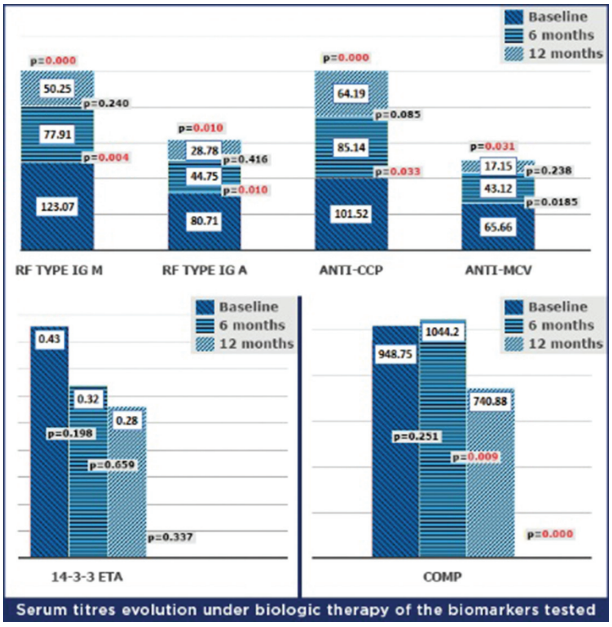

Conclusions: in the future a version using multiple biomarkers could increase accuracy for identifying pretreatment patients who will respond to anti-TNF therapy. Smoking has a negative impact on the response to biologic treatment.
Disclosure of Interest: None declared
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FRI0105 CONCOMITANT USE OF CORTICOSTEROIDS AT THE BASELINE DOES NOT AFFECT THE DRUG SURVIVAL OF ABATACEPT IN RHEUMATOID ARTHRITIS

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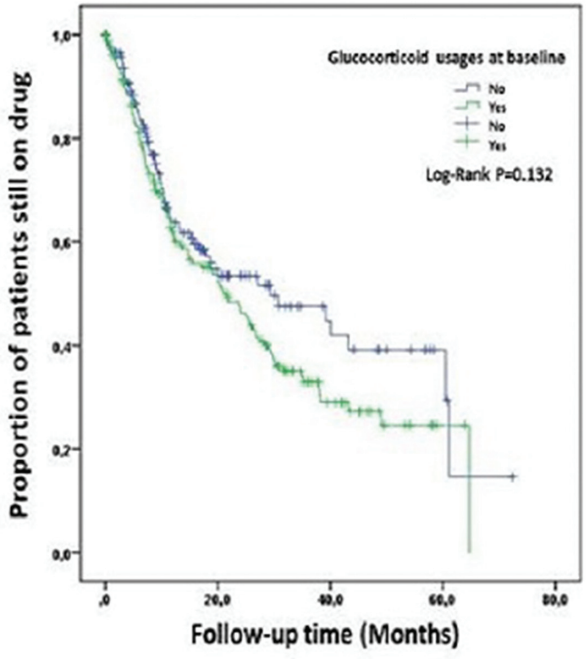
Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease leading to deformities and disabilities. in the treatment of RA glucocorticoids are selected sometimes to relief symptoms and to increase compliance for treatment.
Objectives: The purpose of our study is to investigate whether concomitant glucocorticoid treatment at the baseline affects drug survival for abatacept treatment in RA.
Methods: Data on patient characteristics, diagnosis, previous treatment and outcomes have been collected since 2011 in Turkish Biologic (TURKBIO) Registry. By the end of December 2017, 338 RA patients, received abatacept from the TURKBIO registry, were included in the analysis. Patients were divided into groups according to the use of glucocorticoid when abatacept therapy was started. Demographic and clinical data including age, sex, disease type, disease duration, and previous or current treatment with DMARDs and biological drug durations are recorded in the database. Kaplan-Meier survival analysis was performed to estimate the drug survival. Subgroups were compared by log-rank.
Results: There were no significant differences in age, gender, seropositivity, tender and swollen joint counts at baseline in the study groups. The disease duration was higher in the glucocorticoid users (p=0.001). Abatacept was the first choice bDMARDs in the 44.5% of glucocorticoid users while it was 68.6% in the glucocorticoid non-users (p<0.001). In addition to abatacept, use of sDMARDs were 96.7% and 53.8% in the glucocorticoid users and non-users, respectively. Baseline VAS-pain and ESR were higher in the glucocorticoid non-users (p=0.047, p=0.009, respectively), but other baseline parameters were similar in glucocorticoid users and non-users. There was no difference between groups in terms of drug survival rates for abatacept (figure 1).

Abstract FRI0105 – Table 1. Clinical and laboratory characteristics

	Glucocorticoid non-users (n=156)	Glucocorticoid users (n=182)	p
Age, year	56 (47–64)	57 (47–63)	0.827
Gender (Females), n (%)	135 (86.5)	151 (82.9)	0.390
Disease duration, years	10 (5–15)	13 (8–18)	**0.001**
1 st choice bDMARs is abatacept,%	68.6%	44.5%	**<0.001**
Concomitant sDMARD usage,%	53.8%	96.7%	**<0.001**
RF positivity, n (%)	68.1	65.8	0.735
CCP positivity, n (%)	61.8	66.7	0.485
Baseline ESR, mm/h	38 (24–55)	28 (18–44)	**0.009**
12th month ESR, mm/h	33 (20–50)	27 (16–39)	0.155
Baseline CRP, mg/dl	12 (5–21)	12 (4.89–30.9)	0.870
12th month CRP, mg/dl	4 (3–8)	9 (3–19)	**0.020**
Baseline DAS28-CRP	4.95 (4.2–5.4)	4.8 (3.9–5.35)	0.123
12th month DAS28-CRP	2.05 (1.7–2.9)	2.6 (2.1–3.9)	**0.002**
Baseline CDAI	22 (13.8–28.3)	19.8 (13.2–27)	0.278
12th month CDAI	3.2 (2–7.95)	6.3 (3–10.7)	0.061



Abstract FRI0105 – Figure 1. Drug survival curve in glucocorticoid user and non-user patients

Conclusions: When abatacept treatment started, concomitant use of glucocorticoid at the baseline could not significantly alter drug survival for abatacept in the RA.
Disclosure of Interest: None declared
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FRI0106 IMPACT OF BIOLOGICAL AND TARGETED SYNTHETIC DMARDS ON WORK IN PATIENTS WITH CHRONIC INFLAMMATORY ARTHRITIS : A META ANALYSIS OF RANDOMISED CONTROLLED TRIALS AND CONTROLLED COHORTS

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Background: The addition of biological (b) and new targeted synthetic (ts) DMARDs agents in chronic inflammatory arthritis (CIAs) therapeutic strategies