investigations [1, 3, 4]. In pts with the typical risk characteristics at BL, i. e. male sex, higher age, diabetes mellitus, and CHD, higher rates of CV events were observed. In addition, increased rates were also found in anti-CCP negative pts and in pts with asthma or renal insufficiency

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SAT0164

COMPARISON OF THE RETENTION RATE OF EACH BIOLOGICAL DISEASE-MODIFYING ANTIRHEUMATIC DRUG GROUP ACCORDING TO THE STATUS AND CONCENTRATION OF ANTI-CYCLIC CITRULLINATED PEPTIDE ANTIBODY AND RHEUMATOID FACTOR: DOUBLE CENTERCLINICAL STUDY

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Background: Although biological disease-modifying antirheumatic drugs (bDMARDs) have markedly improved the clinical course for patients with rheumatoid arthritis (RA), there are no reliable predictors of treatment response in individual patients. The drug retention rate in observational studies can be considered as a composite measure and index of drug effectiveness¹.

Objectives: The aim of this study was to investigate potential predictors for bDMARDs by clarifying and comparing the retention ratio of bDMARDs according to the status and concentration of anti-cyclic citrullinated peptide antibody (anti-CCP), rheumatoid factor (RF), and anti-nuclear antibody (ANA).

Methods: We included consecutive RA patients from Mitsui Memorial Hospital and Kawakita General Hospital (both in Tokyo) who received bDMARD treatment between April 2018 and August 2018. We obtained data on the administered bDMARDs and the reason for discontinuation for each patient, and collected patient information, including the status of RF and ANA, at the initiation of each bDMARD, as well as the baseline status and concentration of anti-CCP. We categorized infliximab, etanercept, adalimumab, golimumab, and certolizumab pegol as TNF inhibitors (TNFi), and compared the TNFi group with the tocilizumab (TCZ) group and abatacept (ABT) group in terms of patient characteristics and retention rate. Statistical analysis of the group comparison was performed using one way ANOVA and Kruskal-Wallis tests, and categorical data were assessed by Fisher's exact test. The retention ratio was compared using the Kaplan-Meier generalized Wilcoxon test.

Results: This study included 214 patients (male 34, female 180, mean age 66.8) and 305 bDMARD cases were analyzed. The TNFi group

included 160 cases, and the TCZ group and ABT group comprised 66 and 79 cases, respectively. Overall, the ABT group had the highest retention rate compared with the TNFi and TCZ groups, and the persistency rate of the ABT group at 60 months was 66.1%. Reasons for discontinuation of bDMARDs were insufficient efficacy (63.0%) and adverse events (29.4%). There was no significant difference regarding to the retention rate between anti-CCP negative and -positive patients or between RF-negative and -positive patients in each bDMARD group. After stratifying all patients according to anti-CCP status and concentration, among the three bDMARD groups, the ABT group (n=70) had the highest retention rate ($p<0.05$) in the anti-CCP-positive category, whereas the TCZ group (n=12) had the highest retention rate ($p=0.27$) in the anti-CCP-negative category. Regarding the concentration of anti-CCP, in the ≥ 100 U/ml category, the ABT group (n=42) had the highest retention rate ($p<0.05$), but such differences were not found in the $4.4 - <100$ U/ml category. The persistency rates of the ABT group in the ≥ 100 U/ml category at 60 months was 73.4%. Moreover, the ABT group (n=59) had the highest retention rate ($p<0.05$) in the RF-positive category, whereas the TCZ group (n=20) had the highest retention rate in the RF-negative category ($p=0.15$). The persistency rate of the ABT group in the RF-positive category at 60 months was 68.3%. There were no significant differences in the retention rate among the three bDMARD groups in the ANA-negative or -positive categories.

Conclusion: The status and concentration of anti-CCP, and the status of RF were found to be useful predictors for bDMARD efficacy in patients with RA.

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SAT0165

PERSPECTIVES OF WOMEN WITH CHRONIC RHEUMATIC DISEASES ON THEIR JOURNEY TO MOTHERHOOD: COMPARISON OF SURVEYS FROM ASIA-PACIFIC AND EUROPE

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Background: The onset and diagnosis of chronic rheumatic disease (CRD) in women often overlap with their peak reproductive years. A previous survey¹ reported fears and misconceptions amongst women with CRD in Germany, France, UK, Italy and Spain (EU5) on their journey to motherhood.

Objectives: To explore the perspectives of women with CRD in Asia-Pacific (APAC) regarding disease management and pregnancy, and the support they receive compared with patients in Europe.

Methods: Women of childbearing age (18–45 years) with self-reported moderate to severe CRD (rheumatoid arthritis [RA], psoriatic arthritis [PsA], axial spondyloarthritis [axSpA]/ankylosing spondylitis [AS]) from Australia (AUS), Japan (JPN) and Hong Kong/Taiwan (HK/TW) completed a 20-min online survey (Sep–Nov 2018), similar to the previous EU5 survey.¹ Participants had been pregnant in the past 2–5 years.

Results: 210 APAC participants had CRD (RA: n=122, PsA: n=48, axSpA/AS: n=40); 306 EU5 participants had CRD. Most APAC patients had moderate CRD (77%; severe: 23%). In their most recent pregnancy, 40% of the women were actively trying to get pregnant, 40% were neutral and 20% were either not thinking about a pregnancy or were actively trying to avoid it. Prior to pregnancy, more women consulted rheumatologists (62%) vs primary care physicians (26%) or OB/GYNs (20%; multiple responses were possible). Pregnancy planning was first discussed with a healthcare professional (HCP) at diagnosis (33%), at treatment initiation