(median [interquartile range] from 10.2 [6.5–17.1] to 6.0 [3.9–15.6] mg/L; p=0.02), but not in the control group (from 8.7 [5.2–17.2] to 13.2 [7.9–20.1] mg/L; p=0.70). A similar trend was seen for serum calprotectin (p=0.065 in intervention versus p=0.31 in control), but not for ESR. In addition, ASDAS-CRP (p=0.02), BASDAI (p=0.04), SF-36 physical component score (p=0.01), EQ-5D (p=0.049), and EQ-5D VAS (p=0.02) decreased significantly in the intervention group, but not the control group.

Conclusions: This proof-of-concept study in axSpA revealed a significant decrease in serum CRP levels upon add-on training program, in the absence of safety signals. Together with the significant improvement in disease activity and quality of life, these findings warrant full-scale randomised controlled trials of this novel therapeutic approach in patients with axSpA and other inflammatory conditions.

Disclosure of Interest: None declared

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SAT0285 EFFICACY OF EARLY VERSUS DELAYED INITIATION OF ANTI-TNF-ALPHA TREATMENT IN AXIAL SPONDYLOARTHRITIS. DATA FROM THE CZECH REGISTRY ATTRA

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Background: Anti-TNF-α agents are the mainstay of pharmacotherapy for patients with axial spondyloarthritis (AxSpA) who failed treatment with NSAIDs. A little is known about the influence of early versus delayed treatment initiation on their clinical efficacy.

Objectives: To compare change of disease activity in AxSpA patients on anti-TNF-α therapy based on symptom duration prior to treatment initiation.

Methods: Baseline demographic data and efficacy parameters of patients starting their first anti-TNF-α treatment ≤10 years (EARLY) or >10 years (DEALYED) after first symptoms of AxSpA from the Czech national registry ATTRA were compared. Mean ±SD and absolute/relative frequencies were used to describe continuous and categorical variables, respectively. P-value of Fisher's exact test and Mann-Whitney test is given when assessing difference between groups in categorical and continuous variables. ATTRA is a centralised prospective computerised registry of patients receiving bDMARD therapy for rheumatic diseases collecting data on efficacy, safety and quality of life of all patients treated in the Czech Republic. Anti-TNF-α therapy was indicated for patients with AxSpA who have failed treatment with NSAIDs with CRP ≥1 mg/dl and BASDAI score ≥4.

Results: Data from 1290 axSpA patients were available for analysis. 618 patients started treatment ≤10 years (EARLY) and 672>10 years (DELAYED) after the onset of AxSpA symptoms. There was no significant difference in gender distribution (71.4 vs 72.5% males; p=0.67) or age at AxSpA diagnosis (33.3±10.4 vs 33.5 ±10.4; p=0.68) between the two groups. At the time of anti-TNF-α initiation EARLY patients were significantly younger (36.4±10.6 vs 44.0±11.2 years; p<0.001) with shorter symptom duration (5.5±2.7 vs 18.9±8.1; p<0.001), but disease activity assessed by BASDAI (6.3±1.8 vs 6.3±1.6; p=0.81) and serum CRP levels (2.6±2.5 vs 2.4±2.0 mg/dL; p=0.34) were comparable in both groups. Mean change of BASDAI scores from baseline during anti-TNF-α therapy was significantly greater in the EARLY group at all time-points (3.7±2.5 vs 3.4±2.2 at month 3, 4.2±2.5 vs 3.8±2.3 at month 6, 4.4±2.5 vs 4.0±2.3 at month 12 and 4.4 ±2.5 vs 4.0±2.4 at month 24; p<0,05 for all) suggesting better treatment response. The difference in survival on therapy between the two groups was not statistically significant.

Conclusions: AxSpA patients starting anti-TNF-α therapy more than 10 years after onset of symptoms have significantly worse response to treatment compared to patients with earlier treatment initiation.

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SAT0286 RETENTION RATE AND SAFETY DATA OF BIOSIMILAR CT-P13 IN ANKYLOSING SPONDYLITIS PATIENTS: DATA FROM THE KOREAN COLLEGE OF RHEUMATOLOGY BIOLOGICS REGISTRY

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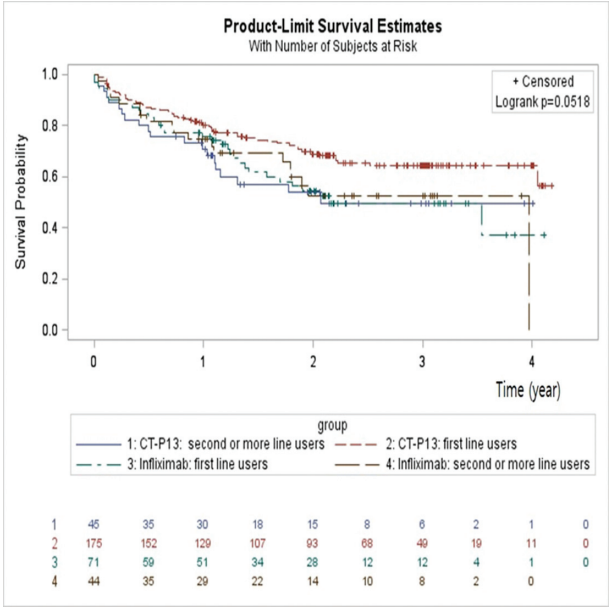
Background: CT-P13 is a biosimilar prescribed in a number of countries for indications approved for the reference infliximab (RINF), including ankylosing spondylitis (AS), rheumatoid arthritis, and inflammatory bowel diseases. Clinical data of CT-P13 have been analysed in previous clinical trials, demonstrating equivalence of efficacy and pharmacokinetic profile to RINF. However, there are few studies showing long-term data of its drug survival or safety.

Objectives: To investigate the drug retention rate and safety data of biosimilar CT-P13 in Korean AS patients.

Methods: Subjects were AS patients enrolled in the Korean College of Rheumatology biologics registry (KOBIO). Data from patients who received RINF and CT-P13 were included in the analysis$^{\text{Dec 2012}}$ ~ .$^{\text{Dec 2017}}$ Discontinuation was defined as switching or stopping the biologic agent. Kaplan-Meier curve and Cox proportional hazard model were used for further analysis. Reason for RINF or CT-P13 discontinuation was also assessed.

Results: Data from 399 AS patients (CT-P13; 256, RINF; 143) were analysed. The mean age of patients was 39.0 in the CT-P13 group, and 73% were males. The mean disease duration was 4.1 years. Eighty percent of patients were first-time biologic users. Discontinuation of CT-P13 occurred in 30.9% (switching in 17.6%) of patients during follow-up. The drug retention rate of first-line users of CT-P13 was marginally higher compared with second or more (≥2)-line users of CT-P13, first-line users of RINF, and ≥2 line users of CT-P13 in Korean AS patients (p=0.0518). The reason of discontinuation was inefficacy (42.7%), adverse events (20.2%), clinical improvement (7.9%), and others (18.0%) in the CT-P13 group. The incidence of adverse events of CT-P13, including infusion reaction (n=10), mycobacterial infection (n=2), and skin eruption (n=1) was comparable to that of RINF.



Conclusions: Our study demonstrates that the drug retention rate of CT-P13, especially in first-line users was relatively higher than that of RINF,[H1] and CT-P13 showed a reasonable long-term safety profile in Korean AS patients.

Disclosure of Interest: None declared

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