Results: Around 1/3 (68%) of the 206 included patients included were female and the mean age was 61.7-year-old. 75% had rheumatoid arthritis and the remaining had psoriatic arthritis or peripheral spondyloarthritis. Most patients (94%, n=194) were on conventional synthetic DMARD csDMARD (25 on monotherapy and 169 on combination therapy). 35% patients (n=72) were on biologic DMARD (with or without csDMARD). As antiviral prophylaxis was not mandatory in HBsAg-/anti-HBc+ patients according to local protocol, only 17 patients (8.3%) were on preemptive antiviral against HBV.

Thirteen patients (6.3%) experienced HBV reactivation during their disease course and four of them were on antiviral prophylaxis. All of these reactivations were only transient low-grade viraemia with HBV DNA level $\leq$ 20IU/ml. Spontaneous resolution of viraemia were observed in all these patients. None of the reactivation resulted in acute hepatitis, hepatic failure or mortality.

Presence of detectable HBV DNA at baseline predicted HBV reactivation (OR 21.0, $p < 0.005$). Other parameters including age, the lack of antiviral prophylaxis, negative anti-HBs status and anti-HBs titre were not significant predictors of HBV reactivation. None of the synthetic and biologic DMARDs were associated with HBV reactivation.

Conclusion: HBV reactivation was infrequent among IA patients with HBsAg-/anti-HBc+ status and was unlikely to be associated with adverse clinical outcome. It could occur in patients with positive anti-HBs or on antiviral prophylaxis. Detectable HBV DNA at baseline was a predictor of HBV reactivation.

REFERENCES

- [1] Mod Rheumatol. 2018 Jan 22:1-6
- [2] Clin Exp Rheumatol. 2017 Sep-Oct;35(5):831-836

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Rheumatoid arthritis – biological DMARDs

AB0361

ASCORE, A 2-YEAR, OBSERVATIONAL, PROSPECTIVE MULTICENTRE STUDY OF SUBCUTANEOUS ABATACEPT FOR THE TREATMENT OF RHEUMATOID ARTHRITIS IN ROUTINE CLINICAL PRACTICE: 1-YEAR INTERIM ANALYSIS

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Background: ASCORE (Abatacept [ABA] SubCutaneQus in Routine clinical practice; ClinicalTrials.gov: NCT02090556) is an ongoing, 2-year, observational, prospective, multicentre study of patients (pts) with RA initiating SC ABA in routine clinical practice.

Objectives: To present for the first time 1-year interim retention rates and clinical outcomes by previous biologic (b)DMARD exposure.

Methods: Pts (≥ 18 years) with moderate-to-severe RA, who initiated SC ABA 125 mg weekly, were enrolled (Mar 2013–Jan 2017) across 10 countries in two cohorts: biologic-naïve pts and those who had failed ≥ 1 prior bDMARD. Pt and disease characteristics were recorded. ABA retention rates (95% CI) were estimated at 1 year by Kaplan–Meier analysis. Good/moderate EULAR response rates based on DAS28 (ESR, otherwise CRP), LDA or remission according to DAS28 (ESR; ≤ 3.2), SDAI (≤ 11), CDAI (≤ 10) and Boolean criteria were assessed at 1 year.

Results: A total of 2843/2949 enrolled pts were evaluable: 1162 (40.9%) were biologic naïve; 740 (26.0%) had failed 1 and 941 (33.1%) had failed ≥ 2 prior biologics. At baseline, pts with a higher vs lower number

of prior bDMARDs had longer disease duration and greater presence of erosive disease vs pts who were biologic-naïve; CRP was higher in biologic-naïve vs -failure pts; disease activity was similar across treatment exposures. Overall SC ABA retention (95% CI) at 1 year was 65.3% (63.4, 67.0); retention was higher in pts receiving ABA as a first vs later bDMARD (71.1% [68.3, 73.7] in biologic-naïve pts vs 61.9% [58.2, 65.4] and 60.7% [57.4, 63.8] in those with 1 and ≥ 2 prior biologic failures, respectively; Figure). At 1 year, 943 pts had discontinued ABA: 465/936 [49.7%] due to inefficacy and 218/936 [23.3%] due to safety (data unavailable, n=9/943). Among pts continuing ABA at 1 year, good/moderate EULAR response rates for pts who were biologic-naïve and those with 1 and ≥ 2 prior biologic failures were 81.0%, 70.0% and 66.4%, respectively. Corresponding rates for LDA outcomes were also higher with ABA as an earlier vs later bDMARD. The safety profile was similar across patient cohorts and consistent with real-world IV ABA studies.^{1,2}

Conclusion: In routine clinical practice, overall retention of SC abatacept at 1 year was around 65% and comparable with that of IV abatacept.² Among pts continuing abatacept at 1 year, good/moderate EULAR response rates were consistently $>65\%$ irrespective of prior bDMARD exposure. Better retention and clinical response rates were achieved with abatacept earlier in bDMARD treatment history.

REFERENCES

- [1] Nüßlein HG, et al. Clin Exp Rheumatol 2016;34:489–99.
- [2] Alten R, et al. RMD Open 2017;3:e000538.

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Figure. Abatacept retention over 1 year

Figure 1

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