Demographical (age, sex) and RA activity data (DAS28, SDAI, number of tender and swollen joints (NTJ, NSJ), erythrocytes sedimentation rate (ESR), C-reactive protein (CRP), and HAQ. EQ5D were collected, table 1. Statistical analysis performed in SPSS2017. p-value <0.05 considered as significant.

Results: At baseline 12 (10%) were treated with NSAIDs, 15 (12.6) with 5-10 mg/day of prednisolone, 82 (68.9) – with methotrexate (10-25 mg/week), 8 (6.7%) – with sulfasalazine (2.0-3.0 g/day).

Abstract THU0171 – Table 1. Baseline characteristics of the patients with RA (n=119)

Parameter	Characteristics
Male, n (%)	24 (20.16)
Age of disease onset, years (mean ±SD)	41.1±11.5
Symptoms duration, month (mean ±SD)	113.7± 96.61
Positive rheumatoid factor, n (%)	68 (34.17)
Positive antibodies to cyclic citrullinated peptide (anti-CCP), n (%)	82 (68.9)
Erosions of hand joints (X-rays), n (%)	28 (23.5)
BMI, kg/m ² (mean ±SD)	21.82±5.37
Smokers (current and in the past), n (%)	42 (35.3)

Changes in the disease activity in patients with RA, treated with tofacitinib after csDMARD are presented in Table 2

Abstract THU0101 –Table 1. Efficacy outcomes in patients with RA treated with tofacitinib

	NTJ 28	NSJ 28	Patients' Global	ESR, mm/h	CRP, mg/l	DAS28	HAQ	EQ- 5D
Baseline	8.48	3.68	52.48	29.32	19.10 ±	4.56	1.61	0.58
	±6.53	±5.02	±19.22	±22.69	37.4	±1.32	±0.63	±0.2
Month3 [#]	6.29	1.0	39.29	22.29	8.43	3.84	1.08	0.71
	±5.64*	±3.52*	±20.41*	±19.51*	±27.5*	±1.33*	±0.7	±0.17
Month 6 [#]	4.69	2.34	37.51	27.12	10.86	3.85	1.02	0.68
	±4.6*	3.2*	±20.22*	±20.54	±17.47*	±1.3*	±0.7	±0.18
Month 9 [#]	4.61	2.28	36.23	26.85	10.91	3.80	1.0	0.68
	±5.51*	±3.56*	±20.6*	±19.96	±20.96*	±1.3*3	±0.68	±0.16
Month12 [#]	3.64	1.6	30.92	24.54	9.18	3.55	0.82	0.71
	±4.21*	±2.41*	±18.12*	±18.94*	±14.11*	±1.15*	±0.58*	±0.16

*difference with baseline is significant (p<0.05). # – ±1 month

At visit 3 DAS28 <3.2 achieved 80 (67.22%) of the patients: 71 patients on 20 mg of TF (59.66%) and 9 patients on 10 mg of TF 11 (9.24%) patients at visit 3 had DAS28 ≥5.1.

Conclusion: Treatment with TF may provide good response rates in RA patients, refractory previous cs DMARDs.

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THU0172

UPADACITINIB IN PATIENTS WITH RHEUMATOID ARTHRITIS AND INADEQUATE RESPONSE OR INTOLERANCE TO BIOLOGICAL DMARDs: RESULTS AT 60 WEEKS FROM THE SELECT-BEYOND STUDY

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Background: In patients (pts) with active rheumatoid arthritis (RA) and inadequate response or intolerance to bDMARDs, treatment with upadacitinib (UPA), a JAK1-selective inhibitor resulted in significant improvements over 24 weeks (wks).¹

Objectives: We assessed UPA safety and efficacy through Wk60 in an ongoing extension of the phase 3 SELECT-BEYOND study.

Methods: SELECT-BEYOND enrolled a population of patients with active RA who had failed at least one prior biologic therapy.¹ Pts received UPA 15mg or 30mg once daily (QD) or placebo (PBO) on top of background csDMARD treatment for 12 wks. From Wk12, pts randomized to UPA at baseline (BL) continued their assigned doses while pts initially randomized to PBO received UPA 15mg or 30mg QD per pre-specified assignment at BL. Patients who completed Wk 24 entered the blinded long-term extension. Dose adjustments to UPA were not allowed. Adverse events (AE) per 100 pt years (PY) are summarized based on a cut-off date of 16 April 2018. Efficacy data up to the Wk60 visit are reported "As Observed".

Abstract THU0172 –Table 1.

Any Adverse Event	Table 1. Treatment-Emergent Adverse Events (AE); Event Rate in E/100PYs	
	UPA 15 MG N=236 PY=301.7 E/100PYs	UPA 30 MG N=240 PY=290.7 E/100PYs
Any Adverse Event	353.3	435.8
Serious AE	17.9	29.2
AE Leading To Study Drug D/C	9.5	15.1
Serious Infection ^a	3.0	8.3
Herpes Zoster ^a	4.6	8.9
Hepatic disorder ^a	4.5	8.3
Any Malignancy (incl. NMSC) ^b	1.7	1.0
MAE (adjudicated) ^b	1.0	0.3
YTE (adjudicated) ^b	2.3	0.7
Death ^c	0.7	1.0

E, events; PYs, patient-years; E/100PYs, events per 100 patient-years; NMSC, non-melanoma skin cancer; MAE, major adverse cardiovascular event (cardiovascular death, non-fatal myocardial infarction (MI), non-fatal stroke); YTE, venous thromboembolism (DVT, deep vein thrombosis, PE, pulmonary embolism).

^aMost frequently reported serious infections were pneumonia, HZ, influenza, and respiratory tract infections.

^bMAE most involved 1 or 2 dermatomes. No meningococcal/septicemic/noncutaneous involvement. Two YTE events were reported as septicemic.

^cMalignancy (excluding NMSC): UPA15: 1 malignant melanoma in situ, 1 bladder cancer, 1 pancreatic carcinoma Stage IV, 1 colon cancer, 1 non-small cell lung cancer metastatic; UPA30: 2 prostate cancers, 1 rectal cancer metastatic.

^dMAE (adjudicated): UPA15: 1 CV death, 1 non-fatal MI, 1 non-fatal stroke; UPA30: 1 pt with 2 concurrent events (non-fatal MI and acute congestive heart failure) adjudicated to non-fatal MI; YTE: UPA15: 3 pts with PE, 1 pt with DVT, 2 pts with PE and DVT, 1 pt with non-arteriothrombotic event; UPA30: 1 pt with PE, 1 pt with PE and DVT; no dose relationship in the rates of YTE or patterns in the time to onset of the events, were observed.

^eDeaths: UPA15: 1 due to other CV causes, 1 due to cardiac arrest; UPA30: 1 pt with cardiac decompensation, 1 pt with presumed MI, 1 pt with rectal cancer metastasis to liver.

Results: 418/498 (84%) pts were randomized, completed 24 wks and entered the extension on study drug. By the safety data cut-off date, 19% pts discontinued study drug: 5% due to AE, 4% due to lack of efficacy, 3% withdrew consent, 2% were lost to follow-up, and 5% discontinued due to other reasons. Cumulative exposures to UPA15 and UPA30 were 301.7 and 290.7 PYs, respectively. Rates (Events/100PYs) of treatment-emergent AEs are reported (Table 1), and were numerically higher in the UPA30 vs UPA15 arm for serious AEs, AEs leading to discontinuation, serious infections, herpes zoster and hepatic disorders. Based on As Observed analysis, for pts completing Wk60 on UPA15 [172/216 (80%)] and UPA30 [168/202 (83%)], clinical and functional outcomes continued to improve compared to Baseline, or were maintained from Wk24 onwards¹ in pts initially randomized to UPA15 or 30; Remission by CDAI≤2.8 at Wk60 was achieved by 20% and 32%, respectively, and DAS28-CRP<2.6 was achieved by 53% and 52%. Pts who were switched to UPA from PBO at Wk12 had comparable efficacy to pts initially randomized to UPA (Table 2).

Abstract THU0172 –Table 2.

Table 2. Efficacy Endpoints at Week 60 (as observed); Responses compared to Baseline, n/N (%)	PBO → UPA		UPA 15 MG		UPA 30 MG	
	15 MG	30 MG	15 MG	30 MG	15 MG	30 MG
ACRO	40/97 (81)	52/62 (84)	102/133 (77)	97/116 (84)		
ACRO	36/60 (60)	40/61 (66)	70/134 (52)	71/117 (61)		
ACRO	20/60 (33)	24/61 (39)	45/135 (33)	49/118 (41)		
DAS28-CRP≤3.2	37/59 (63)	46/64 (72)	92/133 (69)	86/118 (73)		
DAS28-CRP≤2.6	31/59 (53)	36/64 (56)	70/133 (53)	61/118 (52)		
CDAI≤2.8	42/60 (70)	45/63 (71)	91/132 (69)	74/117 (63)		
CDAI≤2.8	18/60 (30)	17/63 (27)	26/132 (20)	37/117 (32)		
SDAI≤3.3	19/59 (32)	20/63 (32)	26/161 (20)	36/114 (32)		
HAQ-DIC≤0.22	40/60 (67)	49/61 (80)	91/130 (70)	87/118 (74)		
Change from BL in HAQ-DIC	-0.52	-0.61	-0.52	-0.65		

Conclusion: The benefit:risk of upadacitinib treatment in this refractory population remains favorable. No new safety signals were identified. Some AEs were numerically higher for UPA30 vs 15; however the clinical significance of this, the assessment of rare safety events in this study, and the overall benefit:risk of upadacitinib 15mg and 30mg in the treatment of RA are best evaluated in an integrated analysis across the phase 3 program. UPA15mg and 30mg continued to be effective in treating RA signs and symptoms, and in improving physical function.

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THU0173

FILGOTINIB IN PATIENTS WITH RHEUMATOID ARTHRITIS AND PRIOR INADEQUATE RESPONSE OR INTOLERANCE TO BIOLOGICAL DMARDS (bDMARD-IR) BY RACE & GEOGRAPHIC REGION

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Background: Filgotinib (FIL), an oral, selective Janus kinase 1 (JAK1) inhibitor, significantly improved the signs and symptoms of rheumatoid arthritis (RA) in the phase 3 FINCH2 study in bDMARD-IR patients with active RA.¹

Objectives: To evaluate the efficacy and safety of FIL by geography and race in FINCH2.

Methods: FINCH2 enrolled 449 bDMARD-IR patients with active RA, who were randomized in a 1:1:1 manner to receive FIL 200 mg, FIL 100 mg, or placebo (PBO) on a background of csDMARDs for 24 weeks. In this prespecified subgroup analysis, patient and disease characteristics and treatment effects were analyzed by race and geographic region (Region 1: AU, BE, FR, DE, IS, IT, NL, KR, ES, CH, UK, US; Region 2: HU, CZ, PL; Region 3: AR, PR, MX; Region 4: JP).

Results: 448 patients received ≥ 1 dose of study drug; they were 80.4% female, with a mean [SD] age of 56 [12.2] years, and 23.4% had received ≥ 3 prior bDMARDs. Baseline characteristics were similar across regions and race. The primary endpoint and all key secondary endpoints were met in the primary analysis.¹ Efficacy and safety parameters by geography and race are shown below. There were 2 MACE (white/Region 1, 1 FIL 100/1 PBO), 4 cases of uncomplicated herpes zoster (2 black/1 white/1 Asian; 3 Region 1/1 Region 4, 2 FIL 200/2 FIL 100), and 1 VTE (retinal vein occlusion, white/Region 1/FIL 200), but no cases of DVT/PE, opportunistic infection, active tuberculosis, malignancy, gastrointestinal perforation, or death.

Table 1. Week 24 key efficacy and safety measures by geographic region.

	Regimen	N ¹ =	ACR20; % ²	DAS28(CRP) <2.6; % ²	CFB HAQ-DI	TEAE; %	SAE; %
Region 1	FIL 200	111	67 ²	31 ²	-0.7 (0.6) ²	73	5
	FIL 100	110	48 ²	24	-0.6 (0.7)*	66	6
	PBO	110	32	14	-0.4 (0.6)	70	5
Region 2	FIL 200	12	75	25	-0.7 (0.7)	58	0
	FIL 100	12	75	33	-0.6 (0.5)	75	17
	PBO	11	46	9	-0.5 (0.6)	73	0
Region 3	FIL 200	12	67	17	-1.2 (0.6)	42	8
	FIL 100	16	81	38	-1.0 (0.7)	44	0
	PBO	14	64	14	-0.8 (0.6)	36	0
Region 4	FIL 200	12	92 ²	50 ²	-0.7 (0.5) ²	75	0
	FIL 100	15	60 ²	27	-0.5 (0.7) ²	60	0
	PBO	13	15	0	-0.1 (0.6)	77	0

¹n's for HAQ-DI at week 24 were different. ²Nonresponder imputation. *p<0.05, ²p<0.01, ³p<0.001 vs PBO. CFB, change from baseline as mean (SD); SAE, serious adverse events; TEAE, treatment-emergent adverse events.

Table 2. Week 24 key efficacy and safety measures by race.

	Regimen	N ¹ =	ACR20; % ²	DAS28(CRP) <2.6; % ²	CFB HAQ-DI	TEAE; %	SAE; %
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White	FIL 200	110	67 ²	30 ²	-0.7 (0.6) ²	71	5
	FIL 100	109	49 ²	25	-0.5 (0.6)	63	6
	PBO	97	34	16	-0.5 (0.6)	66	4
Black	FIL 200	14	57	21	-0.7 (0.6)*	57	0
	FIL 100	12	67	17	-0.6 (0.7)	67	8
	PBO	21	38	14	-0.2 (0.5)	67	0
Asian	FIL 200	15	93 ²	47 ²	-0.8 (0.6) ²	73	0
	FIL 100	20	60 ²	30 ²	-0.6 (0.7) ²	65	0
	PBO	15	13	0	-0.1 (0.5)	80	7

¹n's for HAQ-DI at week 24 were different. ²Nonresponder imputation. *p<0.05, ²p<0.01, ³p<0.001 vs PBO. CFB, change from baseline as mean (SD); SAE, serious adverse events; TEAE, treatment-emergent adverse events. **Conclusion:** FIL demonstrated consistent safety and efficacy in bDMARD-IR patients with RA regardless of geography or race.

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