EVOLVING THE MANAGEMENT OF RHEUMATOID ARTHRITIS THROUGH DEVELOPMENT OF PRACTICAL AND EDUCATIONAL TOOLS

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Background: Despite advances in the treatment armamentarium for rheumatoid arthritis (RA) over the last decade, several unmet needs remain within RA management.

Objectives: To enhance scientific knowledge and improve patient care by providing practical tools and evidence-based awareness in line with EULAR recommendations – on how to implement optimal RA management and address identified needs.

Methods: The eRA (evolving the management of RA) programme convened a Steering Committee (SC) of 17 European and International experts in RA, including representation from rheumatologists, nurses, health professionals and patients. Through literature search and assessment of expert opinion, 4 core areas of unmet need were identified: delays in referral and initiation of disease-modifying anti-rheumatic drugs, inconsistent application of treat-to-target strategy, sub-optimal identification and management of comorbidities, and a growing need to actively engage patients with their care. Several clinical and educational gaps associated with these unmet needs were also identified. To fill these gaps and support application of an optimal approach to RA management, practical and educational tools were developed. A cascade process engaging national leaders in rheumatology was then initiated to disseminate these tools in line with EULAR recommendations – on how to implement optimal RA management and address identified needs.

Conclusion: The content of the eRA programme has been well-received, largely due to the programme’s flexible approach, which is sympathetic to individual country needs. As the cascade process continues, it is anticipated that many more health professionals and patients will benefit from the eRA tools. References: Disclosure of Interests: Ceredig Rüdiger Burmester Consultant for: Roche, Sanofi-Genzyme; Gerd Roche, Sanofi-Genzyme, Mart van de Laar Grant/research support from: AbbVie, Eli Lilly, Janssen-Cilag, Merck Inc, Pfizer Inc, Sanofi Genzyme, Speakers bureau: Eli Lilly, Pfizer Inc, Jose-Maria Alvaro-Gracia Consultant for: AbbVie, Bristol-Myers Squibb, Eli Lilly, MSD, Novartis, Pfizer Inc, Roche, Sanofi, and UCB, Speakers bureau: AbbVie, Bristol-Myers Squibb, Eli Lilly, MSD, Novartis, Pfizer Inc, Roche, Sanofi, and UCB, Neil Betteridge Consultant for: Amgen, Eli Lilly, Grunenthal, GSK, Heart Valve Voice, Janssen, Roche, Sanofi Genzyme and Sanofi Regeneron, Speakers bureau: Amgen, Eli Lilly, Janssen-Cilag, Merck Inc, Pfizer Inc, Roche, Sanofi, Speakers bureau: Bristol-Myers Squibb, Bernard Combe Consultant for: AbbVie, Bristol-Myers Squibb, Gilead, Janssen, Eli Lilly, MSD, Novartis, Pfizer, Roche-Chugai, Sanofi, UCB, Patrick Durez Speakers bureau: Bristol-Myers Squibb, Eli Lilly, Sanofi, Celltrion, Ricardo J.O Ferreira Consultant for: Sanofi Genzyme, Bruno Fautrel Grant/research support from: AbbVie, Lilly, MSD, Pfizer, Consultant for: AbbVie, BioGen, BMS, Celgene, Janssen, Lilly, Medac, MSD, NORDIC Pharma, Novartis, Pfizer, Roche, Sanofi-Aventis, Sanofi Genzyme, SOBI, UCB, Cem Gabay Grant/research support from: Roche, Pfizer, AB2 Bio Ltd, Consultant for: Roche, Pfizer, Lilly, AbbVie, Sanofi, Regeneron, Bristol-Myers Squibb, Novartis, UCB, AB2 Bio Ltd, Debiopharm, Annamaria Iagnocco: None declared, Carlomaurizio Montecucco Speakers bureau: AbbVie, Bristol-Myers Squibb, Celgene, Sanofi, Genzyme, Lilly, MSD, Pfizer, UCB, Mikkel stergaard Grant/ research support from: AbbVie, Celgene, Centocor, Merck, Novartis, Consultant for: AbbVie, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Hospira, Janssen, Merck, Novartis, Novo, Orion, Pfizer, Regeneron, Roche, and UCB, Speakers bureau: AbbVie, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Hospira, Janssen, Merck, Novartis, Novo, Orion, Pfizer, Regeneron, Roche, and UCB, Speakers bureau: AbbVie, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Hospira, Janssen, Merck, Novartis, Novo, Orion, Pfizer, Regeneron, Roche, and UCB, Speakers bureau: AbbVie, Lilly, MSD, Novartis, Pfizer, Sanofi, Consultants bureau: AbbVie, Lilly, MSD, Novartis, Pfizer, Sanofi, Andrea Rubbert-Roth Consultant for: Chugai, Eli Lilly, Roche, and Sanofi, Speakers bureau: AbbVie, Bristol-Myers Squibb, Chugai, HexalNovartis, Janssen, Eli Lilly, Merck Sharp & Dohme, Pfizer, Roche, and Sanofi, Tanja Stamm Grant/research support from: TS has received grant support from AbbVie, Paid instructor for: TS has received speaker fees from AbbVie, Janssen, MSD, Novartis, and Roche., Zoltán Szekanecz Grant/research support from: Pfizer, UCB, Consultant for: Pfizer, AbbVie, Roche, Sanofi, Novartis, Speakers bureau: Pfizer, AbbVie, Roche, Sanofi, Novartis, Pfizer, Peter C. Taylor Grant/research support from: Celgene, Galapagos, Eli Lilly, UCB, Consultant for: AbbVie, Galapagos, Gilead, Eli Lilly, Pfizer Inc


PATIENT STATE OF KNOWLEDGE ON BIOSIMILARS – DO PHYSICIANS NEED TO IMPROVE EDUCATION SKILLS?

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Background: Biosimilars are highly similar to original biological medicines.1 Worldwide prescription of biosimilars is still low because of the lack of understanding in manufacturing and approval process together with mistrust in the extrapolation of indication in clinical use.2 Lack of bio- similar awareness throughout rheumatic patients results in an unjustified underuse.3

Objectives: To assess patients current knowledge and concerns on biosimilars and to investigate their expectations when receiving such a treatment following the principle of shared-decision making.

Methods: A national, cross-sectional survey was conducted in Romanian patients with rheumatoid arthritis(RA),spondyloarthriti(is)(SpA),psoriatic arthritis (PsA)currently on a bio-originator or biosimilar.336 patients responded to this meeting was positive, and in 2018, additional countries were onboarded to the programme. Launch of a digital web-platform aims to further support dissemination of the eRA tools.

Figure 1. eRA toolkit
a survey distributed from August to December 2018, main topics being patient basic information on biosimilars, their efficacy, safety, price or differences on biosimilars and originators.

**Results:** Out of 336 patients, 47.3% had RA, 39.8% SpA, 12.5% PsA with a mean age of 52.5±1.0. The study cohort, 13% received approved biosimilars while 87% bio-originators with different mechanisms of action. A yes/no type of question divided patients into those aware or not of biosimilars with further exclusion of those with lack of information. Half of the patients (48.8%) stated they never heard of biosimilars. Surprisingly, four out of them were already on this type of treatment. Out of the 172 remaining patients, 28.4% feared the risk of adverse events like infections or cancer while almost 20% expressed either insecurity on drug tolerability or the possibility that the biosimilar might be less efficient that the original drug. Another 19.7% certified they had no concerns related to these products and only 15.1% stated confusion regarding the potentially different in the pharmacological structure of the drugs. Most patients (48.2%) are convinced that the price of a drug should not exceed its efficacy or safety. Half of the respondents say they could accept a switch from an original to a biosimilar if their rheumatologist advises them and 30% might agree but only after being informed. 8.7% are interested in scientific proof of the drug and only 1% would consent to a change directly from the pharmacist. When handing prescription, 37.7% of patients would want to know if it is an original drug or a biosimilar while 20% do not mind if they receive either. Another 30% trust their rheumatologist and 12.7% would feel more secure if receiving a patient card and written information. Most patients (73.2%) say that they feel completely confident in their rheumatologist if they would want to prescribe a biosimilar, 18.6% will have doubts but they will accept the drug and 4% would ask for another medical opinion. After biosimilar initiation, 45.9% would be cautious when administering it. 23.2% would stop the drug if an adverse event occurred and 15% would have no fears.

**Conclusion:** Study results confirm there is still a significant information gap concerning biosimilars in patient population. Most concerns on biosimilars are related to adverse event occurrence. There is a need to improve patient education on biosimilars involving patients and health professionals. Shared-decision principle is more of a myth since most patients rely entirely on their physician for prescribing the most appropriate product.

**REFERENCE**


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**A NOVEL METHODOLOGY FOR TEACHING RHEUMATOLOGY TO NEW GENERATIONS**

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**Background:** Teaching rheumatology to undergraduate students is every day more challenging. In order to motivate new generations and use time more efficiently, we explored new methods to incorporate active learning in our rheumatology course. Therefore, we developed a video library and turned the classical lectures into flipped classrooms.

**Objectives:** To study the impact of this new teaching method of rheumatology in a cohort of medical students at Pontificia Universidad Católica de Chile School of Medicine.

**Methods:** Fundamental lectures of rheumatology were recorded, edited and uploaded to YouTube, so the students were able to easily access the lessons from different electronic devices. A total of 10 videos were created, with an average duration of 6 minutes. A cohort of 120 fourth-year medical students took the rheumatology course between May 28th and June 11th of 2018. They were asked to watch the videos before the class, and during the class the teacher could work on clinical cases, complement the information about the topic and answer questions. At the end of the course, the students evaluated this new methodology with a final online and anonymous survey. Performance analysis of each video was obtained from YouTube Analytics.

**Results:** Seventy-two students completed the survey at the end of the course (60%). One hundred percent thought that watching the videos before the class was useful for their learning. Moreover, 70 students (97%) would like to continue using flipped classrooms in the future, and 1/3 of them would even use them to replace traditional lectures. Overall, the rheumatology was evaluated with a 6.8 score in a 1 – 7 scale. A 100% of this cohort approved the course. Average view duration of all videos was 4:37 minutes.

**Conclusion:** Twenty-two students added positive comments about the use of flipped classroom in this course, and appreciated the videos were short enough to watch them before attending lectures.

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**HOW TO REDUCE THE NOCEBO EFFECT WHEN SWITCHING FROM ORIGINATOR INFlixIMAB TO A BIOSIMILAR: POSITIVE RESULTS OF A MULTIDISCIPLINARY TEAM INTERVENTION**

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**Background:** Nonspecific subjective adverse effects (NSAE), usually considered as related to a nocebo effect (NE), have been identified as a barrier to the acceptability of switches from biologic originators (BO) to biosimilars (BS).

**Objectives:** To assess the efficacy of a multidisciplinary team intervention to reduce the NE among inflammatory arthritis (IA) patients concerned by a systematic switch from originator infliximab (O) to the biosimilar infliximab (BI) SB2.

**Methods:** The intervention was part of a multidisciplinary patient education (PE) program. It was developed in 4 steps: Step 1: we conducted first semi-directive qualitative interviews with 5 patients treated by other intra-venous (IV) biologics. Interviews showed: fears about efficacy and tolerability of BSs, need for information (particularly on the difference between BSs and generics), importance of sharing their experience of adverse effects (AE) with health practitioners (HP), and having the opportunity to switch back. The wish to discuss the nurses’ own experience of BSs was prominent. Step 2: a meeting with the multidisciplinary team (3 rheumatologists, 1 resident, 1 pharmacist, 3 nurses, 1 peer-patient from a patient’s association) was set up for designing the intervention based on the interviews, on non-systematic literature review about switches and on patients’ perspective regarding NE. Step 3: Consensual agreement on the intervention and the chosen pieces of language to be used by all HPs. The intervention included written and oral information by the nurses; nurse-led PE; if necessary, distribution of an informative leaflet made by the team. Step 4: Implementation of the intervention. The rheumatologist had the entire appreciation for discontinuing the BS or not.

**Inclusion criteria** were all IA patients treated with O. The primary outcome was SB2 retention rate (RT) at 34 weeks, secondary outcomes were the number of NSAEs leading to SB2 discontinuation; the comparison of the RT and NSAE rate of the cohort with 1) RT and NSAE rate of a systematic switch from another Infliximab BS (CT-P13) to SB2 made at the same period in the same rheumatology department 2) RT and NSAEs rate of switches in other published European cohorts (1,2,3).

**Results:** Forty-five patients were included from March 12, 2018 to May 25, 2018, median follow up was 34 weeks, 17 rheumatoid arthritis...