PsA + COVID-19

# PsA+COVID-19: Conference Highlights

## FROM ACR CONVERGENCE 2020

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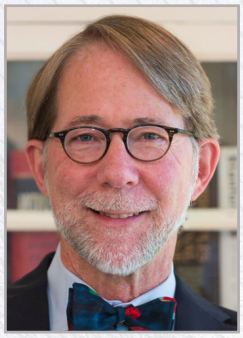

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Philip J. Mease, MD, MACR, is Director of the Rheumatology Research Division at Swedish Medical Center/ Providence St. Joseph Health and Clinical Professor of Medicine at the University of Washington in Seattle. He received his medical degree from Stanford University in California before completing a residency in Internal Medicine and a fellowship in Rheumatology at the University of Washington. Dr. Mease's major research interests include psoriatic arthritis (PsA) and spondyloarthritis (SpA). His work includes research on disease state, development of outcome measures, and determining the efficacy and safety of emerging therapies for these conditions. Dr. Mease has authored more than 500 journal articles, numerous abstracts and book chapters. He is Past President, Founding Organizer, and current Treasurer of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis, and he is member of its Collaborative Research Network Steering Committee. Dr. Mease is a member of the Assessment of Spondyloarthritis International Society and the Spondyloarthritis Research and Treatment Network. He is active in the Outcome Measures in Rheumatology Clinical Trials organization the PsA and Chronic Pain Working Groups and is a steering committee member. Dr. Mease is the Scientific Director of the PsA and SpA arms of the Consortium of Rheumatology Researchers of North America registry. In 2019, he was the first rheumatologist to receive a Lifetime Achievement Award from the National Psoriasis Foundation for his work in PsA.

# POSTTEST WITH EXPLANATIONS OF CORRECT ANSWERS

## QUESTION 1

**Which of the conclusion statements reflects the result of the network meta-analysis of 24 phase 3 studies of guselkumab in patients with PsA?**

A. Efficacy of guselkumab measured by ACR responses and modified vdH-S score is comparable to most targeted PsA treatments.

B. PASI outcomes for guselkumab are comparable to most targeted PsA treatments.

C. Physical function outcome of treatment with guselkumab measured using HAQ-DI score appears to be inferior to most targeted PsA treatments.

D. Guselkumab safety outcomes are superior to most targeted PsA treatments.

Correct answer: A.

Explanation: Abstract 0334 conclusion says: "GUS provides joint arthritis efficacy (ACR responses and modified vdH-S score), physical function (HAQ-DI score), and safety outcomes that is comparable to most targeted PsA treatments. For PASI outcomes, GUS is considered better than most other targeted PsA treatments."

Mease P, McInnes I, Eaton K, et al. Comparative Efficacy of Guselkumab in Patients with Psoriatic Arthritis: Results from Systematic Literature Review and Network Meta-Analysis. *Arthritis Rheumatol*. 2020;72(suppl 10): Abstract 0334.

## QUESTION 2

**A head-to-head comparison of safety profiles of ixekizumab vs adalimumab in patients with active PsA demonstrated that**

A. The frequency of TEAEs was significantly greater in the adalimumab group compared to the ixekizumab group.

B. The frequency of SAEs significantly greater in the adalimumab group compared to the ixekizumab group.

C. The time to develop the first SAE was similar between the two groups.

D. The time to develop the first SAE was significantly shorter for the ixekizumab group.

Correct answer: B.

Explanation: The frequency of TEAEs was similar between the two groups. Compared with ixekizumab, patients with PsA treated with adalimumab had significantly more SAEs (4.2% vs 12%; $P<0.001$), and the time to develop the first SAE was significantly shorter for adalimumab. Safety profiles were consistent with previous studies.

Mease P, Smolen J, Kavanaugh A, et al. Safety Profiles of Ixekizumab versus Adalimumab: 52-Week Results from a Head-to-Head Comparison in Patients with Active Psoriatic Arthritis. *Arthritis Rheumatol*. 2020; 72(suppl 10): Abstract 0346.

## QUESTION 3

**Which of the following statements most accurately describes a key difference at baseline between patients recruited for evaluation in the SELECT PsA-1 and SELECT PsA-2 phase 3 trials of upadacitinib?**

A. Patients in SELECT PsA-1 were DMARD treatment-naive while patients in SELECT PsA-2 were previously treated with DMARDs.

B. Patients in SELECT PsA-1 received higher doses of study drug than patients in SELECT PsA-2.

C. Patients in SELECT PsA-1 had previously received hydroxychloroquine while patients in SELECT PsA-2 had previously received baricitinib.

D. Patients in SELECT PsA-1 previously had an inadequate response to treatment with a nonbiologic DMARD while patients in SELECT PsA-2 previously had an inadequate response to treatment with a biologic DMARD.

Correct answer: D.

# POSTTEST WITH EXPLANATIONS OF CORRECT ANSWERS (CONT.)

Explanation: All patients enrolled in SELECT-PsA-1 and SELECT PsA-2 were previously treated. Patients enrolled in SELECT-PsA 1 had previously shown an inadequate response (IR) to a nonbiologic DMARD while patients enrolled in SELECT-PsA-2 had previously shown IR with biologic DMARD. Dosing of study drug (15 mg QD or 30 mg QD) was the same across both trials.

Mease P, Kavanaugh A, Gladman D, et al. Characterization of Remission in Patients with Psoriatic Arthritis Treated with Upadacitinib: Post-hoc Analysis from Two Phase 3 Trials. *Arthritis Rheumatol*. 2020;72(suppl 10): Abstract 1355.

## QUESTION 4

**A 57-year-old black female patient living with psoriatic arthritis presents in your office for follow up. Her comorbidities include hypertension and obesity (BMI=31). She asks you about her risk of poor outcomes if she becomes infected with SARS-CoV2. Based on the latest abstracts presented at ACR Convergence 2020, how would you counsel this patient?**

A. More research is needed, since well-designed studies have yielded conflicting answers to that question.

B. Her risk of poor outcomes is no greater and no less than other members of the population with her same age and comorbidities.

C. Her PsA puts her at greater risk than the rest of the population.

D. Her PsA exerts a protective effect against SARS-CoV2 infection.

Correct answer: A.

Explanation: The risk of poor outcomes from COVID-19 among patients with rheumatic disease compared to the general population remains poorly understood. Well-designed studies, including two cohort studies from the Massachusetts General Hospital in Boston, have produced conflicting answers to this question. Serling-Boyd et al. concluded that patients with rheumatic disease had similar risk of severe COVID-19 outcomes vs comparators, potentially reassuring both patients and their healthcare providers. However, D'Silva et al. concluded that patients with systemic autoimmune rheumatic diseases (SARDs) who develop COVID-19 infection may have higher risks of end-organ failure, including mechanical ventilation, acute kidney injury, and heart failure, compared to matched comparators without SARDs. Several other COVID-19 studies presented at ACR Convergence 2020 also drew similar, conflicting conclusions.

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D'Silva K, Jorge A, Lu N, et al. Outcomes of Coronavirus Disease 2019 Infection Among Patients Living with Rheumatic Diseases: A Matched Cohort Study from a US Multi-Center Research Network. *Arthritis Rheumatol*. 2020; 72(suppl 10): Abstract 0430.

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