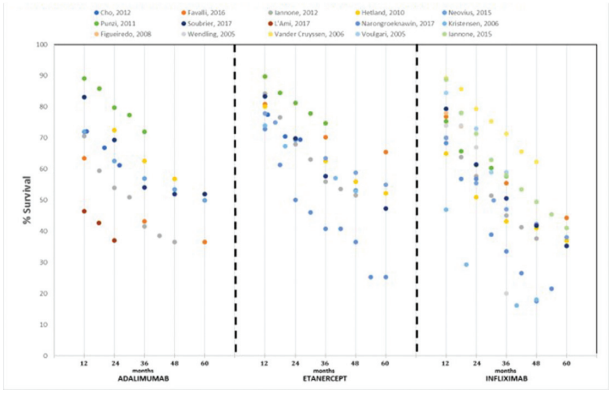


**Abstract AB0460 – Figure 1**. Survival of First-Line Anti-TNF Therapies in Patients with Rheumatoid Arthritis

**Conclusions:** Long-term survival rates for ADA, ETN, and IFX were similar and relatively high for treatment periods up to 36 months. After 36 months, there was a noticeable decline in drug survival for all three TNFα inhibitors. Heterogeneity in study size and design may contribute to the range of survival data for each agent.

**Disclosure of Interest:** P. Emery Consultant for: Pfizer, MSD, Abbvie, BMS, UCB, Roche, Novartis, Samsung, Sandoz and Lilly, B. Vlahos Shareholder of: Pfizer, Employee of: Pfizer, P. Szczypa Shareholder of: Pfizer, Employee of: Pfizer, M. Thakur Shareholder of: Pfizer, Employee of: Pfizer, H. Jones Shareholder of: Pfizer, Employee of: Pfizer, J. Woolcott Shareholder of: Pfizer, Employee of: Pfizer, P. Santos Estrella: None declared, A. Gibofsky Shareholder of: AbbVie, Angen, Celgene, Pfizer, GSK, J and J, Regeneron, Consultant for: AbbVie, Celgene, MSD, Pfizer, Iroko, Horizon, Samumed, Relburn, Sandoz, Speakers bureau: Amgen, AbbVie, Pfizer, Celgene, Iroko, Horizon, MSD, Novartis, C. Rolland Employee of: Envision Pharma Group, G. Citera Consultant for: Pfizer, AbbVie, Bristol Myers Squibb, Novartis, Roche, L. Marshall Shareholder of: Pfizer, Employee of: Pfizer

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## AB0461 EXPERIENCE WITH SUBCUTANEOUS ABATACEPT IN ROUTINE CLINICAL PRACTICE: 6-MONTH INTERIM ANALYSIS OF A 2-YEAR, PROSPECTIVE, NON-INTERVENTIONAL, MULTICENTRE STUDY IN PATIENTS WITH RA

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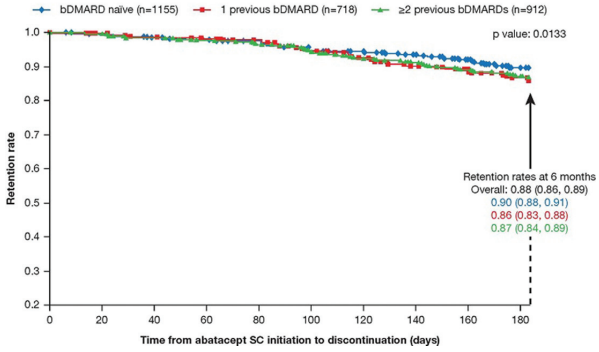
**Background:** ASCORE (Abatacept SubCutaneOus in Routine clinical practicE; NCT02090556) is an ongoing, prospective, non-interventional, multicentre study of patients (pts) with RA receiving SC abatacept (ABA). In a similar real-world setting, IV ABA retention was >88% at 6 months (M).[1]

**Objectives:** To present baseline (BL) pt characteristics and 6M interim retention rates and clinical outcomes for SC ABA by biologic (b)DMARD treatment line.

**Methods:** Pts (≥18 years) with active, moderate-to-severe RA, naïve to ABA and who initiated SC ABA 125 mg weekly were enrolled across 10 countries (March 2013–January 2017) in 2 cohorts: biologic-naïve pts and pts who had failed ≥1 prior bDMARD. In some countries, an IV loading dose was administered according to local practice. Pt demographics and disease characteristics at SC ABA initiation were recorded. The retention rate (95% CI) of SC ABA over 6M was estimated by Kaplan–Meier analysis. Good/moderate EULAR response rates based on DAS28 (ESR, otherwise CRP), low disease activity (LDA) or remission according to DAS28 (ESR), CDAI, SDAI and Boolean criteria were assessed at 6M.

**Results:** Of 2943 pts enrolled, 2785 (94.6%) were evaluable: 1155 (41.5%) biologic naïve; 718 (25.8%) had failed 1; and 912 (32.7%) had failed ≥2 prior biologics. At BL, there was a higher proportion of females and pts with longer disease duration among those who had failed ≥2 vs 1 or no prior bDMARDs; disease activity was similar across treatment lines; CRP was higher in biologic-naïve vs -failure pts; 402 (48.4%) biologic-naïve pts had erosive disease vs 261 (53.7%) or 390 (63.8%) who had received 1 or ≥2 prior bDMARDs, respectively. Probability of overall SC ABA retention at 6M was 0.88 (95% CI 0.86, 0.89); retention was higher in pts receiving ABA as a first or second vs later bDMARD (figure 1). At 6M, 335 pts had discontinued ABA, 172 (51.3%) of whom due to inefficacy and 140 (41.8%) due to safety. At 6M, among pts continuing ABA, good/moderate EULAR response rates were 83.5%, 75.1% and 72.0% for biologic-naïve pts and pts with 1 and ≥2 prior bDMARD failures, respectively. DAS28 (ESR), CDAI or SDAI LDA/remission, or Boolean remission rates were higher with earlier vs later treatment lines. The safety profile was consistent with IV ABA studies.[1,2]




**Abstract AB0461 – Figure 1**. Abatacept Retention (Time to Discontinuation of SC Abatacept) Over 6 Months by Treatment Line

**Conclusions:** In this first observation of SC abatacept in a real-world setting, overall retention of SC abatacept at 6M was high and similar to that observed with IV abatacept.[1] Better retention and response rates were achieved with abatacept as an earlier bDMARD treatment line. Good/moderate EULAR response rates at 6M were consistently >70%, irrespective of treatment line and higher BL radiographic erosion in biologic-failure pts.

### REFERENCES:

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[2] Nüßlein HG, et al. Clin Exp Rheumatol 2016;34:489–99.

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