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 TNF α inhibitors. Heterogeneity in study size and design may contribute to the range of survival data for each agent.

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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

R. Alten¹, X. Mariette², M. Buch³, R. Caporali⁴, R.-M. Flipo⁵, A. Forster⁶, H. Griffiths⁷, M. Nurmohamed⁸, Y. Patel⁹, P. Peichl¹⁰, R. Sanmarti¹¹, C. Chauvet¹², J. Heitzman¹³, C. Rauch¹⁴, S.E. Connolly¹⁵. ¹University Medicine Berlin, Berlin, Germany; ²Université Paris-Sud, Paris, France; ³University of Leeds, Leeds, UK; ⁴University of Pavia, Pavia, Italy; ⁵Centre Hospitalier Universitaire de France, Lille, France; ⁶Schulthess Klinik, Zürich, Switzerland; ⁷University Hospital Geelong, Geelong, Australia; ⁸VU University Medical Center and Jan van Breemen Research Institute, Amsterdam, Netherlands; ⁹Hull Royal Infirmary, Hull, UK; ¹⁰Evangelical Hospital, Vienna, Austria; ¹¹Institut d'Investigacions Biomèdiques August Pi i Sunyer, Barcelona, Spain; ¹²DOCS, Nanterre; ¹³Excelya, Boulogne-Billancourt, France; ¹⁴Bristol-Myers Squibb, Munich, Germany; ¹⁵Bristol-Myers Squibb, Princeton, USA

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.

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