cells decreased in the remission group. The analysis of T cells classified according to chemokine receptors showed that memory (29.1±4.0 vs 22.7±2.7 x 10^5 cells/ml; p=0.06) and naive (22.6±2.4 vs 17.7±2.8; p=0.064) CD4+ CXCR3 + and with CCR4 + were the subsets that decreased significantly in the remission group but not in the non-remission group. Since the expression of chemokine receptors defines the different Th subpopulations, we analysed them in the two groups of patients. Th1 tended to decrease in the remission group (3.5 ±0.7 vs 2.5±0.4; p=0.06) and Th9 decreased significantly in both groups (R: 5.0 ±0.8 vs 2.5±0.3; p<0.006 and Non R: 5.5±0.8 vs 3.1±0.4; p<0.001). In regard to the cytokines produced by Th1, cytokine, IL-17 (2.1±1.1 vs 1.2±0.5 ng/ml; p=0.04) and VEGF (0.5±0.2 vs 0.3±0.1 ng/ml; p=0.05) but not IL-6 and IL-22 changed significantly in the remission group. Interestingly, IL-17 and VEGF correlated with US findings before the initiation of the treatment (grey scale R=0.378, p=0.01 and R=0.332, p=0.03; power Doppler R=0.415, p=0.004 and R=0.320, p=0.03 respectively).

Conclusions: Tocilizumab induced changes in specific subsets of CD4 +T cells and their inflammatory associated cytokines in the remission group.

Disclosure of Interest: None declared

conventional DMARD-experienced ABA- and TOF-treated pts. Treatment-related death was not analysed in an NMA due to insufficient data.

**Results:** Thirty-one randomised controlled trials (n=13,978) were included for data extraction. Of these, ABA and TOF were examined in 16 and 15 trials, respectively. There were no head-to-head comparisons of ABA vs TOF. Most of the trial population were Caucasian (48%-98% across trials), had an average age ranging from 40 to 60 years and were predominantly female (60%-90%). Of the trials, 26 included a US population and 5 a non-US population. Out of 11 studies reporting treatment-related mortality, one study reported four deaths for pts on TOF 5 mg (n=321) within a 1 year follow-up. No such deaths were reported for ABA pts. The NMA showed no significant differences in the risk of TRIEs for pts on TOF 5 or 10 mg compared with ABA with/without MTX (TOF 5 mg vs ABA-MTX: risk ratio [RR] 1.1, 95% CI: 0.77, 1.5; TOF 10 mg vs ABA: RR 1.1, 95% CI: 0.78, 1.6). These findings remained consistent for the risk of total AEs and serious infections.

**Conclusions:** The results of the NMA suggest that there are no differences in effectiveness of ABA vs TOF. Additional studies, such as head-to-head comparisons, are needed to further examine the safety differences. Additional studies, such as head-to-head comparisons, are needed to further examine the safety differences.