Background: Conventional synthetic disease-modifying antirheumatic drugs (csDMARDs) are recommended as first-line treatment for rheumatoid arthritis (RA) patients, but limited information exists on the comparative risk of cancer associated with their use.

Objectives: To compare the risk of incident overall (excluding non-melanoma skin) and site-specific cancers (colorectal, lung, lymphoma, leukaemia) associated with their use.

Methods: We conducted a multinational cohort study informed by data from 7 healthcare databases including claims and electronic medical records from 4 countries (SIDIAP-Spain, MDCR-US Optum-US, CCAE-US, IQVIA AMBEMR-US, IQVIA-Germany, THIN-UK) part of the Observational Health Data Sciences and Informatics (OHDSI) network. All patients aged ≥18 years who initiated methotrexate (MTX), hydroxychloroquine (HCQ), sulphasalazine (SSZ), or leflunomide (LEF) as first-line monotherapy after a diagnosis of RA between 2005 to 2018 were eligible. Individuals with a prior diagnosis of another inflammatory arthropathy or cancer, or <1 year of follow-up were excluded. Patients were followed from 1-year after treatment initiation to the earliest of incident cancer, loss to follow-up, or 5-years.

Results: Across the databases, 127,547 RA patients initiating csDMARD therapy were included in the analyses (MTX: 73,996, HCQ: 38,881, SSZ: 9,983, LEF: 7,797).

Conclusions: Compared to MTX users, patients treated with LEF had a lower risk of overall cancer. Risk of four specific cancers did not differ by first-line csDMARD exposure.

Disclosure of Interests: T. Duarte-Salles: None declared, Martina Recalde: None declared, James Weaver: None declared, E. Burn: None declared, K. Marinier: None declared, Y. Diaz: None declared, B. Illingens: None declared, D. Vizcaya: Employee of: Bayer, Katerina Chatzidionysiou: Consultant of: AbbVie, Pfizer, Lilly., Patrick Ryan: None declared, Ben Illingens: None declared, David Vizcaya: Employee of: Bayer, Katerina Chatzidionysiou Consultant of: AbbVie, Pfizer, Lilly., Ryan Patrick: None declared, Daniel Prieto-Alhambra: Grant/research support from: Professor Prieto-Alhambra has received research Grants from AMGEN, UCB Biopharma and Les Laboratoires Servier, Consultant of: DPAs department has received fees for consultancy services from UCB Biopharma, Speakers bureau: DPAs department has received fees for speaker and advisory board membership services from Amgen.

DOI: 10.1136/annrheumdis-2020-eular.3866

SAT0135

COMPARISON OF THE EFFICACY AND SAFETY OF TWO BRIDGING SCHEDULES OF PREDNISOLONE IN EARLY ACTIVE RHEUMATOID ARTHRITIS (CORRA): A DOUBLE-BLIND, RANDOMISED, PLACEBO-CONTROLLED TRIAL

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