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EULAR REVIEW

MADRID JUNIO 2017

Annual European Congress of Rheumatology

Artritis Psoriásica. Tratamiento

Dr. José Francisco García Llorente

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OP0221: RADIOGRAPHIC PROGRESSION OF STRUCTURAL JOINT DAMAGE IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS TREATED WITH IXEKIZUMAB OVER 52 WEEKS

Abstract Speaker

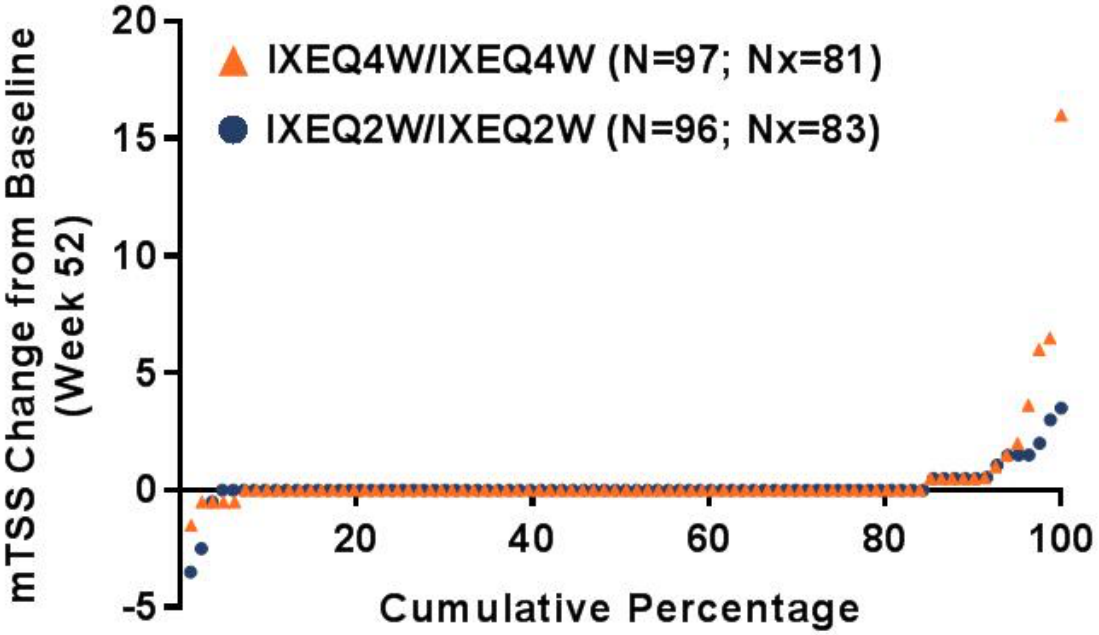
Désirée van der Heijde (Netherlands)

- SPIRIT-P1 (NCT01695239)
- 417 pacientes randomizados a **IXE 80 mg cada 2 semanas (Q2W; N=103) o 4 semanas (Q4W; N=107) tras dosis inicial de 160 mg,** PBO (N=106), o adalimumab 40 mg cada 2 semanas (ADA; brazo activo de referencia; N=101) en 24 semanas.
- Van der Heijde modified PsA Total Sharp Score (mTSS, 0-528 scale)
- El cambio medio en la semana 52 (SD) mTSS desde la basal era de 0.54 (2.11) y 0.09 (1.0) respectivamente para los randomizados al inicio a IXEQ4W y IXEQ2W

Table. Radiographic Progression of Structural Joint Damage for EXT Pts

	PBO/ IXEQ4W (N=45)	PBO/ IXEQ2W (N=46)	ADA/ IXEQ4W (N=49)	ADA/ IXEQ2W (N=48)	IXEQ4W/ IXEQ4W (N=97)	IXEQ2W/ IXEQ2W (N=96)
Baseline (Week 0) Disease Characteristics, Mean (SD)						
mTSS	11.5 (15.5)	24.5 (37.3)	15.6 (24.3)	15.4 (30.2)	19.6 (33.3)	15.2 (29.1)
Tender Joint Count	18.5 (11.6)	19.2 (14.0)	18.8 (11.9)	18.8 (12.8)	20.8 (13.6)	21.3 (13.8)
Swollen Joint Count	9.6 (6.2)	10.7 (7.1)	10.1 (7.4)	9.6 (5.5)	11.0 (7.3)	12.2 (7.3)
mTSS, Pre-Specified, Mean (SD)						
Week 52 Change from Baseline	**n=31** 0.27 (0.8)	**n=37** 0.41 (0.8)	**n=36** 0.32 (1.0)	**n=34** -0.03 (0.4)	**n=80** 0.54 (2.1)	**n=80** 0.09 (1.0)
mTSS, Post-Hoc, Mean (SD)						
Week 52 Change from Baseline	**n=44** 0.25 (0.8)	**n=45** 0.51 (1.1)	**n=47** 0.24 (0.9)	**n=45** 0.06 (0.5)	**n=97** 0.47 (1.9)	**n=96** 0.09 (0.9)

Observed mTSS Change from Baseline Values at Week 52, Cumulative Distribution Plot



N=EXT patients; Nx= Pts with baseline and Wk 52 radiograph assessments. mTSS values from radiographs taken after the Wk 52 scheduled visit date were interpolated and considered as observed data.

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OP0223: ABATACEPT IN THE TREATMENT OF ACTIVE PSORIATIC ARTHRITIS: 1-YEAR RESULTS FROM A PHASE III STUDY

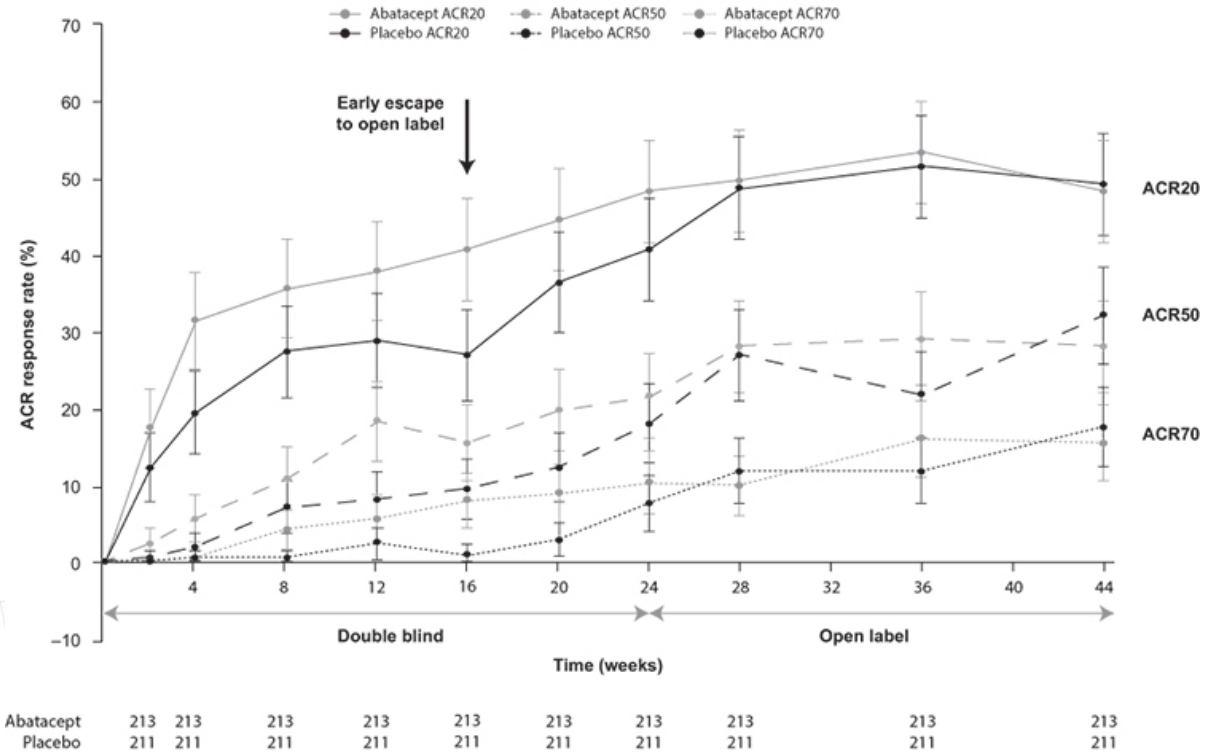
Abstract Speaker

P Mease (United States)

FASE III ASTRAEA TRIAL (NCT01860976), SEMANA 24 Y SEGUIMIENTO ABIERTO SEMANA 52

- **> 60% previo iTNF**
- Progresión radiológica mínima PsA-modified total SHS en la semana 44/52 en los grupos de ABA y PBO/ABA: 0.18 (0.12) vs 0.30 (0.12)
- Resolución completa de la entesitis basal en 48.6% y 43.9% y de la dactilitis basal en 68.9% y 60.0% de pts con ABA y ABA/PBO
- Respuestas PASI 50 en la semana 44 de 30.1% y 34.5%
- Respuesta PASI 75 de 19.9% y 16.9%

Figure. ACR 20/50/70 Responses to Week 44 (ITT Population)



Error bars represent 95% CIs
Measurements for early escape patients at Weeks 20, 24, 28, 36 and 44 are actual measurements at Weeks 4, 8, 12, 20 and 28 of open-label abatacept treatment
At all time points, if there were missing data, patients were imputed as non-responders, unless data were missing between two time points at which the patient had a response, in which case response was imputed

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FRI0487: APREMILAST IS ASSOCIATED WITH LONG-TERM (4-YEAR) DAS-28 (CRP) REMISSION AND IMPROVEMENTS IN SKIN DISEASE: RESULTS FROM A PHASE III STUDY IN DMARD/BIOLOGIC-EXPERIENCED PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS

Presenting Author

Christopher J. Edwards (United Kingdom)

PALACE 3: APso con enfermedad articular activa y lesión cutánea activa.

4 años, semana 208

505 pacientes, APR 30 mg BID y 20 mg BID, vs PBO

- El 4º año lo acaban 227 de 249 pacientes que lo inician.
- Único AE en ≥5%: nasofaringitis
- SAEs en 7.2% de APR30 de la semana >156 a ≤208
- AEs con descontinuación: 0.7% de la semana >156 a ≤208

Outcomes at Week 208	
	APR30 n=129*
DAS-28 (CRP), mean change	−1.66
DAS-28 (CRP) <2.6, n/m (%)	64/127 (50.4)
SJC, mean/median % change	−77.4/−100.0
TJC, mean/median % change	−64.4/−86.6
HAQ-DI (0-3), mean change	−0.42
HAQ-DI MCID ≥0.30/≥0.35, n/m (%)	63/129 (48.8)
ACR20, n/m (%)	85/128 (66.4)
ACR50, n/m (%)	51/128 (39.8)
ACR70, n/m (%)	31/127 (24.4)
PASI-75, n/m (%)§	28/62 (45.2)
PASI-50, n/m (%)§	42/62 (67.7)

Data as observed. *The n reflects the number of patients treated with APR30, regardless of when APR was started (BL, Week 16, or Week 24) and who had data available at Week 208; actual number of patients available for each end point may vary. §Examined among patients with psoriasis involvement of the body surface area ≥3% at BL. APR30=apremilast 30 mg BID; DAS-28=28-joint count Disease Activity Score; CRP=C-reactive protein; SJC=swollen joint count; TJC=tender joint count; HAQ-DI=Health Assessment Questionnaire-Disability Index; MCID=minimal clinically important differences; ACR20/50/70=20%/50%/70% improvement in modified American College of Rheumatology response criteria; n/m=number of responders/number of patients with sufficient data for evaluation; PASI-75/50=≥75%/≥50% reduction from BL Psoriasis Area and Severity Index score; BL=baseline.

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FRI0490: REAL-LIFE EFFECTIVENESS OF TNF INHIBITORS IN PSORIATIC ARTHRITIS: ARE CHANGING NATIONAL POLICIES ON CHOICE OF TNF INHIBITOR REFLECTED IN RESPONSE TO TREATMENT?

Presenting Author

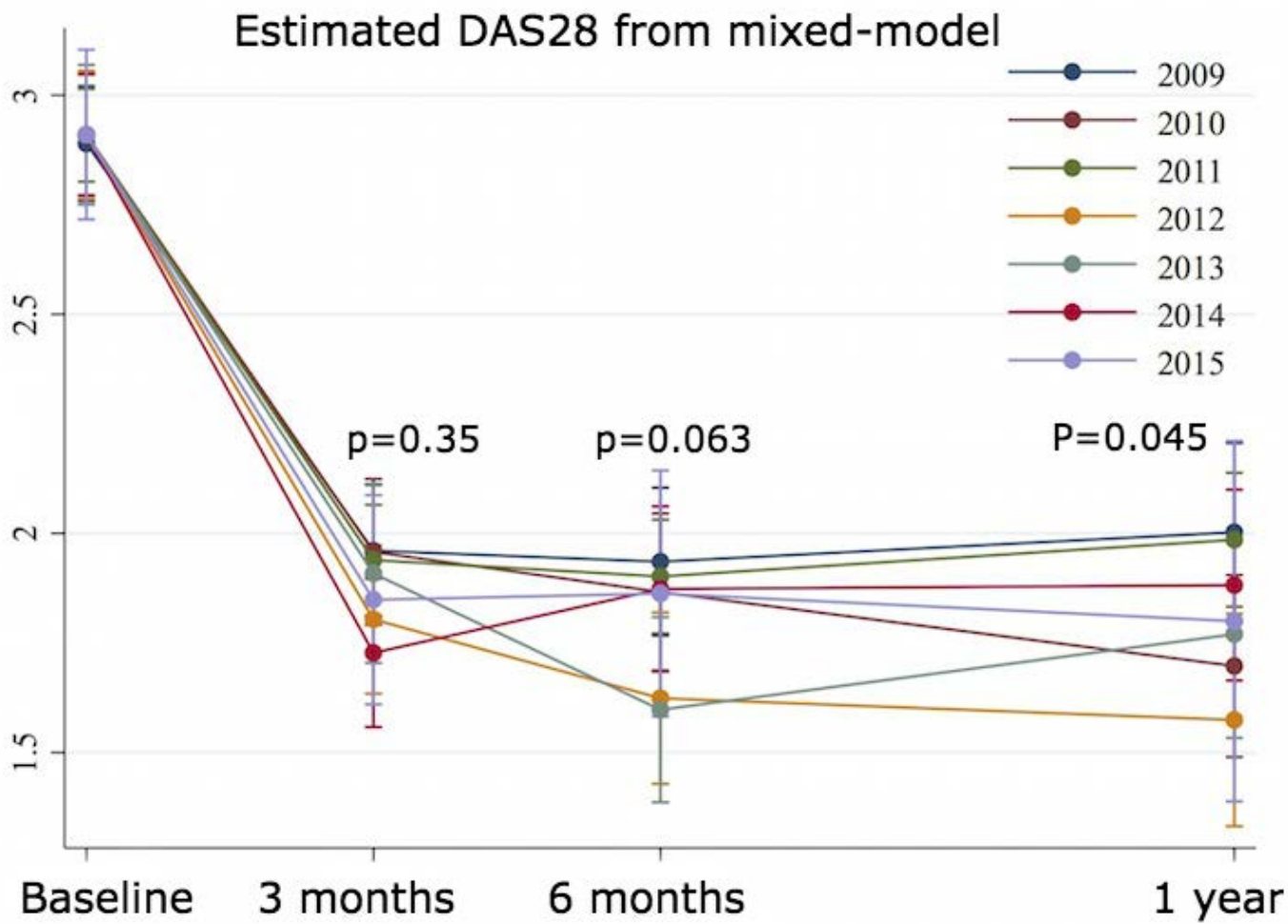
Eirik K Kristianslund (Norway)

- Registro NOR-DMARD: 715 pacientes biologic-naïve con APso que iniciaron el primer iTNF de 2009 a 2015.

- iTNF preferido según recomendaciones nacionales: 2009 adalimumab, 2010 golimumab, 2011 y 2012 etanercept, 2013 golimumab, 2014 certolizumab, 2015 certolizumab / biosimilar infliximab (CT-P13).

- Sin cambios significativos de DAS28

	2009	2010	2011	2012	2013	2014	2015	p-value
N	104	90	162	99	90	108	62	
Age (years), mean (SD)	42.3 (11.2)	40.5 (11.8)	42.5 (12.6)	40.3 (11.1)	42.1 (12.8)	42.9 (11.6)	42.8 (12.4)	0.59
Proportion female	33.0%	36.0%	47.8%	38.4%	40.0%	37.0%	38.7%	0.29
Years since diagnosis, median (IQR)	4.5 (0.8, 14.5)	4.6 (0.7, 15.4)	5.4 (0.7, 16.0)	3.3 (0.6, 13.6)	1.3 (0.4, 8.5)	1.9 (0.2, 7.0)	2.5 (0.2, 10.8)	0.088
Disease Activity Score 28 joints, mean (SD)	3.04 (1.18)	3.09 (1.06)	2.97 (1.04)	2.76 (1.06)	2.78 (0.91)	2.79 (0.94)	2.60 (0.81)	0.051
Clinical Disease Activity Index, mean (SD)	11.02 (5.54)	11.43 (6.92)	10.20 (4.87)	10.08 (4.99)	9.41 (2.83)	10.42 (5.41)	9.08 (4.28)	0.15
Simplified Disease Activity Index, mean (SD)	12.52 (6.11)	12.90 (7.21)	11.34 (5.45)	10.43 (5.27)	10.45 (3.14)	11.41 (5.97)	9.63 (4.49)	0.015
Adalimumab	91.3%	33.3%	22.2%	15.2%	18.9%	13.0%	0.0%	<0.001
Certolizumab	0.0%	2.2%	0.0%	0.0%	11.1%	74.1%	43.5%	
Etanercept	7.7%	7.8%	61.7%	67.7%	5.6%	2.8%	3.2%	
Golimumab	0.0%	55.6%	12.3%	12.1%	63.3%	3.7%	4.8%	
Infliximab	1.0%	1.1%	3.7%	5.1%	1.1%	0.0%	0.0%	
Infliximab biosimilar	0.0%	0.0%	0.0%	0.0%	0.0%	6.5%	48.4%	


Estimated DAS28 from mixed-model
2009
2010
2011
2012
2013
2014
2015
p=0.35
p=0.063
P=0.045
3
2.5
2
1.5
Baseline
3 months
6 months
1 year

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OP0222: SECUKINUMAB PROVIDES SUSTAINED IMPROVEMENTS IN THE SIGNS AND SYMPTOMS OF ACTIVE PSORIATIC ARTHRITIS: 104 WEEKS RESULTS FROM A PHASE 3 TRIAL, FUTURE 2

Abstract Speaker

Iain McInnes (United Kingdom)

Table: Summary of Efficacy Results at Wk 104

Variable (% responders unless otherwise specified)	Secukinumab 300 mg s.c. (N=100)	Secukinumab 150 mg s.c. (N=100)	Secukinumab 75 mg s.c. (N=99)
ACR20	69.4	64.4	50.3
ACR50	50.6	36.0	28.2
ACR70	33.1	23.1	14.9
[a]PASI 75	79.5	73.3	58.4
[a]PASI 90	69.6	52.5	33.7
SF-36 PCS, LS mean change from BL (SE)	6.8 (0.85)	5.0 (0.87)	4.1 (0.91)
DAS28-CRP, LS mean change from BL (SE)	–1.9 (0.12)	–1.7 (0.12)	–1.5 (0.13)
HAQ-DI, LS mean change from BL (SE)	–0.58 (0.05)	–0.48 (0.06)	–0.27 (0.06)
[b]Resolution of enthesitis	71.5	61.8	68.4
[c]Resolution of dactylitis	79.9	78.0	88.6

[a]Assessed in pts with psoriasis affecting ≥3% body surface area at BL (300 mg: n=41; 150 mg: n=58; 75 mg: n=50); [b]Assessed in pts (n=56 [300 mg], 64 [150 mg] and 68 [75 mg]) with this symptom at BL; [c]Assessed in pts (n=46 [300 mg], 32 [150 mg] and 33 [75 mg]) with this symptom at BL; BL, baseline; DAS28-CRP, 28-joint disease activity score using C-reactive protein; HAQ-DI, health assessment questionnaire-disability index; LS, least squares; N, number of pts randomised; PASI, psoriasis area and severity index; SE, standard error; SF-36 PCS, short form-36 physical component summary

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FRI0494: SECUKINUMAB PROVIDES RAPID AND SUSTAINED PAIN RELIEF IN PSORIATIC ARTHRITIS: 2-YEAR RESULTS FROM THE FUTURE 2 STUDY

Presenting Author

Iain B McInnes (United Kingdom

- FUTURE 2, análisis post-hoc.
- PBO vs SCK 150 mg vs SCK 300 mg.
- iTNF naive vs previo iTNF
- Dolor, VAS
- SF-36

Table. Summary of results by TNFi status at baseline

		TNFi-naïve			TNFi-IR		
		SEC 300mg	SEC 150mg	PBO	SEC 300mg	SEC 150mg	PBO
N		67	63	63	33	37	35
Pain VAS	Wk 16	-27.8*	-25.1†	-11.3	-18.2‡	-21.1§	-4.4
	Wk 104	-29.6	-28.3	-	-19.3	-20.4	-
SF-36 bodily pain	Wk 16	23.8*	25.4*	8.6	18.3§	17.9§	5.2
	Wk 104	24.2	22.2	-	24.5	14.0^	-

*P<0.0001; †P<0.001; §P<0.01; ‡P<0.05 vs. PBO. P-values and LS mean change at Wk 16 from MMRM analysis; Mean change at Wk 104 from observed data in n= 57 (300mg) and 53 (150mg) for TNFi-naïve and n= 29 (300mg) and 24 (150mg) for TNFi-IR; ^n=26

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FRI0496: COMPARING TOFACITINIB SAFETY PROFILE IN PATIENTS WITH PSORIATIC ARTHRITIS IN CLINICAL STUDIES WITH REAL-WORLD DATA

Presenting Author

Jeffrey R Curtis (United States)

- Dos estudios Fase 3 completados (NCT01877668; NCT01882439) y una extensión a largo plazo (LTE) en ejecución NCT01976364).
- Comparan las tasas de incidencia de AEs de los estudios Fase 3 5 mg (N=238) o 10 mg (N=236) con la extensión (N=783) y con la cohorte US Truven MarketScan (N=5799) USTMS: SIEs, HZ, cáncer excepto NMSC y MACE.
- Más pacientes tratados con TOFA tenían CDES (15.7-28.2%), csFAMES (100%) y iTNF (48.1-55.9%) vs USTMS (11.9%, 46.6% y 36.6%, respectivamente).
- Menor IRs para SIEs TOFA vs la cohorte comparadora.
- TOFA: mayor tasa de HZ vs USTMS

Table 1. Incidence rates (95% CI)[a] [PY exposure] for adverse events of special interest

		SIEs[b]	HZ	Malignancies[c]	NMSC	MACE
Tofacitinib cohort[d]	**Tofacitinib 5 mg BID (N=238)**	1.30 (0.16, 4.69) [154]	1.96 (0.41, 5.74) [153]	NR	NR	NR
	Tofacitinib 10 mg BID (N=236)	2.00 (0.41, 5.83) [150]	2.66 (0.73, 6.81) [150]	NR	NR	NR
	Tofacitinib all doses (N=783)	NR	NR	0.63 (0.21, 1.48) [791]	0.51 (0.14, 1.30) [789]	0.38 (0.08, 1.11) [791]
Comparison cohort	**Any bDMARD (N=5075)**	5.02 (4.19, 5.97) [2569]	1.26 (0.91, 1.70) [3343]	0.51 (0.34, 0.74) [5499]	1.40 (1.10, 1.75) [5488]	0.38 (0.22, 0.61) [4468]
	Any bDMARD + csDMARD (N=2542)	5.10 (3.83, 6.66) [1058]	1.53 (0.94, 2.37) [1303]	0.40 (0.16, 0.82) [1751]	1.79 (1.21, 2.53) [1736]	0.25 (0.07, 0.64) [1591]
	Any TNFi (N=4617)	5.13 (4.26, 6.11) [2419]	1.26 (0.90, 1.71) [3181]	0.51 (0.33, 0.74) [5144]	1.39 (1.09, 1.76) [5098]	0.41 (0.24, 0.65) [4183]
	Any TNFi + csDMARD (N=2383)	5.12 (3.83, 6.72) [1015]	1.51 (0.91, 2.36) [1257]	0.42 (0.17, 0.86) [1670]	1.75 (1.17, 2.52) [1656]	0.26 (0.07, 0.67) [1520]
	Adalimumab (N=1934)	4.16 (3.00, 5.63) [1009]	1.16 (0.65, 1.91) [1297]	0.48 (0.23, 0.88) [2095]	1.40 (0.94, 2.01) [2070]	0.41 (0.16, 0.84) [1724]
	Etanercept (N=1412)	4.82 (3.37, 6.67) [747]	1.10 (0.55, 1.97) [1000]	0.41 (0.16, 0.84) [1720]	1.46 (0.95, 2.16) [1709]	0.30 (0.08, 0.76) [1343]
	Infliximab (N=615)	8.91 (6.09, 12.57) [359]	1.94 (0.93, 3.57) [516]	1.21 (0.55, 2.30) [743]	1.35 (0.65, 2.48) [741]	0.47 (0.10, 1.37) [638]
	Golimumab (N=389)	3.49 (1.40, 7.19) [201]	1.16 (0.24, 3.39) [258]	0.00 (0.00, 0.90) [410]	0.99 (0.27, 2.53) [404]	0.91 (0.19, 2.67) [328]
	Certolizumab (N=267)	6.80 (2.74, 14.02) [103]	0.91 (0.02, 5.06) [110]	0.00 (0.00, 2.09) [176]	1.72 (0.35, 5.02) [175]	0.00 (0.00, 2.44) [151]
	Apremilast (N=617)	5.34 (2.56, 9.82) [187]	2.62 (0.85, 6.13) [191]	1.14 (0.24, 3.35) [262]	3.45 (1.58, 6.56) [261]	0.00 (0.00, 1.60) [231]

[a]Patients with event per 100 PY; [b]SIEs: any infection requiring parenteral antimicrobial therapy or hospitalisation or if the infection met criteria for a serious adverse event in the tofacitinib cohort; infections requiring parenteral antimicrobial treatment and hospitalisation in the comparison cohort; [c]All malignancies excluding non-melanoma skin cancer; [d]Tofacitinib 5 and 10 mg BID rows include patients randomised to these doses, respectively, in the two Phase 3 studies (12 or 6 months' duration), tofacitinib all doses row includes patients who received ≥1 dose of tofacitinib in the two Phase 3 studies or the LTE. IR estimates include events occurring ≤28 days after last dose of study drug (or to data cut-off in the LTE). Exposure (PY) is the total follow-up time to the day of the first event within the event-counting period for patients with events, or the last dose day plus a risk period of 28 days after the last dose (or to data cut-off for LTE) for patients without events. bDMARD, biologic disease-modifying antirheumatic drug; BID, twice daily; CI, confidence interval; csDMARD, conventional synthetic disease-modifying antirheumatic drug; HZ, herpes zoster; LTE, long-term extension study; MACE, major adverse cardiovascular event; NMSC, non-melanoma skin cancer; NR, not reported; PY, patient-years; SIE, serious infection event; TNFi, tumour necrosis factor inhibitor.

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OP0218: EFFICACY AND SAFETY RESULTS OF GUSELKUMAB, AN ANTI-IL23 MONOCLONAL ANTIBODY, IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS OVER 24 WEEKS: A PHASE 2A, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY

Abstract Speaker

Atul Deodhar (United States)

Table 1 Summary of Efficacy Results at Week 24 in mITT Population[a]			
Efficacy Endpoints	PBO	GUS	p-value
ACR 20	18.4%	58.0%	p<0.001
ACR 50	10.2%	34.0%	P=0.002
ACR 70	2.0%	14.0%	P=0.023 (post hoc)
PASI 75	12.5%	78.6%	p<0.001
PASI 90	6.3%	66.3%	P<0.001
PASI 100	6.3%	39.8%	P<0.001
Mean (SD) change from BL in HAQ-DI score	-0.06 (0.53)	-0.42 (0.51)	p<0.001
Median % change from BL in LEI[b]	-33.33%	-100.00%	p=0.009
% of pts with unresolved enthesitis[b]	71.0%	43.4%	P=0.012
Median % change from BL in dactylitis[c]	-33.33%	-100.00%	p<0.001
% of pts with unresolved dactylitis[c]	82.6%	44.8%	P=0.001
Mean (SD) change from BL in SF-36 PCS score	0.46 (6.51)	6.59 (7.47)	P<0.001
Mean (SD) change from BL in SF-36 MCS score	0.42 (6.74)	4.95 (9.06)	p=0.002
% of pts achieving Minimal Disease Activity	2.0%	23.0%	p=0.001
Mean (SD) change from BL in PASDAS	-0.49 (1.33)	-2.50 (1.59)	p<0.001
Mean (SD) change from BL in GRACE Index	-0.35 (1.39)	-2.73 (1.76)	P<0.001
Mean (SD) change from BL in mCPDAI	-0.8 (2.26)	-3.9 (2.79)	P<0.001
Mean (SD) change from BL in DAPSA	-4.97 (20.11)	-23.08 (20.21)	P<0.001

[a]All pts randomized into the study, received at least 1 administration of study treatment (GUS or PBO), and were analyzed according to their assigned treatment group regardless of their actual treatment received; [b]Among the pts with enthesitis at baseline (PBO: N=31; GUS: N=76); [c]Among the pts with dactylitis at baseline (PBO: N=23; GUS: N=58); LEI: Leeds Enthesitis Index, PCS: Physical Component Score, MCS: Mental Component Score, PASDAS: Psoriatic ArthritiS Disease Activity Score, GRACE: GRAppa Composite score, mCPDAI: modified Composite Psoriatic Disease Activity Index, DAPSA: Disease Activity Index for Psoriatic Arthritis, BL: Baseline

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FRI0505: RESIDUAL DISEASE ACTIVITY IN PSORIATIC ARTHRITIS TRIGGERS TREATMENT ADJUSTMENT IN ONLY A QUARTER OF PATIENTS IN DAILY CLINICAL PRACTICE

Presenting Author

Leonieke Johanna Jolanda Van Mens (Netherlands)

- 142 APso consecutivas: 90 con actividad residual por el reumatólogo que lo trataba, 48/90 con alta (9) o moderada (39) actividad según CDAI
- Sin diferencias demográficas entre los que tenían y no tenían actividad residual
- Actividad residual: mas en csFAME mono o un 2º iTNF
- Solo se ajustó el tratamiento en 21 (23%) de los pacientes

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FRI0508: THE EFFECT OF CERTOLIZUMAB PEGOL ON EXTRA-ARTICULAR MANIFESTATIONS OF PSORIATIC ARTHRITIS OVER 4 YEARS OF TREATMENT IN PATIENTS WITH AND WITHOUT PRIOR ANTI-TNF EXPOSURE

Presenting Author

Oliver FitzGerald (Ireland)

Table: Improvements in extra-articular manifestations of PsA over 216 weeks of CZP treatment in patients with and without prior anti-TNF exposure (observed values)

	Week 0 CZP dose combined (N=273)			
	Baseline	**Week 48**	**Week 96**	**Week 216**
Number of patients observed **Mean score (standard deviation)** **Patients with total resolution, n (%)**				
Nail psoriasis (mNAPSI) [a]				
Anti-TNF naïve (n=159)	159 3.4 (2.1) –	139 1.1 (1.5) 71 (51.1)	129 0.7 (1.3) 84 (65.1)	109 0.4 (0.8) 80 (73.4)
Anti-TNF experienced (n=38)	38 2.9 (1.8) –	33 0.9 (2.1) 22 (66.7)	29 0.6 (1.1) 19 (65.5)	23 0.5 (0.7) 14 (60.9)
Enthesitis (LEI) [b]				
Anti-TNF naïve (n=133)	133 3.0 (1.7) –	116 0.8 (1.5) 83 (71.6)	104 0.7 (1.3) 74 (71.2)	85 0.5 (1.0) 65 (76.5)
Anti-TNF experienced (n=39)	39 2.9 (1.6) –	33 1.2 (2.1) 23 (69.7)	27 0.8 (1.4) 19 (70.4)	25 0.5 (1.2) 20 (80.0)
Dactylitis (LDI) [c]				
Anti-TNF naïve (n=56)	56 50.9 (64.7) –	48 0.0 (0.0) 44 (91.7)	46 0.0 (0.0) 42 (91.3)	41 0.3 (2.1) 38 (92.7)
Anti-TNF experienced (n=17)	17 52.5 (42.7) –	14 12.6 (25.3) 11 (78.6)	11 0.0 (0.0) 9 (81.8)	9 4.2 (12.7) 8 (88.9)

EAMs were assessed in patients with involvement of the respective EAM at baseline. [a] Patients with mNAPSI >0 at baseline; [b] Patients with LEI >0 at baseline; [c] Patients with LDI >0 at baseline, defined as having at least 1 digit affected and with a difference in circumference ≥10% compared to the opposite digit.

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Sociedad Española de Reumatología

EULAR REVIEW

MADRID JUNIO 2017

Annual European Congress of Rheumatology

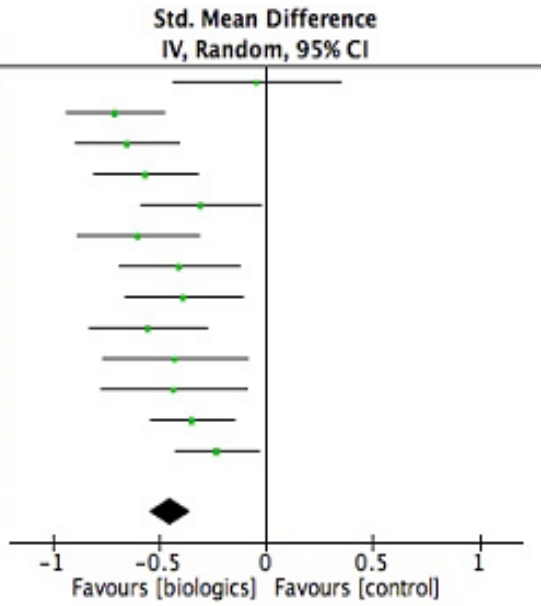
FRI0519: EFFECT OF BIOLOGICS ON FATIGUE IN PSORIATIC ARTHRITIS: A SYSTEMATIC LITERATURE REVIEW WITH META-ANALYSIS

Presenting Author

Thomas Reygaerts (France)

Study or Subgroup	Biologics Mean	Biologics SD	Biologics Total	Control Mean	Control SD	Control Total	Weight	Std. Mean Difference IV, Random, 95% CI
Genovese 2007	-2.6	7.1	51	-2.3	6.7	49	4.6%	-0.04 [-0.44, 0.35]
Gladman 2007	-7.1	10.2	151	-0.1	9.6	161	9.1%	-0.71 [-0.93, -0.48]
Gladman 2014 A	-2.2	2.6	138	-0.6	2.3	136	8.6%	-0.65 [-0.89, -0.41]
Gladman 2014 B	-1.9	2.3	135	-0.6	2.3	136	8.6%	-0.56 [-0.81, -0.32]
Gossec 2015 A	-5.134	9.1027	99	-2.117	10.561	98	7.3%	-0.30 [-0.59, -0.02]
Gossec 2015 B	-8.018	9.0158	100	-2.117	10.561	98	7.2%	-0.60 [-0.88, -0.31]
Gossec 2015 C	-6.14	9.1814	100	-2.117	10.561	98	7.3%	-0.41 [-0.69, -0.12]
Ritchlin 2014 A	-3	10.37	103	0	3.7	104	7.5%	-0.38 [-0.66, -0.11]
Ritchlin 2014 B	-3	6.7	105	0	3.7	104	7.4%	-0.55 [-0.83, -0.28]
Strand 2013 A	-4.1	8.78	69	-0.5	8.03	68	5.7%	-0.43 [-0.76, -0.09]
Strand 2013 B	-4.3	9.46	67	-0.5	8.03	68	5.7%	-0.43 [-0.77, -0.09]
Strand 2016 A	-7.44	9.0893	202	-4.206	9.6088	202	10.5%	-0.35 [-0.54, -0.15]
Strand 2016 B	-6.512	10.447	202	-4.206	9.6088	202	10.5%	-0.23 [-0.42, -0.03]
Total (95% CI)			**1522**			**1524**	**100.0%**	**-0.44 [-0.54, -0.35]**

Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 21.25$, df = 12 (P = 0.05); $I^2 = 44\%$
Test for overall effect: Z = 8.89 (P < 0.00001)



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EULAR REVIEW

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FRI0646: THREE-DIMENSIONAL NAIL IMAGING BY OPTICAL COHERENCE TOMOGRAPHY: A NOVEL BIOMARKER OF RESPONSE TO THERAPY FOR NAIL DISEASE IN PSORIASIS AND PSORIATIC ARTHRITIS.

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