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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 antibody (ADA) to adalimumab in patients with 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 sc once a week during the first year, median 3.1 (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 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 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.

REFERENCES

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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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