

AB0496

T2T WITH SUBCUTANEOUS METHOTREXATE IN VERY EARLY RHEUMATOID ARTHRITIS (RA)

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Objectives: Adherence to foundations T2T and education of patients (pts) according to T2T Connect program increase possibility of favourable outcome of RA.

Methods: In open prospective 36 months study of efficacy and safety of subcuta- neous methotrexate (MT) 74 pts with definite very early RA (ACR/EULAR 2010) were included: mean age was 45,2±15,9, mean duration of RA – 5.2±3.48 months, mean DAS28 – 5.68±1.99 (max 7.06, min 4.44), RR positivity 73% and ACP positivity 77% of pts. 3 pts had joint erosions. FK II had 43% and III- 53% of pts. RA was treated by program T2T Connect. Initial dose of MT was 15 mg/ week, all pts used 5–10 mg/week folic acid and NSAIDs in therapeutically dose according to comorbidities, systemic glucocorticoids (GC) were not prescribed. 72 pts completed 12 months of treatment, 54–24 months, 29–36 months.

Results: In 88% of pts improvement was observed in first 4–5 weeks. After 3 months low disease activity (LDA) was registered in 18 pts, in over pts therapy wasn’t achieved in view with clear tendency to decrease of RA activity, intraarticular injection of GC was performed in 3pts. Changes of DAS28 are in the table 1. After 6 months moderate disease activity was in 49% of pts, LDA – in 51%. After 12 months of study in all pts target of treatment was achieved: LDA in 81% of pts and remission (ACR/EULAR 2010 in 19%; after 24 months 57% and 43% respectively, after 36 months – 36% and 64% respectively (18 pts without treatment). The minimal radiographic progression was observed in 18 pts (24%, mean erosion’s score 1.63±1.02), that wasn’t cause of firm decrease of functional ability in pts. 3 women with remission after 18 and 20 months of treatment with MT became pregnant and gave birth to normal newborns. Withdraw MT because of AE was in 2 pts (flu-syndrome).

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Abstract AB0496 – Table 1

<table>
<thead>
<tr>
<th>Months</th>
<th>0</th>
<th>3</th>
<th>6</th>
<th>12</th>
<th>24</th>
<th>36</th>
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<tbody>
<tr>
<td>Mean DAS28 SD</td>
<td>5.68±1.77</td>
<td>4.41±2.09</td>
<td>3.25±1.63</td>
<td>2.72±1.10</td>
<td>2.81±1.75</td>
<td>2.69±1.14</td>
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Efficacy and safety of tofacitinib have been shown in several randomised clinical studies. Objectives: The aim of this preliminary study was to evaluate the possible effect of MTX in accordance with datasheets (especially AST and ALT), CRP, ESR, which these parameters were evaluated: demographics, blood tests required for treatment by optimising MTX dose in RA patients with stable medication in real-world clinical practice setting. The secondary outcome was to analyse the frequency of and time to achieve low disease activity (LDA) and remission as defined by DAS28.

Methods: Consecutive patients between June 2013 and April 2017 with RA who fulfilled the American College of Rheumatology/EULAR 2010 criteria were analysed in a prospectively designed analysis of retrospective data. Patients were initiated on tofacitinib 5 mg bid. The primary objective was to analyse safety of tofacitinib in a real life cohort. Safety was assessed by the reasons to stop tofacitinib. The follow up assessed changes of liver enzymes, haemoglobin, and plate计ine. The average time to stop tofacitinib was 190.0 days. Reasons to stop tofacitinib were: insufficient response (n=23), gastrointestinal symptoms (n=18), infection (n=9), myalgia (n=2), remission (n=2), headache, cough, blue toe syndrome, intolerance, heart burn, psoriasis, and increased liver enzymes (all n=1). Increased ALT or ASAT >2 x ULN were detected in 3.2% and 4.4%, respectively. These elevated transaminase levels were transient in 50% and 60% of the cases, respectively. Haemoglobin decrease of >10% was detected in 15.1% of the patients and decreased lymphocytes<500/cases, respectively. Haemoglobin decrease of >10% was detected in 15.1% of the patients and decreased lymphocytes<500/cases, respectively.

Conclusions: Tofacitinib is a safe and effective treatment option for patients with RA. Tofacitinib may induce high rates of LDA and remission in patients with active disease, even after use of one or more biologics, though the rate is significantly higher in patients naïve to biologic agents as compared to patients pre-exposed to biologics (LDA: naïve 100% after median 100d, pre-exposed 57.0% after 359d; remission: naïve 86.7% after 132d, pre-exposed 44.1% after 720). Conclusions: Tofacitinib is a safe and effective treatment option for patients with RA. Tofacitinib may induce high rates of LDA and remission in patients with active disease, even after use of one or more biologics, though the rate is significantly higher in patients naïve to biologics. Tofacitinib may be a valuable option in a treat to target approach. Our data justify an early use of tofacitinib in the therapeutic strategy.

Disclosure of Interest: None declared

Evaluation of the Effectiveness of Methotrexate in the Hepatic Toxicity Due to Methotrexate in Patients with Rheumatoid Arthritis

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Background: Methotrexate inhibits the metabolism of purines resulting in the accumulation of adenosine; it also inhibits the activation of T cells and suppresses the expression of intercellular adhesion molecules for T cells. Side effects may show up during the treatment and among them there is hepatic toxicity, characterised by an increase of AST and ALT; such increase is usually asymptomatic but it may lead to a suspension of the treatment. Metotrexine (MTDX) is a drug which is used in order to treat both acute and chronic alcoholic intoxication; it also prevents the inactivation of ATP from acetaldehyde and pyrogllutamic acid. MTDX also showed to improve hepatic function markers and to decrease oxidative stress leading to a protective effect against radicals.

Objectives: The aim of this preliminary study was to evaluate the possible effect of MTDX on hepatic function in patients affected by RA in therapy with MTX. Methods: The study included 16 patients. The study started on September 1, 2018. All patients were under MTX treatment with MTX; a following random selection of a subgroup of patients who took MTDX (500 mg twice a day for 28 days, from the 5th to the 8th week of therapy with MTX) was performed. All the patients underwent a 12-week-follow up in which these parameters were evaluated: demographics, blood tests required for MTX in accordance with datasheets (especially AST and ALT), CRP, ESP, ACPA, numbers of swollen and tender joints, concomitant medications (NSAIDS and steroids) and the degree of disability (HAQ, table 1).

Results: 24 patients affected by RA (20 women), with an age of median 51.3 years (range 14-81) and mean MTX dose of 12.3±2.6, were recruited. 70.3% took GC with a medium dosage (3.7±2.7). Among these 24, 13 patients were under MTDX 500 mg twice a day for the 5th to the 8th week. Patients treated with MTDX-MTX showed a significant decrease of hepatic markers (AST Δ −1.38 p=0.004 – ALT Δ −1.93 p=0.004) compared with patients with MTX only (AST Δ –4.27 p=0.01 – ALT Δ −6.09 p=0.045) after a 12-week-monitoring, with no statistically significant difference concerning disease activity (table 2).