Background: Secukinumab (SEC) is a human monoclonal antibody (IgG1) aimed against IL-17A, a proinflammatory cytokine involved in the pathogenesis of psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA) at SpA. It is already well known that C-reactive protein (CRP) is an important inflammatory biomarker and that it could be used as a variable of its efficacy. More recently, it has been published that the neutrophil lymphocyte ratio (NLR) [1] is an inflammatory biomarker, could be predictive of CV events occurrence and all cause mortality. In this study, we intend to evaluate effectiveness and safety with SEC with conventional and non-conventional scales in patients with Spondarthritis.

Objectives: To evaluate the long-term effectiveness and safety of SEC in patients with axSpA and PsA in an actual clinical setting.

Methods: We designed a single center retrospective and longitudinal observational study including patients diagnosed of axSpA fulfilling the ASAS classification criteria and PsA fulfilling the CASPAR classification criteria. During the use of SEC. Between 2016 and 2022, a total of 90 patients were included in the study treated with SEC in the rheumatology service of the Hospital Universitario de Navarra. All patients included started SEC treatment at least 1 year before the data extraction. For the axSpA CRP, the Ankylosing Spondylitis Disease Activity Score (ASDAS) scale, the patient’s visual analog scale (VAS) and NLR [1] were analyzed. In the PsA group VAS, CRP and NLR were assessed. In both groups the variables were analyzed at baseline, 12 and 24 months.

Results: We included a total of 90 patients (46 axSpA and 44 PsA), 45(50%) of which were female. The mean age at diagnosis was 44.5 years (SD 11.1) while the mean age at SEC initiation was 51.6 (SD 11.4). The median time from diagnosis to onset of SEC was 5 years (IQR 2-11) (Table 1). Eighty-three (92.2%) patients were treated with one or more biologic drugs prior to SEC, median 2 (IQR 0-5). The mean CRP before starting SEC was 9mg/L (SD 17.6), VAS 7 (SD 8), NLR 5.3 (SD 3.2). A statistically significant improvement was observed in both pathologies when it comes to CRP at 24 months (p 0.049) but not at 12 months (Table 1). VAS presented a statically significant improvement at 12 and 24 months of treatment (p 0.008 and 0.012 respectively). There were no statistically significant differences in NRL in any group. Regarding ASDAS in the axSpA group, 4(14.6%) showed a great improvement while 26% of them showed clinically significant differences in ASDAS in the axSpA group.

Conclusion: Our data confirmed a good survival rate of secukinumab in patients with axial spondyloarthritis. However, results showed that fewer biologically naive patients discontinued the secukinumab treatment than those who received the drug after the failure of another biologic.

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