(32%) or during a regular visit (30%). Similar to EU5, discussions on family planning with HCPs in APAC were most often initiated by patients (Figure A). APAC and EU5 patients delayed pregnancy for similar reasons including: fear of passing on health issues to their child, not feeling physically healthy enough to carry a child to term, not being emotionally ready to become a parent (Figure B). Antepartum, 55% of women reported disease improvement, 27% stable disease and 18% worsening disease activity. Compared with EU5, APAC women were less likely to have a treatment plan aligned between HCPs (APAC: 50%; EU5: 65%). The most frequently reported reasons for cessation of medications in pregnancy were 'worried about the treatment harming the foetus' (HK/TW: 68%; JPN: 59%; EU5: 54%) and 'switched to a safer treatment' (AUS: 52%). Similar to EU5, most women in APAC discussed breastfeeding with an HCP (>85%). However, whether women felt they had to decide between treatment and breastfeeding postpartum varied (HK/TW: 79%; EU5: 69%; JPN: 66%; AUS: 43%). Compared with EU5, fewer women in APAC felt they had all the information they needed on the impact of rheumatic disease and treatment on pregnancy and health (APAC: 34%; EU5: 56%).

Conclusion: Fears and misconceptions about family planning, pregnancy and breastfeeding are common amongst women with CRD in APAC and Europe. In APAC, there may be a greater need for patient access to consistent and accurate information. Pregnancy planning with input from both physicians and obstetricians could alleviate patient concerns and minimise delays to pregnancy or treatment interruption.

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Figure A: Patients consulting a healthcare professional before pregnancy were most likely to take the initiative in raising the subject of pregnancy

B: Women of childbearing age with CRD had concerns that delayed their decision to become a mother

[a] Multiple answers were possible. APAC: Asia-Pacific (Australia, Japan, Hong Kong and Taiwan); CRD: chronic rheumatic disease; EU5: Europe (Germany, France, UK, Italy and Spain); HCP: healthcare professional.

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SAT0166

GOLIMUMAB AS FIRST, SECOND OR AT LEAST THIRD BIOLOGIC AGENT IN PATIENTS WITH RHEUMATOID ARTHRITIS (RA), PSORIATIC ARTHRITIS (PSA) OR ANKYLOSING SPONDYLITIS (AS) – POST HOC ANALYSIS OF A NON-INTERVENTIONAL STUDY IN GERMANY

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Background: Golimumab (GLM) has demonstrated efficacy in RA, PsA, and AS in several randomized clinical trials with biologic-naïve patients. Data from real world practice comparing biologic naïve and experienced patients are lacking.

Objectives: The aim of this post hoc analysis is to assess effectiveness of GLM used as first, second, or at least third biologic agent in RA, PsA and AS in a real-life setting.

Methods: Post hoc analysis of the non-interventional, prospective, 24-month GO-NICE study with RA, PsA and AS patients (pts.) starting GLM 50mg SC once monthly in a real practice setting in Germany, details were shown earlier (1,2). Endpoint measures DAS28-ESR, PsARC, and BASDAI are shown as observed.

Results: In 1458 pts. with RA, PsA or AS GLM was administered as first (n=305, 286, 292, resp.), second (n=104, 136, 130 resp.), or at least third biologic agent (n=64, 79, 58 resp.). Biologic agents in previous treatments included Adalimumab (348), Etanercept (287), Infliximab (139), Tocilizumab (27), Rituximab (15), Certolizumab (14), or Abatacept (n=12). 43.0, 30.8, 39.1% of pts. with RA, 53.1, 38.2, 34.2% with PsA, and 53.8, 49.2, 41.4% with AS completed the study until month 24.

RA pts: (n=473) RF was positive in 76.9%, 70.2%, and 59.4%, ACPA + in 76.2%, 78.4%, 59.0%, and disease duration was 9.7, 10.1, 14.3 years, in pts. with GLM use as 1st, 2nd, at least 3rd line respectively.

DAS28 score at BL was 5.0, 4.9, 5.1 in first, second, and at least third line use of GLM, respectively and dropped significantly in all groups (table). After 3 months of treatment 27.5%, 19.5%, 14.5% of pts. were in remission (<2.6), after 24 months 45.3%, 50.0% or 33.3%, respectively.

PsA pts: (n=501) Disease duration was 12.4, 13.7, 13.8 yrs, in pts. with GLM use as 1st, 2nd, at least 3rd line respectively. PsARC response was achieved in 76.4%, 51.0% and 50.0% in first, second, and at least third line use of GLM, respectively at 24 months.

AS pts: (n=483) HLAB27-positive in 81.2%, 80.8%, and 74.1%, in pts. with GLM use as 1st, 2nd, at least 3rd line respectively. At BL 162 pts. had extra articular manifestations, most commonly iritis, enthesitis, IBD, and dactylitis (in 31.2%, 35.9%, and 43%, pts. respectively. Pts. with at least 2 previous bDMARDs had higher BASDAI at BL than pts. with GLM use in 1st or 2nd line: 5.7 vs. 5.0, and 4.9. After 24 months of treatment the mean BASDAI scores decreased significantly (p<0.001 vs. BL) to 2.1, 2.9, 2.9 in 1st, 2nd, and at least 3rd line use of GLM, respectively.

Overall safety findings were comparable to those reported in controlled trials and no new safety signals were detected.

RA DAS28-ESR	1 st line (bDMARD-naïve)	2 nd line	3 rd line (at least)
Month (mo) 0, BL mean DAS28 [SD]	n=303 5.0 ± 1.3	n=104 4.9 ± 1.3	n=64 5.1 ± 1.5
mo 24: mean DAS28 [SD] p vs. BL	n=128 2.9 ± 1.3 <.0001	n=32 2.9 ± 1.3 <.0001	n=24 3.4 ± 1.5 <.0001
PsA PsARC	1 st line (bDMARD-naïve)	2 nd line	3 rd line (at least)
visit 1 mo 0, BL	n=286	n=136	n=79
mo 24:	n=113	n=25	n=12
PsARC, response n (%)	76.4%	51.0%	50.0%
AS BASDAI	1 st line (bDMARD-naïve)	2 nd line	3 rd line (at least)
mo 0, BL mean BASDAI [SD]	n=290 5.0 ± 2.0	n=130 4.9 ± 2.0	n=58 5.7 ± 2.0
mo 24: mean BASDAI [SD] p vs. BL	n=157 2.1 ± 1.8 <.0001	n=64 2.9 ± 2.4 <.0001	n=24 2.9 ± 2.0 <.0001

Conclusion: In this non-interventional study of pts. with RA, PsA and AS, golimumab therapy was effective, with better outcomes achieved in biologic-naïve pts. Significant improvement of DAS and BASDAI was also achieved with GLM use in second line. Third line use of GLM results in less benefit.

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SAT0167

INCREASED HIGH MOLECULAR WEIGHT ADIPONECTIN AND LEAN MASS DURING TOCILIZUMAB TREATMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS. A 12 MONTH MULTICENTER STUDY

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Background: Patients with rheumatoid arthritis (RA) have an increased risk of cardiovascular (CV) diseases. TNF α blockade in RA patients has been associated with weight gain, increase in fat mass and variations in serum adipokines. Adiponectin (Adp), a protein produced by adipocytes, plays a beneficial role in insulin sensitivity and CV disease prevention, especially its high molecular weight (HMW) isoform.

Objectives: To analyse the changes in serum adipokines and especially Adp (total and HMW) and body composition during TCZ therapy in RA.

Methods: Multicenter open-label study. All patients enrolled had active RA (2010 ACR/EULAR criteria and DAS28 $\geq$ 3.2) with previous inadequate response to a csDMARDs and/or bDMARDs. They all were TCZ naïve and received TCZ IV. Patients were evaluated at baseline, 1, 3, 6 and 12 months. Clinical assessment included body mass index (BMI), waist circumference, DAS28 and HAQ scores. Laboratory parameters of inflammation (ESR, CRP, IL-6), lipid parameters (total chol., LDL and HDL chol., triglycerides), metabolic parameters (glycemia, insulin), serum Adp (total and HMW), leptin, resistin, and ghrelin were measured at each time point. Body composition (lean mass, fat mass, % of fat, fat in the android and gynoid regions) was evaluated at baseline, 6, and 12 months (DEXA, Lunar GE). Our primary criteria was the changes in Adp (total and HMW) at 6 months.

Results: 107 patients (78 F; mean age $\pm$ SD: 56.6 yr $\pm$ 13.5; disease duration: 9.9 yr $\pm$ 8.1; previous bDMARD: 64.5%; corticosteroids: 69%; concomitant csDMARD: 72.8%) were included. 97 were still on treatment at month 6 and 77 completed the study. Most of the patients (95%) received TCZ 8 mg/kg by infusion. Patients were responding to TCZ with a significant DAS28 decrease between baseline and months 6 and 12 ($p < 0.0001$). HAQ, ESR, and CRP levels significantly decreased along the study ($p < 0.0001$). BMI and abdominal circumference significantly increased at month 6 and 12, as well as lean mass ($p = 0.0097$ at month 6 and 0.021 at month 12). Fat mass, % of fat and android fat did not change over the study. Total chol and LDL chol increased while glycaemia and insulin remained stable. Both total and HMW Adp increased from baseline to month 6 and month 12 (total Adp: baseline vs month 6: $p = 0.055$; HMW Adp: baseline vs month 6: $p = 0.02$, baseline vs month 12: $p = 0.057$). Serum leptin, resistin and ghrelin did not change during the follow-up.

Conclusion: These variations in Adp during TCZ treatment may have a positive impact on the CV risk of RA patients and may contribute to the protective role of TCZ against the CV burden in RA.

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SAT0168

IMPACT OF AGE ON THE APPEARANCE OF ADVERSE EVENTS AT THE BEGINNING OF BIOLOGICAL TREATMENT: DATA FROM THE BIOBADASER 3.0 REGISTRY

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Background: Currents medical advances are allowing patients with chronic arthritis to live to advanced ages. Although the risks of biological therapies in elderly patients have been previously evaluated, data are scarce since they are mainly derived from clinical trials, in which elderly populations are often underrepresented or even excluded (patients up to 75 years old). In addition, comparisons between such studies are difficult in the absence of a consensus in defining the groups' age.

Objectives: To evaluate the impact of age on the appearance of adverse events (AE) in patients with rheumatic diseases (rheumatoid arthritis -RA-, ankylosing spondylitis -AS- and psoriatic arthritis -PsA) at the start of biological treatment.

Methods: Multicenter prospective study in a real-world setting. Information was obtained from BIOBADASER, a national safety registry of patients with rheumatic diseases treated with biologics or targeted synthetic disease modifying anti-rheumatic drugs. For this analysis, all patients included in this registry since 2000 and diagnosed with RA, AS or PsA were included, and classified into four categories according to age at initiation of biologic treatment: young (< 25 years-old), adults (25-64 years-old), elderly (65-75 years-old) and very elderly (> 75 years-old). Data collected included: 1) patient's data 2) data on treatment and 3) data on AE. Proportions, means and standard deviations were used to describe the population. Poisson regression model was carried out to explore factors associated with the appearance of AEs. Crude and adjusted incidence rate ratios (IRRs) were calculated.

Results: A total of 2531 patients were included: 1154 RA (45.59%), 680 PsA (26.87%), and 697 AS (27.54%). Age groups: there were 64 young patients (2.52%), 2166 adults (85.57%), 243 elderly adults (9.6%), and 58 very elderly adults (2.29%). Comorbidities increased with age, while smoking rates decreased. Methotrexate use was similar in all age groups (53.99% in the total sample), but corticosteroid treatment increased with age (young 27.7%, adults 47%, elderly adults 64.36% and the very elderly 70.21%). 77.87% received anti-TNF treatment, and 22.13% other biological drugs. Poisson regression model showed an increased probability of suffering a first adverse event with increasing age regardless of the disease (IRR for AS: 1.04 (0.87-1.26); IRR for PsA: 1.08 (0.92-1.28)).