SAT0273

GOLIMUMAB RETENTION RATE IN PATIENTS WITH SPONDYLOARTHRITIS. DIFFERENCES BETWEEN ANKYLOSING SPONDYLITIS AND NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

B. Serrano-Benavente^{1,2}, C.M. González Fernández^{1,2}, L. Valor¹, J.C. Nieto-González¹, R.D. González-Benítez¹, I. Janta¹, C. Sáenz Tenorio¹, J.G. Ovalles-Bonilla¹, J. Martínez-Barrio¹, M. Correyero Plaza¹, L. García-Montoya¹, F.J. López-Longo^{1,2}, I. Monteagudo Saez¹. ¹Rheumatology, Hospital General Universitario Gregorio Marañón; ²Faculty of Medicine, Universidad Complutense de Madrid, Madrid, Spain

Background: The efficacy of Golimumab treatment in spondyloarthritis (SpA) has been widely documented.

Objectives: The aim of this study was to analyze the long-term retention rate of Golimumab and to identify independent predictors of retention in patients with SpA.

Methods: Prospective monocentric cohort of SpA patients treated with Golimumab according with clinical practice. Study was approved by local Ethics Committee. Demographic and clinical variables were analysed with Cox proportional hazard regression model.

Results: 105 patients were included, 49 (46.7%) Ankylosing Spondylitis (AS), 40 (38.1%) non-radiographic axial SpA (nr-AxSpA) and 16 (15.2%) peripheral SpA. The baseline characteristics of the patients are shown in table 1. Follow-up time was 206.6 patients-year. Mean survival time was 47.2 months (95% CI: 39.4–54.9). Age, gender, HLA-B27, radiographic or nr-AxSpA and previous biological use were significant in the univariate analysis. Concomitant DMARD had no influence on Golimumab retention rate (HR: 1.2; 95% CI: 0.6–2.4; p: 0.6).

Abstract SAT0273 – Table 1. Baseline demographic and clinical characteristics of the patients.

	All (axial and peripheral SpA)	AS	nr-AxSpA
Age -mean (SD)-years	45.1 (13.2)	51.1 (10.8)	39.8 (10.1)
Male gender (%)	52 (49.5%)	30 (61.2%)	19 (47.5%)
Mean evolution time (SD)- years	11.8 (12.3)	18.8 (10.1)	7.3 (10.3)
Positive HLA-B27 (%)	73 (69.6%)	44 (90.7%)	21 (52.6%)
Uveitis (%)	17 (16.2%)	12 (24.5%)	4 (10.0%)
Back pain -mean (SD)	7.5 (7.0)	6.5 (2.4)	9.1 (10.7)
BASDAI -mean (SD)	6.2 (1.6)	6.3 (2.1)	6.2 (1.2)
BASFI -mean (SD)	5.8 (2.3)	6.0 (2.4)	5.4 (2.1)
CRP mg/dl – mean (SD)	1.1 (1.7)	1.5 (2.1)	0.65 (1.4)
Concomitant DMARD (%)	31 (29.8%)	15 (31.3%)	3 (7.5%)
Biological Therapy naïve (%)	48 (45.7%)	15 (30.6%)	24 (60%)

Golimumab retention rate of patients with nr-AxSpA and objective inflammation (positive MRI or CRP) was not different compared to AS patients (p=0.19). Patients with nr-AxSpA without objective inflammation (negative MRI and CRP) had worse retention rate compared to AS patients (HR: 2.47; 95% CI: 1.09–5.57; p<0.03), figure 1. There was a numerically better Golimumab retention rate in patients treated previously with less number of biologicals, but did not reach statistical significance. 39/105 patients (37%) withdrew Golimumab treatment. 26/39 (66.7%) due to lack of efficacy, 6/39 (15.4%) due to adverse events and 7/39 (17.5%) due to other reasons.

Abstract SAT0273 – Figure 1. retention rate

Conclusions: Real-world Golimumab retention rate in patients with Spondyloarthritis was good and did not depend on concomitant treatment with DMARD. Patients with Ankylosing Spondylitis and non-radiographic axial SpA with objective inflammation had a better Golimumab retention rate than patients with non-radiographic axial SpA without objective inflammation. A better retention rate was expected in patients who had previously used less biological, but was not found.

Disclosure of Interest: None declared

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SAT0274

RETENTION RATES OF CERTOLIZUMAB PEGOL IN ANKYLOSING SPONDYLITIS AND NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS PATIENTS: HUR-BIO REAL LIFE RESULTS

B. Armagan, A. Sari, A. Erden, G.K. Yardimci, L. Kilic, U. Kalyoncu, O. Karadag, S. Apras Bilgen, S. Kiraz, A. Akdogan, I. Ertenli. Hacettepe University, Department of Internal Medicine, Division of Rheumatology, Ankara, Turkey

Background: Drug survival rate is generally accepted as a reliable indicator of both efficacy and safety profile of a biological DMARD.

Objectives: To evaluate survival rates of certolizumab-pegol (CZP) in ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nrAxSpA) patients registered in HUR-BIO (Hacettepe University Rheumatology Biologic Registry).

Methods: HUR-BIO is a monocentric database of biologics including 2058 SpA patients (226 were prescribed CZP) by June 2017. All AS (n=142) and nrAxSpA (n=54) patients in HUR-BIO prescribed CZP at least once were enrolled in the study. Twenty-three patients who was already on CZP before admitting Hacettepe University were excluded. Patients prescribed CZP within 6 months period before analysis defined as drug continuing. Demographic, clinical and laboratory data of AS and nrAxSpA patients were evaluated. Kaplan-Meier analysis was used to estimate CZP survival rates.

Results: In total, 124 AS and 49 nrAxSpA patients were analysed. Baseline characteristics of patients were shown in Table. Median duration of CZP usage was 7.54 (3–26.5) months in AS and 6.27 (3–26.7) months in nrAxSpA group (p=0.53). CZP survival was similar between AS and nrAxSpA patients (figure 1). Forty-nine (27.2%) patients had used at least one TNFi and 38 (21.9%) patients had used more than one TNFi before CZP. There was no difference in drug survival between those who used TNFi and those who did not use TNFi before CZP (figure 2). BASDAI 50 response was reached in 27.6% of AS and 36.0% of nrAxSpA patients and at the last control visit (p=0.44).

Abstract SAT0274 – Table 1. Baseline demographic and clinical characteristics of patients.

	AS	nrAxSpA	p
Age, years (min-max)	36.5 (18–60)	32 (18–54)	0.041
Male, n (%)	58 (46.8)	21 (42.9)	0.641
Female, n (%)	66 (53.2)	28 (57.1)	
Disease duration, months (min-max)	48 (3–312)	24 (3–144)	0.011
Disease duration ≥ 5 years, n (%)	59 (47.6)	16 (32.7)	0.07
History of smoking, n (%)	79 (63.7)	26 (53.1)	0.196
History of uveitis, n (%)	9 (7.3)	3 (6.1)	0.791
Previous biological use, n (%)	59 (47.6)	26 (53.1)	0.516
Baseline BASDAI	57 (4–100)	57 (0–94)	0.495
Baseline BASFI	41 (0–100)	42 (0–94)	0.422
Baseline back pain VAS	70 (0–100)	70 (10–100)	0.961
ESR, mm/h (min-max)	15 (2–105)	13 (2–97)	0.177
CRP, mg/dL (min-max)	0.83 (0.1–18.2)	0.91 (0.1–8.32)	0.810
ESR > UL, n (%)	48 (39.7)	14 (29.8)	0.286
CRP > UL, n (%)	64 (52.9)	25 (54.39)	0.866
Syndesmophytes on X-ray, n (%)	21 (16.9)	3 (6.1)	0.064