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Achievement of cDAPSA Low Disease Activity or Remission Is Associated With Control of Articular and Extra-Articular Manifestations of Active Psoriatic Arthritis in Subjects Treated With Apremilast.

Objectives: Therapeutic targets for psoriatic arthritis (PsA) include achievement of remission (REM) or low disease activity (LDA), measured by the Clinical Disease Activity Index for PsA (cDAPSA [0-154]), a composite of swollen and tender joints counts (SJC/TJC), Patient's Assessment of Pain (PAP), and Patient's Global Assessment of Disease Activity (PtGA). We examined trajectories for improvement in cDAPSA, its core components, and other PsA manifestations among subjects achieving cDAPSA REM or LDA by Week 52.

Methods: Pooled analyses of 3 phase III studies (PALACE 1-3) were performed for subjects assigned to apremilast (APR) 30 mg twice daily at baseline. Subjects with available cDAPSA components at Week 52 were included and grouped according to cDAPSA categories reached at Week 52 (REM: ≤ 4 ; LDA: >4 to ≤ 13 ; moderate disease activity: >13 to ≤ 27 ; high disease activity [HDA]: >27). Mean cDAPSA trajectories were traced from baseline to Week 52. Mean core PsA domain scores were reported longitudinally by Week 52 cDAPSA category.

Results: 375 APR subjects were analyzed. REM or LDA achievement by Week 52 was associated with lower mean cDAPSA scores at baseline vs. moderate disease activity or HDA (REM: 30.7; LDA: 33.9; moderate: 41.0; HDA: 57.2). Most subjects achieving REM or LDA at Week 52 showed early improvement at Week 16 (mean cDAPSA scores classified as LDA [8.5] or moderate disease activity [16.6]); improvements continued to Week 52. Mean baseline core PsA domain scores for subjects achieving REM and LDA were: SJC (0-66), 9.1 and 8.8; TJC (0-68), 12.2 and 14.8; PAP (VAS 0-100 mm), 50.6 and 51.2; PtGA (VAS 0-100 mm), 44.5 and 51.5; Physician's Global Assessment of Disease Activity (PhGA [VAS 0-100 mm]), 48.8 and 50.7; Psoriasis Area and Severity Index (PASI [0-72]), 9.5 and 8.2; Maastrich Ankylosing Spondylitis Enthesitis Score (MASES [0-13]), 1.9 and 3.3; dactylitis count, 2.3 and 2.8; and Health Assessment Questionnaire-Disability Index (HAQ-DI [0-3]), 0.9 and 1.0. By Week 52, REM or LDA achievement was associated with no/mild articular and extra-articular disease activity (SJC: 0.1, 1.1; TJC: 0.4, 2.5; PAP: 7.2, 25.1; PtGA: 7.7, 28.0; PhGA: 8.4, 13.7; PASI: 2.7, 4.0; MASES: 0.4, 1.2; dactylitis count: 0.0, 0.5; HAQ-DI: 0.1, 0.6).

Conclusions: Among subjects achieving cDAPSA REM or LDA, early improvement in disease activity was seen by Week 16 and sustained up to Week 52 with continued APR treatment. These subjects exhibited no/mild disease activity in enthesitis, dactylitis, function and skin psoriasis by Week 52.