REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-176 USE AND PERSISTENCE OF GUSELKUMAB IN TREATMENT FOR RHEUMATIC AND DERMATOLOGICAL DISEASE

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Background and Importance Guselkumab is anti-interleukin-23 monoclonal antibody used for moderate to severe psoriasis (msPs) and psoriatic arthritis (PsA) in patients refractory to other biological agents in clinical practice.
Aim and Objectives To analyse the profile of use and persistence of guselkumab in patients diagnosed with msPs and PsA.
Material and Methods An observational, descriptive and retrospective study (May 2019 to August 2023) in which we included all patients who initiated treatment with guselkumab. Data of sex, age, diagnostic, comorbidities, previous biological, start date, last dispensation date and the reasons for treatment discontinuation were collected from the medical records and prescription medications program.

Categorical variables were summarised as percentage (N) and as median for continuous variables. The cumulative probability of treatment persistence was analysed by Kaplan-Meier method and log-rank test to compare the survival along diagnostic, line of treatment and comorbidities using SPSS Statistics, considering a p-value <0.05.
Results Guselkumab was initiated by 40 patients, 57.5%(23) with PsA and 42.5%(17) with msPs. Median age was 54 years, and 57.3% (23) were female. All patients had prior exposure to biologic therapy except one, 87.5% (35) anti-TNF-a (adalimumab, infliximab, etanercept), 47.5% (19) anti-IL-17 (ixekizumab, secukinumab) and 30% (12) ustekinumab. The exposed patients 97.5% (39) had used 1–5 biologic therapies before guselkumab initiation, 40% (16) of patients received three or more therapies. 22.5% (9) of patients had no comorbidities, 35% (14) had at least one comorbidity and 42.5% (17) showed two or more.

The cumulative probability of guselkumab treatment persistence was 74.8% at 1 year and 67.3% at 2 years. Median persistence of guselkumab was 31.2 months (95% CI: 21.2–41.2). 32.5% (13) discontinued treatment during the study, the main cause of discontinuation was secondary failure (46.1%). Comparing groups, there were statistical differences in guselkumab's persistence in msPs vs PsA (14–36.7 months, p=0.059), however, patients with or without prior anti-IL-17 therapy, with or without comorbidities, or according to the number of prior biologics did not show any statistical differences.
Conclusion and Relevance Drug survival of guselkumab in this study is acceptable but main limitation is short follow-up time in some of the patients due to their recent coverage by the Spanish health system in PsA. More studies with larger sample sizes are needed to establish the factors that play a key role in the persistence of treatment.

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4CPS-177 LONG-ACTING INTRAMUSCULAR ANTIRETROVIRALS: WHAT REAL-WORLD DATA DO WE HAVE?

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Background and Importance The new intramuscular antiretroviral treatments (IM-ART), cabotegravir-rilpivirine, have represented a breakthrough in reducing stigma and improving adherence among HIV patients. However, it is necessary to understand how their real-world use impacts patient outcomes.
Aim and Objectives To assess the effectiveness and safety of IM-ART in real-world settings and investigate their impact on analytical parameters.
Material and Methods A retrospective observational study conducted from January to September 2023, including all patients treated with LA-ART with at least three doses. Demographic data (age, gender), treatment-related information (previous ART and presence of resistance mutations (RM)), clinical data (LDL-cholesterol, HDL-cholesterol, creatinine, GOT, GPT, alkaline phosphatase, GGT, total bilirubin, calcium, and phosphorus before and after IM-ART), and effectiveness data (HIV-RNA copies (CV), CD4 count, and CD4/CD8 ratio before and after starting IM-ART) were collected. Adverse events (AE) and pain assessed on the Visual Analog Scale (VAS) during the first two administrations were recorded. Paired Student's t-test and Wilcoxon signed-rank test were used for statistical analysis of differences between pre- and post-LA-ART variables, depending on the distribution. Statistical analysis was performed using Stata/IC16.1 software.
Results Sixty-six patients (93.9% men) were analysed. Median age: 42 years (IQR:38–46). 50,0% were receiving triple therapy before the switch, and 27.6% had at least one RM, which did not affect IM-ART. Three patients had CV>30 copies/mL before starting LA-ART. All patients included maintained CV<30 copies/mL during the study period. Statistically significant differences were observed in LDL-cholesterol (p=0.0193) and CD4 (p=0.0035) between pre- and post-IM-ART values.

All patients experienced at least one AE, with injection site reactions being the most frequent (98.5%). The observed AEs included: general malaise (36.7%), asthenia (13.6%), fever (12.1%), diarrhoea (9.1%), headache (7.6%), sleep disturbances (6.1%), nausea (3.0%), and others (4.5%). One patient discontinued IM-ART due to AE.

Differences in pain assessed on the VAS were observed between rilpivirine vs cabotegravir administration [0.9 (95% CI: 0.3–1.5; p=0.0029)] and between the second vs first administration: rilpivirine [1.6 (95% CI: 0.5–2.7; p=0.0042)]; cabotegravir [1.6 (95% CI: 0.6–2.6; p=0.0032)].
Conclusion and Relevance LA-ART has demonstrated effectiveness and acceptable safety in real-world data, consistent with the results of the ATLAS and FLAIR studies. Longer-term studies are needed to evaluate the evolution of CD4 counts, LDL levels and pain.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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