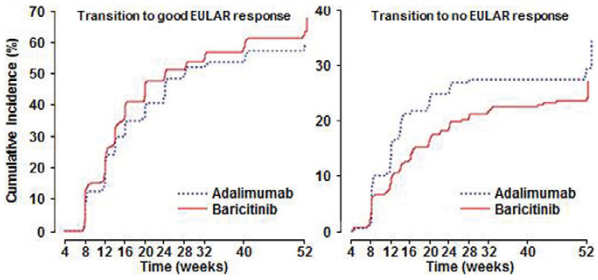
Figure 1: Time until First transition to Good and No EULAR Response (DAS28-ESR)



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SAT0071 RHEUMATOID ARTHRITIS (RA) REGISTRY IN AKITA PREFECTURE, WHERE AGING IS THE MOST ADVANCED IN JAPAN

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Background: The rate of aging (percentage of population aged 65 years and over) in Akita Prefecture is 33.8% (26.6% for the whole of Japan), the highest throughout Japan. The Akita Orthopaedic Group on Rheumatoid Arthritis (AORA) was established in 2010. Since then, patients have been enrolled every year to prepare the registry.
Objectives: To compare patient characteristics as well as clinical effectiveness between the treatments with and without use of methotrexate (MTX) and a biological (BIO) using the data of the AORA registry.
Methods: The subjects were 2,016 patients enrolled in the Akita registry in 2015. The subjects included 403 men and 1,613 women. According to the use of MTX and BIO, 2,016 patients were divided into the group treated with no use of MTX or BIO (group A), that treated with BIO, but no use of MTX (group B), that treated with MTX, but no use of BIO (group C), and that treated with MTX and BIO (group D).
Results: The subjects were grouped into group A (n=673), B (n=153), C (n=805), and D (n=385). MTX was used in 59.0% and BIO was used in 26.7% of all patients. The mean ages were 69.6 years (group A), 65.7 years (group B), 65.6 years (group C), and 62.6 years (group D). The aging rates were 67.9% (group A), 55.6% (group B), 56.8% (group C), and 48.3% (group D), which shows that aging was more advanced in group A.
The rates of patients with a complication of hypertension, diabetes, respiratory disease, cerebrovascular disease, heart disease or malignant tumour were 52.0% (group A), 54.2% (group B), 45.5% (group C), and 40.8% (group D). The incidence of complication was the lowest in group D.
The rates of patients who received one or more of conventional synthetic disease-modifying antirheumatic drugs (cs DMARDs) other than MTX were 79.0% (group A), 42.5% (group B), 39.9% (group C), and 19.2% (group D). Although bucillamine and salazosulfapyridine were frequently used in any group, concomitant use of tacrolimus was remarkable in group A and C, while that of iguratimod was remarkable in groups C and D. The rate of use of a prednisolone (PSL), was significantly higher in group B. The dose of PSL was significantly higher in group A. In regard to BIO, three drugs of etanercept, tocilizumab, and abatacept accounted for 90% in group B. In group D, etanercept and tocilizumab were also frequently used, followed by infliximab, adalimumab, golimumab and abatacept.
In DAS28ESR, the rate of combined low disease activity and remission was significantly higher in group D. The mean values of C-reactive protein (CRP) (mg/dL) were 0.61 (group A), 0.52 (group B), 0.47 (group C), and 0.35 (group D), which shows that the mean value was significantly higher in group A than group D. The mean values of matrix metalloproteinase 3 (MMP3) (ng/dL) were 119.0 (group A), 130.6 (group B), 100.7 (group C), and 88.9 (group D), which shows that the mean value was significantly higher in group A and B than group C and D.
Conclusions: Using the AORA registry, we compared patient characteristics as well as clinical effectiveness between the treatments with and without use of MTX and BIO. Since in group A, neither MTX nor BIO could be used in most patients, one had to practically rely on PSL. The study suggests that remission needs to be achieved prior to increase in complication due to aging.

References:
[1] Population census in Japan, 2015.

Disclosure of Interest: None declared

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SAT0072 DOSE REDUCTION OF BARICITINIB IN PATIENTS WITH RHEUMATOID ARTHRITIS ACHIEVING SUSTAINED DISEASE CONTROL: RESULTS OF A PROSPECTIVE STUDY

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Background: In patients (pts) with active rheumatoid arthritis (RA) and inadequate response (IR) to DMARDs, ph3 studies demonstrated efficacy of baricitinib (bari) (2mg and 4mg). Larger, more rapid treatment effects were observed for bari 4mg.
Objectives: To investigate the effects of bari dose step-down in pts who achieved sustained disease control with bari 4mg.
Methods: Pts with RA who completed a bari ph3 study could enter a long-term extension (LTE) study. In the LTE, pts who received bari 4mg for ≥15 months and who achieved sustained low disease activity ([LDA]-CDAI score ≤10) or remission (CDAI ≤2.8) at 2 consecutive visits ≥3 months apart were re-randomised in a blinded manner to continue bari 4mg or step down to 2mg. Patients could rescue (to bari 4mg) if CDAI >10. Efficacy and safety were assessed through 48 weeks (wks) following re-randomisation.
Results: Among pts who achieved sustained disease control with bari 4mg, dose reduction to 2mg resulted in significant increases in disease activity at 12, 24, and 48 wks; however, the majority of pts in both groups maintained the state of LDA

Abstract SAT0072 – Table 1

	Pts originating from RA-BEAM, RA-BUILD, RA-BEACON Combined†					
	Week 12		Week 24		Week 48	
	Continued bari 4 mg N=396	Stepped down to bari 2 mg N=394	Continued bari 4 mg N=353	Stepped down to bari 2 mg N=358	Continued bari 4 mg N=245	Stepped down to bari 2 mg N=245
Efficacy measure	NRI after rescue or for missing data					
CDAI LDA ≤10	359/396 (90.7)	326/393 (83.0)**	309/353 (87.5)	269/357 (75.4)***	198/245 (80.8)	167/245 (68.2)**
CDAI remission ≤2.8	158/396 (39.9)	143/393 (36.4)	149/353 (42.2)	127/357 (35.6)	99/245 (40.4)	82/245 (33.5)
	NRI only for missing data (observed data used after rescue)					
CDAI LDA ≤10	359/396 (90.7)	326/393 (83.0)**	314/353 (89.0)	289/357 (81.0)**	212/245 (86.5)	196/245 (80.0)
CDAI remission ≤2.8	158/396 (39.9)	143/393 (36.4)	150/353 (42.5)	133/357 (37.3)	103/245 (42.0)	90/245 (36.7)
Safety measure	Wks 0–48					
n [EAIR/100 PYE]	Continued bari 4mg N=396				Stepped down to bari 2mg N=394	
SDEAE	225 [70.5]				196 [65.4]	
Infection	99 [31.0]				70 [23.3]	
SAE	23 [7.2]				23 [7.7]	
Serious infection	8 [2.5]				4 [1.3]	
AE → discontinuation	9 [2.8]				11 [3.6]	

Efficacy and safety data are n/N (%), and n [EAIR/100 PYE], respectively. †RA-BEAM = MTX-IR pts; RA-BUILD = csDMARD-IR pts; RA-BEACON = bDMARD-IR pts; EAIR = exposure-adjusted incidence rate; NRI = nonresponder imputation; PYE = patient-years of exposure; SDEAE = step-down emergent adverse event. **p≤0.01, ***p≤0.001 vs. continued bari 4mg.