

# ACR REVIEW 3-8 NOVIEMBRE 2017 SANDIEGO

ACR-REVIEW.SER.ES



Sociedad Española de  
Reumatología

*Lilly*

**ACR  
REVIEW** 3-8 NOVIEMBRE 2017  
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## ESPONDILOARTROPATÍAS

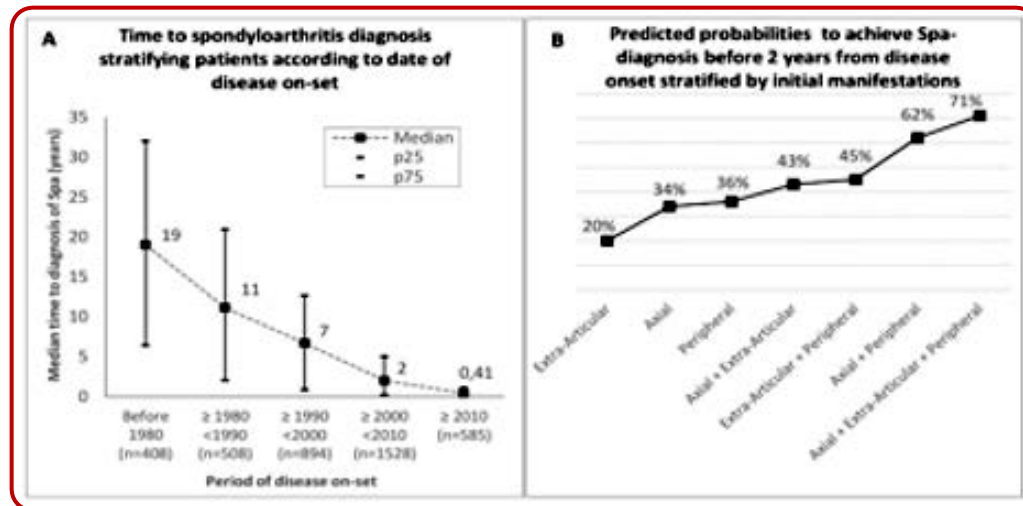
Dr. Julio Ramírez García

## ABSTRACT NUMBER: 2505

### Trends in Time to Diagnosis in Spondyloarthritis Patients. Association with 2009 ASAS Classification Criteria and Clinical Presentation at Disease Onset. Data from Comospa Study

*Rodolfo Perez-Alamino*

- ▶ The probability to have an early diagnosis increased from 8% in patients before 1980 to 67% after 2010



## ABSTRACT NUMBER: 2555

### Clinical History of Psoriatic Arthritis over Four Decades

*Dafna D Gladman*

Variable	1978-1987 N=326	1988-1997 N=238	1998-2007 N=427	2008=2017 N=437
Age	44.1 (14.5)	41.3 (11.8)	44.3 (12.9)	46.1 (12.8)
Disease duration Psoriasis	15.8 (12.6)	13.0 (10.6)	15.3 (12.5)	16.8 (13.6)
Disease duration PsA	8.3 (9.1)	6.2 (7.1)	6.6 (7.7)	4.7 (7.2)
Married	64%	70%	63%	57%
Post-secondary education	49%	73%	71%	74%
No. of actively inflamed joints (at presentation)	10.4 (9.3)	11.0 (9.7)	11.1 (9.9)	8.9 (10.3)
PASI score (at presentation)	NA	7.2 (8.3)	6.1 (8.8)	5.0 (6.6)
Elevated CRP	NA	NA	9%	28%

Variable	1978-1987	1988-1997	1998-2007	2008=2017
Clinically damaged joints	40%	34%	37%	26%
No. damaged joints	3.1 (6.9)	2.7 (7.2)	3.3 (7.9)	1.5 (4.5)
Sacroiliitis	24%	16%	24%	19%
Functional class %	11%	13%	11%	7%
Radiographic damage	59%	47%	54%	39%
HAQ	NA	0.6 (0.6)	0.7 (0.6)	0.6 (0.6)
Diabetes	3%	3%	7%	8%
Hypertension	12%	11%	20%	22%
NSAIDs	70%	77%	71%	68%
DMARDs	30%	62%	65%	59%
Biologics	NA	NA	26%	45%



**ABSTRACT NUMBER: 2555**

**Clinical History of Psoriatic Arthritis over Four Decades**

*Dafna D Gladman*

- Misma edad al Diagnóstico
- Mismo tiempo de evolución de Psoriasis
- Misma actividad de la enfermedad
- Menor daño radiológico
- Más comorbilidades
- Menos AINE pero cada vez más FAME-Biológicos

## ABSTRACT NUMBER: 2802

# Sustained Remission of Inflammation Is Associated with Reduced Structural Damage on SI Joint MRI in Patients with Early Axial SpA: Evidence to Support the Concept of Treat-to-Target

*Walter P. Maksymowych*

### ▶ Purpose:

- ▶ We evaluated the impact of sustained clinical remission on MRI structural parameters.
- ▶ **We hypothesized that patients with inactive disease (ASDAS <1.3) are more likely to achieve reduction in erosion and increase in backfill on MRI of the SI joints.**

### ▶ Methods:

- ▶ The EMBARK and DESIR studies enrolled early axSpA pts.
- ▶ EMBARK included a 12-week double-blind placebo-controlled period, then open-label etanercept for 92 weeks.
- ▶ DESIR patients were biologic-naive and did not receive biologics for 2 years.
- ▶ MRI images of the SIJ at baseline and 104 weeks

## ABSTRACT NUMBER: 2802

### ➤ Results:

- In EMBARK and DESIR, 150 and 68 patients, were included.
- For the patients in EMBARK with sustained ASDAS inactive disease, the proportion with a decrease in erosion was significantly greater than with an increase, and the proportion with an increase in backfill was significantly greater than with a decrease.
- This trend was also present for patients with sustained ASDAS inactive disease in DESIR; the difference between proportions was not as great as in EMBARK.
- **For the first time, the data demonstrate a link between achieving sustained ASDAS inactive disease and MRI structural lesions.** The clinical relevance of change in MRI erosion and backfill in the SIJ and their relationship to the development of ankylosis requires further study.

ABSTRACT NUMBER: 2804

## Pregnancy Outcomes in Patients with Ankylosing Spondylitis: A Nationwide Population Study

*Yao-Fan Fang*

### ➤ **Methods:**

- The primary data source was the **National Health Insurance database and national birth registry of Taiwan**. We obtained records of all pregnancies in Taiwan **between 2001 and 2012** from a national insurance database.
- We analyzed data from 2,350,339 women between 2001 and 2012 categorized into 2 groups.
- Subjects in the reference group (2,347,847 women) had no AS diagnosis AS group (2,492 women) had diagnosed with AS before pregnancy.



## ABSTRACT NUMBER: 2804

### ▶ **Results:**

- ▶ Maternal outcomes in patients with AS revealed a higher adjusted odds ratio for
  - ▶ **Puerperal cerebrovascular disorders** (OR 4.05 95% CI 2.02 to 8.12),
  - ▶ **Preterm labor** (OR 1.18 95% CI 1.00 to 1.38)
    - ▶ **Cesarean delivery** (OR 1.08 95% CI 1.01 to 1.15),
  - ▶ **Pulmonary edema** (OR 4.99 95% CI 1.24 to 20.10)
  - ▶ **Gestational diabetes** (OR 1.16 95% CI 1.02 to 1.34).
- ▶ The neonatal outcomes in AS group showed a higher adjusted OR for
  - ▶ **Poorer 1 minute Apgar score (<7)** (OR 1.38 95% CI 1.10 to 1.75),
  - ▶ **Poorer 5 minute Apgar score (<7)** (OR 1.60 95% CI 1.02 to 2.52),
  - ▶ **Fetal abnormalities** (OR 1.20 95% CI 1.03 to 1.39),
  - ▶ **Chromosomal abnormalities** (OR 1.72 95% CI 1.15 to 2.59)
  - ▶ **Unspecific abnormalities** (OR 1.28 95% CI 1.01 to 1.62).

ABSTRACT NUMBER: 2880

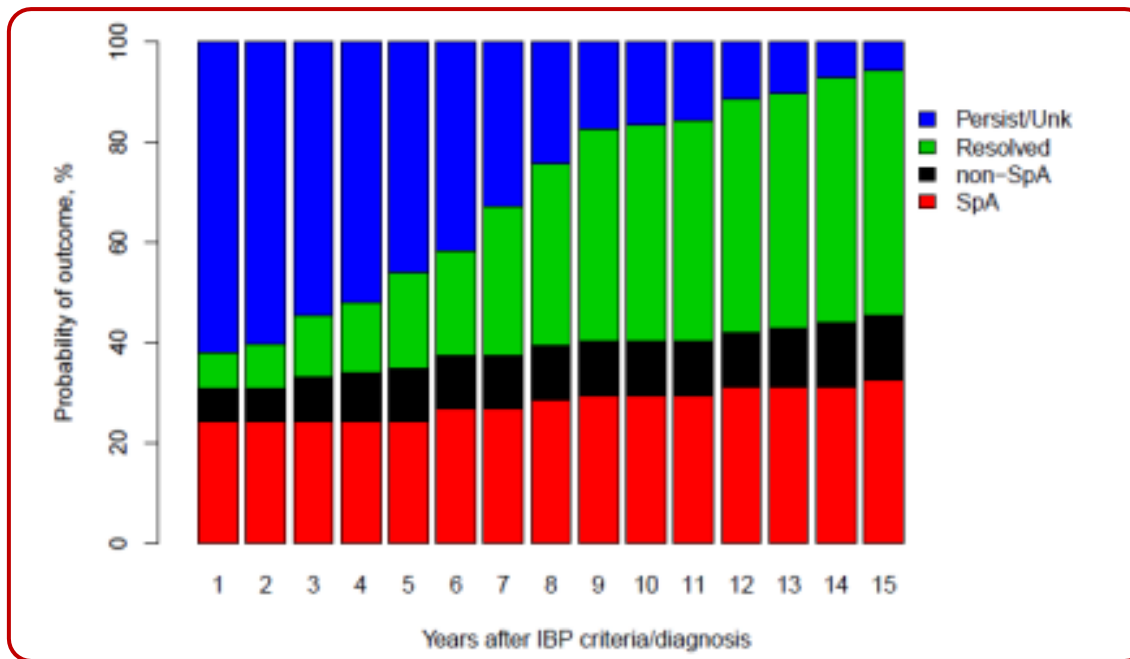
## Clinical Evolution of Patients with Inflammatory Back Pain: A Population-Based Longitudinal Cohort Study

*Runsheng Wang*

### ▶ Results:

- ▶ After screening 5304 patients, we identified 124 subjects with new-onset IBP from 2000 to 2003. After a median of 13.2 years of follow up, progression to SpA occurred in 39 patients (31.7%).
- ▶ **The probability of having SpA at 5, 10, 15 years was 24%, 30%, and 33%, respectively.** In almost half of the patients, their IBP resolved during follow up.

## ABSTRACT NUMBER: 2880



- **Progression** was seen in
  - **85% of 13 patients with a history of uveitis.**
  - **26% of 111 patients without history of uveitis.**

## ABSTRACT NUMBER: 2878

### Efficacy and Safety Results of Guselkumab in Patients with Active Psoriatic Arthritis over 56 Weeks from a Phase 2a, Randomized, Double-Blind, Placebo-Controlled Study

*Atul A. Deodhar*

#### ▶ **Methods:**

- ▶ Pts w/active PsA (defined as  $\geq 3$  tender &  $\geq 3$  swollen joints, C-reactive protein  $\geq 3$  mg/L) and  $\geq 3\%$  body surface area (BSA) of plaque psoriasis despite current or previous treatment w/standard-of-care therapies, including previous TNF inhibitor therapy,

#### ▶ **Results:**

- ▶ 149 pts were randomized to receive study agent (PBO: 49, GUS: 100). The study met its primary and all secondary endpoints through wk24.
- ▶ Post wk24, ACR 20/50/70 and PASI 75/90/100 responses improved in PBO to GUS crossover pts and were well-maintained in GUS pts through wk44 and wk56 .

## ABSTRACT NUMBER: 2878

	ACR20/50/70 24w	ACR20/50/70 56w	PASI75 56w
GUS100 8w	66/40/16%	73/53/32%	86%
Placebo/GUS100 8w	31/17/3%	81/67/29%	81%

### ▶ Safety:

- ▶ At wk56, 17.2% of PBO→GUS, 46.0% of GUS, and 39.5% of the combined GUS pts had  $\geq 1$  AEs, of which infections and infestations were the most commonly reported (3.4%, 27.0%, and 21.7%, respectively).
- ▶ Post wk24, there was no disproportional increase in overall AE frequency, or infections and infestations among GUS pts with longer exposure.



## ABSTRACT 2881

### Pre-Existing Psoriasis is predictive for clinical relapse after drug-free remission induced by the therapy with Golimumab in early peripheral spondyloarthritis

*Carron P*

#### ▶ Objective:

- ▶ To evaluate sustained drug-free clinical remission after induction therapy with golimumab in patients with active peripheral SpA in a very early stage of the disease

#### ▶ Methods:

- ▶ CRESPA, monocentric study of GOL in pSPA (ASAS) less 12 weeks
- ▶ 2:1 GOL/PLACEBO
- ▶ Primary endpoint: no clinical arthritis, enthesitis, dactylitis at 24w (remission)
- ▶ If remission in 2 consecutive visits: stop treatment

## ABSTRACT 2881

- ▶ **60 patients**
  - ▶ 50% HLAB27+
  - ▶ **40% Skin or nail PsO, 40% enthesitis, 40% dactylitis**
- ▶ **40 GOL-----75% clinical remission** at 24 weeks
- ▶ 20 placebo-----20% clinical remission at 24 weeks
- ▶ 49 stopped therapy
  - ▶ **53% continue in drug free-remission after 12 months** of follow-up
  - ▶ 47% had a relapse, mainly in the first 6 months
- ▶ **Polyarticular disease and pre-existing PsO** are not predictive for sustained clinical remission

**ABSTRACT NUMBER: 2883**

**Prevalence of Cardiovascular Risk Factors and Subclinical Cardiovascular Disease in Psoriatic Arthritis**

*María Paz Martínez-Vidal*

**ABSTRACT NUMBER: 2525**

**Influence of cardiovascular comorbidity on achieving therapeutic goals: A comparative study between recent onset PsA and established disease**

*Rubén Queiró*

**ABSTRACT NUMBER: 2883**

**Baseline data from the recent-onset psoriatic arthritis registry of the spanish society of rheumatology**

*Rubén Queiró*