after week 12 is the same. Infections, but not tumours, are the most frequent side-effects of biological treatment in RA patients.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6211

AB0434

THE INFLUENCE OF BODY MASS INDEX ON THE EFFICACY OF TUMOUR NECROSIS FACTOR BLOCKING THERAPY AND DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

E.N. Mole¹, K. Zoupidou¹, A. Alexoudis¹, E. Koutsantoni¹, C. Sfontouris², S. Gazi¹.

¹Department of Rheumatology, General Hospital of Attica "KAT", Kifisia;

²Department of Rheumatology, General Hospital of Athens "Evangelismos", 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 BMIs were 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±4.34 kg/m² and the baseline Disease Activity Score in 28 joints (DAS28 [ESR]) was high at 5.72±0.84. Mean age was 63.47±12.58 years and 135 (80.36%) were female. The median disease duration was 13.01±8.57 years. Overall, patients with normal weight responded better to treatment regimen, followed by overweight and obese subgroups. After a follow-up period of 26 weeks, the obese group had significantly higher DAS28 (ESR) and Health Assessment Questionnaire (HAQ) than either normal or overweight subgroups (3.26±0.84 vs 2.72±0.78 vs 2.81±0.82, p<0.001, 0.423±0.002 vs 0.076±0.01 vs 0.178±0.01, p<0.001 respectively). Furthermore, obesity was significantly associated with a decreased tendency of achieving week 26 remission, based on DAS28 (<2.6) p:0.002 and normal HAQ (≤0.5) p: 0.003.

Abstract AB0434 – Table 1. Summary of responses to TNF-blocking therapy (SC) by BMI category at week 26 in subjects with RA

Variable		% (n/N)			p value [95% CI]
		BMI <25 kg/m ²	BMI 25–30 kg/m ²	BMI >30 kg/m ²	
DAS28 HAQ	Remission (<2.6)	58.18 (22/55)	35.8 (29/81)	0 (0/32)	0.002 [15–16.5]
	LDA (>2.6 – <3.2)	9.09 (5/55)	40.74 (33/81)	37.5 (12/32)	0.001 [16.6–16.7]
	MDA (>3.2 – <5.1)	30.91 (17/55)	23.46 (19/81)	62.5 (20/32)	0.001 [15.2–16.9]
	HDA (>5.1)	1.82 (1/55)	0 (0/81)	0 (0/32)	ns
	<0.5	61.81 (34/55)	58.02 (47/81)	46.88 (15/32)	0.003 [8.9–16.6]

LDA: low disease activity, MDA: moderate disease activity, HDA: high disease activity

Conclusions: 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:

- [1] Klaasen R1, et al. Body mass index and clinical response to infliximab in rheumatoid arthritis. *Arthritis Rheum* 2011 Feb;63(2):359–64.
- [2] Puig L1. Obesity and psoriasis: body weight and body mass index influence the response to biological treatment. *J Eur Acad Dermatol Venereol* 2011 Sep;25(9):1007–11.
- [3] Daïen Cl1, et al. Predictive factors of response to biological disease modifying antirheumatic drugs: towards personalized medicine. *Mediators Inflamm* 2014;2014:386148.
- [4] Schulman E1, et al. Overweight and Obesity Reduce the Likelihood of Achieving Sustained Remission in Early Rheumatoid Arthritis: Results from the Canadian Early Arthritis Cohort Study. *Arthritis Care Res (Hoboken)* 2017 Nov 30.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2787

AB0435

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

F. Zhang, on behalf of Lijun Wu, Lingli Dong, Yasong Li, Changhong Xiao, Xiaofei Shi, Yan Zhang, Qin Li, Yi Liu, Bin Zhou. *Peking Union Medical College Hospital, Beijing, China*

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 persistence 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 course was 5.4±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 –6.5±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 SDAI and CDAI was –28.03±16.75 (n=41) and –24.25±16.94 (n=51), respectively. Of 396 patients, 90 (22.7%) and 8 (2.0%) experienced at least one treatment-emergent AE and SAE, respectively. One patient died of severe pneumonia.

Conclusions: This was the first 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

DOI: 10.1136/annrheumdis-2018-eular.1773

AB0436

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

D. Choquette¹, P. Rahman², A. Chow³, R. Faraawi⁴, W. Olszynski⁵, E. Rampakakis⁶, O. Asin-Milan⁷, B. Osborne⁷, A.J. Lehman⁸, N. Nantel⁷, ¹Institut de Rhumatologie de Montreal, Montreal, QC; ²Memorial University, St-Johns; ³Credit valley Rheumatology, Mississauga; ⁴McMaster University, Hamilton; ⁵Polmed Research Inc., Saskatoon; ⁶JSS Medical Research, Montreal; ⁷Janssen INC., Toronto, Canada

Background: The Biologic Trial Registry Across Canada (BioTRAC) was a multi-centre, 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.