CHARACTERIZATION OF REMISSION IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH UPADACITINIB OR COMPARATORS

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Background: Across all phase 3 studies, treatment with upadacitinib (UPA), a JAK1-selective inhibitor, was associated with significantly higher remission (REM) rates, compared to placebo (PBO) or active comparators, in RA patients (pts) who were methotrexate (MTX)-naive, had inadequate response to conventional synthetic (csDMARD-IR) or had inadequate response or intolerance to biologic DMARDs (bDMARD-IR) at Week (Wk) 12 by 4 definitions (DAS28-CRP<2.6; CDAI ≤28; SDAI ≤3.3 and Boolean, defined as ≤1 for TJC, SJC, patient’s global assessment of disease activity [PGA], and CRP ≤1 mg/L) were determined. For each definition of REM, the mean change in each of the respective component scores was also assessed. Binary endpoints are based on Non-responder imputation (NRI), and continuous endpoints on mixed-effect model repeat measurement (MMRM). Comparisons were made between UPA-treated groups vs respective control arms (MTX, adalimumab [ADA] or PBO).

Results: Pt demographics and disease characteristics have been previously reported. 1,2 At Week 12, in BEYOND, a significantly greater proportion of pts receiving UPA 15mg achieved DAS28-CRP<2.6 and Boolean REM vs PBO within the first 12 wks, with significantly greater proportions on UPA 15mg achieving DAS28-CRP<2.6 and Boolean REM (Table). Rates of REM in BEYOND further increased through Wk 24 for both dose groups. Compared to respective control groups, pts receiving UPA 15 or 30 mg QD had significantly greater improvements in each REM disease component (except for PhGA vs ADA in COMPARE). Significantly more pts receiving UPA also achieved the required cutoffs on the individual components of Boolean REM vs respective control groups.

Conclusion: Significantly greater proportions of pts receiving UPA 15 or 30 mg achieved REM by multiple definitions at 12 wks compared to PBO, MTX or ADA. All disease activity components of each REM definition were significantly improved in pts receiving UPA compared to MTX or PBO, and all Boolean components were significantly improved in pts receiving UPA 15mg compared to ADA.

REFERENCES:

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DOSE-DEPENDENT RISK OF METHOTREXATE FOR RENAL IMPAIRMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Methotrexate (MTX) is a mainstay in the therapy of rheumatoid arthritis (RA). It is recommended that MTX should be rapidly