PCS (24.9 vs. 24.7, p=0.210) and SF12-MCS (19.1 vs. 18.9, p=0.532) scores at 12 months.
During follow-up, 7.4% of ADA patients initiated another biologic and 23.7% of patients in the nbDMARD group initiated biologic treatment (p<0.001).
Conclusions: AS patients initiating ADA in Canadian routine clinical care have significantly greater disease severity and impaired quality of life at baseline compared with those initiating non-biologic treatment. Treatment with ADA for 12 months resulted in greater reduction in the prevalence of EAMs and a greater reduction in disease severity scores compared to treatment with non-biologic agents.
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SAT0291 CREATION OF A EUROPEAN DATABASE OF PATIENTS WITH AXIAL SPONDYLOARTHRITIS TREATED IN CLINICAL PRACTICE– INITIAL, PRELIMINARY FINDINGS FROM THE EUROSPA RESEARCH NETWORK COLLABORATION

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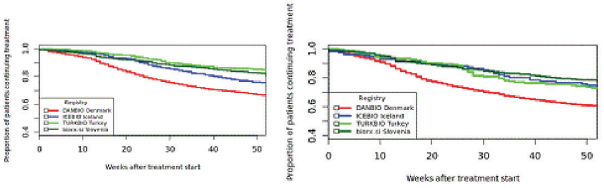
Background: A research network collaboration of 15 European registries sharing data on patients with spondyloarthritis (SpA), "EuroSpA", has recently been created to strengthen research capabilities in the real world setting[1]. Here we present the first results from the collaboration.
Objectives: To investigate the feasibility of creating a common database for axial SpA (axSpA), including non-radiographic SpA and ankylosing spondylitis, within the EuroSpA collaboration and to conduct proof-of-concept analyses by investigation of baseline characteristics, disease activity at baseline and after 6 months, and crude 12 months' Tumour Necrosis Factor inhibitor (TNFi) retention rate in patients with axSpA initiating TNFi.
Methods: A common data model was agreed upon by the EuroSpA Scientific Committee. Virtual meetings between the EuroSpA and registry data managers clarified data availability and structure. This was followed by upload of anonymized data through the secure Virtual Private Network pipelines to the EuroSpA server. Baseline characteristics and disease activity at baseline and after 6 months were investigated with non-parametric descriptive statistics. Kaplan-Meier estimation was used to investigate TNFi retention rates.
Results: By January 8th 2018, four of the 15 registries participating in EuroSpA had completed data upload to the EuroSpA database resulting in 6756 patients with AxSpA in a pooled dataset. Baseline characteristics of the participating registry populations at initiation of first TNFi are shown in Table I. Crude 12 months' TNFi retention rate varied from 66%–85% for 1 st TNFi and 61%–78% for 2nd TNFi (see figure 1). For the pooled dataset crude 12 months' TNFi retention rates were 73% and 66% for the 1 st and 2nd TNFi, respectively.

Abstract SAT0291 – Table 1. Baseline demographic and disease characteristics of patients with social spondyloarthritis registered in four registries participating in the EuroSpA Research Network Collaboration.

	DANBIO (Denmark) N = 3848		Biorx.si (Slovenia) N = 616		TURK-BIO (Turkey) N = 1977		ICEBIO (Iceland) N=315	
Age, years	41 (32-50)		45 (36-55)		37 (30-45)		43 (34-53)	
Male,n(%)	2353 (61)		396 (64)		1231 (62)		210 (67)	
HLA-B27, n(%)	2065 (98)		404 (80)		720 (62)		78 (91)	
csDMARD, n(%)	1071 (28)		93 (15)		372 (19)		69 (22)	
Disease duration, years	1 (0-6)		5 (1-13)		3 (1-8)		3 (0-11)	
Smoking status, current, n (%)	1157 (33)		135 (22)		653 (41)		50 (26)	
First TNFi drug, n(%)								
• INF	1371 (36)		96 (15)		527 (27)		258 (82)	
• ETA	542 (14)		139 (23)		579 (29)		28 (10)	
• ADA	1691 (28)		268 (44)		547 (27)		6 (2)	
• CER	272 (7)		7 (1)		99 (6)		0 (0)	
• GOL	572 (15)		106 (17)		225 (11)		23 (6)	
First TNFi start, n(%)								
• Before 2009	963 (25)		112 (18)		159 (8)		115 (37)	
• 2009-2011	860 (22)		179 (29)		211 (11)		46 (15)	
• 2012-2017	2025 (53)		324 (53)		1659 (84)		154 (48)	
	Baseline	6 months	Baseline	6 months	Baseline	6 months	Baseline	6 months
BASDAI, mm	60 (47-73)	28 (13-49)	70 (57-80)	28 (15-47)	50 (36-62)	16 (5-32)	60 (46-75)	29 (9-40)
BASFI, mm	49 (32-67)	25 (8-47)	58 (40-73)	25 (12-46)	31 (17-51)	10 (0-27)	43 (32-57)	16 (7-33)
VAS Patient global, mm	72 (55-85)	29 (12-60)	70 (60-80)	40 (20-50)	70 (51-78)	27 (10-50)	67 (50-81)	16 (8-40)
VAS Pain, mm	66 (49-78)	25 (10-50)	70 (50-80)	30 (10-50)	72 (50-80)	28 (10-50)	65 (46-77)	14 (6-33)

Data are as observed, median (IQR) or percentage; csDMARD: conventional synthetic Disease Modifying Anti Rheumatic Drug; TNFi: tumor necrosis factor inhibitor; INF: infliximab; ETA: etanercept; ADA: adalimumab; CER: certolizumab pegol; GOL: golimumab; BASDAI: Bath Ankylosing Spondylitis Disease Activity Index; BASFI: Bath Ankylosing Spondylitis Function Index; VAS: visual analogue scale



Conclusions: Preliminary analyses showed differences across European registries regarding baseline characteristics and crude retention rates in axSpA patients initiating TNFi. These initial, preliminary analyses demonstrate that the creation of a large European database of axSpA patients treated in routine care based on a common data model is feasible, offering important opportunities for future research.

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[1] Ann Rheum Dis 2017;(suppl. 2):65.

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