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POS0935

DO PERIPHERAL AND EXTRA MUSCULOSKELETAL MANIFESTATIONS HAVE AN IMPACT ON BIOLOGIC DMARD PRESCRIBING PATTERNS IN AXIAL SPONDYLOARTHRITIS: THE RESULTS OF TREASURE EXPERIENCE

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Background: Axial spondyloarthritis (axSpA) is a chronic inflammatory rheumatic disease mainly affecting sacroiliac joints and spine. Peripheral arthritis, dactylitis and enthesitis may also occur. Extra musculoskeletal manifestations (EMMs; uveitis [AAU], inflammatory bowel disease [IBD] and psoriasis [Pso] are among the most common ones) are important features and might have an impact on the disease burden in patients with axSpA. The presence of EMM, in particular IBD and AAU could influence the choice of TNFi however little is known regarding the role of peripheral manifestations together with the EMM on the prescribing patterns in axSpA patients.

Objectives: To examine the frequency of peripheral and EMMs in a real-world axSpA cohort and their effect on the choice of first advanced treatment.

Methods: In total 1687 axSpA patients (58% male and the mean age (±SD) was 38.5 ± 10.9) who initiated his/her first biologic were included in the present analysis. The data for the current study was obtained from the TReasure web-based registry; in which RA and SpA patients treated with bDMARDs from different regions of Turkey. Baseline demographic, disease related characteristics, peripheral and EMMs were extracted. Characteristics of patients with and without peripheral/extra-musculoskeletal involvement were compared as well as factors/covariates associated with the choice of first TNFi and secukinumab was analysed.

Results: Enthesis (28.2%) was found the most common peripheral manifestations and peripheral arthritis (26.4%) and hip arthritis (24.4%) followed it. Symptom duration to the first advanced treatment initiation was significantly shorter in axSpA patients with peripheral arthritis, enthesitis, dactylitis and psoriasis and longer in hip arthritis and AAU. HLA-B27 positivity was significantly lower in patients with arthritis, psoriasis and IBD and higher with hip arthritis and AAU. In multivariate analysis the presence of IBD is significantly associated with the preference of monoclonal TNFi (mab) over etanercept (ETA) (OR 5,770; 95%CI 1.788-18.616). However ETA was preferred in patients with hip arthritis ($p=0.003$), longer symptom duration ($p=0.049$), and using sulfasalazine ($p=0.043$). In comparison with mabs, secukinumab (SEC) prescription was found to be significantly associated with higher age ($p=0.001$), sulfasalazine ($p=0.001$) and methotrexate usage ($p=0.053$) among axSpA patients need their first advanced treatment.

Conclusion: The results of the current study confirm the pathophysiologic associations of peripheral involvement and EMM in axSpA patients. Apart from hip arthritis the presence of IBD has an impact on the prescription of advanced treatment in real-life.

Table 1. Clinical characteristics of patients in cohort

	All patients (n=1678)	Peripheral arthritis (n=445)	Dactylitis (n=81)	Enthesis (n=476)	Uveitis (n=193)	Psoriasis (n=152)	IBD (n=78)	Hip involvement (n=412)
Age, mean±SD	38,5±10,9	38,3±11,6	37,4±11,1	37,9±10,7	41,3±11,4	39,9±11,3	41,6±12,2	39,2±11,2
Male sex, n (%)	974 (57,7)	184 (41,3)	34 (42)	238 (50)	96 (49,7)	54 (35,5)	43 (55,1)	272 (66)
Symptom duration, mean month±SD	108,5±98,9	96,9±92,9	79,1±76,5	100,4±92,7	144,7±110,2	87,7±94	94,5±98	133,3±108,2
HLA B27 positivity, n (%)	621 (53,7)	142 (46,3)	27 (51,9)	174 (49,4)	104 (77)	34 (36,2)	16 (27,1)	186 (59,8)
Concomitant cDMARD usage (yes), n (%)	420 (24,9)	170 (38,2)	39 (48,1)	133 (27,9)	53 (27,5)	58 (38,2)	24 (30,8)	99 (24)
BASDAI, mean±SD	5,1±2,5	5,1±3	5,3±3,1	5,3±2,9	4,7±2,5	5,6±2,4	4,8±2,3	5,3±2,1
ASDAS-CRP, mean±SD	3,1±1,5	2,6±1,9	2,5±1,8	2,8±1,7	2,9±1,7	3,4±1,3	3,1±1,5	3,7±1,4

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POS0936

TREATMENT OF ANKYLOSING SPONDYLITIS WITH TUMOR NECROSIS FACTOR-ALPHA INHIBITORS LOWERS THE RISK OF RENAL FUNCTION DECLINE

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Background: Ankylosing spondylitis (AS) is associated with reduced renal function, possibly due to chronic inflammation or the use of nephrotoxic drugs. However, the long term effect of tumor necrosis factor (TNF) inhibitors on renal function in patients with AS has not been well established.

Objectives: We therefore investigated the association of TNF inhibitors treatment and change in estimated glomerular filtration rate (GFR) using the Korean College of Rheumatology Biologics (KOBIO) registry (ClinicalTrials.gov, NCT01965132), a prospective nationwide biologics registry.

Methods: We enrolled 1846 patients with AS in KOBIO registry and as disease controls, 471 patients with AS who did not take biologics in Kyungpook National University Hospital. The estimated glomerular filter rate (eGFR) using the Modification of Diet in Renal Disease (MDRD) equation was evaluated in both groups. Renal insufficiency was defined as eGFR <60mL/min/1.73 m². Changes and differences of eGFR in each group were assessed at every follow-up year using paired t-test. Risk factors for renal function decline were identified using multivariable analysis.

Results: The changes of eGFR values in patients treated with TNF inhibitors were not significantly decreased during 5 years follow up period. However, those in patients not treated with TNF inhibitors were significantly decreased. Moreover, among patients with renal insufficiency, use of TNF inhibitors did not affect further renal function deterioration during follow up period. Using multivariable logistic regression models, patients treated (versus not treated) with TNF inhibitors had a lower risk of renal function decline after 5 years follow up period ($p<0.045$).

Conclusion: The use of TNF inhibitors was independently associated with lower risk of renal function decline and TNF inhibitors may be a safe treatment option in AS patients with renal insufficiency.

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POS0937

TREATMENT SURVIVAL ON BIOLOGICS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS – DATA FROM MOSCOW UNIFIED ARTHRITIS REGISTRY (MUAR)

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