Low Serum Level of Vitamin D at Time of Diagnosis Is Associated with Higher One-Year Remission Rate in Patients with Newly Diagnosed RA, Treated Aggressively During Follow-Up: Post-Hoc Analyses of the CIMESTRA Trial

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Background: Vitamin D is often low in Rheumatoid Arthritis (RA), and immunomodulatory properties of vitamin D might be associated with disease-course in RA.(1)

Objectives: To evaluate association between baseline vitamin D metabolites and one-year remission, in newly diagnosed, treatment-naïve RA patients, aggressively treated during follow-up.


Disclosure of Interests: None declared


References


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number of color pixels to all the pixels in a selected range of interest (ROI). The study was approved by the proper ethics committee. Statistical
analysis: differences between groups were analyzed using U Mann-Whitney

test (continuous variables). Correlations between quantitative variables
were assessed with the Spearman correlation coefficient. Statistical signifi-
cance was set at p<0.05.

Results: DAS-28: mean 6.0 (SD=0.9); median 6.1 (IQR: 5.5 - 6.6); SDAI:
mean 61.1 (SD=38.3); median 51.3 (36.8 - 76.4). No correlation was
found between CFI and age, platelet count, CRP, RF, ACPA, DAS28
and SDAI as well as with the disease duration. But there was a strong
positive correlation between CFI and PDUS results, rho = 0.71; p <
0.05. As expected, DAS28 and SDAI strongly correlated with inflammatory
markers (ESR, CRP). The results showed, that CFI between 2-8 % ia
an equivalent of PDUS grade 1, CFI 8-50% of PDUS grade 2 and CFI>
50% of PDUS grade 3.

Conclusion: (althought PDUS is a method used to assess synovial
inflammation, through the determination of the synovial vascualization, its
results, regardless of the scoring system employed, do not correlate with
the systemic inflammation indicators, such as ESR and CRP or with the
disease activity – which needs further explanation. il/ the approximate
equivalence of CFI and of PDUS scoring system is as follows: CFI >
50% - PDUS grade 3, CFI 8-50% - PDUS grade 2, CFI< 8% - PDUS
1, which confirms previously published research.

REFERENCE

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UNITED STATES RHEUMATOLOGY PRACTICE-BASED
REAL-WORLD EVIDENCE OF METHOTREXATE
UTILIZATION AND RESPONSE TO THERAPY IN
RHEUMATOID ARTHRITIS PATIENTS TREATED WITH
INTRAVENTRUS GOLIMUMAB

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Background: AWARE (Comparative and Pragmatric Study of Golimumab
IV Versus Infliximab in Rheumatoid Arthritis) is an ongoing Phase 4 com-
parator study designed to provide a real-world assessment of intravenous
golimumab (GLM) and intravenous infliximab (FIX) in patients (pts) with
rheumatoid arthritis (RA). The primary objective of AWARE is to assess
the incidence of infusion reactions, the concomitant use of methotrexate
(MTX) is also reported. The FDA approved label for GLM states that it is
indicated for the treatment of patients with moderately to severely
active RA in combination with MTX; however prospectively obtained real
world evidence based data on the rate of GLM use without MTX has
not been reported.

Objectives: Here we compare patient demographics, disease characteris-
tics, response to therapy and discontinuation of GLM treated patients with
and without concomitant MTX from an interim analysis (IA) of the
AWARE study.

Methods: AWARE is a prospective, noninterventional, observational, multi-
center 3-year study conducted in the US. RA pts (1,200 adults) were
enrolled at the time of initiating treatment with GLM or FIX. All treatment
decisions including MTX utilization are made at the discretion of the
treating rheumatologist. Imputations of CDAI data were not performed at
this IA. Data shown are mean ± standard deviation.

Results: 678 GLM pts were enrolled; of these 487 (71.8%) were GLM
Plus-MTX and 191 (28.2%) were GLM No-MTX. Demographics are shown
in the table. Response to therapy was assessed with CDAs and shown in
the figure below. Overall, 92.6% of GLM Plus-MTX and 91.5% of
GLM No-MTX pts had a baseline (BL) categorical CDAI disease activity
of moderate or high, and 7.4% of GLM Plus-MTX and 8.5% of GLM No-
MTX pts had a BL categorical CDAI disease activity of low or remission.
Discontinuation from the study during the period of this IA was similar
between the GLM Plus-MTX (173/487; 35.5%) and GLM No-MTX (64/191;
33.5%). 7.9% of GLM No-MTX pts reported lefunomide use.

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DISTINCT, INTERACTIVE PREDICTORS OF TREATMENT
ADHERENCE IN RHEUMATOID ARTHRITIS

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Background: Medication adherence is instrumental for the successful
management of rheumatoid arthritis (RA) to a goal of remission. Aware-
ness of medication necessity and concerns regarding its use influence
adherence and respectively foster or undermine the achievement of treat-
ment goals.

Objectives: We explored the unique and interactive roles of patient
beliefs about the necessity of RA medications and concerns about them
in predicting adherence to prescribed treatments.

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