1 de Dezembro **08h30 | 10h00 – Sala 3**

Inflamação, Oncologia, Órbita e Oculoplástica | Inflammation, Oncology, Orbit and Ocuploplastics

Moderadores | Chairs: Rui Tavares (H CUF Viseu), Maria João Furtado (CHUPorto), Manuela Bernardo (HFF)

CO 24

GENERAL AND VISION-RELATED QUALITY OF LIFE IN SPA PATIENTS WITH A HISTORY OF ACUTE ANTERIOR UVEITIS AND UNDER GOLIMUMAB: 6 MONTHS OF GO-VISION

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Background/Aims: Acute anterior uveitis (AAU) is one of the most common extra-articular manifestations of spondyloarthritis (SpA), causing a significant burden on quality of life (QoL). Golimumab (GLM) is a tumour necrosis factor-inhibitor proven to be effective and safe in SpA. The GO-EASY Study provided evidence that GLM decreases the AAU occurrence rate in SpA. We aim to study the impact of GLM on the change of health-related quality of life (HRQoL) and vision-related (VR) QoL in subjects with SpA and past or current AAU.

Methods: Ongoing prospective multicentre observational study (including 3 centres so far: Hospital de Santa maria (CHULN), Hospital Egas Moniz (CHLO) and ULS Guarda) of SpA patients with a previous history of AAU and treated with GLM followed-up for 12 months. We report herein the outcomes for the first 13 patients enrolled that completed the 6-month follow-up (interim analysis). The occurrence of AAU was assessed in the 2 years before GLM treatment onset and after 6 months of GLM treatment. The risk for a new AAU was calculated for each period. HRQoL was assessed with EuroQol five-dimension scale questionnaire (EQ-5D) score and Short-Form 36 questionnaire (SF-36) score. VR QoL was assessed with the self-administered National Eye Institute Visual Functioning Questionnaire-25 (NEI VFQ-25). Patients had assessments in Ophthalmology and Rheumatology departments. Adverse events were noted. The difference across the measurements was assessed with generalized estimating equations, adjusting for possible confounders.

Results: 13 patients (46% female, 62% TNFi-naive, mean age 45.8±11.1 years [range 22-65]) have completed the interim analysis. Five patients were also under oral methotrexate. The total number of AAU flares in the 2 years preceding the start of GLM was 13, a number reduced to 1 during treatment. The AAU incidence rate was reduced from 1.68 to 0.16 per 100 patient-years (incidence ratio-ratio of new AAU 10.47 [1.75;426.84], p<0.01). At baseline and 24 weeks after GLM onset, the mean overall index NEI VFQ-25 total score was 74.1±13.6 and 85.0±15.6, respectively. Improvement in the NEI VFQ-25 total score between baseline and 24 weeks was +11 (p=0.01). At baseline and 24 weeks after GLM onset, the mean overall EQ-5D index was 0.5±0.4 (0.7;0.9) and 0.8±0.3 (0.1;1), respectively. At baseline and 24 weeks after GLM onset, the mean overall EQ-5D visual analog scale values were 54.2±25.6 (20;90) and 87±11.4 (60;100), respectively. At baseline and 24 weeks after GLM onset, the SF-36 physical component summary was 42.7±22.6 (7.5;92.5) and 70.1±18.8 (38.8;93.8), respectively (p=0.02). At baseline and 24 weeks after GLM onset, the SF-36 mental component summary was 51.6±22.6 (12.8;86.0) and 71.5±18.4 (36;100), respectively (p=0.05). One patient developed transaminitis (elevation [2x] of liver enzymes) after 4 weeks of GLM treatment that persisted at 24 weeks and motivated drug withdrawal.

Conclusion: The GO-VISION study is the first prospective study in the uveitis setting designed to have patient-reported outcome measures as the primary outcome. Data from the GO-VISION study suggests that GLM has an acceptable safety profile and is effective in patients with SpA and history of AAU, reducing the AAU occurrence rate and potentially increasing HRQoL and VR QoL.