cross-over group, sustained inhibition of mTSS and erosion score (ES) progression was observed during long-term treatment phase (table 1). No effect on joint space narrowing (JSN) was observed (table 1). Overall proportions of patients with no progression (ie, mTSS change ≤0.5) at 36 months were 56.8% in P/Q6M, 53.3% in P/Q3M, 66.3% in Q6M group, and 65.7% in Q3M group. Incidence of adverse events (AEs), serious AEs and AEs leading to discontinuation of study drug were similar across treatment groups. No events of atypical femoral fracture were observed.

Conclusions: Denosumab treatment was associated with sustained inhibition of progression of joint destruction for up to 36 months and was generally well tolerated in Japanese patients with RA on csDMARDs. Denosumab has the potential to be a new therapeutic option to inhibit the progression of structural damage for patients with RA.

REFERENCE:

[1] Takeuchi T, et al. Ann Rheum Dis 2017;76(suppl 2): Abstract SAT0186.

Disclosure of Interest: T. Takeuchi Grant/research support from: Astellas, Bristol-Myers, Chugai, Daiichi Sankyo, Takeda, Teijin Pharma, AbbVie, Asahi Kasei Pharma, Mitsubishi Tanabe, Pfizer, Taisho Toyama, Eisai, AYUMI, Nipponkayaku, Consultant for: AstraZeneca, Eli Lilly, Novartis, Mitsubishi Tanabe, AbbVie, Nipponkayaku, Janssen, Astellas, Taiho, Speakers bureau: AbbVie, Bristol-Myers, Chugai, Mitsubishi Tanabe, Pfizer, Astellas, Daiichi Sankyo, Y. Tanaka Grant/research support from: Mitsubishi Tanabe, Takeda, Bristol-Myers, Chugai, Astellas, AbbVie, MSD, Daiichi Sankyo, Pfizer, Kyowa Hakko Kirin, Eisai, Ono, Speakers bureau: Daiichi Sankyo, Astellas, Pfizer, Mitsubishi Tanabe, Bristol-Myers, Chugai, YL Biologics, Eli Lilly, Sanofi, Janssen, UCB, S. Soen Grant/research support from: Chugai, Daiichi Sankyo, Speakers bureau: Asahi Kasei Pharma, Astellas, MSD, Daiichi Sankyo, Takeda, Chugai, Teijin Pharma, Pfizer, Eli Lilly Japan, Mitsubishi Tanabe, H. Yamanaka Grant/research support from: MSD, Astellas, AbbVie, BMS, Kaken, UCB, Ono, Ayumi, Eisai, Daiichi Sankyo, Takeda, Mitsubishi Tanabe, Chugai, Teijin Pharm, Torii, Nipponshinyaku, Pfizer, Consultant for: Pfizer, YL biologics, Takeda, Teijin Pharm, BMS, Nipponkayaku, Chugai, Mitsubishi Tanabe, Daiichi Sankyo, Astellas, T. Yoneda Grant/research support from: Grants-in-Aid for Scientific Research, MEXT #17H04377, Consultant for: Daiichi Sankyo, Employee of: Indiana University, S. Tanaka Consultant for: Amgen Astellas, MSD, AbbVie, Daiichi Sankyo, Eli Lilly, Ono, Asahi Kasei Pharma, Teijin Pharma, T. Nitta Employee of: Daiichi Sankyo, N. Okubo Shareholder of: Daiichi Sankyo, Employee of: Daiichi Sankyo, H. Genant Consultant for: Daiichi Sankyo, Pfizer, Amgen, Bioclinica, Eli-Lilly, Janssen, Servier, Novartis, Takeda, Merck, Biomarin, Clemencia, Agnovos, Regeneron, D. van der Heijde Consultant for: AbbVie, Amgen, Astellas, AstraZeneca, BMS, Boehringer Ingelheim, Celgene, Daiichi, Eli-Lilly, Galapagos, Gilead, Glaxo-Smith-Kline, Janssen, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi, Takeda, UCB, Employee of: Imaging Rheumatology bv.

DOI: 10.1136/annrheumdis-2018-eular.2290

SAT0174 DOES ABATACEPT INCREASE PERIOPERATIVE ADVERSE EVENTS IN PATIENTS WITH RHEUMATOID ARTHRITIS COMPARED WITH CONVENTIONAL SYNTHETIC DISEASE MODIFYING DRUGS? - A RETROSPECTIVE MULTICENTER NESTED CASE-CONTROL STUDY

H. Ito[1], S. Tsuji[2], M. Nakayama[3], Y. Mochida[4], K. Nishida[5], H. Ishikawa[6], T. Kojima[7], T. Matsumoto[8], A. Kubota[9], T. Mochizuki[10], K. Sakuraba[11], I. Matsushita[12], A. Nakajima[9], R. Hara[13], A. Haraguchi[14], T. Matsubara[15], K. Kanbe[3], N. Nakagawa[16], M. Haraguchi[17], S. Momohara[18]on behalf of JOSRA consortium. *[1]Kyoto University Graduate School of Medicine, Kyoto, [2]Osaka-Minami Medical Center, Sakai, [3]Tokyo Women's Medical University, Tokyo, [4]Yokohama City Hospital Medical Center, Yokohama, [5]Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama, [6]Niigata Rheumatic Center, Shibata, [7]Nagoya University Graduate School of Medicine, Nagoya, [8]The University of Tokyo Graduate School of Medicine, [9]Toho University School of Medicine, [10]Kamagaya General Hospital, Tokyo, [11]Kyushu Medical Center, Fukuoka, [12]University of Toyama, Toyama, [13]Nara Medical University, Nara, [14]Kyushu University Graduate School of Medicine, Fukuoka, [15]Matsubara Mayflower Hospital, Kato, [16]Hyogo Prefectural Kakogawa Medical Center, Kakogawa, [17]Kameoka Municipal Hospital, Kameoka, [18]Keio University Graduate School of Medicine, Tokyo, Japan*

Background: Abatacept (ABT) is clinically used as the only T-cell modifier available for rheumatoid arthritis treatment and has shown similar efficacy as tumour necrosis factor inhibitors and a safer profile, especially a lower infection ratio in registry data. Latourte et al. recently published the results of perioperative complications of orthopaedic and other types of surgery in patients using ABT. However, they did not compare the complication rates with those in patients who received csDMARDs. It remains unknown whether ABT is associated with more postoperative complications than conventional synthetic DMARDs (csDMARDs).

Objectives: The aims of this study were to investigate whether ABT is associated with more adverse events after orthopaedic surgery compared with csDMARDs and, if so, to identify significant risk factors for those events.

Methods: A retrospective multicenter nested case–control study was performed in 18 institutions. Patients receiving ABT were matched individually with patients receiving csDMARDs and/or steroid. Serious adverse events were defined as surgical site infection, delayed wound healing, deep vein thrombosis or pulmonary embolism, flare-up, serious infection in other organs. The incidence rates of serious adverse events in both groups were compared with Mantel-Haenzel test. Risk factors for serious adverse events in the ABT group were analyzed by logistic regression model.

Results: A total of 3358 cases were collected. After inclusion and exclusion, 2651 patients were selected for matching, and 194 patients in 97 pairs were chosen for subsequent comparative analyses between the ABT and control groups. No between-group differences were detected in the incidence rates of each adverse event or in the combined incidence rate of adverse events. The odds ratio of the history of serious infection for serious adverse events was 12.6 (95%CI 1.12–141, P=0.04) in patients who received ABT and underwent orthopaedic surgery.

Conclusions: Compared with csDMARDs and/or steroid without ABT, adding ABT to the treatment does not appear to increase the incidence rates of postoperative adverse events in rheumatoid arthritis patients undergoing orthopaedic surgery. A history of serious infection is a significant risk factor for both infection and other serious adverse events, and such patients should be treated with particular caution.

REFERENCE:

[1] Latourte A, et al. Safety of surgery in patients with rheumatoid arthritis treated by abatacept: data from the French Orencia in Rheumatoid Arthritis Registry. Rheumatology (Oxford) 2017 Apr 1;56(4):629–637.

Disclosure of Interest: H. Ito Grant/research support from: BMS, ONO Pharmaceutical, S. Tsuji: None declared, M. Nakayama: None declared, Y. Mochida: None declared, K. Nishida: None declared, H. Ishikawa: None declared, T. Kojima: None declared, T. Matsumoto: None declared, A. Kubota: None declared, T. Mochizuki: None declared, K. Sakuraba: None declared, I. Matsushita: None declared, A. Nakajima: None declared, R. Hara: None declared, A. Haraguchi: None declared, T. Matsubara: None declared, K. Kanbe: None declared, N. Nakagawa: None declared, M. Haraguchi: None declared, S. Momohara: None declared

DOI: 10.1136/annrheumdis-2018-eular.2469

SAT0175 RESPONSE TO BIOLOGIC TREATMENT IMPROVES SEXUAL HEALTH ASSESSED BY THE QUALISEX SCORE IN RA

A. Perdriger[1], C. Lucas[1], J. Sibilia[2], J.-E. Gottenberg[2]. *[1]rheumatology, rheumatology Department, Rennes university, Rennes Cedex 2, [2]rheumatology, strasbourg University, strasbourg, France*

Background: Sexual health of RA patients is an aspect of the care often neglected and about which little is known. Qualisex is a simple (10 questions) and valid tool investigating impact of RA on sexuality. This tool can be useful to assess this important aspect of quality of life. (Gossec and al, Clin Exp Rheum,2012).

Objectives: Qualisex questionnaire was used in active RA patients of the ROC (Rotation or change) study (Gottenberg et al, JAMA 2016) in order to investigate the association between disease activity and response to a biologic treatment and sexual health.

Methods: Among 153 patients of the randomized controlled trial "ROC", which compared a second anti-TNF to a non-TNF biologic in RA patients with inadequate response to a first anti-TNF. Qualisex questionnaire was proposed to 83 RA patients, and 57 of them filled the questionnaire before and after 6 months of their allocated biologic. Changes in the qualisex score was analyzed according to the variation of the clinical and biological parameters.

Results: The mean age of the 57 RA patients studied was 50.2 (9.6) years. The mean duration of disease was 11.2 (9.5) years, and 43 (75.4%) were female. After 6 months of treatments, 19 were considered with a good response to the treatment according to EULAR response (DAS 28 VS <3.2 and a variation of 0.6 of the DAS from the base line).

The mean value of qualisex score was 4.05 (+/_ 2.53) at V0 and 3.91 (+/_ 2.45) after 6 months of treatment. The variation of the qualisex score was more important among the 19 responder patients than among the 43 patients with a persistently active disease. Changes in the qualisex score was significantly correlated to the changes in DAS28, in asthenia, and in SF36mental score, but not with changes in pain, or in SF36 physical score.