BIOLOGIC DMARDS TREATMENT RETENTION IN PATIENTS WITH RHEUMATOID ARTHRITIS ACCORDING TO THE MOSCOW ARTHRITIS REGISTRY (MERA)

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Background: Retention on treatment is a good index of efficacy and safety of treatment used in the real clinical practice. These data may be useful to planning the treatment among some years.1,2

Objectives: To compare the drug survival of biological therapies.

Methods: We followed rheumatoid arthritis patients treated with biologic DMARD and registered in MERA 2012–January 2018. All patients had more than one visit in the registry.

Results: We analysed 799 patients (mean age 57.3±13, mean diseases duration 15.6±10.3 years). The average time until a change of treatment for infliximab was 15,6±10,3 days), the shortest treatment duration. Abatacept (median survival 1339 days) (p<0.001), infliximab (399 days) (p<0.001), rituximab (2557 days) (p=0.004) and etanercept (1492 days) (p=0.035) when they was used as the first biologic drug. Among second-line therapy, the longest treatment survival has etanercept (3435 days), the shortest – infliximab (212 days).

Conclusions: The results of the trial show the differences in treatment survival of some biologics. It can be reasonable to take these significant differences into consideration by the long-term planning of the biologic treatment of rheumatoid arthritis patients.

References:

Disclosure of Interest: None declared
THE INFLUENCE OF BODY MASS INDEX ON THE Efficacy of Tumour Necrosis Factor Blocking Therapy and Disease Activity in Patients with Rheumatoid Arthritis

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Athens, Greece.

Background: The impact of Body Mass Index (BMI) on efficacy of TNF blocking therapy in Rheumatoid Arthritis (RA) patients and therefore on control of the disease is an important question.

Objectives: The aim of this study is to determine the influence of BMI on the efficacy of TNF blocking therapy in terms of disease activity in patients with RA.

Methods: A retrospective, observational study of 168 consecutive RA patients who received subcutaneously (SC) TNF blocking treatment (adalimumab, etanercept, golimumab and certolizumab pegol). Their follow-up data, for at least 26 weeks, and their baseline BMI was available. The WHO definition for normal weight, overweight and obesity was applied, whereas clinical response was compared by BMI subgroups.

Results: The average BMI was 26.83±3.43 kg/m² and the baseline Disease Activity Score in 28 joints (DAS28 [ESR]) was high at 5.72±0.84. Mean age was 53.47±12.58 years and 135 (80.36%) were female. The median disease duration was 13.01±8.57 years. Overall, patients with normal weight, overweight and obesity was applied, whereas clinical response was compared by BMI subgroups.

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Conclusion: Patients with RA and higher BMIs demonstrated a diminished clinical response after 26 weeks of SC-administered TNF-blocking treatment compared with their counterparts with lower BMIs.

REFERENCES:

Disclosure of Interest: None declared


AB0435
THE TREATMENT PATTERN OF TOCILIZUMAB IN PATIENTS WITH RHEUMATOID ARTHRITIS IN CHINA: A MULTICENTER OBSERVATIONAL STUDY

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Background: Tocilizumab (TCZ) is a humanised monoclonal antibody targeting interleukin-6 receptor. Since TCZ Label for RA has been issued in many countries, administration patterns and dose modifications for managing adverse events (AEs) seems differ depending on clinical opinion. Few data are available from real world practice in China.

Objectives: To observe in routine clinical practice the treatment patterns of TCZ in RA patients with regard to consistency on drug and adherence to the licensed label recommendations.

Methods: This a 6 month non-interventional, multi-centre study enrolled patients with moderate to severe RA diagnosed per revised 1987 ACR criteria (age ≥18 years) and being treated with TCZ. Data was recorded during routine visit. The primary variable was the proportion of patients on TCZ treatment after 6 months.

Results: Of 407 patients from 23 centres in China, 396 were eligible, including 330 (83.3%) women. The mean age was 49.1±13.44 years. The mean RA diagnosis was 5.44±6.24 years. Among 396 patients, 250 (63.1%) were RF positive, 235 (59.3%) were anti-CCP positive and 123 (31.1%) had anaemia (Hb<90 g/L). Of eligible patients, 293 (74.0%) completed the study. The primary reason of premature termination was treatment costs (n=49, 12.4%). There were 37 (9.3%) patients received anti-TNF biologics previously and 330 (83.3%) received concomitant DMARDs, of which 84 (21.2%), 149 (37.7%) and 97 (24.5%) received single, 2 or ≥3 types of DMARDs, respectively. Methotrexate (n=255, 64.4%) and Leflunomide (n=184, 46.5%) were the most commonly used DMARDs. A total of 126 and 197 patients received corticosteroids or nonsteroidal anti-inflammatory drugs (NSAIDs), respectively. During 6 months observation, 21.0% and 67.7% had TCZ dose modification or discontinuation, respectively. At month 3 and month 6, 161 (40.7%) and 102 (25.8%) kept TCZ treatment, respectively. The mean frequency of TCZ usage was 3.7±1.62. Effectiveness of TCZ was analysed in patients who were still using TCZ at month 6. The mean score of total TJC (28-joint count) at baseline and at month 6 was 11.2±8.0 (n=63) and 2.3±4.12 (n=77), respectively; mean change from baseline was −9.5±8.02 (n=53). The mean score of total SJC (28-joint count) at baseline and at month 6 was 8.0±6.81 (n=63) and 1.7±2.35 (n=77), respectively; mean change from baseline was −6.3±7.2 (n=53). The mean score of DAS28 at baseline and at month 6 was 6.13±1.33 (n=56) and 2.79±1.39 (n=66); mean change from baseline was −3.45±1.48 (n=46). Patients in low disease activity (DAS28 <3.2) or remission (DAS28 <2.6) in those who still using TCZ at month 6 was 63.6% and 51.5%. The mean change from baseline in those who still using TCZ at month 6 was 63.6% and 51.5%. The mean change from baseline in those who still using TCZ at month 6 was 63.6% and 51.5%. The mean change from baseline in those who still using TCZ at month 6 was 63.6% and 51.5%. The mean change from baseline in those who still using TCZ at month 6 was 63.6% and 51.5%.

Conclusions: The final real-world study in RA patients treated with TCZ in China. The results show that Chinese RA patients have long disease history. TCZ was frequently used in combination with DMARDs, especially with ≥2 types of DMARDs. Compared with the dose recommendations, shorter treatment duration and longer dose interval of TCZ were found in China. TCZ demonstrated effectiveness in treatment of Chinese RA patients in real-life clinical practice with manageable safety profile.

Acknowledgements: This study was sponsored by Shanghai Roche Pharmaceuticals Limited.

Disclosure of Interest: None declared


AB0434
CONSOLIDATED LONG-TERM SAFETY OF INFlixIMAB IN INFLAMMATORY ARTHRITIS FROM A PROSPECTIVE, OBSERVATIONAL REGISTRY

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Background: The Biologic Trial Registry Across Canada (BioTRAC) was a multicentre, prospective, longitudinal, observational program that gathered and analysed data on inflammatory arthritis patients treated with infliximab (IFX), golimumab and ustekinumab. Patients specifically treated with IFX were recruited from July 2002 to June 2015 and followed up to June 2017.

Objectives: The objective of this abstract is to document the final consolidated safety data from the BioTRAC IFX cohort.