Week4, 8, 12, 24 and 52 by LOCF method. Also we used ROC analysis in order to determine the optimal period to achieve remission for the DAS-ESR and SDAI at Week52.

Results: The group of patients included 16 males and 82 females. The mean age was 59.5±14.7 years old; the disease duration was 9.4±8.8 years; the patients of receiving methotrexate (MTX) was 73 cases (74%); the MTX dose was 11.2±3.6 mg/week and b-DMARD naïve patients was 57 cases (61%). Clinical findings related to RA were as follows: mean tender joint count, 5.2±4.7; swollen joint count, 5.0±4.0; patient's and physician's global assessment of disease activity, 48.9±27.4 and 42.3±23.2mm; CRP, 1.9±2.2 mg/dL; ESR, 47.4±34.0 mm/h; MMP3, 233±186 ng/ml; the rate of rheumatoid factor positive patients was 78%; DAS28 (ESR), 4.84±1.36; and SDAI, 21.2±11.3. The mean DAS-ESR improved to 3.54±1.35, 3.31±1.46, 3.37±1.47 and 3.31±1.43 at Week 4, 12, 24 and 52 ($p<0.001$, $p<0.001$, $p<0.001$, $p<0.001$) and the mean SDAI improved to 11.4±9.0, 9.7±9.0, 9.8±9.1 and 9.4±9.1 at Week 4, 12, 24 and 52 ($p<0.001$, $p<0.001$, $p<0.001$, $p<0.001$) significantly (Fig.1). At Week 4, 12, 24 and 52 the rate of patients who achieved remission were each 28.8, 37.2, 32.9, 33.7% and 11.7, 29.3, 30.5, 28.8% in DAS-ESR and SDAI criteria (Fig.2). Also at Week 4, 12, 24 and 52 the rate of patients who achieved low disease activity (LDA) were each 46.6, 53.2, 51.2, 55.8% and 58.8, 64.1, 65.9, 71.3% in DAS-ESR and SDAI criteria. Areas under the receiver operating characteristic curves for the DAS28-ESR and SDAI at each time point for remision achievement at 52 weeks were each 0.578 and 0.702 at baseline, 0.755 and 0.822 at week4, 0.821 (cut-off index 2.73, odds ratio 16.7, sensitivity 0.75, specificity, 0.85) and 0.856 (cut-off index 5.30, odds ratio 29.6, sensitivity 0.86, specificity, 0.82) at week8, and 0.820 and 0.809 at week12.

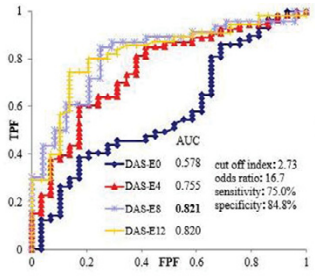

Figure 1 : ROC curves of the DAS28-ESR at each time point for predicting the achievement of remission at week 52 after starting CZP treatment

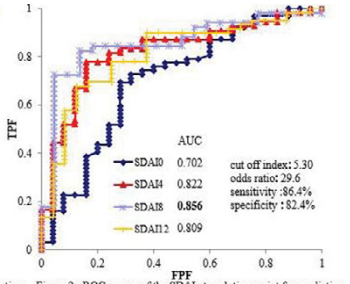

Figure 2 : ROC curves of the SDAI at each time point for predicting the achievement of remission at week 52 after starting CZP treatment

Conclusions: The new TNF-antagonist therapy of CZP was effective early and rapidly in patients with active Japanese RA. This study suggested that eight weeks is an adequate optimal period to judge whether the achieved remission or not at Week 52.

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SAT0175 A DESCRIPTIVE ANALYSIS OF REAL-WORLD TREATMENT PATTERNS IN A TURKISH RHEUMATOLOGY POPULATION THAT CONTINUED INNOVATOR INFLIXIMAB (REMICADE) THERAPY OR SWITCHED TO BIOSIMILAR INFLIXIMAB

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Objectives: This study examined treatment patterns in a rheumatology patient (pt) population initially prescribed innovator infliximab (IFX) that either switched to biosimilar infliximab (CT-P13) or continued on IFX following availability of CT-P13 in the Turkish healthcare system.

Methods: Adult pts with ≥1 diagnosis code (ICD-10-CM M05.X; M06.X) for rheumatoid arthritis (RA) and a prescription for IFX were identified in a national Turkish health care database during the study period (01DEC2010–01DEC2015). Eligible pts were those who continued on IFX (Continuers cohort; CC) or switched from IFX to CT-P13 (Switchers cohort; SC) during the identification period; had continuous medical/pharmacy benefit enrollment ≥12 months before and ≥6 months after the index date (date of switch for SC and a random IFX prescription date for CC); had a prescription claim for IFX within 16 weeks of the index date during the baseline period. Demographics, concomitant disease, medications, and treatment patterns (dose, refill interval, discontinuation, and switch) were summarized. A confirmed discontinuation was defined as a switch to another biologic medication or the absence of an index biologic claim for ≥120 days without censoring. Patient weight was unavailable in the dataset.

Results: Key results are shown in the Table. A total of 3018 pts met study criteria. The majority (95%; n=2870; CC) continued on IFX and had a mean age of 44 years; 46% were female and mean follow up of 12 months. A total of 148 pts (5%) switched to CT-P13 (SC) and had mean age of 44 years; 51% female and mean follow up of 9 months. Approximately 40% of pts in each cohort had a concomitant diagnosis for ankylosing spondylitis (AS; Table). Other concomitant diseases and medications appeared balanced between cohorts. In the CC, pts had an average of 4.7 infusions at a mean dose of 4.4 vials approximately every 10 weeks. In the SC, pts had an average of 2.6 infusions at a mean dose of 3.6 vials approximately every 10 weeks. Therapy discontinuation occurred in 38% in the CC; average time to any discontinuation or censoring of IFX was 256 days (Table). In the SC, CT-P13 discontinuation was observed in 82%; average time to any discontinuation or censoring of CT-P13 was 124 days; 74% of SC switched to another biologic with 94% of these returning to IFX.

	Switchers Cohort (N=148)		Continuers Cohort (N=2870)	
	N/Mean	%/SD	N/Mean	%/SD
Age (Mean) (years)	44	13	44	12
Gender				
Female	75	51%	1,332	46 %
Average Length of Follow up Period (in Months)	9	2	12	3
Concomitant Disease During Baseline Period				
Ankylosing Spondylitis	73	49%	1,214	42%
Psoriatic Arthritis or Psoriasis	19	13%	582	20%
Crohn's Disease	6	4%	191	7%
Ulcerative Colitis	8	5%	157	5%
Concomitant RA-Medications During Follow-Up Period				
Methotrexate	31	21%	652	23%
Sulfasalazine	21	14%	340	12%
Dosing Characteristics				
Average # of doses within follow up period	2.6	1.6	4.7	2.4
Mean # of weeks between doses	10.1	5.1	9.9	3.8
Mean # of days between 1st and 2nd dose	75	48	70	34
Mean # of days between 2nd and 3rd dose	72	38	70	29
Mean # of days between 3rd and 4th dose	65	31	67	26
Mean # of vials per Infusion	3.6	1.6	4.4	1.9
Switching				
# and % of patients with ≥1 switch	110	74%	471	16%
% of Primary Switches from CT-P13 to IFX	103	94%	NA	NA
Discontinuation				
# of Patients Confirmed to Have Discontinued	121	82%	1,089	38%
Time to confirmed discontinuation (days)	94	58	126	91
Time to any discontinuation or censoring (days):	124	87	256	138

Conclusions: This study shows switching from IFX to CT-P13 was infrequent. However, in those switching to CT-P13, a high percentage (82%) of CT-P13 discontinuation was observed and the majority returned to IFX. Further studies are needed to understand the reasons for these observations.

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Rheumatoid arthritis - other biologic treatment

SAT0176 PATTERNS OF BIOLOGIC DMARD MONOTHERAPY IN A LARGE NATIONWIDE RHEUMATOID ARTHRITIS COHORT: DATA FROM 1036 PATIENTS

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