

AB0910 LONG-TERM GOLIMUMAB RETENTION RATE IN PATIENTS WITH PSORIATIC ARTHRITIS. IS CONCOMITANT DMARD IMPORTANT?

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Background: The efficacy of Golimumab treatment in psoriatic arthritis (PsA) patients has been widely documented.

Objectives: The aim of this study was to analyse the long-term retention rate of golimumab and to identify independent predictors of drug retention in patients with PsA including concomitant synthetic disease-modifying antirheumatic drugs (sDMARD)

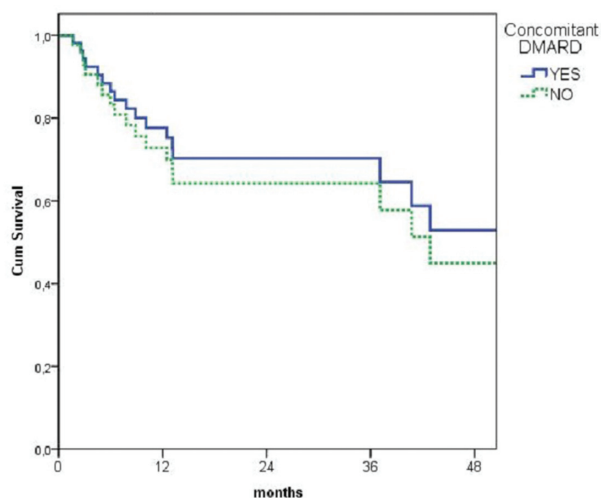
Methods: Prospective monocentric cohort of PsA patients treated with golimumab according to clinical practice. Study was approved by local Ethics Committee. Demographic and clinical variables were analysed with Cox proportional hazard regression model.

Results: 48 patients were included, 20/48 (41.7%) oligoarticular, 19/48 (39.6%) polyarticular and 9/48 (18.7%) with peripheral and axial PsA. The baseline characteristics of the patients are shown in table 1.

Abstract AB0910 – Table 1. Baseline demographic and clinical characteristics of the patients.

Age -mean (SD)-years	48.3 (11.1)
Female gender (%)	25 (52.1%)
Mean evolution time- (SD)- years	8.4 (7.9)
TJC –mean (SD)	4.1 (4.1)
SJC – mean (SD)	2.9 (2.7)
CRP mg/dl – mean (SD)	0.6 (0.7)
DAS 28- CRP – mean (SD)	3.7 (1.5)
Concomitant DMARD (%)	24 (50%)
Biological Therapy naïve (%)	25 (52.1%)

Follow-up time was 89.25 patients-year. Mean survival time was 40.3 months (95% CI: 32.0–48.5). Age, mean evolution time and previous biological use were significant in the univariate analysis. Concomitant sDMARD had no influence on golimumab retention rate (HR: 1.3; 95% CI: 0.5–3.2; p: 0.6). Figure 1. When golimumab was used as first or second biologic treatment, it had a better retention rate than when it was used as third or fourth, but did not reach statistical significance (HR: 2.3; IC 95%: 0.8–6.2; p=0.1). 18/48 patients (37.5%) withdrew golimumab treatment. 13/18 (72.2%) due to lack of efficacy, 1/18 (0.6%) due to adverse events and 4/18 (22.2%) due to other reasons.



Abstract AB0910 – Figure 1. Golimumab retention rate and concomitant DMARD

Conclusions: Real-world Golimumab retention rate in patients with PsA was good and did not depend on concomitant treatment with sDMARD. When used as first or second biologic, Golimumab retention rate tended to be better.

Disclosure of Interest: None declared

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AB0911 THE RELATIONSHIP BETWEEN NEUROPATHIC PAIN AND DISEASE ACTIVITY, SLEEP, FATIGUE, QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Neuropathic pain (NP) is composed of several abnormal sensations, including burning, prickling hyperalgesia and allodynia. NP is a common problem in rheumatic diseases such as rheumatoid arthritis and ankylosing spondylitis due to inflammatory processes. Previous studies showed that NP in other rheumatic diseases had a negative influence on sleep and quality of life.^{1,2}

Objectives: To examine the relation of neuropathic pain symptoms in Psoriatic Arthritis (PsA) with demographic, clinical and functional parameters.

Methods: PsA patients according to CASPAR criteria were recruited into the study. Demographic and clinical parameters were noted. PainDETECT measurement tool was used for evaluation of NP. Physical examination such as manual muscle testing and sensory examination for hyperalgesia and allodynia was performed (pinprick and light touch test). Disease Activity Score-28 (DAS-28) was noted for disease activity. Associations of NP with quality of life, sleep and fatigue were analysed by filling out Psoriatic Quality of Life (PsAQoL), Pittsburgh Sleep Quality Index (PSQI), Multidimensional Assessment of Fatigue (MAF). PainDETECT scores were categorised as no NP (<12 points), ambiguous NP (13–18 points), probable NP (≥19 points). Group analysis was performed with Independent-Samples Kruskal-Wallis test. Spearman correlation coefficient (rho) was used for correlations between functional parameters. p<0.05 was accepted as significant.

Results: Forty eight PsA patients (31 female, 17 male) with a mean age 50.4 years (SD:10.0) and mean disease duration 92.2 months (SD: 90.2) were recruited into the study. The number of patients with ambiguous NP was 6 patients (4 female, 2 male) and probable NP was 12 patients (10 female, 2 male). The mean scores of PSQI, PsAQoL and MAF were significantly higher in patients with NP (p<0.05). There was no difference in mean scores of DAS-28 and disease duration among groups. The correlations between PainDETECT and other functional parameters were found moderate-strong as PSQI (rho=0.43, p=0.002), MAF (rho=0.44, p=0.002), PsAQoL (rho=0.66, p=0.0005). Also, the probability of NP existence increased with the age (rho=0.40, p=0.01). There was no significant correlation between and clinical parameters such as disease duration and DAS-28 (p>0.05).

Conclusions: These findings suggest that a substantial number of PsA patients suffering from NP. The neuropathic pain symptoms are found to be associated with worse self-reported quality of life and sleep disturbances. It is important to consider the existence of NP in the assessment and treatment process of PsA.

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AB0912 TWO-YEAR EFFICACY AND SAFETY OF GUSELKUMAB FOR TREATMENT OF MODERATE-TO-SEVERE PSORIASIS: PHASE 3 VOYAGE 1 TRIAL

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Background: Guselkumab (GUS) is an interleukin-23 inhibitor recently approved in the US for treatment of moderate-to-severe psoriasis.

Objectives: Efficacy and safety data for up to 100 wks of GUS treatment are reported.

Methods: In the VOYAGE 1 Phase 3, randomised, double-blind, placebo/active comparator-controlled trial, 837 patients were randomised at baseline to placebo (PBO) at wks0/4/12 then GUS 100 mg at wks16/20 and q8w (n=174); GUS at wks0/4/12, and q8w (n=329); or adalimumab (ADA) 80 mg at wk 0, 40 mg at wk1, and q2w through wk47 then GUS at wk52 and q8w (n=334). Efficacy was assessed using nonresponder imputation through wk48 and treatment failure rules from wks52–100.

Results: Among patients randomised to GUS, or PBO→GUS at wk16, efficacy (PASI, Psoriasis Area and Severity Index; IGA, Investigator's Global Assessment) was maintained from wks52–100 with continuous GUS treatment. Among those