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REDUCTION OF ANTERIOR UVEITIS FLARES IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS DURING CERTOLIZUMAB PEGOL TREATMENT: 96-WEEK RESULTS FROM THE C-VIEW STUDY

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BACKGROUND

Acute anterior uveitis (AAU) is the most common extra-articular manifestation in axial spondyloarthritis (axSpA), affecting up to 40% of patients¹. Tumor necrosis factor inhibitors were shown to reduce the incidence of AAU flares in patients with radiographic axSpA (ankylosing spondylitis)²⁻⁴; however, few studies have focused on patients across the full axSpA spectrum. We report 2-year outcomes from the phase 4, open-label CVIEW study (NCT03020992), which investigated the impact of certolizumab pegol (CZP) treatment on AAU in patients with active axSpA and a recent history of AAU.

MATERIALS AND METHODS

C-VIEW prospectively investigated patients with active axSpA who were HLA-B27 positive and had recurrent AAU, with a history of ≥ 1 AAU flare in the year prior to baseline (complete study design are described elsewhere⁵). The primary efficacy variable was the incidence of AAU flares during 96 weeks of CZP treatment versus the 2-year pre-baseline period. Acute anterior uveitis incidence was evaluated using Poisson regression adjusted for duration of time in each period, with period (pre- and postbaseline) and axSpA disease duration as covariates. Secondary efficacy variables were ASAS20/40 response rates, and mean ASDAS and mean BASDAI to week 96.

Figure 1. Summary of AAU flares (observed data).

Figure 2. Changes in axSpA disease activity to week 96 (observed data).

RESULTS

Eighty-nine of 115 patients initiated CZP treatment; 83/115 completed week 96. The primary analysis revealed an 82% reduction in the incidence of AAU flares during CZP treatment compared with pre-baseline (Fig. 1; rate ratio [95% CI]: 0.18 [0.12, 0.28], $p < 0.001$). The percentage of patients experiencing ≥ 1 and ≥ 2 AAU flares reduced from 100% and 59.6% prebaseline to 20.2% and 11.2% during treatment. There were also improvements in axSpA disease activity (Fig. 2): by week 96, 75.6% and 58.5% of patients had achieved ASAS20 and ASAS40 responses, respectively. ASDAS and BASDAI also improved substantially over the 96-week treatment period. No new safety signal was identified, compared to previous reports⁵.

CONCLUSION

These data support the use of CZP for the treatment of patients with axSpA and a history of recurrent AAU. During 96-week CZP treatment, there was a significant reduction of 82% in the AAU flare rate compared to pre-baseline. There were also substantial improvements in patients' axSpA disease activity.

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