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#### AB1120 REAL-LIFE EFFICACY AND SAFETY OF IXEKIZUMAB IN A COHORT OF PATIENTS WITH PSORIATIC ARTHRITIS: A SINGLE-CENTER RETROSPECTIVE STUDY

**Keywords:** Psoriatic arthritis, bDMARD, Real-world evidence

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**Background:** Ixekizumab is a high-affinity monoclonal antibody that selectively targets interleukin-17A and is indicated for psoriasis, psoriatic arthritis (PsA) and axial spondyloarthritis. Literature highlights efficacy and safety in real life in patients affected by psoriasis[1], instead little are data concerning PsA.[2]

**Objectives:** To retrospectively evaluate the effectiveness and safety of ixekizumab, in a cohort of patients with PsA.

**Methods:** Patients with a diagnosis of PsA and treated with ixekizumab who visited our outpatient clinic from October 2019 to December 2022 were included in the study. Clinical data were recorded since the first prescription of ixekizumab and at 6-month follow-up visit. Demographic, clinical and laboratory characteristics, treatment, and causes of discontinuation were analyzed. Differences between baseline and 6-months erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), tender joint count (TJC) and swollen joint count (SJC) were analysed.

**Results:** Main results are reported on Table 1. 76 patients were included in the study, with an average age at the prescription of ixekizumab (T0) of 57.1±13.0 years. Main comorbidities were: hypertension (44.7%), obesity and overweight (44.7%), cardiopathy (19.7%), hepatic steatosis (21.0%), diabetes (13.2%), and hyperlipemia (3.9%). 93.42% of patients presented peripheral arthritis, 30.6% axial involvement, and 42.1 % enthesitis. 28,9% of patients were biologic-naïve, 34,0% received one biologic agent before, and 31.5% two or more biologic agents. 88,2% of patients initiated ixekizumab in combination with a csDMARDs, mainly methotrexate. The indications for the prescription of ixekizumab as a first biologic agent were: multiple comorbidities, severe psoriasis, and intolerance to csDMARDs. 28.9% of patients stopped ixekizumab because of primary failure (31.8%), secondary failure (22.7%), or adverse events (45.5%). 40% of the adverse events were relevant skin reactions at the injection site. No severe adverse events were registered. 60 patients completed 6 months of treatment (T6). In those patients, a statistically significant decrease between the SJC and TJC at baseline and T6 was found (p-value 0.0011 and 0.0006 respectively). No difference in the values of ESR and CRP values between T0 and T6 was present.

**Conclusion:** There are few data in real life concerning efficacy and safety in patients affected by PsA. In our cohort, ixekizumab significantly improved peripheral arthritis, and it revealed a good safety profile, without severe adverse events during the follow up. Further real-life evaluations on axial involvement, which was not included in this study, are warranted.

#### REFERENCES:

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**Table 1. General characteristics of our cohort and clinical and laboratory findings at baseline and follow-up for patients who completed 6 months of treatment with ixekizumab.**

|  |                           |            |                |
|--|---------------------------|------------|----------------|
| Male/female<br>n. (%)  | 22 (28.9%)/<br>54 (71.1%) |            |                |
| Mean age at diagnosis (years)  | 50.0                      |            |                |
| Years from diagnosis at the first prescription of ixekizumab (years) | 6.7                       |            |                |
| Patients: n. 60  | <b>T0</b>                 | <b>T6</b>  | <b>p-value</b> |
| ESR (mm/h)   | 27.44±23.3                | 27.56±22.2 | 0.9741         |
| CRP (mg/dl)  | 1.58±2.47                 | 0.98±1.7   | 0.1569         |
| TJC  | 9.17±6.98                 | 5.02±6.65  | 0.0011         |
| SJC  | 1.57±2.75                 | 0.28±0.64  | 0.0006         |

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#### AB1121 EFFICACY AND DRUG PERSISTENCE OF NEWLY INITIATED BIOLOGICS IN PSORIATIC ARTHRITIS

**Keywords:** bDMARD, Real-world evidence, Psoriatic arthritis

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**Background:** Psoriatic arthritis (PsA) is a form of spondyloarthritis associated with psoriasis and characterized by joint, entheses and spine inflammation. Numerous therapeutic molecules have appeared in the last decade following breakthroughs in the pathogenesis of the disease [1].

**Objectives:** The study aimed to evaluate the effectiveness and persistence of first-line biological treatment in PsA in a real-life setting.

**Methods:** The study included retrospectively all the PsA patients initiated on biologics in a university single center real-life clinical practice between January 2018- December 2021, as reported in the Romanian Register of Rheumatic Diseases [2]. Differences of continuous variables among subgroups were assessed with Mann Whitney tests, while associations of categorical variables were assessed with  $\chi^2$  tests, considered significant if  $p < 0.05$ .

**Results:** The study included 38 patients with an average age at biologic initiation of 50 ± 16 years, of which 71.1% were women, 34.2% were obese and 10.5% were smoking. The patients had established disease, with an average PsA duration of 9 ± 9 years. Regarding treatment, 44.7% initiated tumor necrosis factor inhibitors (TNFi) and 55.3% interleukin 17 inhibitors (IL-17i). A fraction of 31.6% had biologic monotherapy. After the first 6 months of therapy, 55.3% reached the treatment target (Disease Activity in Psoriatic Arthritis - DAPSA < 14) with a drug persistence of 78.9%, while 65.8% reached target by 12 months with 68.4% drug persistence. There were no differences of DAPSA scores, target frequencies or persistence frequencies at 6 and 12 months between TNFi and IL17i ( $p > 0.05$ ). An equal number of initiations was observed in the pre-pandemic period (2018-2019; 50%) versus the pandemic period (2020-2021; 50%).

**Conclusion:** Observations in a real-life setting show good efficacy persistence of both TNFi and IL17i in PsA at 6 and 12 months after their initiation. SARS-CoV-2 pandemic did not influence the number of biologic initiations in PsA patients.

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