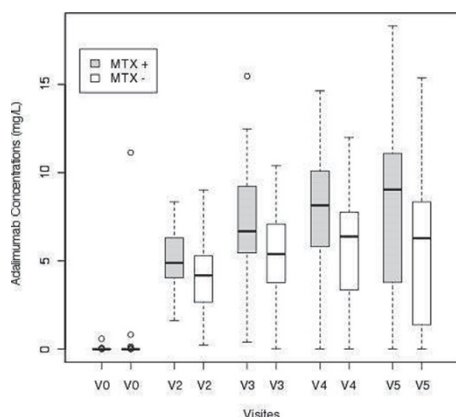


However, anti-drug antibodies (ADA) may be responsible for decreased efficacy. Methotrexate reduces adalimumab immunogenicity in rheumatoid arthritis (1).

**Objectives:** The aim of the study was to evaluate the effect of methotrexate on ADA detection in SpA patients receiving adalimumab.

**Methods:** One hundred and ten SpA patients eligible for adalimumab 40 mg S/C eow were randomized on a 1:1 ratio to receive MTX 10 mg s/c every week, 2 weeks prior (V0) adalimumab (MTX+), or adalimumab alone (MTX-). ADA detection and adalimumab concentration were assessed 4 weeks (V2), 8 weeks (V3), 12 weeks (V4) and 26 weeks (V5) after starting adalimumab (V1). The main outcome was the percentage of positive patients for ADA detection at V5 or last available visit.

**Results:** Patients' characteristics (sex, previous TNF inhibitors, disease duration, HLA B27 +/-, BMI) were comparable between the two groups. One hundred and seven patients were analyzed, 55 in the MTX+ group versus 52 in the MTX- group. ADA were detected at V5, in 39/107 (36.4%) patients; 13/52 (25%) in the MTX+ group versus 26/55 (47.3%) in the MTX- group ( $p=0.03$ ). Adalimumab concentrations were statistically higher in the MTX+ group as compared with the MTX- group at V2, V3, V4 and V5 (Figure 1). There was no difference in terms of adverse events and efficacy between the two groups.



**Conclusions:** MTX reduces immunogenicity and ameliorates pharmacokinetics of adalimumab in SpA patients. The clinical impact of this combination requires longer period studies.

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#### THU0350 EFFECT OF NSAID CONSUMPTION ON CARDIOVASCULAR EVENTS IN SPONDYLOARTHRITIS

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**Background:** Non-steroidal anti-inflammatory drugs (NSAIDs) have been reported to increase cardiovascular (CV) risk. Studies on NSAIDs safety in patients with spondyloarthritis (SpA) are rare and contradictory. However, this question is

highly relevant for these patients with chronic NSAIDs use and increased CV risk (1).

**Objectives:** The objective of this study was to determine the relationship between NSAIDs use and the occurrence of CV events, including myocardial infarction (MI) and stroke, in patients with SpA.

**Methods:** This is an ancillary study of the observational, cross-sectional, multicenter, international ASAS-COMOSPA study. The inclusion criteria were: age >18 years and SpA diagnosis. In order to overcome prescription bias when comparing patients who ever received/did not receive NSAIDs, a propensity score (PS) to predict NSAIDs intake was calculated. Patients who had never received NSAIDs were matched to patients who ever received an NSAID according to the PS. In this matched population, the probability for a patient to present a CV event was estimated by logistic regression. Furthermore, in the global population of the study, factors associated with the occurrence of CV event were explored by logistic multivariate analysis, here including the NSAIDs score (2) of the last three months, age and gender, and using the PS as an adjustment variable.

**Results:** Of the 3984 patients enrolled in the study, data on CV event occurrence were available for 3961 patients. Among them, 3548 patients received NSAIDs (89.6%) and 378 had never received NSAIDs (10.4%). Patients who had never received NSAIDs had more often inflammatory bowel disease (9.9% vs 5.3%), and a less severe disease (% of bamboo patients: 2.0% vs 7.6%). Among the 756 matched patients, 29 (3.8%) patients reported a CV event (21 MI, 13 strokes and 5 MI + stroke). The number of patients with CV event was not significantly different between the two groups, ever and never NSAIDs exposure respectively (16 (2.1%) vs 13 (1.7%), OR =1.86 [0.496–6.989]). No difference was observed between the two groups for MI and stroke compared separately (12 (1.6%) vs 9 (1.2%), OR =2.96 [0.417–21.013] and 8 (1.1%) vs 5 (0.7%), OR =0.926 [0.288–22.108] respectively). In the second model, where PS was used as a covariate, the occurrence of overall CV event was independently associated with age (OR =2.7 [2.3–3.2]) and male sex (OR =1.9 [1.2–3.0]), but not with the NSAIDs score (OR =1.0 [0.9–1.1]).

**Conclusions:** The use of NSAIDs does not seem to be associated with the occurrence of CV event in patients with SpA, however it cannot be excluded that the study is underpowered. Further prospective studies are needed to confirm these results.

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#### THU0351 ADALIMUMAB TAPERING WITH COMBINED METHOTREXATE CAN BE EFFECTIVE AS MAINTENANCE THERAPY IN SPA-RELATED UVEITIS

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**Background:** Anti-TNF agents have deeply improved the therapeutic efficacy of spondyloarthritis (SpA)-related uveitis [1]. Despite the benefits of anti-TNF drugs, patients need to stay on this treatment for a long time. There has been a clear medical need to consider the long-term safety and increased drug costs. Unanswered question for physicians is whether TNF blockers can be reduced or even stopped in SpA-related uveitis, or how can it be reduced in patients have achieved remission or LDA. The current study aimed to investigate the effectiveness and safety of adalimumab tapering strategy in SpA-related uveitis. We tried to find a way in balancing the quality of the patients' lives, the side effects and the cost-effectiveness.

**Objectives:** The aim of this study was to evaluate the effectiveness of tapering of adalimumab combined with MTX in patients with spondyloarthritis (SpA)-related uveitis.

**Methods:** We performed a retrospective analysis. SpA patients with uveitis admitted to a south China hospital were enrolled. Demographic information, clinical characteristics, laboratory findings, intraocular inflammation, visual acuity, and macular thickness were documented every 3 to 6 months.

**Results:** In 32 cases of SpA-related uveitis who achieved clinical remission for at least 6 months after receiving a standard dose of adalimumab in combination of MTX, adalimumab was tapered and MTX was continued. Dosing interval of adalimumab were spaced by 30% every 3 months up to complete stop. Twenty-six cases without MTX were analyzed for comparison. No significant difference of demographic characteristics and BASDAI, CRP, ESR was found between the two groups at the baseline. During the first 12 months of adalimumab tapering, the mean BASDAI remained stable in both groups. No recurrent uveitis was found in the group with combined MTX. In the group without combined MTX, 2 patients (2/26, 7.7%) presented increased anterior chamber inflammation and visual acuity. At the end of 24 months, mean BASDAI, CRP and ESR remained low in both groups. Two cases (2/32, 6.3%) in the group of combined MTX were documented increased BASDAI higher than 4, but no recurrent uveitis was observed. Altogether 5 cases (5/32, 15.6%) in the group of combined MTX had recurrent uveitis, in which 4 cases (4/5, 80%) initiated adalimumab tapering at 6 months' remission. In comparison, 8 cases (8/26, 30.8%,  $p<0.001$ ) in the group without combined MTX had recurrent uveitis, in which 6 cases initiated