REAL-WORLD TREATMENT PERSISTENCE WITH BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUGS AMONG GERMAN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Persistence rates of biologic disease modifying antirheumatic drugs (bDMARDs), which refer to the duration of time from initiation to discontinuation or switch of therapy, have been shown to vary considerably depending on the country, types of health centers, as well as the specific drug being investigated. Evidence on treatment persistence of psoriatic arthritis (PsA) patients in Germany is scarce.

Objectives: Our aim was to study drug survival of bDMARDs in a German real-world cohort of adult biologic-naïve psoriatic arthritis patients.

Methods: We utilized the German "Institut für angewandte Gesundheitsforschung Berlin" (InGef) research database consisting of about 4 million covered lives structured to represent the German population in terms of age and gender according to the Federal Office of Statistics (DESTATIS). Thereof, 2.9 million patients were continuously enrolled in the study period spanning from January 1st, 2013 and December 31st, 2018. For the analysis of persistence rates, the study population was identified based on the International Classification of Diseases, German Modification (ICD-10-GM) and claims records of biologic prescriptions based on ATC codes. Adult patients who had a diagnosis of psoriasis arthritis (L40.5 in combination with M07.0 or M07.1 or M07.2 or M07.3) in the inpatient or outpatient setting, and a claims record of biologic treatment licensed for psoriasis arthritis between January 1st, 2014 to December 31st 2017 were included. Compared to the cohort, the index date was defined as the first claim for a biologic agent. Non-persistence occurred if a treatment gap exceeding the days of supply plus 60 days or a switch to a different biologic was observed. Days of supply were calculated on the natural date of the claims and thus defined by the WHO for the respective bDMARDs. Kaplan-Meier curves were plotted to show the persistence of different biologics. The log-rank test was used to test for differences in the 1-year persistence rate.

Results: Among 10,954 patients with a diagnosis of PsA, 348 biologic-naïve patients aged 18 years or above were identified. The one-year overall persistence rate was 57% for all bDMARD compounds. Reasons for non-persistence were switches to a different bDMARD agent in 15.8% of patients and 26.7% discontinued treatment. The highest persistence rate was observed for ustekinumab (81.3%), which was significantly higher than the respective rates for adalimumab (58.1%), certolizumab pegol (51.7%), etanercept (51.0%), or secukinumab (54.7%).

Conclusion: Persistent rates for a real-world cohort of German PsA patients are modest with significant variations among different bDMARD therapies.

Disclosure of Interests: Philipp Sewerin Grant/research support from: AbbVie Deutschland GmbH & Co. KG

Bristol-Myers Squibb Celgene GmbH

Novartis Pharma GmbH Pfizer Deutschland GmbH

Rheumazentrum Rhein-Ruhr, Consultant of: AMGEN GmbH AbbVie Deutschland GmbH & Co. KG Biogen Biologics Bristol-Myers Squibb Celgene GmbH Chugai Pharma arketking Ltd. / Chugai Europe GmbH Hexal Pharma Johnson & Johnson German GmbH Lilly Deutschland GmbH / Lilly Europe / Lilly Global Novartis Pharma GmbH Pfizer Deutschland GmbH Roche Pharma Rheumazentrum Rhein-Ruhr Sanofi-Genzyme Deutschland GmbH Swedish Orphan Biotech GmbH UCB Pharma GmbH, Speakers bureau: AMGEN GmbH AbbVie Deutschland GmbH & Co. KG Biogen Biologics Bristol-Myers Squibb Celgene GmbH Chugai Pharma arketking Ltd. / Chugai Europe GmbH Hexal Pharma Johnson & Johnson German GmbH Lilly Deutschland GmbH / Lilly Europe / Lilly Global Novartis Pharma GmbH Pfizer Deutschland GmbH Roche Pharma Rheumazentrum Rhein-Ruhr Sanofi-Genzyme Deutschland GmbH Swedish Orphan Biotech GmbH UCB Pharma GmbH, Philipp Sewerin Grant/research support from: AbbVie, BMS, Pfizer, Roche, Sanofi-Aventis

DOI: 10.1136/annrheumdis-2020-eular.1210

POWER DOPPLER ULTRASOUND ASSESSMENT OF A1 PULLEY: A NEW TARGET IN PSORIATIC ARTHRITIS?

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Background: In the last few years annual pulleys inflammation has been highlighted as a possible key pathogenic factor in psoriatic dactylitis, first with magnetic resonance imaging (MRI), then, in a very recent paper, with power Doppler (PD) ultrasound (US). However, the prevalence of PD US inflammation of annular pulleys in psoriatic arthritis (PsA) patients compared to rheumatoid arthritis (RA) patients has not been investigated yet.

Objectives: To determine the prevalence of PD US findings indicative of A1 pulley inflammation in PsA patients and in controls with RA and to preliminarily investigate the correlation between A1 pulley inflammation and disease activity (DAPSA).

Methods: Consecutive patients with PsA and RA were included in this cross-sectional single-centre study. A rheumatologist recorded demographic and clinical data and in the same day another rheumatologist performed the US examination using a MyLab ClassC (Esaote, Genova, Italy) equipped with a 10-22 MHz linear probe. A1 pulleys of fingers 2nd to 5th were assessed bilaterally adopting longitudinal and transverse scans. The following pathological US findings were recorded: inflammation of the pulley (defined as the presence of PD signal within a thickened pulley) and tendon thickening of the digital flexor tendons at finger level according to OMERACT definition.

Results: Sixty patients were enrolled: 30 with PsA and 30 with RA. Inflammation of A1 pulley was found in 15 out 240 fingers (6.3%) of 8 (26.7%) PsA patients and in 1 out of 240 fingers (0.4%) of 1 (3.3%) RA patients (p<0.01 and p=0.03 respectively). Both pulley inflammation and tenosynovitis were correlated with DAPSA (Rpb=0.56, p<0.01 and Rpb=0.48, p<0.01). In fact, 7 out 8 (88%) PsA patients with at least one inflamed A1 pulley had a moderate/poor disease activity score. The regression linear analysis (R2=0.36, adjusted R2=0.31) showed that A1 pulley inflammation was correlated with higher DAPSA scores (p=0.43, p=0.03). No significant association was reported between A1 pulley inflammation and past or current episodes of dactylitis (p>0.09). However, the only current dactylitis assessed showed A1 pulley inflammation.

Conclusion: This pilot study demonstrated that ultrasound A1 pulley inflammation might be a new key target for the management of PsA patients. A1 pulley Doppler signal within a thickened pulley, is relatively common at patient level in psoriatic arthritis and seems to be characteristic of PsA compared to RA. In psoriatic arthritis patients, a positive significant correlation was found between ultrasound A1 pulley inflammation and disease activity.

References:


Disclosure of Interests: Gianluca Smerilli: None declared, Edoardo Cipolletta: None declared, Marco Di Carlo: None declared, Andrea Di Matteo Grant/research support from: the publication was conducted while Dr. Di Matteo was an ARTIC-ULUM fellow, Walter Grassi Speakers bureau: Prof. Grassi reports personal fees from AbbVie, personal fees from Celgene, personal fees from Grünenthal, personal fees from Pfizer, personal fees from Unichimique Belge Pharma, outside the submitted work., Emilio Filippucci: Grant/research support from: Chimique Belge Pharma, personal fees from Pfizer, outside the submitted work.

DOI: 10.1136/annrheumdis-2020-eular.1404

METHOTREXATE SURVIVAL RATE IN PATIENTS WITH PSORIATIC ARTHRITIS FROM PSORIATIC ARTHRITIS–INTERNATIONAL DATABASE (PSART-ID) COHORT

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