Abstract AB0468 – Figure 1. PDUS evaluation of two cohorts with ACPA positive

Conclusions: The treatment with Abatacept, administered in the first or second or third line, has shown significant efficacy in reducing the synovial inflammation in patients with RA, monitored with clinical and ultrasonographic outcome. Moreover, we have not demonstrate statistically significant differences between two groups into the timing of improvement.

REFERENCE:

- [1] D'Agostino T, et al. Early Response to Abatacept Plus MTX in MTX-IR RA Patients Using Power Doppler Ultrasonography: an open label Study. *Ann Rheum Dis* 2012;71:18.

Disclosure of Interest: None declared

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AB0469 EFFICACY AND SAFETY OF INTERLEUKIN 6 INHIBITORS IN RHEUMATOID ARTHRITIS: A SYSTEMATIC LITERATURE REVIEW

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Background: Interleukin 6 (IL-6) inhibitors constitute a therapeutic option for patients with rheumatoid arthritis (RA). Currently, apart from Tocilizumab (TCZ), we have data from other drugs targeting the IL-6 pathway.

Objectives: To review published evidence on safety and efficacy of IL-6 inhibitors in RA.

Methods: We performed sensitive systematic literature searches in Medline and Cochrane (up to October 2017), screened EULAR and American College of Rheumatology meeting-abstracts. An expert librarian designed the strategies that included Mesh and text word terms. The search was limited to human RA, adults and the English and Spanish language. The inclusion criteria were as follow: 1) RA patients on IL-6 Inhibitors including TCZ, sarilumab (SAR), olokizumab, sirukumab and clazakizumab; 2) Placebo and an active comparator were accepted as comparators; 3) Articles including typical efficacy and safety variables such as DAS-28, radiographic progression or the infections rate; 4) Only meta-analyses, systematic reviews and clinical trials were selected. Two reviewers screened the titles and abstracts of the retrieved articles independently. They also collected the data from the studies included by using ad hoc standard forms. All collection was double by article and independent. Subsequently, a secondary manual search of the bibliography of the articles that were finally included was performed. Evidence tables were produced. The quality was evaluated with the Oxford 2009 scale.

Results: We included 64 articles of moderate-high quality, variable duration, between 12 and 108 weeks. These articles analysed more than 8000 patients with RA, most of them with established RA (although there are data on early RA), with high disease activity and severity criteria. More than a half of the studies are of TCZ. IL-6 inhibitors were effective both in the short and long term in terms of clinical remission, RA activity, radiographic progression, function, fatigue, bone metabolism, morning stiffness, pain, quality of life, or anaemia. They also decreased and even normalised CRP values in a rapid and sustained manner. The efficacy of blocking IL-6 has been seen in RA refractory to DMARD or anti-

TNF α and in MTX-naïve patients, as well as in the intravenous and subcutaneous formulations (TCZ). TCZ and SAR are more effective than adalimumab in monotherapy. In general, no statistically significant differences were found between combined therapy and monotherapy. In terms of safety, the rate of adverse events increased over time and with the concomitant use of DMARDs. Infections and hypersensitivity reactions were the most frequent adverse events and infections the most frequent serious adverse events. IL-6 inhibitors were associated with a rapid and subsequently sustainable increase in serum lipid parameters, although this was not associated with a higher prevalence of cardiovascular events and related mortality, nor was it associated with neoplasms. Transaminase elevations were generally mild and without serious disorders. The incidence of gastrointestinal perforations was very low, and it was associated with a previous history of diverticulitis.

Conclusions: IL-6 inhibitors are effective to control RA activity and symptoms and to prevent radiographic damage in different disease profiles, with an acceptable safety profile.

Disclosure of Interest: None declared

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AB0470 INFLUENCE OF USING ADALIMUMAB IN COMPLEX TREATMENT ON FREQUENCY OF EYES INVOLVEMENT IN PATIENTS WITH JIA

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Background: Extra-articular organs involvement in JIA is frequent and mostly includes rheumatoid uveitis in ANA-positive oligoarthritis. In Ukraine almost 10% of children with JIA during systematic ophthalmologic examination have signs of ocular involvement. Early treatment with biological agents can influence inflammation progression in eyes of the JIA patients

Objectives: Objective of the study was to investigate the frequency of recurrences of uveitis in patients with JIA and eyes involvement on methotrexate alone and methotrexate with adalimumab.

Methods: There were 23 patients with JIA and rheumatoid uveitis involved into the study. Mean age was 9,6 (4–16) years. Among them there were 14 (61%) girls and 9 (39%) boys. Serological characteristic included 17 (74%) patients with positive ANA, and 3 (13%) children with positive HLA-B27. All patients received 15 mg/m²/week of SC methotrexate. During onset and recurrence of uveitis all children received glucocorticoids with slowly tapering dosage (from 1 mg/kg/day to 0.2–0.1 mg/kg/day) until uveitis remission. Of 23 patients 11 (47,8%) received adalimumab in standard doses. Study were hold for 5 years during which every child were investigated by ophthalmologist every 3 months irrespectively of clinical status.

Results: During 5 year follow up in "methotrexate" group (n=12) there were 15 episodes of uveitis recurrence (0,25 episodes per patient/year). Of them 10 (66,6%) were revealed only by ophthalmological assessment and had no obvious clinical signs (subclinical uveitis). Same time only 2 episodes of uveitis recurrence were registered in "methotrexate +adalimumab" group (0,04 episodes per patient/year) (p<0.05).

Conclusions: Adding adalimumab to methotrexate in complex treatment of patients with JIA and eyes involvement allows decreasing frequency of both clinically evident and subclinical recurrences of rheumatoid uveitis.

Disclosure of Interest: None declared

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AB0471 BIOSIMILAR MEDICINE IS ACCEPTABLE TO PATIENTS IF RECOMMENDED BY A RHEUMATOLOGIST IN AN AUSTRALIAN TERTIARY RA COHORT

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Background: Advancement in biological disease-modifying antirheumatic drugs (bDMARDs) has greatly improved the prognosis of patients with rheumatoid arthritis. Their high costs, however, pose a significant health-economic challenge. Biosimilars are being adopted in Australia and worldwide to improve affordability and access to treatment. While the predominant focus of current literature has been on physicians' awareness and confidence of biosimilars, an effective introduction of biosimilars requires an understanding of patient acceptance of these products.

Objectives: To investigate patient awareness and attitudes to biosimilar medicine in a tertiary hospital RA clinic.

Methods: A cross-sectional study of 127 patients with rheumatoid arthritis was performed in Melbourne, Australia. A brief education on biosimilars was provided. Patients rated concerns regarding biosimilar efficacy, side-effect profile, operation