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AB0420

DRUG SURVIVAL ON CERTOLIZUMAB AND PREDICTORS THEREOF IN PATIENTS WITH RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, AND AXIAL-SPONDYLOARTHRITIS FROM THE APULIAN BIOPURE REGISTRY

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Background: In BIO.PU.RE. Registry are collected data from patients being treated with Biologics from rheumatologic centres in Apulia (Southern Italy).

Methods: We analysed longitudinal data of consecutive patients, affected with RA, PsA or axial-SpA starting a treatment with certolizumab (CTZ) in the time frame from 1st January 2011 to 30th June 2017. Demographic and disease related characteristics were collected at baseline and at last observation visit. Primary endpoint was the persistence on CTZ, and secondary endpoint was the search of baseline predictors of drug survival and clinical outcomes. Drug survival was evaluated by Kaplan-Meier life table analysis. Estimates hazard ratios (HRs, 95% confidence intervals (CI)) of drug discontinuation or achievement of low-disease/remission in RA, and minimal disease activity (MDA) in PsA at last visit, adjusted for patient's demographics, disease characteristics and prior biologic treatments were computed by Cox-regression stepwise backward models.

Results: 345 patients were included in this analysis (table 1). Global median survival time (95% CI) was 30 [23–36] months. Drug survival rate was significantly higher in SpA (63.9%, p=0.009) than in RA (54.0%) or PsA (54.5%). Within each disease, naïve-CTZ patients showed higher survival rates than biologic-experienced patients in RA (63.4% vs 45.7%, p=0.0001), but not in PsA (59.1% vs 52.3%, p=0.60), or SpA (62.5% vs 64.4%, p=0.94). In the whole cohort, the only negative predictor of drug discontinuation was the CTZ-naïve status (HR 0.62, 95 CI 0.40–0.96, p=0.03). This association was even stronger for RA (HR 0.45, 95 CI 0.26–0.77, p=0.004). In SpA, patient's age at baseline was weakly correlated to CTZ stopping (HR 0.96, 95 CI 0.93–0.99, p=0.02), but no predictor of CTZ discontinuation was detected in PsA. No factor did correlate to the achievement of low disease/remission in RA, while co-medication with MTX was significantly associated to the achievement of MDA (HR 3.82, 95 CI 1.26–11.54, p=0.01) in PsA. Globally, the causes of discontinuation were: ineffectiveness (nr 94, 27.2%), adverse event (nr. 40, 11.6%), pregnancy (nr.1, 0.3%), remission (nr. 3, 0.9%), others (nr.13, 3.8%).

Abstract AB0420 – Table 1

	All (nr. 345)	RA (nr. 172)	PsA (nr.88)	Ax- SpA (nr.83)
Age (mean)	46.9±11	48.8±12	44.4 ±10	45.7 ±11
Female	72.9%	86.2%	71.6%	43.3%
BMI (mean)	27.3±5	26.4±4	29.4±5	26.7±5
Dis Durat (mean)	8.8±8	8.7±8	8.6±7	9.2±9
Naïve	37.1%	47.1%	25.0%	28.9%
Prior biologics	62.9%	52.9%	75.0%	71.1%
Glucocorticoids	64.6%	79.3%	50.0%	41.0%
Methotrexate	60.3%	73.0%	45.5%	27.3%
Comorbidities	62.3%	58.0%	68.2%	65.1%
DAPSA (mean)			22.8 ±12	
DAS28 (mean)		4.8±1		5.4±2
Extra-articular				21.7%
HLA-B27 (nr.44)				64.8%
RF/ACPA +		72.4%		

Conclusions: In our real-life experience CTZ seems to have better drug survival in PsA rather in RA and SpA; in all these polyarthritis was observed CTZ-naïve status as negative predictor of drug discontinuation.

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AB0421

LOW RATES OF RETENTION OF BIOLOGIC DMARD MONOTHERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS IN REAL LIFE SETTINGS

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Background: A number of cross-sectional studies have shown that approximately one quarter of rheumatoid arthritis (RA) patients are being treated with biologic disease modifying anti-rheumatic drugs (bDMARDs) as monotherapy. Data regarding the retention of bDMARD monotherapy in real-life settings are limited.

Objectives: To study the survival rate of bDMARD monotherapy in RA patients in daily clinical practice.

Methods: Multicenter (11 hospital, 3 private office practices), prospective, RA epidemiological study in Greece. At baseline and after one year of follow-up, demographics, disease characteristics, treatments, co-morbidities and serious events (serious infections, cardiovascular events, neoplasms, osteoporotic fractures) were collected via a web-based platform.

Results: 1,323 RA patients with paired evaluations one year apart (mean interval: 13.2±3.7 months) were included. Among 611 bDMARD treated patients, 155 patients (25%) were on bDMARD monotherapy (women: 87%, mean age: 60.4 years, mean disease duration: 15 years, RF and/or anti-CCP positive: 66%, TNFi therapy: 57%). The majority had been previously on and had discontinued their csDMARDs (90%). During follow-up, 15% (n=24) discontinued their bDMARD; most of them stayed off any type of therapy (83%) while the rest continued with synthetic DMARD (csDMARD) monotherapy (17%). From the remaining 131 patients, 96 (73%) remained on bDMARD monotherapy (85%, n=82 on the same biologic) while in 27% (n=35) a csDMARD was added. Serious events occurred in 7.7% of patients (n=12). Overall, at the end of 1st year, approximately half of patients (53%, n=82) remained on their initial bDMARD monotherapy. Factors associated with continuation of the same bDMARD by multivariate analysis were a low HAQ score (OR=0.48, 95% C.I.=0.23–0.99, p=0.047) and corticosteroid use (OR=2.2, 95% C.I.=1.02–5.1, p=0.044) at baseline as well as the absence of a serious event during the 1st year of follow-up (OR=0.14, 95% C.I.=0.016–1.3, p=0.094).

Conclusions: In real life settings, only half of patients who are on bDMARD monotherapy continue the same agent one year later. Low HAQ score, corticosteroid use and absence of a serious event during therapy predicted bDMARD monotherapy survival.

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AB0422

COST EFFECTIVENESS ANALYSIS OF MODIFIED DOSING REGIMEN OF BIOLOGICAL THERAPY IN CHRONIC INFLAMMATORY DISORDER: AN OBSERVATIONAL STUDY

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Background: Cost of biologics in rheumatology is a prime concern in India. Due to lack of reimbursement system, a majority of the patients need to pay from their pocket for the therapy.