according to type or class of anti-TNF, disease subgroups, duration or use of synthetic drugs and prednisone. Four (36.3%) cases occurred in the first year, median 5.3 (1.2-8.8) months after initiating anti-TNF exposure, 2 of them (50%) in patients with positive LTBI. Seven cases were probably due to re-exposure since occurred later, median 21.9 (14.2-42.8) months (5 in patients with negative LTBI screening). Six patients (54.5%) re-initiated treatment with ETA. Only the patient who developed pulmonary TB under ETA had a second TB infection after 18 months of therapy.
Conclusion: Despite the adequate screening and treatment of LTBI, according to local guidelines, TB still occurs in spondyloarthritis patients under anti-TNF therapy, even in the first year of treatment. These data point to LTBI screening/treatment failure, maybe to due to anergy, mainly in PsA patients, with peripheral disease, low adherence or re-exposition in an endemic environment. The high frequency of extrapulmonary disease is also a diagnostic challenge.

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INFLUENCE OF IMMUNOGENICITY ON LONG-TERM MAINTENANCE OF ADALIMUMAB IN SPONDYLOARTHRITIS

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Background: Immunogenicity of anti TNF monoclonal antibodies leads to poor or secondary loss of response. Methotrexate reduces anti-drug antibodies (ADA) to adalimumab at week 26 in spondyloarthritis (SpA).[1]
Objectives: Herein we sought to examine adalimumab long term persistence in ADA positive versus ADA negative SpA patients.
Methods: The CoMARIS study (Combination of Methotrexate and Adalimumab to Reduce Immunization in patients with axial SpA) is a 26-week prospective, randomised, open-labelled, multicentre study in which patients received adalimumab 40 mg subcutaneously (s.c.) every other week either in combination with MTX 10 mg s.c. for 26 weeks or without MTX. In a post hoc analysis, we reviewed the charts of patients to assess adalimumab persistence. A Cox model analysis was performed to test the following covariates: MTX combination or not, sex, presence of ADA at week 26.
Results:
Data from 104 patients (54 without MTX and 50 with MTX) were reviewed, and time of adalimumab discontinuation was collected. The median time of follow-up was 210.57 weeks. ADA positivity at week 26 was the only covariate associated with adalimumab persistence. The median retention rate of adalimumab in ADA positive patients was 56.9 weeks, as compared with 98.6 weeks in those without ADA (log rank: p=0.015). In the Cox model analysis, the presence of ADA at week 26 increased the risk of adalimumab discontinuation by 1.78 [IC 95%=1.11-2.85], p=0.016.

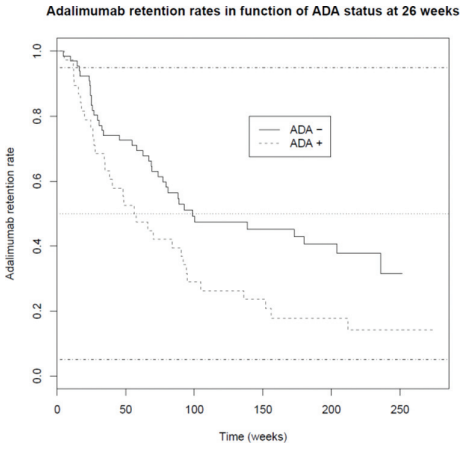

Figure. adalimumab retention rate in ADA positive patients (n=38) at week 26 versus ADA negative patients (n=66), log rank: p=0.015

Conclusion: Immunogenicity is a key factor that contributes to adalimumab discontinuation in SpA. MTX at initiation may therefore be considered in combination to adalimumab in SpA patients.

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