F]}\]Fluoride PET-CT scans can visualize disease activity at whole body musculoskeletal manifestations of PsA by demonstrating local bone formation at active sites. By sensitive imaging of bone formation at joints, entheses and the axial skeleton, \[^{[18F]}\]Fluoride PET-CT adds information to clinical disease activity, reflected by a high number of clinically negative, PET positive sites on top of concordant findings.

REFERENCES:


Acknowledgements: We thank Pfizer and Novartis for financial support of this investigator initiated study.

Disclosure of Interests: Jerney de Jongh: None declared, Robert Hemke: None declared, Gerben C.J. Zweep: None declared, Maqsood Yaqub: None declared, Irene van der Horst-Bruinsma: Speakers bureau: BMS, AbbVie, Pfizer, MSD, Consultant of: AbbVie, UCB, MSD, Novartis, Eli Lilly, Grant/research support from: United States Grants for investigator initiated studies from MSD, Pfizer, AbbVie, UCB, Marleen G.H. van de Sande Speakers bureau: UCB, Consultant of: Advisory board AbbVie, Eli Lilly, Novartis, UCB, Consultant/research support from: Novartis, Janssen, UCB, Eli Lilly, Arne Van Kuijk, Arne Van Kuijk Speakers bureau: Novartis, Consultant of: Novartis, AbbVie, Janssen, Irene Buttkin Speakers bureau: Eli Lilly, MSD, Amgen, UCB, GSK, Roche, Sanofi Genzyme (outside the submitted work), Consultant of: Sanofi Genzyme, Astrazeneca (outside the submitted work), Lot Burgemeester Consultant of: Advisory board Novartis, Galapagos, Nancy M.A. van Dillen: None declared, Alexandre Voskuyl: None declared, Conny J. van der Laken: None declared


POS0107

INCREASED NUMBER OF COMORBIDITIES AND CARDIOVASCULAR RISK FACTORS IN EARLY PSORIATIC ARTHRITIS PATIENTS SUGGESTS AN INTRINSIC DISEASE IMPACT

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Background: Metabolic and cardiovascular comorbidities in psoriatic arthritis (PsA) are seen as a consequence of long-lasting inflammation. Patients with PsO and PsA develop metabolic and cardiovascular comorbidities over the course of time. PsA patients have a higher burden of comorbidities and cardiovascular risk factors (CV RF) as compared to those with other forms of arthritis. Despite a lower grade of systemic inflammation as measured by CRP, the nature of this increased prevalence in PsA is not fully understood. We hypothesize that the risks may be intrinsic to the disease, and be already present in early stages.

Objectives: The aim of this study was to investigate the presence of comorbidities and CV RF in treatment-naive Early PsA (EPA) as compared to sex- and age-matched healthy volunteers and to study factors contributing to the metabolic burden of the patients.

Methods: Clinical, demographic characteristics, cardiovascular risk factors and comorbidities of newly diagnosed treatment-naive adult patients with PsA compared to sex- and age-matched controls were studied in an observational prospective longitudinal multicentre study.

Results: Sixty-seven EPA patients were matched to 61 healthy volunteers. At diagnosis, 73% of EPA had oligoarticular and 22% polyarticular disease. Majority had mild PASI scores (median PASI 1.2). The median duration of skin psoriasis before the onset of PsA was 11.4 years. Symptom duration at onset of PsA was 0.6 years.