vs. 65.29% of TNFi patients (p<0.001). In the Cox model, rate of discontinuation was 77% higher in TNFi patients (Hazard Ratio 1.767, 95% Confidence Interval (CI) 1.113-2.806, p=0.0158). In the logistic regression, the odds of TNFi patients being persistent at 12 months was 52% lower than abatacept patients, although this difference was not statistically significant (Odds Ratio 0.485, 95% CI 0.208-1.133, p=0.0947). Reasons for discontinuation of index treatment differed between cohorts, including discontinuation due to disease progression (27.78% vs. 53.85%), insurance coverage (19.44% vs. 12.82%), and adverse events of medication (2.78% vs. 11.54%) in abatacept and TNFi patients, respectively (p<0.001).

Conclusion: In a real-world setting, RA patients with poor prognostic factors are significantly less likely to discontinue abatacept compared with TNFi. This difference may be explained by the lower proportion of patients discontinuing abatacept due to disease progression or adverse events related to medication.

Disclosure of Interests: Damemarie Paul Shareholder of: Bristol-Myers Squibb, Employee of: Damemarie Paul is an employee of Bristol-Myers Squibb., Irina Yermilov Employee of: I am an employee of the Partnership for Health Analytic Research (PHAR) LLC, which was paid by BMS to conduct the research described in this abstract, Sarah Gibbs Employee of: I am an employee of the Partnership for Health Analytic Research (PHAR) LLC, which was paid by BMS to conduct the research described in this abstract., Michael Broder Employee of: I am an employee of the Partnership for Health Analytic Research (PHAR) LLC, which was paid by BMS to conduct the research described in this abstract.

DOI: 10.1136/annrheumdis-2019-eular.331

SAT0158 FACTORS ASSOCIATED TO PERSISTENCE OF TREATMENT WITH GOLIMUMAB IN THE BIOBADASER REGISTRY, WITH UP TO 6 YEARS OF FOLLOW-UP

Manuel Pombo[1], Carlos Sánchez-Piedra[2], Eduardo Cuende[3], Raquel Martín-Domenech[4], Javier del Pino[5], Cristina Campos Fernández[6], Javier Manero[7], Blanca Garcia-Magallon[8], Fernando Sánchez-Alonso[2], Federico Diaz-Gonzalez[9], María J. Arteaga[10], Luis Cea-Calvo[10], J Juan. Gómez-Reino[1]. *[1]Hospital Clínico Universitario de Santiago, Santiago de Compostela, Spain*; *[2]Spanish Society of Rheumatology (SER), Madrid, Spain*; *[3]Hospital Principe de Asturias, Madrid, Spain*; *[4]Hospital de Elda Virgen de la Salud, Elda, Spain*; *[5]Hospital Universitario de Salamanca, Salamanca, Spain*; *[6]Hospital General Universitario de Valencia, Valencia, Spain*; *[7]Hospital Miguel Servet, Zaragoza, Spain*; *[8]Hospital San Jorge, Huesca, Spain*; *[9]Hospital Universitario de Canarias, Santa Cruz de Tenerife, Spain*; *[10]Merck Sharp and Dohme, Madrid, Spain*

Background: Survival, or persistence in treatment with a biological drug can be considered an indirect measure of efficacy, safety and tolerability

Objectives: We assessed the probability of persistence (survival) of treatment with golimumab in patients with rheumatic diseases and the factors associated to persistence with up to 6 years of follow-up.

Methods: BIOBADASER is the Spanish registry of biological drugs of the Spanish Society of Rheumatology and the Spanish Medicines Agency. A data-base analysis was done in December 2018 on all the patients aged 18 years or more who had initiated golimumab for one of the approved indications (rheumatoid arthritis [RA], axial spondyloarthritis [SpA] or psoriatic arthritis [PsA]). The probability of persistence was calculated with a Kaplan-Meier test. Factors related to persistence were analyzed with a Cox-regression model.

Results: 581 patients were included (165 [28.4%] RA, 249 [42.9%] axial SpA and 167 [28.7%] PsA), mean age 51 [12] years, 53% women). Median duration of disease at the onset of golimumab was 8.0 (3.0-14.7) years. Golimumab was prescribed as first biological drug in 37.9% of the patients, as second in 32.1% and as third or further in 30.0%. Concomitant medications at golimumab initiation included steroids (28.2%), methotrexate (MTX) (35.5%), sulphasalazine (7.2%) and leflunomide (13.9%). The probability of persistence of treatment with golimumab since treatment initiation was 74.3% at year 1 (95% CI 70.3 – 77.8), 63.5% at year 2 (59.0 – 67.6), 60.5% at year 3 (55.9 – 65.8), 54.5% (49.1 – 59.7) at year 4 and 5, and 52.1% (44.9 – 57.7) at year 6. Persistence was higher when golimumab was used as first biological agent (p log-rank <0.001) and for the treatment of axial SpA or PsA compared to RA (p log-rank <0.001). As first biological drug the probability of persistence was 82.8% (year 1) and 66.5% at year 4. At year 5, survival rates (all lines of therapy) were 59.7%, 63.4% and 37.3% for axial SpA, PsA and RA respectively. Cox-regression analysis (table) showed that the probability of persistence in treatment with golimumab therapy was higher in first vs second or third biological line patients (Hazard Ratio [HR] for discontinuation: 1.78 for second and 2.41 for third or further line versus first line), in SpA and PsA patients (HR discontinuation of RA patients: 1.94 versus PsA), and lower in women (HR: 1.62), in those needing steroids (HR: 1.47) or DMARDs different to MTX (HR: 2.17). Patients treated with MTX had higher but non-significant persistence rate (HR discontinuation 0.79, table).

Conclusion: The probability of persistence (survival) on therapy with golimumab was high up to 6 years of follow-up and was higher in patients treated with golimumab as first biological drug or for PsA and SpA, and lower in those needing steroids, DMARDs different to MTX and in women.

Table. Cox-regression analysis. HR for discontinuation of golimumab

	Hazard Ratio	95% Confidence interval	p
Gender (women vs men)	1.62	(1.17-2.25)	0.004
Age at golimumab initiation	1.00	(0.99-1.02)	0.516
Smoking habit (smoker vs non-smoker)	1.32	(0.94-1.85)	0.107
Smoking habit (past smoker vs non-smoker)	1.10	(0.69-1.77)	0.686
Overweight (vs normal)	1.29	(0.87-1.92)	0.200
Obesity (vs normal)	1.17	(0.77-1.77)	0.467
Second vs first biological drug	1.78	(1.24-2.55)	0.002
Third vs first biological drug	2.41	(1.69-3.43)	<0.001
RA vs PsA	1.94	(1.33-2.82)	<0.001
Axial SpA vs PsA	1.22	(0.83-1.79)	0.321
Methotrexate	0.79	(0.58-1.07)	0.122
Steroids	1.47	(1.07-2.02)	0.017
Other DMARD	2.17	(1.23-3.83)	0.008

Acknowledgement: This study was funded by Merck Sharp & Dohme of Spain.

Disclosure of Interests: Manuel Pombo: None declared, Carlos Sánchez-Piedra: None declared, Eduardo Cuende: None declared, Raquel Martín-Domenech: None declared, Javier del Pino: None declared, Cristina Campos Fernández: None declared, Javier Manero: None declared, Blanca Garcia-Magallon: None declared, Fernando Sánchez-Alonso: None declared, Federico Diaz-Gonzalez Grant/research support from: MSD, Abbvie, Roche, Novartis, Consultant for: Lilly, Novartis, Pfizer, Amgen, Biogen, Celgene, Speakers bureau: MSD, Lilly, Janssen, BMS, Roche, María J. Arteaga Employee of: MSD, Luis Cea-Calvo Employee of: MSD, Juan J. Gómez-Reino: None declared

DOI: 10.1136/annrheumdis-2019-eular.2751

SAT0159 CHANGING PATTERN OF THE USE OF BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS IN RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS AND ANKYLOSING SPONDYLITIS

Carlos Sánchez-Piedra[1], Águeda Prior-Español[2], Mercedes Freire González[3], María Colazo[4], Dolores Ruiz-Montesinos[5], Yanira Perez-Vera[6], Ana Ortiz[7], Sagrario Bustabad[8], Paloma Vela-Casasempere[9], Marta Rojas-Giménez[10], Fernando Sánchez-Alonso[1], Federico Diaz-Gonzalez[1], Juan Jesus Gomez-Reino[11], BIOBADASER group. *[1]Spanish Society of Rhematology, Madrid, Spain*; *[2]Hospital German Trias i Pujol, Barcelona, Spain*; *[3]Complexo Hospitalario Universitario A Coruña, A Coruña, Spain*; *[4]Hospital de Burgos, Burgos, Spain*; *[5]Hospital Virgen de la Macarena, Sevilla, Spain*; *[6]Hospital Universitario de Gran Canaria Doctor Negrín, Las Palmas, Spain*; *[7]Hospital La Princesa, Madrid, Spain*; *[8]Hospital Universitario de Canarias, Santa Cruz de Tenerife, Spain*; *[9]Hospital Universitario de Alicante, Alicante, Spain*; *[10]Hospital Regional Universitario de Málaga, Málaga, Spain*; *[11]Hospital Universitario de Santiago, Santiago de Compostela, Spain*

Background: During the last 15 years, the comprehensive understanding of the safety, effectiveness, expanding access, and availability of new biologic disease-modifying antirheumatic drugs (bDMARDs) has likely contributed to the pattern of use of these compounds in patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and ankylosing spondylitis (AS).

Objectives: To assess changes in the baseline characteristics of patients who underwent biological therapy from 2007 to 2018 in a real world setting.