Table 1. Disease activity outcomes at 6 months in patients who initiated TCZ mono compared with those who initiated TNFi + MTX.

	Change in CDAI		Achievement of LDA	
	Unadjusted Mean (SD)	Adjusted β (95% CI)*	Unadjusted Response Rate, n (%)	Adjusted OR (95% CI)*
TCZ mono (n = 283)	-9.7 (14.6)	—	82 (29)	—
TNFi + MTX ≤ 10 mg (n = 108)	-7.8 (13.6)	-0.15 (-2.92 to 2.62)	33 (31)	1.22 (0.71 to 2.10)
TCZ mono (n = 300)	-9.6 (14.5)	—	88 (29)	—
TNFi + MTX > 10 to ≤ 15 mg (n = 186)	-9.0 (14.2)	-0.3 (-2.83 to 2.22)	70 (38)	0.94 (0.60 to 1.48)
TCZ mono (n = 292)	-9.6 (14.7)	—	85 (29)	—
TNFi + MTX > 15 to ≤ 20 mg (n = 273)	-6.9 (12.8)	-1.65 (-3.84 to 0.54)	73 (27)	1.4 (0.89 to 2.18)
TCZ mono (n = 285)	-9.7 (14.7)	—	85 (30)	—
TNFi + MTX > 20 mg (n = 107)	-8.4 (15.0)	-1.43 (-5.12 to 2.25)	32 (30)	1.26 (0.70 to 2.25)

CDAI, Clinical Disease Activity Index; LDA, low disease activity; MTX, methotrexate; OR, odds ratio; TCZ, tocilizumab; TNFi, tumor necrosis factor inhibitor.
 *TCZ compared with TNFi + MTX. Adjusted for sex, age, race (white vs nonwhite), disabled, retired, baseline CDAI, baseline modified Health Assessment Questionnaire, baseline patient pain scores, baseline prednisone use/dose, baseline body mass index, prior biologic use, prior TNFi use and American College of Rheumatology functional class.

Employee of: Genentech, Inc, G. Persuette Employee of: Corrona, LLC, J. Kremer Shareholder of: Corrona, LLC, Consultant for: AbbVie; Amgen; Bristol-Myers Squibb; Genentec, Inc; GlaxoSmithKline; Lilly; Pfizer; Regeneron; Sanofi, Employee of: Corrona, LLC

DOI: 10.1136/annrheumdis-2017-eular.3295

AB0408 COMPARATIVE EFFECTIVENESS OF ABATACEPT VERSUS TNFI IN PATIENTS WITH RHEUMATOID ARTHRITIS WHO ARE CCP+ IN THE UNITED STATES CORRONA REGISTRY

L. Harrold¹, H. Litman², S. Connolly³, E. Alemao³, K. Price³, S. Kelly³, S. Rebello², W. Hua², J. Kremer⁴. ¹University of Massachusetts, Worcester; ²Corrona, LLC, Southborough; ³Bristol-Myers Squibb, Princeton; ⁴Albany Medical College and The Center for Rheumatology, Albany, United States

Background: Anti-cyclic citrullinated peptide positivity (CCP+) is associated with a better response to abatacept (ABA) than anti-CCP negativity in patients (pts) with RA^{1,2}; however, there are no head-to-head or comparative effectiveness research studies available evaluating responses to biologics in CCP+ pts in a real-world setting.

Objectives: To compare the effectiveness of ABA vs a TNF inhibitor (TNFi) in pts with RA who are CCP+.

Methods: We identified adult pts with RA from a large observational US cohort (1 Dec 2005–31 Aug 2016) who initiated ABA or a TNFi and who were CCP+ (≥ 20 U/mL) at or prior to initiation. Both groups had to have no prior exposure to other non-TNFi biologics or targeted synthetic DMARDs. TNFi initiators were excluded if they had prior use of ABA. Using propensity score matching (1:1) stratified by prior TNFi use (0, 1 and 2+), effectiveness at 6 months after initiation was evaluated. Mean change in CDAI over 6 months following initiation was the primary outcome, and secondary outcomes were: achievement of remission (CDAI ≤ 2.8), modified (m)ACR20, 50 and 70 responses and achievement of LDA/remission (CDAI ≤ 10) in those with moderate/high disease activity at initiation. A subset analysis was performed to consider separately pts who were biologic naïve and those who were biologic experienced at initiation.

Abstract AB0408 – Table 1

	Total population			Biologic naïve			Biologic experienced		
	CCP+ abatacept initiators n=330	CCP+ TNFi initiators n=330		CCP+ abatacept initiators n=97	CCP+ TNFi initiators n=97		CCP+ abatacept initiators n=233	CCP+ TNFi initiators n=233	
Primary outcome:	Mean ($\pm$ SE)	Mean ($\pm$ SE)	p value*	Mean ($\pm$ SE)	Mean ($\pm$ SE)	p value*	Mean ($\pm$ SE)	Mean ($\pm$ SE)	p value*
Change in CDAI	-9.9 (± 0.8)	-8.5 (± 0.8)	0.24	-9.8 (± 1.4)	-12.3 (± 1.4)	0.19	-9.9 (± 1.0)	-7.0 (± 1.0)	0.033
Secondary outcomes:	Response rate (%)	Response rate (%)	p value†	Response rate (%)	Response rate (%)	p value†	Response rate (%)	Response rate (%)	p value†
LDA	41.3	39.7	0.69	50.0	57.0	0.36	37.6	32.1	0.26
Remission	15.5	14.8	0.83	19.6	21.6	0.72	13.7	12.0	0.58
mACR20	36.4	36.4	>0.99	40.2	45.4	0.47	34.8	32.6	0.62
mACR50	24.8	21.5	0.31	26.8 7 37.1	0.12	24.0	15.0	0.014	
mACR70	13.6	10.6	0.23	17.5	19.6	0.71	12.0	6.9	0.057

*t-test, †chi-square test.

Results: The 330 pairs of propensity score-matched ABA and TNFi initiators had no substantial differences in baseline characteristics. Both treatment groups had similar mean change in CDAI at 6 months as well as achievement of LDA, remission and mACR20/50/70 responses (Table). Among the 97 matched biologic-naïve pairs, there was no significant difference in change in CDAI for ABA initiators vs TNFi initiators (p=0.19). However, in the 233 matched biologic-experienced pairs, those initiating ABA had a greater improvement in mean change in CDAI (p=0.033) and were more likely to achieve an mACR50 response (p=0.014).

Conclusions: Pts with RA who were CCP+ and received either ABA or TNFi had a substantial improvement in clinical disease activity. In the overall propensity score-matched sample, similar outcomes were observed for both treatment groups. However, analysis of the biologic-experienced cohort found that ABA initiators had a greater improvement in disease activity than TNFi initiators.

References:

[1] Sokolove J, et al. Ann Rheum Dis 2016;75:709–14.

[2] Harrold LR, et al. Ann Rheum Dis 2016;75(Suppl 2):505–6.

Disclosure of Interest: L. Harrold Shareholder of: Corrona, LLC, Grant/research support from: Pfizer, Consultant for: Roche, Employee of: Corrona, LLC, H. Litman Employee of: Corrona, LLC, S. Connolly Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, E. Alemao Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, K. Price Employee of: Bristol-Myers Squibb, S. Kelly Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, S. Rebello Employee of: Corrona, LLC, W. Hua Employee of: Corrona, LLC, J. Kremer Shareholder of: Corrona, LLC, Grant/research support from: AbbVie, Genentech, Lilly, Novartis, Pfizer, Consultant for: AbbVie, Amgen, Bristol-Myers Squibb, Genentech, GSK, Lilly, MedImmune, Pfizer, Sanofi, Employee of: Corrona, LLC

DOI: 10.1136/annrheumdis-2017-eular.1643

AB0409 CORTICOSTEROID-SPARING IN PATIENTS WITH RHEUMATOID ARTHRITIS ON TOCILIZUMAB: FIRST EXPERIENCE OF BAB-EL-OUED HOSPITAL

M.A. Ifticene, H. Hafirassou, R. Benaziez, F. Mechid, F. Hanni, C. Dahou Makhiloufi. *Hospital, algiers, Algeria*

Background: Tocilizumab (TCZ) is a monoclonal antibody directed against the IL-6 receptors. This treatment (TRT) allows for the cortisone weaning in preventing of its complications.

Objectives: The goal of this study is to evaluate the corticosteroid sparing in patients with RA treated with TCZ.

Methods: Prospective, descriptive study of patients hospitalized between 2012 and 2016, the diagnosis was made according to the ACR 1987 ACR/EULAR 2010 criteria. Included, are the patients treated with TCZ for at least 3 months associated with corticosteroids.

We have studied the following: the epidemiology, the associated DMARDs, the average DAS28VS, the average dosage of prednisone-equivalent and the percentage of patients with decreased or interrupted corticosteroids at M0, M3, M6 and M12.

Results: 26 patients (sex ratio: 0.7) treated with TCZ and corticosteroids, average age is 43.4 years (range 30–62). Average duration of the development of RA: 9.1 $\pm$ 6.4 years. DMARDs was associated in 15 patient.

At baseline, 46.2% of patients were on 10 mg/day of cortisone, the average dose of prednisone-equivalent was at 7.7 $\pm$ 3.6mg at M0, 5.3 $\pm$ 3.2 mg at M3, 4.6 $\pm$ 2.3 mg at M6, 2.6 $\pm$ 2.6 mg at M12 with a statistically significant difference (p=0.000003). The average DASVS28 activity index was 5.6 $\pm$ 0.9 at M0, 3.5 $\pm$ 1.3 at M3, 3.04 $\pm$ 1.2 at M6 and 2.6 $\pm$ M6 at M12 with a statistically significant difference (p<0.000001). Corticosteroid treatment was stopped in 12 patients after 1 year of treatment.

Conclusions: Through this study we note that the TRT using TCZ has enabled a significant reduction in the dose of corticosteroids. Stopping prednisone was possible in 50% of patients after 1 year of bioterapy.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3965