psoriatic arthritis (PsA) and ankylosing spondylitis (AS) in North East Romania from 2003 to 2018.

Methods: We performed a hospital-based retrospective cohort study in consecutive adult patients receiving their first biologic agent (TNF or non-TNF drugs) according to local recommendations in two academic centers. Patients were classified based on the initial TB/lateral TB screening test: the tuberculin skin test (positive if >5mm, TST group) or interferon gamma release assays (positive if >0.35 IU/mL QuantiFERON-TB gold, QFT group); resp. done regularly if negative initial tests. Data about drug efficacy was recorded every 24-weeks based on standard scores (DAS28-ESR for RA, DAPSA for PsA, ASDAS-CRP for AS), while TB risks at the end of the study or prior to switching were determined as hazard ratio (HR) with 95% confidence interval (CI) using Cox regression.

Results: Among 25,104 csDMARD initiators, 10,091 (40%) demonstrated IR, and 7,816 met all the inclusion and exclusion criteria (median age 54 years, 26% male). The baseline csDMARD treatment lasted for a median of 4.3 months and mostly comprised of monotherapy (96%). Upon treatment regimen change, 62% (n=4,869) initiated combination therapy (32% csDMARD+csDMARD, 28% csDMARD+TNFi, 1.4% csDMARD+other bDMARD, 0.5% csDMARD+JAKi) and 38% initiated monotherapy (27% on csDMARD, 10% TNFi, 0.7% other bDMARD, 0.5% JAKi). Post-switch, the median treatment duration was longer for combination therapy than monotherapy: 13.7 vs. 5.2 months (p<0.001). Among next therapies, csDMARD showed the trend towards shortest durability and JAKi − toward longest durability. Among monotherapies the median treatment duration varied: 4.9 (csDMARD), 5.9 (TNFi), and 8.1 (JAKi) months (p<0.02, comparing all). The median duration of combination therapies lasted: 12.5 (csDMARD+csDMARD), 14.9 (TNFi+csDMARD), and 17.2 (JAKi+csDMARD) months (p=0.04, comparing all).

Conclusion: The real-world evidence suggests that treatment durability may be better for JAKi than TNFi (both monotherapy and combination). The majority of csDMARD patients switched to another csDMARD, which showed short durability of treatment, suggesting that switching MOA may benefit these patients.


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FR0078 IMPACT OF THE IMPLEMENTATION OF FLUSH SERUM ON TROUGH LEVELS OF INFlixIMAB IN PATIENTS WITH INFLAMMATORY JOINT DISEASE

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Background: The administration of intravenous biological therapies is based on the manufacturer’s instructions and the administration guidelines of Spanish Medicine Agency. We observed that a considerable amount of the solution remains in the tubing of the equipment after the administration of the drug. This amount depends on the drug and the solution used for the infusion. In the particular case of infliximab is around 7% of the total solution to infuse, so it could potentially have a relevant therapeutic impact.

Methods: In fully-adjudicated commercial medical and pharmacy health insurance claims database with 40 million lives annually, adult RA patients (>2 RA diagnoses >30 days apart) who started csDMARD (1/1/ 2012−3/31/2017) and then switched to or added another DMARD (index date, ID) were selected. Real world treatment patterns of patients with...