USE OF ETANERCEPT BIOSIMILAR IN JIA: PRELIMINARY EXPERIENCE USING REAL WORLD DATA

Marco Marinelli1, Achille Marino1, Gabriele Simonini1, Rolando Cimaz1, Teresa Giani1,2,1Meyer Children’s University Hospital of Florence, Florence, Italy; 2University of Siena, Siena, Italy

Background: Biosimilars are biological medical drugs that are almost an identical copy of an original drug, manufactured by a different company. Since last year regional regulations have imposed a non-medical switch from reference etanercept (ETN) originator to biosimilar (SB4). We compared treatment survival on ETN vs SB4 to reference etanercept, assessing efficacy and safety data in our cohort of patients with JIA.

Objectives: To review clinical charts of JIA patients, including efficacy and safety of ETN biosimilars after transition from originator. Compliance was also assessed.

Methods: This was a retrospective observational study of patients with JIA who switched from reference etanercept to SB4 starting during 2018 in our Pediatric Reumatology Department. Clinical and demographic data were collected from charts and inserted into a dedicated database. Relevant data included: age at disease onset, age at first administration and duration of treatment, if patients had remission of disease with etanercept therapy or if there were any relapses, ESR and CRP values before and after etanercept therapy, and adverse effects or relapses of disease after biosimilar.

Results: A total of 14 patients (13F, 1M) were identified. Age at diagnosis ranged from 1 to 12 years. Before ETN, all had received methotrexate. ETN was added for disease activity persistence, and induced remission in all cases but one. SB4 treatment duration ranged from 1 to 11 months. After switch to SB4 no disease recurrence was observed, CRP levels, initially elevated in 8/14 cases, normalized during reference etanercept treatment and remained within normal values in all cases during SB4 treatment. ESR median value initially was 40 mm/h (elevated), normalized during reference etanercept treatment (ESR median value 7 mm/h) and remained within normal values (ESR median value 8 mm/h) in all cases during SB4 except one. No side effects were seen, and all families accepted willingly the new prescription.

Conclusion: Our preliminary experience shows that a switch from originator to a biosimilar did not lead to loss of efficacy or new safety signals. Our preliminary results suggest that transitioning from reference etanercept to SB4 is associated with sustained efficacy and no change in the adverse event profile. In conclusion SB4 may provide therapeutically equivalent alternative in pediatric patients with JIA.

Disclosure of Interests: None declared


OUTCOME OF TRANSITION OF CARE IN YOUNG ADULTS WITH JUVENILE ONSET CHRONIC RHEUMATIC DISEASES

Patricia Martins1,2, Sofia C. Barreirin2,3, Ana Teresa Melo2, Raquel Campanhilho-Marques1,2, João Eurelio Fonseca1,2, Filipa Oliveira-Ramos1,2, Serviço de Reumatologia e Doenças Ósseas Metabólicas, Hospital de Santa Maria, CHULN, Centro Hospitalar Universitário do Porto, Portugal, Lisbon, Portugal, Centro de Investigação em Reumatologia, Instituto de Medicina Molecular, Faculdade de Medicina, Universidade de Lisboa, Porto, Portugal

Background: The transition process of adolescent care from a paediatric to an adult medical environment may affect the compliance with the management plan. Paediatric care is family oriented and relies on significant parental involvement in decision making. By contrast, adult care is patient-specific and requires autonomy and independent skills.

Objectives: The aim of this study was to evaluate the transition of care at our centre, namely the adherence to clinical appointments, modification of disease activity and patient satisfaction.

Methods: All consecutive patients with juvenile onset of rheumatic chronic diseases followed in a young adult clinic were included. Disease activity was evaluated at the last appointment in the paediatric unit and up to 2 years after transition of care, according to validated scores for each rheumatic disease. Dropout was defined as not attending the clinic for 2 consecutive visits. Global assessment of patient satisfaction with the clinical care was obtained by the patients at each clinical appointment.

Results: A total of 19 patients (11F, 8M) were included. The mean age at disease onset was 12.3 years (SD 3.2) and at the last appointment in the paediatric unit was 17.7 years (SD 2.8). The mean duration of disease was 5.2 years (SD 4.1). The mean disease duration after transition of care was 1.7 years (SD 0.6). The majority of patients (57.9%) attended appointments regularly, with adherence ranging from 50% to 100%. At the last appointment in the paediatric unit, 73.7% of patients were in remission, while 26.3% were in active disease. After transition of care, disease activity increased in 17.9% of patients and decreased in 57.9%. Patient satisfaction was high, with 94.7% of patients reporting high satisfaction with the care they received.

Conclusion: The transition process of adolescent care from a paediatric to an adult medical environment may affect the compliance with the management plan. Paediatric care is family oriented and relies on significant parental involvement in decision making. By contrast, adult care is patient-specific and requires autonomy and independent skills.

Disclosure of Interests: None declared