Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.1203

SAT0126 **CHARACTERIZING HETEROGENEOUS CARE PATHWAYS OF INCIDENT RHEUMATOID ARTHRITIS PATIENTS**

A.A. Kawkatkar¹, J. An², A. Marshall³, T. C. Cheetham², E. Haupt¹, G. Okano³, K. Gupta³, T. G. Curtice³. ¹Research and Evaluation, Kaiser Permanente Southern California, Pasadena, CA; ²Pharmacy Practice and Administration, Western University of Health Sciences, Pomona, CA; ³Health Economics & Outcomes Research, Bristol-Myers Squibb, Princeton, NJ, United States

Background: Clinical pathway analysis is the process of characterizing clinical activities in patients' (pts) 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 31/12/2015, 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.

Classification factors	Class 1 n=367	Class 2 n=1105	Class 3 n=516	Class 4 n=616	Class 5 n=239	Total N=2843
Age, years (mean)*	54	56	56	60	50	56
Co-morbidities, n (mean)*	0.7	0.9	0.7	1.0	0.6	0.8
Female, %*	76	78	80	72	74	76
Medicare/Medicaid, %*	22	30	26	37	10	28
Switch to new DMARD, %*	2	5	9	8	13	6
Augment initial DMARD, %*	7	16	37	36	80	29
Discontinue initial DMARD, %*	73	49	31	30	6	41
Mean predicted utilization of select markers						
RA office visits, mean count	3	5	7	8	9	6
Traditional DMARD fills, mean count	3	4	6	6	5	5
Biologic DMARD fills, mean count	<0.01	0.01	0.02	0.04	6.5	0.56
NSAID fills, mean count	1	1	4	<0.5	2	1
Corticosteroid fills, mean count	1	1	2	4	3	2
CT scans, %	9	13	19	28	17	17
MRI, %	5	8	15	13	16	11
RF lab, %	2	22	17	19	15	17
ESR lab, %	29	98	88	93	97	85
CRP lab, %	7	74	66	65	75	61

*Difference between classes are statistically significant; p<0.05

Conclusions: We identified five distinct classes/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.

Disclosure of Interest: A. Kawkatkar Grant/research support from: Bristol-Myers Squibb, J. An Grant/research support from: Bristol-Myers Squibb/Pfizer, A.

Marshall Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, T. C. Cheetham Grant/research support from: Bristol-Myers Squibb, E. Haupt Grant/research support from: Bristol-Myers Squibb, G. Okano Employee of: Bristol-Myers Squibb, K. Gupta Employee of: Bristol-Myers Squibb, T. Curtice Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb
DOI: 10.1136/annrheumdis-2018-eular.1710

SAT0127 **THE EFFICACY OF TOFACITINIB IN PATIENTS WITH RHEUMATOID ARTHRITIS STRATIFIED BY BASELINE BODY MASS INDEX**

A. Dikranian¹, M. A. Gonzalez-Gay², F. Wellborne³, J. M. Alvaro-Gracia⁴, L. Takiya⁵, L. Stocker⁶, D. Chapman⁶, S. Tatulych⁷, P. Dahl⁸, J. R. Curtis⁹. ¹Cabrillo Center for Rheumatic Disease, San Diego, CA, United States; ²Hospital Universitario Marqués de Valdecilla, IDIVAL, Santander, Spain; ³Houston Institute for Clinical Research, Houston, TX, United States; ⁴Hospital Universitario de La Princesa, IIS Princesa, Madrid, Spain; ⁵Pfizer Inc, Collegeville, PA; ⁶Pfizer Inc, New York, NY; ⁷Pfizer Inc, Groton, CT, United States; ⁸Pfizer Inc, Ballerup, Denmark; ⁹University of Alabama at Birmingham, Birmingham, AL, United States

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).

*p<0.05; **p<0.01; ***p<0.001 vs placebo
 ACR, American College of Rheumatology; BID, twice daily; BMI, body mass index; CI, confidence interval; FAS, full analysis set; NRI, non-responder imputation

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<0.001 vs placebo. ACR, American