Background: Psoriatic arthritis (PsA) is a chronic inflammatory arthritis with progressive, erosive destruction associated with functional impairment. Principles of treat-to-target (T2T) have been widely used in rheumatoid arthritis, which has powerfully improved patient outcomes. In 2017, the concept of T2T has proposed to apply in PsA patients. However, the awareness and implementation of evidence-based T2T treatment guidelines varies across different geographical regions of China, hospital grades, professional status and specialities.
Objectives: The study aimed to investigate Rheumatologists' views and experiences in managing PsA patients with T2T strategy in china.
Methods: A cross-sectional questionnaire survey of Rheumatologists in China from 5 August to 15 August 2020 was conducted for this study. Rheumatologists were contacted by WeChat (a Chinese cell/web app) and asked to complete a web-based questionnaire anonymously. The electronic questionnaire was sent out by the internet platform of WenJuanXing via WeChat (https://www.wjx.cn/). The questionnaire was designed to collect: (a) demographic information; (b) patient management in clinical practice for Rheumatologists; (c) familiarity and application of T2T strategy in Rheumatologists. *P* values ≤0.05 were considered significant.
Results: (1) A total of 823 rheumatologists (69.87% female, 30.13% male) provided valid answers to the questionnaire. 71.09% of the participants major in Modern Western Medicine, 28.91% major in traditional chinese medicine. A total of 75.94% worked in Grade-A Tertiary Hospital. A total of 52.73% had more than 10 years of work experience and 63.55% had High-level title. **(2)** More than half of the patients were followed up by 69% Rheumatologists in their daily practice. The proportion of follow-up patients increased powerfully in the group of Rheumatologists who major in Modern Western Medicine (P=0.014), work in Grade-A Tertiary Hospital (P<0.001), have more than 10 years of work experience (P<0.001) and High-level title (P<0.001). **(3)** 36.45% Rheumatologist thought the frequency for patient disease activity assessment was every 1 month and 53.1% was every 3 months. And 41.7% Rheumatologist prefer to use PASDAS for disease activity criteria, and only 3.6% choose MDA. **(4)** A total of 62.43% thought they were familiar with T2T strategy, and 83.6% Rheumatologists applied T2T strategy in clinical practice. Among 135 Rheumatologists who did not apply T2T strategy, 62.2% of Rheumatologists thought that the main barrier to T2T application was that they did not fully understand the strategy. The frequency of application of T2T strategy in clinical practice was significantly different between Rheumatologists who major in Modern Western Medicine (60.75%) and traditional chinese medicine (22.84%) (P=0.023).
Conclusion: In china, the management of PsA patients need to be standardized to improve patient outcomes. And the promotion of T2T strategy in PsA need to be further strengthened.
REFERENCES:
[1] Smolen JS, Schöls M, Braun J,et al. Treating axial spondyloarthritis and peripheral spondyloarthritis, especially psoriatic arthritis, to target: 2017 update of recommendations by an international task force. Ann Rheum Dis. 2018 Jan;77(1):3-17.
[2] Tucker LJ, Ye W, Coates LC. Novel Concepts in Psoriatic Arthritis Management: Can We Treat to Target? Curr Rheumatol Rep. 2018 Sep 18;20(11):71.
[3] Coates LC, Helliwell PS. Treating to target in psoriatic arthritis: how to implement in clinical practice. Ann Rheum Dis. 2016;75(4):640-643.

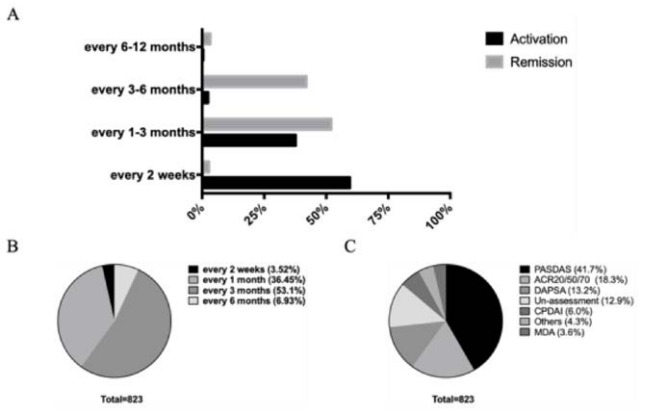

Figure 1 A. Rheumatologist priority of frequency for patient follow-up in different disease status. B. Rheumatologist priority of frequency for patient disease activity assessment in clinical practice. C. Rheumatologist priority of disease activity criteria for PsA patients.

Disclosure of Interests: None declared.
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AB0565 **JAK INHIBITORS AND PSORIATIC ARTHRITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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Background: Despite the therapeutic armamentarium for the treatment of psoriatic arthritis (PsA) has considerably expanded over the last thirty years, there is a huge necessity of finding effective drugs for this disease. JAK inhibitors (JAKi) are small molecules able to interfere with the JAK/STAT pathway, involved in the pathogenesis of PsA (1). Up to now Tofacitinib is the only JAKi approved by the European Medicines Agency (EMA) for the treatment of PsA but in the next few years the number of approved JAKi is expected to rise significantly.
Objectives: To assess the efficacy and safety of different JAKi for the treatment of PsA.
Methods: A systematic review of the literature was performed to identify randomized controlled trials (RCTs), by electronic search of MEDLINE and EMBASE database until October 2020. Studies were considered eligible if they met the following criteria: I) study was a RCT; II) only patients with PsA were included; III) JAKi was compared to placebo in addition to the standard of care. Two reviewers (FC and AZ) performed study selection, with disagreements solved by the opinion of an expert reviewer (AS). The outcomes were expressed as odds ratio (OR) and 95% confidence intervals (95% CI). Statistical heterogeneity was assessed with the I^2 statistic.
Results: We identified 557 potentially relevant studies. A total of 554 studies were excluded based on title and/or abstract screening. Three RCTs for a total of 947 PsA patients treated with JAKi were included (2,3,4). Two were phase III studies on the efficacy and safety of Tofacitinib (OPAL Beyond and OPAL Broaden) and one was a phase II study on Filgotinib (Equator). All three studies were judged at low risk of bias according to Cochrane criteria (5). The primary efficacy outcome in all the studies was the number of patients who achieved the response rate of the American College of Rheumatology 20 score (ACR20). The outcomes evaluation was performed at 12 week for the Filgotinib trial and at 16 week for the Tofacitinib trials. We used for the main analyses the group of patients randomized to Tofacitinib 5 mg because this is the only dosage approved by the EMA for the treatment of PsA. JAKi showed a significantly higher ACR20 response rate compared to placebo (OR 3.54, 95% CI 1.76 - 7.09, I^2 = 74%). JAKi also showed a significantly higher ACR50 response rate (OR 3.36, 95% CI 2.22 - 5.09, I^2 = 0%), ACR70 response rate (OR 2.82, 95% CI 1.67 - 4.76, I^2 = 20%), PsARC response rate (OR 2.67, 95% CI 1.26 - 5.65, I^2 = 79%), PASI75 response rate (OR 3.15, 95% CI 1.61 - 6.15, I^2 = 45%) compared to placebo. JAKi were also associated with significantly better HAQ-DI (mean difference -0.23 95% CI -0.31 - -0.14) and fatigue, measured with FACIT-F (mean difference 3.54 95% CI 2.13 - 4.94). JAKi compared to placebo were associated with a non-statistically significant different risk of serious adverse events (OR 0.56, 95% CI 0.11 - 2.91, I^2 = 38%).
Conclusion: This is the first published systematic review that performed a comprehensive and simultaneous evaluation of the efficacy and safety of JAKi for PsA in RCTs. Our analysis suggests a statistically significant benefit of JAKi, that appears to be effective and safe over placebo. The impact of these data on international clinical guidelines needs further investigation.
REFERENCES:
[1] George E Fragoulis, et al. JAK-inhibitors. New players in the field of immune-mediated diseases, beyond rheumatoid arthritis, Rheumatology, Volume 58, Issue Supplement_1, February 2019, Pages i43–i54
[2] Mease P, et al. Tofacitinib or adalimumab versus placebo for psoriatic arthritis. N Engl J Med 2017; 377: 1537-50.
[3] Gladman D, et al. Tofacitinib for psoriatic arthritis in patients with an inadequate response to TNF inhibitors. N Engl J Med 2017; 377: 1525-36.
[4] Mease P, et al. Efficacy and safety of filgotinib, a selective Janus kinase 1 inhibitor, in patients with active psoriatic arthritis (EQUATOR): results from a randomised, placebo-controlled, phase 2 trial. Lancet 2018;392:2367–77.
[5] Higgins JP, et Al. Measuring inconsistency in meta-analyses. BMJ 2003;327:557-560

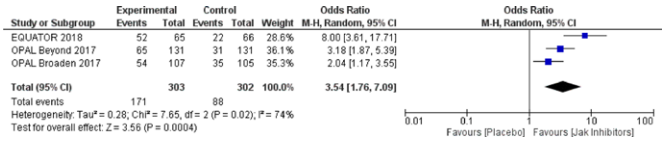

Figure 1. ACR20 response rate of Jaki over Placebo

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Psoriatic arthritis - clinical aspects (other than treatment)

AB0566

CONSENSUS-BASED RECOMMENDATIONS FOR THE MANAGEMENT OF PSORIATIC ARTHRITIS IN THE KINGDOM OF SAUDI ARABIA

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory condition associated with psoriasis. The common clinical features of PsA include peripheral arthritis, dactylitis, enthesitis, spondylitis, skin and nail disease[1]. Considering the heterogeneous course of disease and the different patient characteristics, there is a need to standardize management of PsA patients. At present, no established guidelines are available on PsA care pathway in Saudi Arabia.
Objectives: To provide consensus-based guidance to all Saudi health care providers (HCPs) on the management of PsA patients including referral pathway, definition of remission and treat-to-target approach.
Methods: A Delphi technique was used to understand PsA patient care pathway. In first step, a targeted literature review was conducted and a survey questionnaire including 16 questions was developed to explore PsA patient journey. In second step, this questionnaire was submitted to 127 HCPs and 33 of them provided their response. In third step, a panel of 12 experts including 10 rheumatologists, 1 dermatologist and 1 general physician reviewed the available evidence along with survey results to align on final recommendations.
Results: The most common management guidelines recommended for PsA were European League against Rheumatism (EULAR, 100% agreed) and American College of Rheumatology (ACR, 100% agreed). Psoriasis Epidemiology Screening Tool (PEST) was recommended by 67% of experts as validated screening tool for PsA in dermatology clinic. The laboratory investigations included were C-reactive protein (CRP, 100%), erythrocyte sedimentation rate (ESR, 100%), complete blood count (92%), urea and creatinine (92%), liver function (92%), rheumatoid factor (56%) and X-ray of affected joints (75%). For patients with additional symptoms of back pain, X-ray of sacroiliac joints and human leukocyte antigen B27 (HLA-B27) test to be included. Only rheumatologists should recommend a magnetic resonance imaging based on the individual clinical picture. The agreement criteria for HCPs for referring patient to a rheumatologist were presence of psoriasis (100%) and one of the following features: dactylitis [100%], joint pain [100%], arthritis [100%], nail dystrophy [91%]. Patient with active arthritis should be referred to rheumatologist within 4 weeks. The referral pathway agreed by the experts for PsA patients is presented in Figure 1. Majority of experts (57%) defined clinical remission as absence of disease activity in all facets of disease assessed using the disease activity in psoriatic arthritis (DAPSA) or minimal disease activity (MDA) index. For treat-to-target, 71% of experts agreed on EULAR recommendations[2]. For remission and treat-to-target, experts identified a need for more clear definition.
Conclusion: This expert consensus aimed to provide guidance to Saudi HCPs on standardizing diagnosis and care of PsA patients. Most experts recommended PEST as validated screening tool for PsA along with laboratory investigations such as CRP, ESR, X-ray, etc. Referral to a rheumatologist should be considered for patient with presence of psoriasis and one of the other defining features for PsA. There is a need for more clear definition of remission and treat-to-target.
REFERENCES:
[1] Ogdie A, et al. Rheum Dis Clin North Am. 2015;41(4):545–568.
[2] Gossec L, et al. Ann Rheum Dis. 2020;79:700–712.

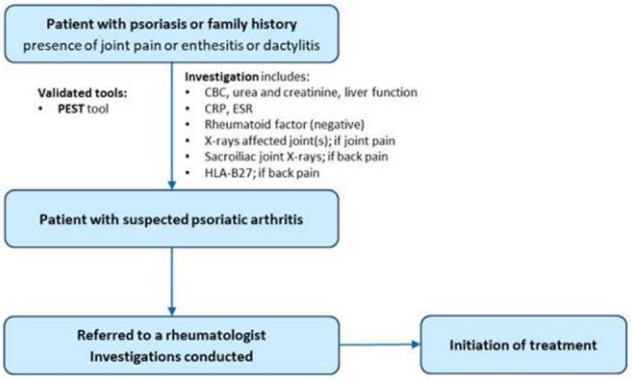

Figure 1. Referral pathway for psoriatic arthritis patientsCRP: C-reactive protein; ESR: Erythrocyte sedimentation rate; CBC: Complete blood count; HLA-B27: Human leukocyte antigen B27; PEST: Psoriasis Epidemiology Screening Tool

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AB0567

USING Q-RISK SCALE FOR CHECKING CARDIOVASCULAR RISK IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) is an inflammatory arthritis associated with psoriasis. In addition to skin and joint involvement, there is a growing evidence suggesting that patients with PsA also have increased risk of clinical and subclinical cardiovascular disease (CVD), mostly due to endothelial dysfunction and accelerated atherosclerosis, which are the main causes of elevated mortality rate among patients with PsA. For prevention and monitoring progression of CVD in clinical practice scale SCORE usually used, but it isn't adapted for checking in patients with autoimmune diseases and can be used only for patients after forty years old.
Objectives: To check a cardiovascular risk in patient with PsA using Q-risk scale.