Abstract AB0448 – Table 1. Changes in Patient-Reported Outcomes from Week 24 (Randomization) to Week 40 and Week 52

PRO Measure*	TCZ + MTX n = 147	TCZ-MONO n = 147	Difference (95% CI) (TCZ-MONO minus TCZ + MTX)†
Δ PtGA, mean (SEM)			
Week 24 to week 40	1.72 (1.79)	5.95 (1.75)	4.78 (-0.00, 9.56)
Week 24 to week 52	-0.33 (1.77)	3.58 (1.83)	4.14 (-0.56, 8.84)
Δ Pain, mean (SEM)			
Week 24 to week 40	1.64 (1.74)	5.32 (1.61)	4.19 (-0.23, 8.61)
Week 24 to week 52	-0.05 (1.84)	4.26 (1.69)	4.69 (0.14, 9.24)
Δ HAQ-DI, mean (SEM)			
Week 24 to week 40	0.01 (0.030)	0.04 (0.034)	0.03 (-0.05, 0.12)
Week 24 to week 52	0.01 (0.028)	0.02 (0.038)	0.01 (-0.08, 0.10)
Δ FACIT-Fatigue, mean (SEM)			
Week 24 to week 40	1.57 (0.67)	-0.68 (0.64)	-1.68 (-3.39, 0.02)
Week 24 to week 52	1.30 (0.67)	-1.12 (0.75)	-1.82 (-3.69, 0.06)
HAQ-DI < 0.5, n (%)			
Week 24	64 (43.5)	56 (38.1)	-5.4 (-16.7, 5.8)
Week 40	60 (43.8)	54 (40.6)	-3.2 (-15.0, 8.6)
Week 52	60 (46.9)	53 (41.7)	-5.1 (-17.3, 7.0)

FACIT, Functional Assessment of Chronic Illness Therapy; HAQ-DI, Health Assessment Questionnaire Disability Index; MONO, monotherapy; MTX, methotrexate; PtGA, patient global assessment; SEM, standard error of the mean; TCZ, tocilizumab.

* A negative change in score represents an improvement in the respective PRO except for Fatigue.

† Estimated means from ANCOVA model includes Week 24 value as a covariate, treatment group, and the randomization stratification factors: DAS28 remission status at Week 24 (<2.6, ≥2.6 to <3.2), baseline weight-by-dosing group (<80 kg every 2 weeks [q2w], <80 kg weekly [qw], 80 to <100 kg q2w, 80 to <100 kg qw, ≥100 kg qw), patient anti-TNF exposure (Yes or No).

Conclusions: Patients receiving TCZ who discontinue MTX appear to have similar PROs across multiple measures compared with patients continuing TCZ +MTX. Differences observed in clinical parameters between TCZ-MONO and TCZ +MTX did not appear to achieve a threshold that would be considered clinically meaningful. Similarities in PROs on both treatments were consistent with the clinical efficacy measures previously reported from COMP-ACT.

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AB0449 SDAI REDUCTION AT WEEK 2 PREDICT THE SDAI REMISSION AT WEEK 24 WHEN CERTOLIZUMAB PEGOL (CZP) WAS ADMINISTERED TO PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Certolizumab pegol (CZP) is approved for treatment of rheumatoid arthritis.

Objectives: To explore the predictor of efficacy of certolizumab pegol (CZP) for MTX-IR patients with rheumatoid arthritis in our retrospective study.

Methods: 50 patients who received CZP for rheumatoid arthritis of MTX-IR after 2013 were examined by logistic regression analysis using Age, sex, duration of disease, HAQ, TJC, SJC, gVAS, eVAS, CRP, SDAI, DAS 28-CRP, previous use of biologics, prednisolone use, ACPA, RF, the reduction rate of SDAI at week 2 to assess the predicting factor for SDAI remission at week 24.

Results: As a factor capable of achieving SDAI remission at 24 weeks after CZP administration, SDAI reduction rate of 50% or more (n=28, p<0.001), females (p=0.01), the number of swollen joints (p=0.02) were extracted as significant factors. The odds ratio at which SDAI remission can be obtained at 24 weeks point is 15.4 (95% CI: 3.1–109.6) when the SDAI reduction rate at 2 weeks after the start of administration is 50% or more. SDAI remission rate at week 24 were 67% in

SDAI reduction ≥50% at week 2 group and 22% in another. The continuation rate at week 24 in SDAI reduction ≥50% at week 2 is 93%.

Conclusions: When SDAI decreased by 50% or more at 2 weeks after initiation of CZP administration SDAI remission was easy to obtain after 24 weeks, and continuation rate was also good.

Disclosure of Interest: None declared

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AB0450 IMPACT OF THERAPEUTIC PATIENT EDUCATION ON SAFETY SKILLS AND INFECTIOUS EVENTS OF PATIENTS TREATED BY BIOLOGICAL DMARDS IN RHEUMATOLOGY: A BI-CENTRIC STUDY

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Background: Patients treated with biologic DMARDs have to be aware of the specific adverse events and have to be able to manage their treatments in case of infectious disease. Therapeutic Patient Education aims to enable patient to acquire these safety skills.

Objectives: To assess the impact of Therapeutic Patient Education on safety skills and management of infectious events in patients treated with biologic DMARDs in rheumatology.

Methods: Bi-centric analytical study comparing safety skills and infectious events between two cohorts of patients (TPE and TPE-naïve). Safety skills were assessed by an auto-assessment called "Biosecure", rated on a scale from 0 to 100. This assessment explores several dimensions of treatment management and was validated for assessment of safety skills in patients treated with biologic DMARDs in rheumatology in a preliminary study. Infectious events and their management were self-reported by patients. A cluster analysis aimed to separate patients into working group based on their shortcomings (on the basis of their answers to the Biosecure Assessment).

Results: 414 patients answered the assessment. The median Biosecure Score was 70.98/100 (Q1/Q3: 60.97–84.63)

47% attended Therapeutic Patient Education. The median Biosecure Score was significantly higher in the TPE group than in the TPE-naïve group (74.88 versus 67.20/100; p<0.05). Regarding the observance to treatment, activity scores, vaccination rates on incidence of infectious events, there were no significant difference between the groups TPE and TPE-naïve. Nevertheless, there were more treatment interruption for infectious events in the TPE group, suggesting that TPE could lead to better management of treatment during infectious events.

Cluster analysis based on Biosecure assessment separated patients into 3 level groups but failed to identify specific patient profiles.

Conclusions: Therapeutic Patient Education could provide better safety skills and better treatment management in patients treated with biologic DMARDs in rheumatology. Prospective studies may confirm the impact of TPE on treatment management during infectious events. Further studies may assess the impact of TPE on incidence of serious infectious events.

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AB0451 INCIDENCE OF OPPORTUNISTIC INFECTIONS DURING RITUXIMAB, ABATACEPT OR TOCILIZUMAB TREATMENTS FOR RHEUMATOID ARTHRITIS IN CLINICAL PRACTICE

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Background: With the expanding use of biologic disease-modifying anti-rheumatic drugs (bDMARDs), opportunistic infections (OI) are a major concern in Rheumatology.