

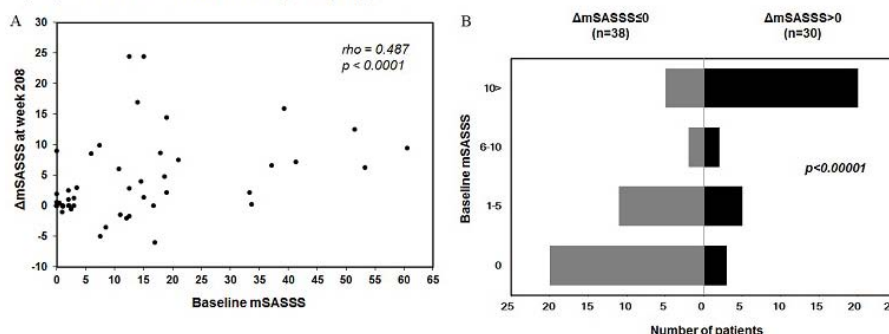
Baseline Damage Predicts Radiographic Progression in Golimumab Users for Ankylosing Spondylitis

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Background: Ankylosing spondylitis (AS) is a chronic rheumatic disease associated with radiographic damage of the spine. Golimumab had consistent efficacy in controlling disease activity through 5 years but the benefit in preventing radiographic progression was obscure at 4-year. To predict radiographic progression, we analyzed baseline characteristics of AS patients in Korean population. **Methods:** All 68 Korean patients with AS participated in the phase 3 trial which was previously described. Radiographic evaluations were performed at baseline, week 104 and 208. Baseline modified Stoke AS spine score (mSASSS) and change in mSASSS from baseline (Δ mSASSS) were compared in the patients of Korea and other countries. **Results:** Korean patients had lower baseline mSASSS and maintained consistently higher retention rate to treatment (91.7% vs. 66.4%, $p < 0.0001$) till week 256 when compared to the patients in other countries. The baseline mSASSS and Δ mSASSS had positive correlation in Korean AS patients (Spearman's rho = 0.487, $p < 0.0001$) (Fig. 1A). Radiographic progression was more prevalent (80%) when baseline mSASSS > 10 and less common (13%) with baseline mSASSS = 0 (Fig. 1B). **Conclusions:** Korean patients with AS receiving golimumab had distinctive patterns of spinal lesion progression detected by simple radiograph at week 208. This bipolar pattern of progression could be predicted reliably by the initial severity of spinal lesion. Given this result, this study implicated the value of early and active treatment before appearance of overt spinal damage.

Figure 1. Correlation between baseline mSASSS and Δ mSASSS at week 208 (Spearman's rho) (A). Population distribution stratified by baseline mSASSS and Δ mSASSS at week 208 analyzed by Freeman-Halton extension of the Fisher exact probability test (B).



Utilization of PEST questionnaire to detect early psoriatic arthritis in daily clinical practice

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Background: Psoriatic arthritis (PsA) is a systemic inflammatory condition mostly preceded by long-term psoriasis (PsO). The prevalence of PsA in Koreans is regarded to be lower than Caucasians. PsA is still can be a serious rheumatic disease causing articular and extra-articular problems irrespective of ethnicity or region. Several questionnaires have been developed to help identify PsA among PsO patients, but there is currently no validated screening tool in Korea yet. **Methods:** The Psoriasis Epidemiology Screening Test, or PEST was translated into Korean and then back-translated to English for comparison; a simple, five questionnaire that could be used without assistance. This PEST form was tested on PsO patients visiting the Dermatology clinic at 5 medical facilities in urban areas. Clinical information including body surface area (BSA), psoriasis area severity index (PASI), nail changes were also obtained. Patients who checked 'yes' to 2 or more questions were referred to Rheumatology for further evaluation. Joint exams, followed by laboratory tests and plain imaging were performed. Patients meeting the CASPAR criteria were confirmed to have PsA. **Results:** Data of 80 PsO patients from 2 centers were analyzed. The mean age was 46.1 years, and gender ratio was near 1: 1. Mean BSA and PASI score was 7.4%, 5.9, respectively. Nail Psoriasis was discovered in 29 (36.3%) patients. Among the 20 (25%) patients checked 'yes' to ≥ 2 questions, 11 (55%) met the CASPAR criteria. For those who checked 'yes' to ≥ 3 questions, 5 (46%) were diagnosed as PsA. When comparing baseline characteristics between PsA and PsO (only) patients, nail psoriasis was highly prevalent in PsA patients (63.6 vs. 31.9%, $p = 0.047$). BSA and PASI were also higher in PsA patients, but did not reach statistical significance. **Conclusions:** This pilot study supports that PsO patients with musculoskeletal symptoms and nail psoriasis should be carefully evaluated for PsA. A validated, well-adapted PsA screening tool is warranted to help both patients and physicians better detect PsA. This investigator-initiated study was supported by Abbvie.