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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Background: Prednisolone is commonly used as a bridging therapy in the initial treatment of patients with early active rheumatoid arthritis (RA). It has been recommended to be administered for two bridging schedules, i.e., either daily or three times a week. The relative efficacy and safety of these two schedules remain to be determined.

Objectives: To compare the relative efficacy and safety of two bridging schedules of prednisolone in early RA patients.

Methods: This was a double-blind, parallel-group, randomised, placebo-controlled trial. Patients were randomly assigned to receive prednisolone daily (15 mg/day) or three times a week (5 mg on three consecutive days). The primary endpoint was the change in disease activity score (DAS28-CRP) from baseline to 12 weeks.

Results: A total of 100 patients were included in the analysis. The mean change in DAS28-CRP was -1.9 for the daily group and -2.1 for the three-times-a-week group. No significant differences were observed in adverse events between the two groups.

Conclusion: The two bridging schedules of prednisolone are equally effective and safe in the initial treatment of early RA patients.

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First-line DMARDs use in rheumatoid arthritis: Real world evidence from the OHDSI network

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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 cancer (excluding non-melanoma skin) and site-specific cancers (colorectal, lung, lymphoma, leukaemia) associated with first-line use of csDMARDs in patients with RA.

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). The incidence of cancer was determined for patients initiating treatment with csDMARDs, with methotrexate (MTX) serves as the comparator.

Results: Across the databases, 127,547 RA patients initiating csDMARD therapy were included in the analyses (MTX: 73,996, HCL: 38,931 SSZ: 9,383 LEF: 7,387). The pooled incidence rate of overall cancer for MTX was 22.8 per 1,000 person years. The pooled summary and source-specific estimated cHRs for overall cancer are shown below.

Conclusion: The comparative risk of overall (excluding non-melanoma skin) cancer across the four csDMARDs is shown below. A meta-analysis was conducted using fixed-effects models.

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