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 TrAEs for pts on TOF 5 or 10 mg compared with ABA with/without MTX (TOF 5 mg +MTX 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.

Abstract AB0427 – Figure 1. PRISMA Diagram Showing Study Selection

*One reference identified manually from a ClinicalTrials.gov record

95% confidence interval

Abbreviations: ABA, abatacept; AE, adverse events; MMTX, methotrexate; NA, not applicable; NMA, network meta-analysis; RCTs, randomised controlled trials; SLR, systematic literature review; TrAEs, treatment-related adverse events; TOF, tocilizumab; VAS, visual analogue scale.

Conclusions: When using biologic drugs, TNF inhibitors are the most commonly used DMARD were Methotrexate (49.8%), steroids (33.3%) and lefunomide (23.2%). Comorbidities were present in 87 patients (40%), most common being Hypertension (13.4%), Diabetes (7.8%) and Dyslipidemia (6.9%). Non-lymphoma neoplasms were reported in 1.3%, 25% of AE were considered serious but most (70%) were mild. Only 6 patients reported infections with the most common sites being the skin (33.3%), urinary tract (16.6%) and middle-ear (16.6%). The causal germ was often undetermined (60%).

Abbreviations: ABA, abatacept; ETA-B, etanercept biosimilar; ETA-O, etanercept originator; FDA, US Food and Drug Administration; NMA, network meta-analysis; RA, rheumatoid arthritis; TrAEs, treatment-related adverse events; TrT, treatment-related toxicity; TrTs, treatment-related toxicity.

Conclusions: This study aims to compare the short-term effectiveness of etanercept originator with its biosimilar in patients with RA when used as a first biologic drug. The most common sites being the skin (33.3%), urinary tract (16.6%) and middle-ear (16.6%). The causal germ was often undetermined (60%).

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