Lunes 8 de Noviembre – EspA Tratamiento

POSTER SESSION C

(1329–1363) Spondyloarthritis Including PsA –
Treatment Poster II: Psoriatic Arthritis I

2:30 PM - 4:30 PM CET on Monday, November 8

- Tratamientos y APs axial
- Tratamientos y entesitis
- Impacto comorbilidad en la supervivencia tratamiento
APs axial

Effect of Guselkumab (TREMFYA®), a Selective IL-23p19 Inhibitor, on Axial-Related Endpoints in Patients with Active PsA: Results from a Phase 3, Randomized, Double-blind, Placebo-controlled Study Through 2 Years

Philip Mease, Swedish Medical Centre, Seattle, USA

- DISCOVER 2
- Def. APs axial: APs con síntomas axiales y sacroileítis por RMN o Rx
- Evaluación BASDAI y ASDAS
- 2 años

“axPsA”
246/739 (33%)
Effect of Guselkumab (TREMFYA®), a Selective IL-23p19 Inhibitor, on Axial-Related Endpoints in Patients with Active PsA: Results from a Phase 3, Randomized, Double-blind, Placebo-controlled Study Through 2 Years

Philip Mease, Swedish Medical Centre, Seattle, USA

<table>
<thead>
<tr>
<th>Baseline Characteristics of PsA Pts with Investigator-confirmed Sacroiliitis in DISCOVER-2</th>
<th>GUS Q4W N=82</th>
<th>GUS Q8W N=68</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y</td>
<td>44.2 (12.0)</td>
<td>45.0 (10.7)</td>
</tr>
<tr>
<td>Male, n (%)</td>
<td>54 (66%)</td>
<td>40 (59%)</td>
</tr>
<tr>
<td>Duration of PsA, y</td>
<td>5.2 (5.7)</td>
<td>4.9 (5.4)</td>
</tr>
<tr>
<td>Body mass index, kg/m²</td>
<td>27.7 (5.9)</td>
<td>28.0 (6.5)</td>
</tr>
<tr>
<td>BASDAI (0-10)</td>
<td>6.5 (1.6)</td>
<td>6.6 (1.9)</td>
</tr>
<tr>
<td>Fatigue / spinal pain / joint pain / enthesitis scores, VAS (0-10cm)</td>
<td>6.4 / 6.5 / 6.4 / 6.3</td>
<td>6.7 / 6.6 / 6.6 / 6.6</td>
</tr>
<tr>
<td>Qualitative / quantitative morning stiffness, VAS (0-10cm)</td>
<td>6.9 / 6.4</td>
<td>7.0 / 6.0</td>
</tr>
<tr>
<td>ASDAS</td>
<td>3.9 (0.8)</td>
<td>4.1 (1.0)</td>
</tr>
<tr>
<td>Swollen joint count (0-66)</td>
<td>13.4 (9.1)</td>
<td>11.3 (5.6)</td>
</tr>
<tr>
<td>Tender joint count (0-68)</td>
<td>24.7 (15.7)</td>
<td>21.2 (12.4)</td>
</tr>
<tr>
<td>IGA score (≥2), n (%)</td>
<td>68 (83%)</td>
<td>55 (81%)</td>
</tr>
<tr>
<td>Pts with Enthesitis, n (%)</td>
<td>65 (79%)</td>
<td>53 (78%)</td>
</tr>
<tr>
<td>Enthesitis score, LEI (1-6)</td>
<td>2.8 (1.8)</td>
<td>2.6 (1.5)</td>
</tr>
<tr>
<td>Pts with Dactylitis, n (%)</td>
<td>49 (60%)</td>
<td>37 (54%)</td>
</tr>
<tr>
<td>Dactylitis score (1-60)</td>
<td>9.0 (10.0)</td>
<td>9.1 (9.5)</td>
</tr>
<tr>
<td>CRP, mg/dL</td>
<td>2.3 (3.1)</td>
<td>2.7 (3.1)</td>
</tr>
<tr>
<td>DAPSA score</td>
<td>53.1 (24.0)</td>
<td>48.2 (20.2)</td>
</tr>
</tbody>
</table>
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Ixekizumab Efficacy in Patients with Psoriatic Arthritis Presenting with Symptoms Indicative of Axial Involvement

Atul Deodhar, Swedish Medical Centre, Seattle, USA

- SPIRIT-1 y SPIRIT-2
- Def. APs axial: BASDAI Q2 ≥4 + media Q5+Q6 ≥4
- Evaluación BASDAI, ASDAS, SF-36
- Week 52

“axPsA”
“313/780 (40%)”
Ixekizumab Efficacy in Patients with Psoriatic Arthritis Presenting with Symptoms Indicative of Axial Involvement

Atul Deodhar, Swedish Medical Centre, Seattle, USA

p<.001 vs. PBO; Data are LSM (standard deviation)
Ixekizumab Efficacy in Patients with Psoriatic Arthritis Presenting with Symptoms Indicative of Axial Involvement
Atul Deodhar, Swedish Medical Centre, Seattle, USA

BASDAI50 Response Rates in Patients With PsA With Axial Symptoms

![Graph showing BASDAI50 response rates over weeks 16, 24, and 52 for PBO (N=151) and IXE Q4W (N=162).](image)

- **Week 16:**
  - PBO: 11%
  - IXE Q4W: 32%
  - *p < .001 vs. PBO*

- **Week 24:**
  - PBO: 8%
  - IXE Q4W: 38%

- **Week 52:**
  - PBO: 11%
  - IXE Q4W: 40%

* p < .001 vs. PBO; Missing data were imputed using non-responder imputation
Entesitis

Guselkumab (TREMFYA®) Maintains Resolution of Dactylitis and Enthesitis in Patients with Active Psoriatic Arthritis: Results Through 2 Years from a Phase 3 Study

Proton Rahman, Memorial University, Newfoundland, Canada

- DISCOVER 2
- Post-hoc analysis
- Cambios en DSS y LEI
- Resolución entesitis y dactilitis

Correlación de resolución completa con PROs
Guselkumab (TREMFYA®) Maintains Resolution of Dactylitis and Enthesitis in Patients with Active Psoriatic Arthritis: Results Through 2 Years from a Phase 3 Study
Proton Rahman, Memorial University, Newfoundland, Canada

![Bar chart showing the proportion of patients achieving dactylitis resolution over time](chart.png)

- **Week 24**:
  - GUS 100 mg Q4W (N=121): 63.6%
  - GUS 100 mg Q8W (N=111): 56.8%
  - PBO → GUS 100 mg Q4W (N=99): 38.4%

- **Week 52**:
  - GUS 100 mg Q4W (N=121): 74.4%
  - GUS 100 mg Q8W (N=111): 77.5%
  - PBO → GUS 100 mg Q4W (N=99): 73.7%

- **Week 100**:
  - GUS 100 mg Q4W (N=121): 71.9%
  - GUS 100 mg Q8W (N=111): 82.9%
  - PBO → GUS 100 mg Q4W (N=99): 72.7%
Upadacitinib Effects on Enthesal Domain in Psoriatic Arthritis Patients – a Pooled “post-hoc” Analysis from Two Phase III Studies (Select PsA 1 and 2)

Carlo Salvarani, Reggio Emilia, Italy

- Select-PsA 1 and 2
- Cambios en LEI/SPARCC y resolución completa
- Protección del desarrollo de la entesitis
Upadacitinib Effects on Enthesal Domain in Psoriatic Arthritis Patients – a Pooled “post-hoc” Analysis from Two Phase III Studies (Select PsA 1 and 2)

Carlo Salvarani, Reggio Emilia, Italy

Figure 6. Protection from enthesitis among patients with LEI =0 at baseline

<table>
<thead>
<tr>
<th></th>
<th>12W</th>
<th>16W</th>
<th>24W</th>
<th>36W</th>
<th>56W</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBO</td>
<td>76</td>
<td>74,4</td>
<td>58,8</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>UPA 15 mg</td>
<td>84,7</td>
<td>84,3</td>
<td>80,1</td>
<td>77,1</td>
<td>71,2</td>
</tr>
<tr>
<td>PBO to UPA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* UPA-PBO p<0.0001; *p< 0.05
Impact of the Number of Comorbidities on the Outcome Measures and on the Retention Rate of the First Anti-TNF in Patients with Ankylosing Spondylitis: Two-year Follow-up REGISPONSER-AS

Mª Ángeles Puche Larrubia, Hospital Universitario Reina Sofía, Córdoba, España

- REGISPONSER
- 749 pacientes con EA
- Objetivo 1: evaluar si comorbilidades afectan PROs
- Objetivo 2: Supervivencia anti-TNF según comorbilidades

![Retention rate to the first anti-TNF](image)

Strata: 0 comorbidities, 1 comorbidity, ≥2 comorbidities

Time from first anti-TNF initiation (months)

Probability of no withdrawal

p = 0.18
Impact of the Number of Comorbidities on the Outcome Measures and on the Retention Rate of the First Anti-TNF in Patients with Ankylosing Spondylitis: Two-year Follow-up REGISPONSER-AS

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Table 1. Association of the number of comorbidities with PROs.

<table>
<thead>
<tr>
<th></th>
<th>Global VAS</th>
<th>BASDAI</th>
<th>ASDAS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crude $\beta$ (95%CI)</td>
<td>$\beta$ (95%CI) adjusted for disease duration</td>
<td>Crude $\beta$ (95%CI)</td>
</tr>
<tr>
<td>1 comorbidity vs. 0 comorbidities</td>
<td>0.21 (-0.07 to 0.49)</td>
<td>0.15 (-0.14 to 0.43)</td>
<td>0.03 (-0.43 to 0.48)</td>
</tr>
<tr>
<td>2 or more comorbidities vs. 0 comorbidities</td>
<td>0.78 (0.52 to 1.05)</td>
<td>0.63 (0.35 to 0.91)</td>
<td>1.12 (0.69 to 1.56)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>BASFI</th>
<th>SF12 Physical component</th>
<th>SF12 Mental component</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crude $\beta$ (95%CI)</td>
<td>$\beta$ (95%CI) adjusted for disease duration</td>
<td>Crude $\beta$ (95%CI)</td>
</tr>
<tr>
<td>1 comorbidity vs. 0 comorbidities</td>
<td>0.59 (0.20 to 0.98)</td>
<td>0.41 (0.02 to 0.80)</td>
<td>-1.27 (-2.40 to -0.13)</td>
</tr>
<tr>
<td>2 or more comorbidities vs. 0 comorbidities</td>
<td>1.68 (1.31 to 2.05)</td>
<td>1.25 (0.87 to 1.64)</td>
<td>-2.23 (-3.33 to -1.14)</td>
</tr>
</tbody>
</table>