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SAT0126

CHARACTERIZING HETEROGENEOUS CARE PATHWAYS OF INCIDENT RHEUMATOID ARTHRITIS PATIENTS

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Background: Clinical pathway analysis is the process of characterizing clinical activities in patients’ care. Little is known about the clinical pathways that pts with rheumatoid arthritis (RA) follow after their diagnosis, and how treatment patterns differ between such pathways.

Objectives: To identify and characterize distinct clinical pathways in the management of incident RA pts and evaluate differences in treatment patterns.

Methods: A retrospective cohort study was conducted in RA pts identified using electronic medical records of the Kaiser Permanente Southern California health plan. Between 01/01/2007 and 12/31/2015, we identified adult pts (aged ≥18 years) who had at least two RA diagnoses within a 12-month period, a disease-modifying antirheumatic drug (DMARD) prescription and laboratory test for anti-citrullinated peptide antibody. Latent class analysis (LCA) method was applied to identify ≥2 heterogeneous care pathways. RA-specific healthcare utilization during the first year following the RA diagnosis was used as a marker of underlying latent classes. We characterized the latent classes based on the distribution of markers, co-morbidities and RA treatment patterns including switch, augmentation and discontinuation of DMARDs. Chi-square and F-tests were used to evaluate differences between the classes.

Results: We identified 2843 incident RA pts. LCA indicated five latent classes representing mutually exclusive pathways of managing pts with RA. Pts in Class 1 (low disease activity-low progression) had lowest RA office visits and labs to detect inflammation with the highest DMARD discontinuation. Pts in Class 2 (low disease activity-moderate progression) were characterized by higher lab, imaging and DMARD augmentation. Class 3 (moderate disease activity with pain) was characterized by highest use of NSAIDs across any class. Pts in Class 4 (high disease activity-moderate progression) were characterized by above-average RA office visits and the highest corticosteroid use. Class 5 (high disease activity-high progression) had pts with the highest number of RA office visits, biologic DMARD use, DMARD augmentation, DMARD switching and the lowest initial treatment discontinuation.

Conclusion: We identified five distinct care pathways; these could be used to identify care gaps, implement standardized care plans and guide quality initiatives in the management of pts with RA.


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THE EFFICACY OF TOFACITINIB IN PATIENTS WITH RHEUMATOID ARTHRITIS STRATIFIED BY BASELINE BODY MASS INDEX

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Background: Tofacitinib is an oral Janus kinase inhibitor for the treatment of rheumatoid arthritis (RA).

Objectives: This post hoc analysis aims to explore the efficacy of tofacitinib in patients (pts) with RA based on their baseline (BL) body mass index (BMI).

Figure 1: ACR20/50/70 response rates at Month 6 for each treatment group stratified by BMI category (FAS, NRI). *p<0.05; **p<0.01; ***p<0.0001 vs placebo. ACR, American College of Rheumatology; BD, bid daily; BMI, body mass index; DMARD, disease-modifying antirheumatic drug; FAS, full analysis set; M, month; NRI, non-responder imputation; NSAID, non-steroidal anti-inflammatory drug; NVD, not evaluated; NWS, not worsening; PLA, placebo; R, responder; RCT, randomized controlled trial; RMS, responder missing status; SD, standard deviation; T, treatment; VAS, visual analog scale; Week (Wk).