GOLIMUMAB PERSISTENCE IN BIOLOGIC NAÏVE AND NON-NAÏVE PATIENTS WITH AXIAL SPONDYLOARTHRITIS: RESULTS OF THE GO-PRACTICE STUDY

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Background: Golimumab (GLM) was the latest anti-TNFα therapy to be indicated in the treatment of chronic inflammatory rheumatic diseases. The pivotal GO-AFTER study [1] and the ongoing GO-BEYOND study investigate GLM efficacy in rheumatoid arthritis (RA) patients who previously received biologics. However, clinical studies of GLM in axial spondyloarthritis (AS) are lacking. Using data from the GO-PRACTICE study, we examined GLM persistence in patients with AS.

Objectives: Primary objective was to estimate GLM persistence at 2 years from initial prescription, as a first line of treatment (in biologic naïve patients, BN) and as a second or further line of treatment (in biologic pre-treated patients, BP). Persistence was estimated with the Kaplan-Meier method. Secondary outcomes included assessing disease activity (ASDAS) evolution and patient-reported evaluations of disease activity (BASDAI, pain (VAS), functional ability (HAQ) and quality of life (EQ-5D and SF-12).

Methods: Observational, prospective, multicenter French study, that recruited adult patients with RA, psoriatic arthritis or AS, who were newly prescribed GLM. Patients were followed-up over 2 years; data were collected at baseline (BL), 1 year and 2 years. This abstract presents results from the AS cohort of GO-PRACTICE.

Results: 478 patients with AS (constituting 63% of the total cohort) from 134 sites were included from January 2015 to March 2016. Mean age was 43 years, 55% were female; 61% were BN (n=291) and 39% (n=187) were BP. Mean duration of AS was 5.5 and 10.7 years in BN and BP patients, respectively (P<.001). At BL most were prescribed 50 mg GLM monthly (97%). Co-treatments were disease-modifying anti-rheumatic drugs (34%), corticosteroids (17%) and NSAIDs/analgesics (90%). GLM persistence over 2 years was significantly higher in BN than BP patients (59.2% vs 45.1%, P<.001). For those still on GLM at 2 years, disease activity (Table1) and patient assessments showed significant improvements for both, BN and BP patients, with improvements being greater in BN patients. GLM was well tolerated in AS patients (n=478), with 46 (9.6%) discontinuing due to intolerance. Among BN patients, 18 (6.2%) discontinued GLM due to primary treatment failure, compared to 28 BP patients (15%). GLM was re-prescribed for 213 (88%) of the 241 patients persisting on GLM at 2-years. Post-hoc multivariate analysis showed that being female was a risk factor for GLM discontinuation in AS patients (HR1.9, IC95% 1.4-2.6).

Conclusion: GLM is associated with clinical improvements and good persistence in AS patients, especially those who are biologic naïve.

REFERENCES

REAL-WORLD EXPERIENCE OF SECUKINUMAB FOR AXIAL SPONDYLOARTHRITIS: SPECIFIC POPULATION CHARACTERISTICS

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Background: IL-17 inhibition has been proved effective in patients with ankylosing spondylitis (AS) in clinical trials and it has been added to the most recent national and international treatment guidelines. However, real-world data of its use is still scarce.

Objectives: This study aims to describe the axial spondyloarthritis (AxSpA) population receiving secukinumab therapy under non-experimental conditions.

Methods: Multicentric observational, retrospective, longitudinal study conducted in 4 tertiary hospitals of the Madrid region. Patients over 18 y.o. with clinical diagnosis of AxSpA and having received at least one dose of secukinumab were included. Medical records were reviewed to collect demographic and clinical data related to AxSpA, its features and treatment. Descriptive statistic analysis with measures of central tendency and measures of variability was performed.

Results: 143 patients, of which 68 women (47.6%) were included. Mean age was 50.6 y.o.(26-74) and average duration of the disease was 12.4 years (1-54). 105 AS patients (73.4%) and 38 non radiographic AxSpA patients (26.6%). 85 of them were HLAB27 positive (62%)

Oberved comorbidities were hypertension (37pt, 25.8%), diabetes mellitus (12pt, 8.4%), dyslipidemia (43 pt,30.1%) and active smoking (41pt,28.7%).

Average BMI was 27.1 (15.8-43.4), with an obesity rate of 27.6% (29pt).

Other comorbidities highlighted were ischemic heart disease (10pt, 7%), HBV infection (10pt, 7.5%), malignancy (14pt, 9.8%) and renal transplantation (2 pt, 1.4%). No HCV or HIV infections were detected.

In terms of axial disease, 97 (65.7%) patients showed grade 2 or higher inflammation. In sacroiliac joint MRI studies 35 patients (42.7%) had acute and chronic lesions, 13 (15.9%) had acute lesions, 17 (20.7%) had chronic lesions and 20 (23%) had normal. Synovitis were present in 49 patients (34.5%) and hip arthropathy in 15 patients (11.4%).

In addition, peripheral disease was present: 77 patients (53.8%) had arthritis, 80 patients (55.9%) had enthesitis and 9 patients (6.3%) showed dactilitis. Joint erosions in hand and feet X-rays were reported in 6 patients (6.8%).

Extraarticular SPa features found were inflammatory bowel disease in 3 patients (2.1%), uveitis in 17 pts (11.9%) and psoriasis in12 pts (8.4%).

2 patients (1.4%) presented secondary amyloidosis.

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Table 1. Disease activity at BL and 2 years for BN and BP patients with AS persisting on GLM

<table>
<thead>
<tr>
<th>BN patients</th>
<th>BP patients</th>
<th>BL 2 years</th>
<th>BL 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASDAS-CRP, Mean (SD)</td>
<td>3.2(0.8)</td>
<td>1.5(0.9)</td>
<td>3.1(0.8)</td>
</tr>
<tr>
<td>BASDAI, Mean (SD)</td>
<td>5.3(1.7)</td>
<td>2.6(1.9)</td>
<td>5.7(1.6)</td>
</tr>
</tbody>
</table>

*P is from a 2-factor repeated-measures model testing the significance of the effect of prior biologic treatment on score evolution, adjusted to time

Conclusion: GLM is associated with clinical improvements and good persistence in AS patients, especially those who are biologic naïve.