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 significance 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 % is an equivalent of PDUS grade 1, CFI 8-50% of PDUS grade 2 and CFI > 50% of PDUS grade 3.

Conclusion: i) although PDUS is a method used to assess synovial inflammation, through the determination of the synovial vascularization, 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, ii) 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

- Jindal S, et al. Gray Scale and Power Doppler Ultrasonographic Findings in the Assessment of Disease Activity and Their Correlation with Disease Activity Parameters in Rheumatoid Arthritis", *Curr Rheumatol Rev* (2018) 14: 153. 2. Schmidt WA, et al. Grading of ultrasound Doppler signals in synovitis: does it need an update? *Rheumatology (Oxford)*. 2015;54 (10):1897-903.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6330

SAT0094

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

Aaron Broadwell¹, Vance Bray², Douglas Conaway³, Joy Schechtman⁴, Alan Kivitz⁵, Dennis Parenti⁶, Shawn Black⁶, Stephen Xu⁷, Wayne Langholf⁷, Shelly Kafka⁶. ¹Rheumatology and Osteoporosis Specialists, Shreveport, United States of America; ²Denver Arthritis Clinic, Denver, United States of America; ³Carolina Health Specialists, Myrtle Beach, United States of America; ⁴SunValley Arthritis Center, Peoria, United States of America; ⁵Altoona Arthritis and Osteoporosis Center, Altoona, United States of America; ⁶Janssen Scientific Affairs, LLC, Horsham, United States of America; ⁷Janssen Research and Development, LLC, Spring House, United States of America

Background: AWARE (Comparative and Pragmatic Study of Golimumab IV Versus Infliximab in Rheumatoid Arthritis) is an ongoing Phase 4 comparator study designed to provide a real-world assessment of intravenous golimumab (GLM) and intravenous infliximab (IFX) 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 characteristics, 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, multicenter 3-year study conducted in the US. RA pts (1,200 adults) were enrolled at the time of initiating treatment with GLM or IFX. 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 $\pm$ 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 leflunomide use.

	GLM Plus-MTX	GLM No-MTX
Number of Patients	487	191
Age (years)	61.7 $\pm$ 12.85	58.7 $\pm$ 14.55
Sex (% Female)	87.1%	81.7%
Disease Duration (yr)	9.0 $\pm$ 9.67	9.6 $\pm$ 10.74
Baseline CDAI	30.9 $\pm$ 14.58	33.2 $\pm$ 16.61
Race		
White	86.2%	87.4%
African American	8.6%	8.4%
Other	5.1%	4.2%
Weight (kg)	83.6 $\pm$ 24.55	84.0 $\pm$ 22.21
BMI (kg/m ²)	31.0 $\pm$ 8.45	30.8 $\pm$ 7.89

Conclusion: At BL 28.2% of pts on GLM did not report concomitant MTX use. The demographics of the GLM Plus-MTX pts did not differ remarkably from GLM No-MTX pts. The reported early response to treatment, assessed by CDAI score after 3 months and 6 months was similar in the GLM Plus-MTX and GLM No-MTX groups. These preliminary IA data suggest that in a real-world rheumatology practice setting, use of GLM with or without concomitant MTX led to similar CDAI scores at 3 and 6 months in RA pts with predominantly moderate to high BL CDAI disease category.

CDAI Score Among Patients Treated with Golimumab IV: Plus-MTX or No-MTX

Disclosure of Interests: Aaron Broadwell Grant/research support from: Janssen Scientific Affairs, LLC, Vance Bray Grant/research support from: Janssen Scientific Affairs, LLC, Douglas Conaway Grant/research support from: Janssen Scientific Affairs, LLC, Joy Schechtman Grant/research support from: Janssen Scientific Affairs, LLC, Alan Kivitz Shareholder of: Novartis, Consultant for: Abbvie, Janssen, Pfizer, UCB, Genzyme, Sanofi, Regeneron, Boehringer Ingelheim, Sun Pharma Advanced Research, Flexion., Paid instructor for: Celgene, Horizon, Merck, Novartis, Pfizer, Genzyme, Sanofi, Regeneron, Speakers bureau: Celgene, Horizon, Merck and Genetech, Flexion, Dennis Parenti Employee of: Janssen Research & Development, LLC, Shawn Black Employee of: Janssen Research & Development, LLC, Stephen Xu Employee of: Employee of Janssen Research & Development, LLC, Wayne Langholf Employee of: Janssen Research & Development, LLC, Shelly Kafka Shareholder of: J&J, Employee of: J&J

DOI: 10.1136/annrheumdis-2019-eular.1753

SAT0095

MEDICATION NECESSITY AND CONCERN BELIEFS ARE DISTINCT, INTERACTIVE PREDICTORS OF TREATMENT ADHERENCE IN RHEUMATOID ARTHRITIS

George Karpouzias¹, Elizabeth Hernandez¹, Vibeke Strand², Sarah Ormseth¹.

¹Harbor UCLA Medical Center, West Carson, United States of America; ²Stanford, Palo Alto, United States of America

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