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Acknowledgement: The PEB study is supported by an unrestricted educational grant from UCB

Disclosure of Interests: Stephanie Bond Grant/research support from: Pregnancy Exposed to Biologicals Study supported by UCB, Laurel Young Grant/research support from: Pregnancy Exposed to Biologicals Study supported by UCB, Katherine Poulsen Grant/research support from: Pregnancy Exposed to Biological Study supported by UCB, Helen L Barrett Grant/research support from: Pfizer Australia Cardiovascular lipid research grant, Andrew L Taylor Grant/research support from: Pregnancy Exposed to Biologicals Study supported by UCB, Claire Barrett Grant/research support from: Pregnancy Exposed to Biologicals Study supported by UCB, Speakers bureau: UCB Breakfast meeting chair Australian Rheumatology Association Annual Scientific Meeting 05/18

DOI: 10.1136/annrheumdis-2019-eular.1055

SAT0137

PATIENTS (PTS) SWITCHED TO SARILUMAB FROM ADALIMUMAB ACHIEVE CLINICALLY IMPORTANT IMPROVEMENTS IN RA DISEASE ACTIVITY: RESULTS FROM MONARCH TRIAL OPEN-LABEL EXTENSION (OLE)

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Background: In MONARCH (NCT02332590), sarilumab monotherapy (200 mg subcutaneously [SC] every 2 weeks [q2w]) demonstrated superiority to adalimumab monotherapy (40 mg SC q2w) in DAS28-ESR, ACR20/50/70 response, HAQ-DI, and CDAI in pts with RA and inadequate response/intolerance to methotrexate.

Objectives: To assess long-term safety/efficacy in RA pts continuing sarilumab or switching from adalimumab to sarilumab monotherapy in the ongoing OLE of MONARCH.

Methods: Pts completing MONARCH were eligible for the OLE, in which they received sarilumab 200 mg SC q2w. Efficacy and safety data were reported up to OLE Wk 48 and March 2017, respectively. Responder rates were based on the intent-to-treat population. Continuous efficacy endpoints were based on the observed population.

Results: Of 369 pts enrolled in MONARCH, 320 (87%) entered OLE (switch: n=155; continuation: n=165). By safety data cut-off, pt attrition was similar in switch (24; 15.5%) and continuation groups (22; 13.3%), as were treatment-emergent adverse events (AEs) (switch: 76.1%, 267.4/100 PY; continuation: 70.9%, 230.2/100 PY) and infections (switch: 41.9%; continuation: 35.8%). For DAS28-ESR and CDAI endpoints, >40% of switch pts achieved a minimally important difference (MID) improvement from OLE baseline by OLE Wk 12, increasing to >50% by OLE Wk 48. Additionally, >40% of switch pts achieved a MID in DAS28-CRP and a minimally clinically important difference (MCID) in HAQ-DI from OLE baseline to OLE Wk 48 (Fig). Of pts achieving CDAI ≤10 from baseline OLE to Wk 24 of the OLE, 70.7% (switch group) and 83.5% (continuation group) achieved sustained response at OLE Wks 36 and 48. In the randomized controlled phase, response rates were higher in sarilumab-treated than adalimumab-treated pts, hence fewer pts in the continuation group achieved additional MID during OLE (data not shown). AEs of special interest are reported (Table). Two deaths occurred in the switch group (malignancy; cerebrovascular accident) versus one in the continuation group (subarachnoid hemorrhage). No GI-related AEs (ulcerations/perforations/diverticulitis) were observed.

Figure. Proportions of switch patients (A) achieving MID in DAS28-CRP (≥1.2 change from OLE entry), (B) reporting improvements from OLE entry ≥MID in CDAI, * and (C) reporting improvements from OLE entry ≥MCID in HAQ-DI. Proportions of patients meeting or exceeding these levels are reported for the full ITT population, counting missing patients as non-responders.

Baseline = Week 0E; Week numbers with E afterwards refer to the number of weeks since entry into the OLE.

*For CDAI, the definitions of MID were: MID=12 if baseline CDAI >22; MID=6 if baseline CDAI=10–22; MID=1 if baseline CDAI <10.

Table. AEs of special interest

	ADA/SAR (N=155) n (%)	SAR/SAR (N=165) n (%)	ADA/SAR (PY=165.7) n _e (n _e /100 PY)	SAR/SAR (PY=182.4) n _e (n _e /100 PY)
Infections	65 (41.9)	59 (35.8)	110 (66.4)	97 (53.2)
Serious infections	3 (1.9)	0	3 (1.8)	0
Opportunistic infections	3 (1.9)	1 (0.6)	3 (1.8)	1 (0.5)
Tuberculosis	1 (0.6)	0	1 (0.6)	0
Leukopenia	21 (13.5)	22 (13.3)	46 (27.8)	56 (30.7)
Thrombocytopenia	3 (1.9)	1 (0.6)	5 (3.0)	1 (0.5)
Hepatic disorders	10 (6.5)	13 (7.9)	15 (9.1)	20 (11.0)
GI ulcerations/diverticulitis/potential GI perforations	0	0	0	0
Elevation in lipids	4 (2.6)	6 (3.6)	4 (2.4)	7 (3.8)
Hypersensitivity	8 (5.2)	7 (4.2)	16 (9.7)	8 (4.4)
Anaphylaxis	0	0	0	0
Injection-site reactions	14 (9.0)	17 (10.3)	66 (39.8)	101 (55.4)
Malignancy	3 (1.9)	0	4 (2.4)	0
Lupus-like syndrome	0	0	0	0
Demyelinating disorders	0	0	0	0

n_e, number of events; PY, patient-years; ADA, adalimumab; SAR, sarilumab

Conclusion: Pts switched from adalimumab to sarilumab experienced clinically meaningful improvements in signs and symptoms of RA. Safety observations in OLE were generally consistent with those in MONARCH.

Acknowledgement: Study funding and editorial support (Helen Johns, Adelphi) were provided by Sanofi Genzyme and Regeneron

Pharmaceuticals, Inc. These data have been submitted to the 2019 APLAR-ARA and SER meetings.

Disclosure of Interests: Gerd Rüdiger Burmester Consultant for: Roche, Sanofi-Genzyme, Speakers bureau: Roche, Sanofi-Genzyme, Howard Amital Grant/research support from: Pfizer, AbbVie, Janssen, Grant/research support from: Pfizer, AbbVie, Janssen, Consultant for: Pfizer, Merck Sharp & Dohme, Consultant for: Pfizer, Merck Sharp & Dohme, Speakers bureau: Pfizer, Merck Sharp & Dohme, Janssen, Sanofi, Bristol-Myers Squibb, Abbvie, Neopharm, Speakers bureau: Pfizer, Merck Sharp & Dohme, Janssen, Sanofi, Bristol-Myers Squibb, Abbvie, Neopharm, Andrea Rubbert-Roth Consultant for: Chugai, Eli Lilly, Roche, and Sanofi, Speakers bureau: AbbVie, Bristol-Myers Squibb, Chugai, Hexal/Novartis, Janssen, Eli Lilly, Merck Sharp & Dohme, Pfizer, Roche, and Sanofi, Hubert van Hoogstraten Shareholder of: Sanofi, Regeneron, Novartis, Grant/research support from: Zambon, Employee of: Sanofi, Leon M. Gervitz Shareholder of: Sanofi, Union Chimique Belge, Abbvie, Celgene, Amgen, Employee of: Sanofi, Karthinathan Thangavelu Shareholder of: Sanofi, Employee of: Sanofi, Gregory St John Shareholder of: Regeneron Pharmaceuticals Inc, Employee of: Regeneron Pharmaceuticals Inc, Mark C. Genovese Grant/research support from: Sanofi/Genzyme, Genentech/Roche, RPharm, Consultant for: Sanofi/Genzyme, Genentech/Roche, RPharm

DOI: 10.1136/annrheumdis-2019-eular.4646

SAT0138

PREDICTORS OF CLINICAL EFFICACY OF ABATACEPT IN RHEUMATOID ARTHRITIS: DATA FROM A LARGE OBSERVATIONAL STUDY

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Background: Abatacept (ABA) is a biologic DMARD (bDMARD) used to treat rheumatoid arthritis (RA) since 2006. There are limited data on real life efficacy of ABA, and on predictors for ABA treatment response.

Objectives: Objectives: To compare the effectiveness of ABA in the treatment of RA between bionative patients and patients with previous bDMARDs and to investigate predictors of clinical response to ABA.

Methods: In an observational cohort study, based on data from a large national quality register database, patients with RA diagnosis who initiated treatment with ABA between April 2006 and November 2017 were included. LUNDEX corrected response was defined as the fractions remaining on the drug and achieving the outcome among all who initiated treatment (1). Clinical response at 6 and 12 months was evaluated by means of LUNDEX corrected EULAR (L-EULAR) Good Response and LUNDEX corrected HAQ response (change of ≥ 0.3 from baseline) (L-HAQ). Predictors for clinical response were investigated using logistic regression, with significance based backwards selection of variables for the final multivariate model. The study was supported by an unrestricted grant from Bristol Myers-Squibb.

Results: 2716 RA patients were included in the study. More patients in the bionative population achieved L-EULAR Good Response and L-HAQ response at 6 and 12 months than bDMARDs experienced patients (Fig. 1a and 1b). Male sex, no previous bDMARD exposure and a low HAQ score were independent predictors of L-EULAR Good Response at 6 and 12 months (Table 1). Lack of previous bDMARD exposure also predicted L-HAQ response at 6 and 12 months. There was a positive associations between baseline HAQ and L-HAQ response at 6 months (multivariate adjusted odds ratio 1.73; 95% CI 1.46-2.05).

Conclusion: In patients with RA, response rates for treatment with abatacept were substantially higher in bionative patients than in those with previous bDMARD experience. Male sex also predicted LUNDEX corrected EULAR good response to abatacept. Patients with extensive disability, measured by HAQ, were less likely to remain on treatment and achieve a EULAR Good Response, but more likely to have significant HAQ improvement.

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Table 1. Significant predictors of Lundex EULAR good response. Bivariate and adjusted analysis. Odds ratios (95% CI).

Predictors	6 months		12 months	
	Bivariate	Multivariate	Bivariate	Multivariate
Male sex	2.11 (1.41-3.13)	2.28 (1.45-3.57)	2.46 (1.71-3.54)	2.14 (1.44-3.19)
Bionative (Reference: ≥ 2 bDMARDs)	4.00 (2.60-6.15)	3.59 (2.25-5.72)	4.45 (2.95-6.71)	4.29 (2.77-6.65)
Current Methotrexate	*	**	1.46 (1.04-2.06)	**
HAQ score (per SD)	0.64 (0.52-0.77)	0.75 (0.61-0.93)	0.65 (0.54-0.78)	0.74 (0.61-0.90)
Disease duration (per SD)	0.79 (0.65-0.96)	**	0.72 (0.59-0.87)	**
Age (per SD)	0.76 (0.65-0.91)	0.79 (0.65-0.96)	*	**
Current Glucocorticoids	0.59 (0.42-0.83)	0.59 (0.40-0.86)	*	**
Intravenous ABA (Reference: Subcutaneous)	0.53 (0.38-0.75)	**	0.70 (0.51-0.98)	**

* = not significant for this outcome

** = not included in the final model.

A

Lundex corrected EULAR good response

B

Lundex corrected HAQ response

Disclosure of Interests: Giovanni Cagnotto Consultant for: Novartis, less than 3000 Euro, Minna Willim: None declared, Lennart Jacobsson Consultant for: Eli-Lilly, Janssen, Novartis, Pfizer, Speakers bureau: Abbvie., Michele Compagno: None declared, Saedis Saevardottir Employee of: Part-time employee at deCODE Genetics/Amgen Inc, working on genetic research unrelated to this project., Carl Turesson: None declared

DOI: 10.1136/annrheumdis-2019-eular.348