Week 24, 17.1% of patients (32/187) achieved MDA. Wrist involvement (p=0.031) and scalp PsO (p=0.049) were positive predictors of MDA. Women were significantly less likely to achieve MDA (p=0.036) than men; other negative predictors included involvement of shoulder or small joints of the hand, and hand/foot PsO (all p<0.05). Age, BMI, CRP, TJC/SJC, HAQ-DI, PASI, spondylitis, enthesitis, dactylitis, other medication use and number of prior TNFis were not predictive of MDA (Figure 1).

Conclusion: Baseline characteristics and clinical features may be positively (wrist involvement, scalp PsO) or negatively (female sex, involvement of shoulder or small joints of the hand, hand/foot PsO) associated with achieving MDA with GUS at Week 24 in a TNFi-refractory population. Though the low patient number limits the generalisability of this analysis, assessment of Week 48 data may further elucidate potential predictors of MDA after longer-term treatment.

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[1] Coates C et al. *Ann Rheum Dis* 2021; 0: 1–11.

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POS1052

DEVELOPING EVIDENCE-BASED PATIENT FOCUSED LEARNING MATERIALS TO SUPPORT HEALTH BEHAVIOUR CHANGE FOR PEOPLE LIVING WITH PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) is a complex condition that requires high levels of self-management from those living with the condition. It is associated with many comorbidities, including depression, metabolic syndrome, and increased cardiovascular disease risk and can adversely affect quality of life. There is growing evidence that people living with psoriatic arthritis (PsA) are more likely to be overweight, consume alcohol above recommended levels, smoke, be affected by poor sleep, fatigue, anxiety, and take insufficient exercise for healthy living. These modifiable health behaviours further increase the already known risk of cardiovascular morbidity and mortality. These issues are not systematically addressed in routine clinical care due to low confidence in effective delivery and time constraints.

Objectives: To co-develop evidence-based patient-focused learning materials to support healthy lifestyle changes for people living with PsA.

Methods: The development of the materials was overseen by a steering group of people living with PsA, psychologists, rheumatologists, and researchers. The COM-B model was used in the development of the materials, and they are designed around motivational interviewing principles. Firstly, a systematic literature review was performed to establish the evidence for the current burden and potential interventions aimed at these issues in PsA. These included diet, weight, alcohol, smoking, exercise, anxiety, depression, and stress. An initial focus group of people living with PsA was used to identify priority behaviours and ideas for content. The steering group developed draft materials, and we partnered with a design agency to create engaging materials. They developed a website and downloadable postcards. A second focus made up of people living with PsA was held for people to give their views on the draft content for the materials and initial design ideas. A third focus group was held with people living with PsA and a fourth with clinicians to refine the design materials and ensure they were accessible, interesting, and helpful to initiate and maintain change. A final evaluation survey was performed to review the draft website before launching the final materials. The Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) approved the final materials.

Results: Following the steering and focus groups' input, 15 candidate topics were prioritised (Table 1). A website and downloadable postcards summarising each of the topics were developed by the design team and refined following feedback from the patient focus groups. An example of the postcard for 'keeping active' can be found in Figure 1. The resources are free to use and can be accessed at https://www.informatree.org.

Table 1.

Topics	
1	Pain
2	Fatigue
3	Healthcare appointments
4	Tobacco
5	Different treatments
6	Alcohol
7	Work
8	Social support
9	Food and weight
10	Sleep
11	Keeping active
12	Mood
13	Intimacy
14	Travel
15	Using treatments

Figure 1.

During the development of the website and downloadable postcards, particular attention was paid to making the material as accessible and as friendly as possible for patients.

Conclusion: This project created patient-focused information to support behaviour change in clinical practice. It addresses common concerns of people living with PsA about how they may optimise their health by providing practical and

brief interventions to challenge and support them to make personal changes. Future research is needed to test the impact of the resource.

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POS1053 LONG-TERM RETENTION, EFFECTIVENESS AND SAFETY OF SECUKINUMAB IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS OR ANKYLOSING SPONDYLITIS: RESULTS FROM THE OBSERVATIONAL SERENA STUDY

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Background: SERENA is an ongoing, longitudinal, observational study of more than 2900 patients (pts) with moderate to severe psoriasis, active psoriatic arthritis (PsA), and ankylosing spondylitis (AS) conducted at 438 sites across Europe with an expected duration of up to 5 years.[1,2]

Objectives: We report long-term results (at least 3 years follow up) on secukinumab (SEC) retention, effectiveness and safety in pts with active PsA or AS from the SERENA study.

Methods: This analysis includes data of 524 PsA and 473 AS pts enrolled in the study and followed up for at least 3 years. Pts (aged ≥18 years) with active PsA or AS were required to have received at least 16 weeks of SEC treatment before enrolment in the study. Retention rate was defined as the percentage of pts who have not discontinued SEC treatment. Effectiveness assessments included swollen and tender joint counts (SJC and TJC) in pts with PsA, and BASDAI score in pts with AS. Safety assessments included the number of pts with any adverse events (AEs) and serious AEs, treatment-emergent AEs, AEs of special interest and their incidence rates.

Results: The mean (SD) treatment duration prior to enrolment in the study for PsA and AS pts was 1.0 (0.5) years and 0.9 (0.5) years, while time since diagnosis was 8.7 (7.4) and 9.8 (9.5) years, respectively. Prior to SEC initiation, 67.4% of pts with PsA and 63.0% of pts with AS received a biologic therapy, with lack of efficacy reported as major reason for discontinuation (PsA: 89.5%; AS: 87.6%). SEC retention rates after at least 3 years since enrolment in the study were 67.3% for pts with PsA and 72.1% for pts with AS. Survival probabilities for individual indications are presented in Figure 1. Over 3 years of observation, SEC showed sustained effectiveness in pts with PsA [SJC, mean (SD): baseline, 3.2 (5.6); Year 3, 1.7 (2.7) and TJC: baseline, 6.4 (9.4); Year 3, 4.9 (6.4)] and AS [BASDAI, mean (SD): baseline, 3.2 (2.3); Year 3, 2.7 (2.2)]. No new or unexpected safety signals were reported; 11.0% of pts with PsA (N=574) and 12.9% of pts with AS (N=505) reported serious AEs (Table 1).

Conclusion: After more than 3 years of observation in the SERENA study, SEC showed sustained retention rates, indicating high persistence in a real-world setting. Responses across effectiveness assessments in both PsA and AS cohorts were maintained or improved during the 3 years of follow up in the study. SEC showed a favourable safety profile, consistent with previous reports.

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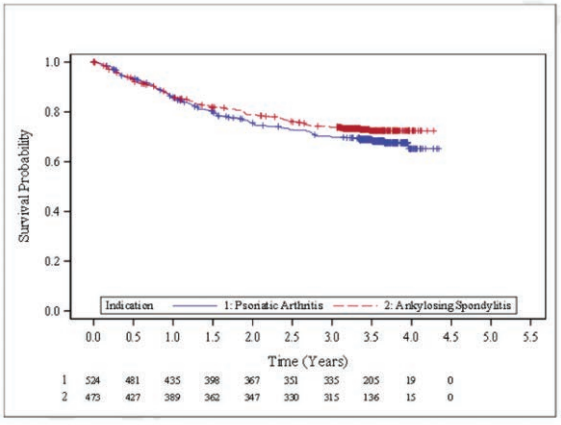
Figure 1. Time to treatment discontinuation of SEC in pts with PsA and AS



AS, ankylosing spondylitis; PsA, psoriatic arthritis; pts, patients; SEC, secukinumab

Table 1. Overall safety profile within the study period (Safety set)

Variable, n (%) unless otherwise specified	PsA (N=574)		AS (N=505)	
Pts with AE (≥1)	327 (57.0)		291 (57.6)	
Pts with SAE (≥1)	63 (11.0)		65 (12.9)	
AE leading to death	3 (0.5)		3 (0.6)	
AE leading to discontinuation	119 (20.7)		81 (16.0)	
Treatment emergent AE leading to discontinuation (in >1% pts in any group)	**n (%)**	**IR**	**n (%)**	**IR**
General disorders and administration site conditions	74 (12.9)	4.90	50 (9.9)	3.75
Skin and subcutaneous tissue disorders	13 (2.3)	0.86	3 (0.6)	0.22
Musculoskeletal and connective tissue disorders	26 (4.5)	1.72	9 (1.8)	0.67
Infections and infestations	2 (0.3)	0.13	7 (1.4)	0.52
Gastrointestinal disorders	2 (0.3)	0.13	3 (0.6)	0.22
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	4 (0.7)	0.26	3 (0.6)	0.22
Injury, poisoning and procedural complications	0	0	2 (0.4)	0.15
Treatment emergent AE of special interest (PT)	**n (%)**	**IR**	**n (%)**	**IR**
Candida infections	2 (0.3)	0.13	4 (0.8)	0.30
Malignancy	8 (1.4)	0.53	5 (1.0)	0.37
MACE	3 (0.5)	0.20	4 (0.8)	0.30
Injection site reaction	0	0	2 (0.4)	0.15
Inflammatory bowel disease	1 (0.2)	0.07	2 (0.4)	0.15

Safety set consisted of pts who received at least one dose of SEC treatment after signing the informed consentAE, adverse event; AS, ankylosing spondylitis; IR, incidence rate; MACE, major adverse cardiac events; N, total number of pts; n, number of pts; PsA, psoriatic arthritis; pts, patients; PT, preferred term; SAE, serious adverse event; SEC, secukinumab