Table 1. Baseline characteristics by cohort

	ABA (n=20,410)	TOF (n=5048)	TOC (n=5098)
Age, years, mean (SD)	55.4 (12.6)	55.1 (11.7)	54.2 (13.1)*
Female, n (%)	16,784 (82.2)	4123 (81.7)	4107 (80.6)*
TNF-experienced, n (%)	10,171 (49.8)	2431 (48.2)*	2895 (56.8)*
CS use, n (%)	12,167 (59.6)	3379 (66.9)*	3148 (61.7)*
CCI score, mean (SD)	1.4 (1.0)	1.4 (0.9)	1.4 (1.0)
COPD/asthma	282 (1.4)	123 (2.4)*	103 (2.0)*
Pneumonia	661 (3.2)	131 (2.6)*	158 (3.1)
Pulmonary nodule	437 (2.1)	182 (3.6)*	185 (3.6)*
Heart failure	623 (3.1)	107 (2.1)*	132 (2.6)
Dyslipidaemia	3185 (15.6)	926 (18.3)*	951 (18.7)*
Ischaemic heart disease	1448 (7.1)	324 (6.4)	307 (6.0)*
Osteoarthritis	5623 (27.6)	1648 (32.6)*	1594 (31.3)*
Lupus	929 (4.6)	148 (2.9)*	169 (3.3)*
Infections	9347 (45.8)	2196 (43.5)*	2300 (45.1)

*p<0.05 vs ABA

ABA=abatacept; CCI=Charlson Comorbidity Index; COPD=chronic obstructive pulmonary disease; CS=corticosteroid; TOC=tocilizumab; TOF=tofacitinib

Table 2. Persistence by cohorts: overall and stratified by prior TNF and CS use

	ABA n=20,410	TOF n=5048	TOC n=5098
Overall	337.9 (416.8) 191	257.3 (288.0)* 151	294.0 (345.1)* 168
TNF-naïve	n=10,239 328.1 (409.7) 179	n=2616 252.9 (285.3)* 146	n=2203 276.7 (341.2)* 148
TNF-experienced	n=10,171 347.7 (423.7) 201	n=2430 262.1 (290.9)* 159	n=2895 307.2 (347.6)* 178
CS-naïve	n=8243 333.0 (415.1) 186	n=1668 263.4 (289.6)* 160	n=1950 288.7 (335.8)* 165
CS-experienced	n=12,167 341.1 (418) 194	n=3378 254.3 (287.3)* 148	n=3148 297.3 (350.8)* 169

Values are expressed as mean (SD) median, in days reported

*p<0.05 vs ABA

ABA=abatacept; CS=corticosteroid; TOC=tocilizumab; TOF=tofacitinib

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REAL-LIFE GOLIMUMAB PERSISTENCE IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES: FINAL RESULTS OF THE GO-PRACTICE STUDY

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Background: Golimumab (GLM) is the fifth, most recent anti-TNF α to be indicated in the treatment of chronic inflammatory rheumatic diseases. GO-PRACTICE aimed to assess GLM use in real-life clinical practice, in patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA), and axial spondyloarthritis (AS).

Objectives: Primary objective was to assess the persistence of GLM over 2 years after initial prescription. Cumulative persistence probabilities were estimated with the Kaplan-Meier method. Secondary objectives included evaluations of: 1) clinical disease activity from inclusion to 2 years (with DAS28 for RA and PsA; ASDAS for AS); 2) change in patient reported evaluations of pain (VAS [0-100]), disease activity (RAPID3 for RA and PsA; BASDAI for AS), functional ability (HAQ) and quality of life (EQ-5D and SF-12); 3) GLM clinical safety.

Methods: Observational, prospective, multicenter French study. Patients ≥ 18 years with RA, PsA and AS were included consecutively, following GLM initiation and were followed-up for 2 years. Data were collected at baseline (BL), year 1 and year 2.

Results: 770 patients selected from January 2015 to March 2016 at 134 sites, of which 754 included in the analysis. Mean age was 46 years and 61% were female. Most had AS (63%), followed by RA (23%) and PsA (14%). Mean duration of rheumatic disease was 7.6 years and 37% had previously received biologics; the proportion of patients who received 1, 2, 3 and ≥ 4 biologics were 18%, 11%, 6% and 2%, respectively. Most patients were prescribed 50mg GLM monthly (97%). Concomitant treatments included disease-modifying anti-rheumatic drugs (38%), corticosteroids (19%) and NSAIDs/analgesics (71%).

Persistence of GLM at 2 years was 52.4% (56.5%, 45.1% and 52.6% for RA, PsA and AS respectively), and in the AS group was higher for biologics naïve than biologics pretreated patients (59.2% vs. 42.7%, $P<0.01$). Disease activity showed clinically significant improvements from BL to 2 years in persisting patients. For RA, mean DAS28-CRP from 4.3 ± 1.1 to 2.3 ± 0.8 ($P<0.0001$), mean RAPID3 from 4.5 ± 1.8 to 1.8 ± 1.7 ($P<0.0001$). For PsA, mean DAS28-CRP from 3.9 ± 1.0 to 2.0 ± 0.8 ($P<0.0001$), mean RAPID3 from 5.3 ± 1.4 to 2.8 ± 2.2 ($P<0.0001$). For AS, mean ASDAS-CRP from 3.2 ± 0.8 to 1.7 ± 1.0 ($P<0.0001$), mean BASDAI from 5.5 ± 1.6 to 2.8 ± 1.9 , ($P<0.0001$). Pain, HAQ, EQ-5D and SF-12 also improved significantly over 2 years.

During the study, 67 (8.9%) patients discontinued GLM due to intolerance or adverse event (AE); reported AEs were consistent with GLM's known safety profile. Post-hoc multivariate analyses with sociodemographic and medical history variables showed that for GLM discontinuation over the 2 years, gastrointestinal disease was a risk factor in RA patients [HR 3.9, CI95% (2.0-7.6)] and being female was a risk factor in AS patients [HR 1.9, CI95% (1.4-2.6)]. GLM was re-prescribed for 338 (93.4%) of 362 patients who persisted on GLM at 2 years.

Conclusion: GLM persistence in real-life is satisfactory at 2 years and accompanied by clinical improvements in RA, PsA and AS patients.

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