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AB0561 **DISEASE DURATION AND HLA-B27 POSITIVITY ALTER LONGTERM RETENTION RATE OF CERTOLIZUMAB PEGOL IN PATIENTS WITH PSORIATIC ARTHRITIS**

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Background: Several factors such as effectiveness, safety and compliance affect the drug survival in chronic disorders. Physicians take care of long-term retention rate and responses for discontinuation of candidate drug. Identification of predictors of clinical response to certolizumab-pegol (CZP) may aid the decision-making process for treating patients psoriatic arthritis (PsA).

Objectives: The purpose of this study to assess the drug survival of certolizumab pegol (CZP) in patients with PsA and to identify the predictors and reasons for discontinuation.

Methods: Data on patient characteristics, demographics, diagnosis, disease duration, treatment and outcomes have been collected since 2011 in Turkish Biologic (TURKBIO) Registry. By the end of December 2020, 68 PsA patients received CZP and were included. Kaplan Meier plot was used for drug survival analysis. Cox regression analysis was performed to evaluate the predictors associated with drug survival.

Results: During the median 47 months follow-up, 17 patients discontinued the CZP treatment. The reasons for discontinuation were ineffectivity (35.3%), adverse event (17.6%) and pregnancy (5.9%). The baseline characteristics of the patients who continued and discontinued CZP were shown in the Table 1. Patients who discontinued CZP had higher mean age and disease duration. HLA-B27 positive patients had lower retention rate while bDMARD naive patients had higher retention rate. At the month 36, retention rate of CZP was 61.6% on patients with PsA (Figure 1).

Conclusion: Real life experience from this nationwide TURKBIO registry show that the retention rate of CZP in PsA are lower in older patients and with longer disease duration. Moreover, bDMARD naive patients have higher retention rate.

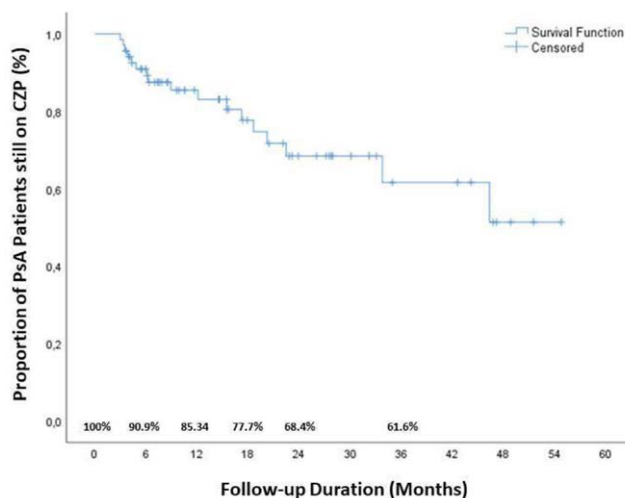


Figure 1. Drug survival of CZP in patients with PsA

Table 1. Baseline characteristics of PsA patients who continue and discontinue CZP

	All Patients (n=68)	Continue to CZP (n=51)	Discontinue to CZP (n=17)	p
Females, n (%)	52 (76,5)	37 (72,5)	15 (88,2)	0,322
Age, years	44 (36-57)	40 (35-53)	51 (42-60)	0,012
Disease Duration, years	9 (5-13)	8 (5-12)	14 (10,5-17)	0,002
Symptom duration, years	11 (7-16)	10 (7-15)	15,5 (11,5-20)	0,014
Order of CZP in bDMARDs	1 (1-2)	1 (1-2)	2 (1-2)	0,062
HLA-B27, n (%)	9 (28,1)	3 (14,3)	6 (54,5)	0,035
ESR, mm/h	23,5 (11-37)	23 (9-35)	24 (17-52)	0,246
Swollen Joint Counts, n	0 (0-2)	0 (0-2)	1 (0-2)	0,480
Tender Joint Counts, n	2 (0-4)	1 (0-4)	2 (1-5)	0,143
CRP, mg/dl	4 (3-13,65)	3,14 (3-13)	5 (3-19)	0,107
HAQ	0,63 (0,25-1)	0,63 (0,25-1)	0,75 (0,63-0,94)	0,097
VAS-Physicians	20 (12-31,5)	20 (12-26)	30 (15-50)	0,074
VAS-Patient Global	50 (27-70)	50 (20-70)	61,5 (46,5-70)	0,342
VAS-Patient Pain	53 (28-75)	50 (20-75)	69 (49,5-75)	0,122
DAS-28-CRP	3,35 (2,2-3,9)	2,85 (2-3,8)	3,6 (2,9-4,4)	0,086
BASFI	15 (8-27)	14 (5-26)	23,5 (12-30,5)	0,133
BASDAI	28 (16-40)	27,5 (14-36)	39 (22,5-41,5)	0,060
ASDAS	2,7 (1,9-3,2)	2,6 (1,9-3,1)	3 (2,35-3,4)	0,122
DAPSA-28	15,35 (7,2-21,9)	14,9 (6,1-21,17)	18,9 (14,15-29,3)	0,108

Disclosure of Interests: None declared.

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AB0562 **POTENTIAL BIOMARKERS OF PERSONALIZED TREATMENT BASED ON CARDIOVASCULAR-RELATED COMORBIDITIES IN PSORIATIC ARTHRITIS**

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Background: Psoriatic Arthritis (PsA) displays increased traditional cardiovascular (CV) risk factors, such as insulin resistance (IR), metabolic syndrome or obesity. Thus, it is an urgent need to treat and manage these