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AB0966
EFFICACY AND SAFETY OF SECUKINUMAB IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS: SINGLE CENTER EXPERIENCE

Keywords: Disease-modifying Drugs (DMARDs), bDMARD, Spondyloarthritis

Background: Secukinumab (SCK), the first-in-class human monoclonal antibody against interleukin-17A, has been approved for the treatment of AS in many countries, including the US and EU. The efficacy of subcutaneous secukinumab in the treatment of AxSpA was primarily evaluated in five multicenter, phase III studies that included four randomized double-blind studies (MEASURE Studies). However, there are few studies evaluating long-term SCK efficacy in real-life data in patients with AxSpA [1,2].

OBJECTIVES: Our aim in this study is to retrospectively evaluate the clinical findings and treatment response status of patients who were followed up with the diagnosis of AxSpA and using SCK.

Methods: A total of 60 patients who were followed up with the diagnosis of AkSpA in our rheumatology clinic were included in the study. Demographic characteristics of the patients, comorbidities, duration of symptoms, delay in diagnosis, biologics and DMARDs were recorded. In the evaluation of the patients, BASDAI, BASFI, ASDAS, VAS pain, and VAS global scores were recorded as BASDAI, BASFI, ASDAS-CRP, VAS Pain, and VAS Global. The retention rate at 24 months was 80% and 49% in the naïve and ≥1 bDMARD group, respectively (p<0.001) (Table 1). The retention rate at 1-year follow-up, 1 and 7 patients discontinued their treatment in the ≥1 bDMARD group and the SCK group, respectively (p=0.026) (Figure 1). In our study, no significant drug-related serious adverse events or safety problems were encountered in the follow-up of secukinumab treatment for more than 36 months.

Conclusion: We found that SCK treatment in patients with AxSpA had better clinical response and higher drug survival rates in biologic naive patients, similar to TNFi treatment in real-life data. However, better drug retention rates were found in naïve patients compared to patients using >1 bDMARD, which is consistent with the results of previous studies.

REFERENCES:

Table 1. Demographic and clinical characteristics of patients using secukinumab treatment.

<table>
<thead>
<tr>
<th></th>
<th>Naive (n=15)</th>
<th>≥1 bDMARD (n=45)</th>
<th>Total (n=60)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>male 9 (60)</td>
<td>24 (53.3)</td>
<td>33 (55)</td>
<td>0.263</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>nr-AxSpA 5 (33.3)</td>
<td>10 (66.7)</td>
<td>15 (25)</td>
<td>0.002</td>
</tr>
<tr>
<td>Smoking history</td>
<td>(+) 7 (46.7)</td>
<td>31 (68.9)</td>
<td>38 (63.3)</td>
<td>0.341</td>
</tr>
<tr>
<td>BASDAI</td>
<td>6th month 1.6 (0.9-2.3)</td>
<td>3.2 (2.1-4.9)</td>
<td>3.1 (1.75-3.75)</td>
<td>0.295</td>
</tr>
<tr>
<td>VAS Pain</td>
<td>Baseline 2.8 (2.6-3.3)</td>
<td>5.6 (4.2-6.5)</td>
<td>5.6 (4.2-6.5)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age (year)</td>
<td>5.7 (5-6.5)</td>
<td>42 (32-43.2)</td>
<td>36.7</td>
<td>0.350</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>25.1</td>
<td>26.8 (19.6-43.2)</td>
<td>26.7</td>
<td>0.263</td>
</tr>
</tbody>
</table>

Figure 1. Secukinumab drug retention in naïve and ≥1 bDMARD groups

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AB0967
REFRACTORY ACHILLES ENTEHISIS SUCESSFULLY TREATEED BY IKEYKIZUMAB LOCAL INJECTION

Keywords: bDMARD, Spondyloarthritis, Enthesitis

Background: Axial spondyloarthropathy (axSpA) is a chronic autoimmune inflammatory disease that involves the axial skeleton with inflammatory back pain as the most common presenting symptom. [1] Apart from the axial joints, enthesis are frequently involved in spondyloarthropathy (SPA) and clinical enthesitis reported to affects 10%–60% of SPA patients. Enthesitis usually involves the lower limb and heel pain represents a significant clinical challenge due to frequent presence of Achilles enthesitis (AE), retrocalcaneal bursitis (RB) and plantar fasciitis, plus a

Figure 1. Achilles enthesitis treatment by local injection of Ikeykizumab

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Disclosure of Interests: None Declared.
treatment challenge in refractory cases that usually not controlled by conventional DMARDs and fails to respond to biological treatment [2-4].

**Objectives:** To describe a successful management of refractory case of AE after US guided Ixekizumab injection to the RB.

**Methods:** Male 42 y old known case of axSpA for 22 y with +ve HLAB27 and bilateral AE, initially treated with salazopyrine, and NSAIDs with no response and treatment escalated to Infliximab with secondary failure after 6 months, switched etanercept injection with primary failure. Patient achieved good clinical response on adalimumab which was maintained up to 7y, followed by secondary failure due to antidrug antibodies, resolved by adding Methotrexate. July 2019, developed hepatotoxicity due to methotrexate with discontinuation. December 2019, patient switched to Ixekizumab with successful control of his disease. Apart from the course of axial disease, January 2019 his heel pain becomes refractory to treatment after VAS 5 with US assessment showing AE, RB, and bursitis. Figure 1 March 2020, an US guided injection with Triamcinolone acetate 20mg infiltrated to the RB failed to control pain with partial response for two weeks. July 2020, an US guided injection of the RB with Ixekizumab 80mg arranged two weeks after application of the systemic Ixekizumab.

**Results:** Three months after Ixekizumab local injection, heel pain drops to VAS 0, with radiological improvement in US; resolution of the Doppler signals and bursitis.

**Conclusion:** US Guided local injection of Ixekizumab successfully help to resolve pain in a refractory case of AE.

**REFERENCES:**


**Acknowledgements:** NIL.

**Disclosure of Interests:** Ahmed Abogamal Speakers bureau: Pfizer, Novartis, Lilly, Abbvie, Amgen, and Janssen.

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**AB0068**

RAPID ONSET OF EFFICACY IN CHINESE PATIENTS WITH ACTIVE RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS TREATED WITH IXEKIZUMAB: A PHASE 3 STUDY

**Keywords:** Outcome measures, Clinical Trials

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**Background:** Ixekizumab, a high-affinity monoclonal antibody that selectively targets interleukin-17A, has demonstrated efficacy in global clinical trials in patients with active radiographic spondyloarthritis (r-axSpA)/ankylosing spondylitis (AS) [1,2]. Rapid onset of clinical improvement is one of the most important needs for treatment of r-axSpA patients.

**Objectives:** To evaluate the onset time of Ixekizumab in Chinese patients with axSpA.

**Methods:** This report evaluated efficacy onset time of r-axSpA patients treated with Ixekizumab compared with placebo based on data from a phase 3 study in China. The major secondary efficacy measures in this report included Assessment of Spondyloarthritis International Society (ASAS) 40 response, ASAS 20 response, change from baseline in Ankylosing Spondylitis Disease Activity Score (ASDAS), change from baseline in Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), change from baseline in Bath Ankylosing Spondylitis Functional Index (BASFI), and ASDAS <2.1 response. Other secondary efficacy measures in this report included change from baseline of ASAS individual components (like patient global, Spinal pain, Inflammation, high sensitivity C-reactive protein [hsCRP], proportion of patients who experience clinically important improvement (change of ASDAS from baseline ≥1.1), major improvement (change of ASDAS from baseline ≥2.0), and BASDAI 50 response. All efficacy measures were evaluated from week 0 through week 52. A logistic regression model and mixed-effects model of repeated measures (MMRM) were used to analyze categorical and continuous measures from week 0 to 16 (placebo-controlled period), and categorical missing data were imputed using non-responder imputation (NRI).

**Results:** More patients achieved ASAS 40 and ASAS 20 response as early as week 1 (p = 0.042 and p < 0.001) in the Ixekizumab-treated group compared with placebo. In addition, statistically significant (p < 0.05) improvements were observed as early as week 1 for the Ixekizumab group compared to placebo in almost all efficacy measures mentioned above. For other outcomes including proportion of patients who experience major improvement and BASDAI 50 response, differences were evident (p < 0.05) by week 2 in the Ixekizumab group compared with placebo. Furthermore, Ixekizumab sustained high efficacy in all efficacy measures through 52 weeks.

**Conclusion:** Ixekizumab demonstrated a rapid onset of efficacy improvements on ASAS response, ASAS core set values, disease activity and function in Chinese patients with r-axSpA.

**REFERENCES:**


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**AB0069**

FAILURE OF THE FIRST BIOLOGIC IN PATIENTS WITH SPONDYLOARTHRITIS: DATA FROM THE MOROCCAN RBSMR REGISTRY

**Keywords:** bDMARD, Spondyloarthritis

AB0068