Figure 1 Radar charts with each item for the satisfaction between patients and physicians.

Methods: We conducted a prospective, multicenter, observational study of physicians and patients in 12 centers from 11 provinces across China between March and April 2018 (NCT03483597). The Treatment Satisfaction Questionnaire for Medication version II (TSQM-II) was used to assess the treatment satisfaction of patients and physicians regarding to csDMARDs and bDMARDs therapy. Multiple linear regression analysis was used to determine the factors independently associated with patients' satisfaction.

Results: 1237 patients (82.5% female) with a mean age (SD) of 48.9 (13.4) years and 146 rheumatologists (72.6% working >5 years) were included in this survey. The patients' satisfaction (n=335) with bDMARDs was higher than physicians' satisfaction (n=146) regarding the side effects (95.0 ± 14.3 vs. 84.6 ± 15.7 , $p < 0.001$) and convenience (74.6 ± 21.2 vs. 69.1 ± 16.5 , $p = 0.002$) (Table1). Among physicians, global satisfaction with bDMARDs was higher than that with csDMARDs (75.0 vs. 66.7 , $p < 0.05$) (Table1). Satisfaction of each questionnaire item toward therapy in patients and rheumatologists were also shown in radar charts (Figure 1). The multivariable regression analysis showed that age and quality of communication with physician was positively associated with patients' satisfaction, while level of education (bachelor or above), self-assessment of disease severity and treatment costs were inversely associated with satisfaction.

Conclusion: For bDMARDs, the treatment satisfaction of patients with RA is generally better than that of physicians. Physicians' satisfaction with bDMARDs is higher than that with csDMARDs. The independently factors associated with the treatment satisfaction of patients with RA are age, education, disease severity, the patient-physician communication, and treatment costs, which could be targeted in routine clinical care.

REFERENCES

None

Acknowledgement: The authors acknowledge contributions from the HealthCloud Co., Ltd as the system provider.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.3154

AB0388

COMPARATIVE EFFECTIVENESS OF RITUXIMAB, TOCILIZUMAB AND TNFI BIOLOGICS IN RHEUMATOID ARTHRITIS PATIENTS. INFLUENCE OF CLINICAL AND INFLAMMATORY PROFILES

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Objectives: 1) To compare the real-world effectiveness among RA patients starting 3 biologic DMARDs (bDMARDs). 2) To evaluate whether

patients' clinical characteristics influence the response to specific bDMARDs. 3) To analyze the impact of bDMARDs on inflammatory profiles.

Methods: Eighty RA patients initiating TNFi, 22 patients treated with TCZ and 28 treated with RTX, the last ones after switching from TNFi and given as second bDMARDs, were included in the study. Effectiveness was assessed before and after 3 and 6 months of treatment by the European League Against Rheumatism (EULAR) criteria. Adjusted differences were estimated with multivariable linear regression. Differences in treatment outcomes were calculated as a function of patients' characteristics, through regression modelling. Extensive analysis of the inflammatory profile using a multiplex were also performed.

Results: A high proportion of patients starting TNFi showed early EULAR Good Response (65.8% responders at 3 months). After 6 months of therapy this percentage even increased (70.6%), so that tender joints' counts, swollen joints count, SDAI and HAQ improved significantly.

After switching from a first TNFi, RTX treatment promoted better early response (81.8% responders after 3 months) than TCZ (67% responders). Differences remained significant after adjusting for potential confounders. Yet, after 6 months, efficacy was similar among both non-TNFi DMARDs, even improving the effectiveness in TCZ-treated RA patients based on EULAR response rate (DAS28 change: 5.09 ± 1.4 to 2.7 ± 1.17) vs RTX-treated patients (DAS28 change: 4.8 ± 1.3 to 3.1 ± 1.3).

Patients older, and those suffering arterial hypertension (AH) or hyperlipidemia showed less effectiveness for both, TNFi and non-TNFi DMARDs, most remarkable for RTX and after 6 months of treatment.

Analysis of the inflammatory profile, by evaluating 27 key biomarkers of inflammation, showed, in patients' responders to therapy, specific profiles depending on the biologic DMARD administered. Thus, after 6 months of RTX, a generalized reduction in the expression levels of 22/27 proteins evaluated was observed, while TCZ mainly inhibited proteins involved in cell maturation, proliferation and leukocytes recruitment (IL6, GCSF, IP-10, IFN γ , RANTES). On the other hand, TNFi mainly reduced molecules related to leukocytes' recruitment (IL-2, IL-8, MIP1 β , RANTES).

Conclusion: 1) Treatment outcomes among RA patients treated with non-TNFi bDMARDs in standard clinical practice, are in line with a superior early effectiveness of RTX compared with TCZ. However, effectiveness in TCZ-treated RA patients increases after 6 months of treatment vs RTX. 2) Patients characteristics influence the response to bDMARDs, suggesting the need of evaluating the benefit risk/ratio based on a personalized clinical evaluation. 3) Anti-inflammatory benefits associated with bDMARDs treatments can differ despite similar drug efficacy against RA, indicating that drug-specific mechanisms are involved in regulating these processes.

Acknowledgement: Funded by PI-0285-2017, ISCIII, PI15/00837 and RIER RD16/0012/0015, co-funded with FEDER

Disclosure of Interests: Chary Lopez-Pedrer: None declared, Nuria Barbarroja Puerto: None declared, Carlos Perez-Sanchez: None declared, Alejandro Ibañez-Costa: None declared, Maria Luque-Tevar: None declared, Alejandra Patiño-Trives: None declared, Iván Arias de la Rosa: None declared, Maria del Carmen Abalos-Aguilera: None declared, Rafaela Ortega Castro: None declared, Alejandro Escudero Contreras: None declared, Pérez Sánchez Laura: None declared, Carlos Rodríguez-Escalera: None declared, Dolores Ruiz-Montesinos: None declared, Carmen María Romero-Barco: None declared, Natalia Mena-Vázquez: None declared, Julia Uceda Speakers bureau: abbvie, pfizer, novartis, janssen, M^a Dolores Toledo-Coello: None declared, M^a Ángeles Aguirre-Zamorano: None declared, Eduardo Collantes Estevez: None declared

DOI: 10.1136/annrheumdis-2019-eular.7072

AB0389

BIOSIMILAR ETANERCEPT VERSUS ORIGINATOR: RESULTS FROM A LONGITUDINAL PROSPECTIVE MONOCENTRIC STUDY

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Background: The introduction of TNF inhibitors have revolutionized the outcome of patients affected by Rheumatoid Arthritis (RA). In the last years, pharmaco-economic implications determined the introduction of biosimilar as alternative to originator biological drugs. Phase I and head-to-head phase III clinical studies demonstrated pharmacokinetic equivalence and comparability in terms of efficacy, safety, immunogenicity and tolerability. However, biosimilar drugs demonstrated some differences related to charge and glycosylation, not influencing the function and the ability to