	RITUXIMAB (n=30)	TOCILIZUMAB (n=12)	ABATACEPT (n=7)
Disease duration (years)	4.8	8.3	11.9
Median of therapeutic maintenance (month)	82	48	55
Average duration of treatment (month)	44.8 [5.8;83.8]	27.0 [4.3;49.7]	26.0 [-0.79;52.93]
DAS 28 CRP evolution	-1.03 [-2.73;0.67]	-1.88 [-3.36;-0.38]	-1.97 [-3.55;-0.41]
Prednisone evolution (mg/d)	-8.45 [-23.15;9.25]	-5.15 [-10.95;0.65]	-2.71 [-5.00;-0.43]
VAS evolution (/100)	-5.40 [-32.70;21.90]	-18.50 [-35.33;5.04]	-30.43 [-65.27;4.41]
CRP evolution (mg/L)	-14.46 [-46.46;17.54]	-21.75 [-53.41;9.91]	-12.86 [-25.95;0.26]

Conclusions: This study provides original data on the effectiveness and safety of non-TNF biologics, mostly rituximab, in a large cohort of patients with rhupus. We have not enough patients treated with Tocilizumab and Abatacept to conclude but the therapeutic maintenance of Rituximab in Rhupus is similar to the one usually observed in RA.

Disclosure of Interest: None declared

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FRI0121

CHARACTERISTICS OF PATIENTS WITH EARLY RHEUMATOID ARTHRITIS WHO HAVE A DELAYED RESPONSE TO TREATMENT WITH METHOTREXATE IN MONOTHERAPY OR IN COMBINATION WITH ADALIMUMAB

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Background: In patients (pts) with rheumatoid arthritis (RA), treat-to-target recommendations call for adjustment of treatment if a target is not met within 3–6 months of initiation. While some pts continue therapy beyond 3–6 months despite not achieving the target, it's unclear if they still can achieve the target, and how the timing of target attainment impacts long-term outcomes.

Objectives: To evaluate clinical, functional, and radiographic outcomes on the basis of initial time to low disease activity (LDA) attainment among early RA pts who are naïve to MTX, or are MTX-insufficient responders (MTX-IR).

Methods: This post hoc analysis included pts receiving MTX in monotherapy or in combination with adalimumab (ADA) in 2 randomised, controlled trials (RCTs) of MTX-naïve pts with early RA: PREMIER included a 104 week (wk) RCT¹; OPTIMA included a 26 wk RCT followed by treatment adjustments based on a target of LDA at wks 22 and 26². Pts not achieving stable LDA received open-label (OL) ADA +MTX for an additional 52 wks (MTX-inadequate responders, IR). Pts were subgrouped by treatment and time to first LDA event [SDAI ≤11: 0–<3 months (mths), 3–≤6 mths, >6–≤12 mths]. The following were summarised for each subgroup: mean values and change from baseline in SDAI, HAQ-DI and modified total Sharp score (mTSS). The proportions of pts achieving SDAI remission (REM) at 1 year (yr) were assessed.

Results: Roughly equal proportions of pts on MTX alone experienced their first LDA response between 0–<3 mths (21%), 3–≤6 mths (21%), and >6–≤12 mths (17%). More pts on ADA+MTX experienced LDA within 3 mths (0–<3: 45% and 56% for MTX-naïve and MTX-IR backgrounds, respectively), with smaller proportions in the 3–≤6 mths (19% for both MTX-naïve and -IR backgrounds), and >6–≤12 mths groups (14% and 4% for MTX-naïve and MTX-IR backgrounds). Approximately 50% of the 0–<3 mth group across treatments achieved SDAI REM at 1 year. Interestingly, 10%, 14%, and 8% of the MTX, ADA+MTX (MTX-naïve), and ADA+MTX (MTX-IR) pts who first experienced LDA after 6 mths were in SDAI REM at 1 year.

Among MTX-naïve pts, pts on ADA+MTX had greater ΔHAQ and smaller ΔmTSS than pts on MTX alone at Wks 26 and 52 (table 1). Regardless of their time to first SDAI LDA response, pts on MTX monotherapy or ADA+MTX experienced comparable improvements in SDAI, HAQ-DI and comparable ΔmTSS at Wks 26 and 52.

Table 1 Mean Values at Baseline and Change From Baseline in Clinical, Functional, and Structural Parameters in Patients with Early RA Receiving MTX or ADA+MTX, on the Basis of First Achievement of Low Disease Activity by SDAI.

	MTX N=256			ADA+MTX, naïve N=631			ADA+MTX ¹ MTX-IR N=347		
Achievement of low disease activity at months									
Months	0 to <3	3 to ≤6	6 to ≤12	0 to <3	3 to ≤6	6 to ≤12	0 to <3	3 to ≤6	6 to ≤12
Mean (SE) SDAI at BL									
	40.4 (1.5)	44.8 (1.6)	49.9 (1.9)	39.8 (0.8)	49.0 (1.1)	52.8 (1.8)	18.7 (0.8)	27.3 (1.6)	29.2 (3.3)
Mean Change (SE) from BL in SDAI									
Wk 26	-32.0 (2.2)	-36.3 (1.8)	-32.5 (1.8)	-32.4 (0.9)	-39.9 (1.3)	-30.4 (2.1)	-11.2 (0.9)	-17.2 (1.9)	-14.0 (3.9)
Wk 52	-33.1 (2.2)	-36.9 (2.2)	-35.9 (2.2)	-34.2 (0.9)	-41.7 (1.4)	-43.4 (2.1)	-12.6 (0.9)	-18.1 (2.2)	-19.3 (4.1)
Mean (SE) HAQ-DI at BL									
	1.1 (0.1)	1.5 (0.1)	1.5 (0.1)	1.4 (0.0)	1.6 (0.1)	1.8 (0.1)	0.9 (0.0)	1.3 (0.1)	1.2 (0.1)
Mean Change (SE) from BL in HAQ-DI									
Wk 26	-0.8 (0.1)	-1.0 (0.1)	-0.8 (0.1)	-1.0 (0.0)	-1.1 (0.1)	-0.7 (0.1)	-0.3 (0.0)	-0.4 (0.0)	-0.4 (0.0)
Wk 52	-0.8 (0.1)	-1.1 (0.1)	-0.8 (0.1)	-1.0 (0.0)	-1.2 (0.1)	-1.0 (0.1)	-0.4 (0.0)	-0.4 (0.1)	-0.4 (0.1)
Mean (SE) mTSS at BL									
	16.6 (3.1)	21.7 (2.2)	19.7 (3.0)	12.4 (1.0)	16.5 (2.0)	14.6 (2.4)	12.0 (1.3)	11.6 (1.8)	14.1 (4.3)
Mean Change (SE) from BL in mTSS									
Wk 26	1.9 (0.5)	1.5 (0.4)	2.5 (0.5)	0.3 (0.1)	0.4 (0.2)	0.3 (0.2)	0.0 (0.2)	0.1 (0.2)	0.0 (0.2)
Wk 52	3.0 (0.7)	2.8 (0.6)	3.4 (0.7)	0.5 (0.1)	0.6 (0.2)	0.5 (0.2)	0.0 (0.1)	0.0 (0.2)	-0.1 (0.1)
‡ timing of LDA outcome from time of ADA addition.									
BL, baseline; Wk, week; SDAI, simplified disease activity index; HAQ-DI, health assessment questionnaire-disability index; mTSS, modified total Sharp score									

¹ timing of LDA outcome from time of ADA addition.

BL, baseline; Wk, week; SDAI, simplified disease activity index; HAQ-DI, health assessment questionnaire-disability index; mTSS, modified total Sharp score

Conclusions: Pts on ADA+MTX achieved a first SDAI LDA response earlier than pts on MTX monotherapy, regardless of whether they were MTX-naïve or MTX-IR. More pts with a very early response went on to achieve SDAI REM at 1 year. However, pts with a longer time (>6 mths) to their first SDAI LDA response had comparable clinical, functional and radiographic outcomes compared to pts who responded earlier (within 3 or 6 mths). Therefore, achieving a clinical response in the direction of the treatment target, even if not yet achieving it, may be sufficient to continue therapy in appropriate pts.

REFERENCES:

- [1] Breedveld, et al. Arthritis & Rheum 2006;54:26.
- [2] Smolen, et al. Lancet 2014;383:321.

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FRI0122

DRUG SURVIVAL OF ADALIMUMAB IN PATIENTS WITH RHEUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS OVER 10 YEARS IN REAL-WORLD SETTING OF CZECH REGISTRY ATTR

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Background: Drug survival in real clinical practice is reflecting both efficacy and safety of the drug. It is valuable outcome measure complementary to data from RCT.

Objectives: To evaluate 10 years efficacy and survival of adalimumab (ADA) in Czech registry ATTR. To analyse reasons for drug discontinuation and analyse baseline demographic and clinical characteristics predictive for drug discontinuation. We also aimed to compare survival of ADA between 3 different diagnosis (RA, AS, SpA). Finally we aimed to compare survival between different anti TNF drugs.

Methods: All patients fulfilled criteria of Czech Rheum. Soc. for indication of anti TNF therapy and were included in registry. They were followed each 3 month first