of patients receiving monotherapy or combination therapy at treatment initiation.

Results: 1950 patients were included in the matched population (1300 bDMARD initiators; 650 tofacitinib initiators). Patients were predominantly aged 55 to 74 years (57.8%), and female (81.2%). At baseline, median disease duration was 107 and 120 months, with 16.1% and 17.3% of patients in DAS28-ESR defined disease remission for the bDMARD and tofacitinib groups respectively. After three months of treatment, 49.1% and 49.7% had achieved DAS remission and after 18 months of treatment, 52.4% and 57.8% of patients had achieved DAS remission in the bDMARD and tofacitinib groups respectively. At 18 months the percentage of patients achieving CDAI/SDAI remission was similar with 29.2%/29.0% bDMARD patients and 30.9%/30.5% tofacitinib patients reporting CDAI/SDAI remission respectively. The median persistence of treatment was similar for bDMARD and tofacitinib groups: 33.8 (95% CI 28.8 to 40.4) and 34.2 (95% CI 32.2 to not reached) months respectively. In the overall population, more patients were prescribed tofacitinib as monotherapy (43.4%) compared to bDMARD monotherapy (33.4%).

Conclusion: In this analysis of a large real world dataset, tofacitinib demonstrated treatment effectiveness and persistence that was similar to bDMARDs. Overall, there was a trend for more use of tofacitinib as monotherapy than bDMARDs.

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FRI0141 EFFICACY OF JAK-INHIBITORS VERSUS BIOLOGIC DMARDs ON QUALITY OF LIFE IN RHEUMATOID ARTHRITIS :A META ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Background: Recent studies comparing JAK-inhibitors (Jak-i) and adalimumab seem to show a better efficacy of JAK-i on patient-reported outcomes in rheumatoid arthritis (RA).

Objectives: As there is no study comparing directly the JAK-i with other biologic DMARDs (bDMARDs), we performed a meta-analysis and compared the effect size of JAK-i and bDMARD versus synthetic DMARDs (sDMARDs) on quality of life.

Methods: We performed a systematic review of the literature until May 2018 using database including : MEDLINE (via PUBMED), EMBASE and abstracts from the ACR and EULAR congresses 2015-2017. We selected all randomized controlled trials (RCT) comparing quality of life (evaluated by SF36) in patient with rheumatoid arthritis treated with bDMARD or JAK-i versus sDMARDs. We performed meta-analysis comparing the effect size of JAK-i (versus sDMARDs) and bDMARD (versus sDMARDs) on PCS SF36 and MCS SF36 at 12 weeks.

Statistical analysis determined in each study effect size.

Pooled ES were computed by meta-analysis. Data were analyzed using the inverse variance approach.

Results: The literature search identified 240 articles plus one found by manual search and no congress abstract. Finally, 44 articles met the inclusion criteria.

JAK-i and bDMARD showed higher level of quality of life than conventional therapies:

- For the SF36 PCS at 12 weeks: JAK-i: +4.82 IC95% [3.88, 5.77] and bDMARDs: +3.99 IC95% [2.81, 5.18]
- For the SF36 MCS at 12 weeks: JAK-i: +3.42 IC95% [2.24, 4.60] and bDMARD: 2.99 IC95% [2.02, 3.96]

The range of the confidence intervals seems similar between JAK-I and bDMARDs.

SF36 PCS at 12 weeks:

Results for JAK-i:

Results. for bDMARDs:

SF36 MCS at 12 weeks:

-Results for JAK-i:

-Results for bDMARDs:

Conclusion: In this meta-analysis, JAK-i and bDMARD showed better SF36 PCS and MCS at 12 weeks in comparison with sDMARDs. Although there is no significant difference, there seems to be a trend toward a better efficacy of JAK-I compared to bDMARD on quality of life.

The range of the confidence intervals seems similar between JAK-I and bDMARDs, suggesting a similar efficiency on the components of the SF36. More head-to-head studies are needed to draw definitive conclusions on potential efficacy differences between JAK-inhibitor and bDMARDs in RA.

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FRI0142 SAFETY OF THE METHOTREXATE-LEFLUNOMIDE COMBINATION IN THE BRAZILIAN REGISTRY OF BIOLOGICAL THERAPIES IN RHEUMATIC DISEASES (BIOBADABRASIL)

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Background: The combination of methotrexate (MTX) with leflunomide (LEF), despite being effective in the therapy of rheumatoid arthritis (RA) [1], has not been widely accepted [2,3]. In spite of evidence that the MTX-LEF combination is generally safe [1,4,5], the relatively small number of patients and treatment courses have not permitted firm conclusions.

Objectives: To evaluate the safety of the combination MTX-LEF in Brazilian patients with RA included in BiobadaBrasil.

Methods: BiobadaBrasil is a multicentric prospective cohort study involving patients with rheumatic diseases who started the first biologic or a synthetic disease modifying anti-rheumatic drug (DMARD) [6]. This analysis includes RA (2010 criteria) patients recruited from Jan 2009 to Aug 2018, followed-up for one or multiple courses of treatment until censoring (latest date, September 03, 2018) or occurrence of the outcome of interest. The primary outcome was the incidence of any serious AE (SAE). Secondary outcomes were infectious, non-mycobacterial pulmonary infectious, hepatic, hematologic and cardiovascular SAE. Multivariate Cox proportional hazards models (with DMARDs included as time-varying covariates) were used to estimate hazard ratios (HR) and 95% confidence intervals (CI); analyses were performed with the Survival package of R.