(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- α 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 $\pm$ 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 (DEALYED) 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^{Dec 2012 ~ 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.

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