Pharmaceuticals; Sanofi-Genzyme; UCB, Claire Bombardier Grant/research support from: Dr Bombardier reports sources of funding for Ontario Best Practice Research Initiative Research grants from Abbvie, Janssen, Amgen, Medexus, Merck, Pfizer, and Novartis outside of the submitted work. Consulting Agreements: Abbvie, Covance, Janssen, Merck, Pfizer, Sanofi and Novartis outside of the submitted work. Advisory Board Membership: Hospira, Sandoz, Merck, Pfizer and Novartis outside of the submitted work.

DOI: 10.1136/annrheumdis-2020-eular.1745

OP0212

ABATACEPT IN INTERSTITIAL LUNG DISEASE ASSOCIATED WITH RHEUMATOID ARTHRITIS. NATIONAL MULTICENTER STUDY OF 263 PATIENTS

C. Fernández-Díaz¹, S. Castañeda², R. Melero², J. Loricera¹, F. Ortiz-Sanjuán², A. Juan-Mas², C. Carrasco-Cubero², S. Rodríguez-Muguruza², S. Rodríguez-García², R. Castellanos-Moreira², R. Almodovar², C. Aguilera Cros², I. Villa-Blanco², S. Ordoñez², S. Romero-Yuste², C. Ojeda-García², M. Moreno², G. Bonilla², I. Hernández-Rodríguez², M. López Corbeto², J. L. Andréu Sánchez², T. Pérez Sandoval², A. López Robles², P. Carreira², N. Mena-Vázquez², C. Peralta-Ginés², A. Urruticoechea-Arana², L. M. Arboleya Rodríguez², J. Narváez², D. Palma Sanchez², O. Maiz-Alonso², J. Fernández-Leroy², I. Cabezas-Rodríguez², I. Castellví², A. Ruibal-Escribano², J. De Dios-Jiménez Aberásturi², P. Vela-Casasempere², C. González-Montagut Gómez², J. M. Blanco², N. Alvarez-Rivas², N. Del-Val², M. Rodríguez-Gómez², E. Salgado-Pérez², C. Fernández-López², E. C. Cervantes Pérez², A. Devicente-Delmas², B. Garcia-Magallon², S. Hidalgo², S. Fernández², E. García-Fernández², R. López-Sánchez², C. Castro², P. Morales-Garrido², A. García-Valle², R. Expósito², L. Exposito-Perez², L. Pérez Albaladejo², A. García-Aparicio², M. A. González-Gay¹, R. Blanco¹. ¹H. Marqués de Valdecilla, Santander, Spain; ²National Health System, Spain

Background: Interstitial Lung Disease (ILD) is a severe complication of Rheumatoid Arthritis (RA). Several conventional disease-modifying anti-rheumatic drugs (cDMARDs) and biologic (b) DMARDs may induce or impaired ILD-RA. Abatacept (ABA) may be useful in ILD-RA (1).

Objectives: To assess the efficacy and safety of ABA in a large series of ILD-RA for a long-term follow-up.

Methods: Multicenter open-level study of ILD-RA treated with at least 1 dose of ABA. ILD was diagnosed by high-resolution computed tomography (HRCT). We study these outcomes: a) 1-point change Modied Medical Research Council (MMRC); b) forced vital capacity (FVC) and/or DLCO improvement or decline $\geq 10\%$; c) change in HRCT, d) change in DAS28. e) Prednisone dose. Values were collected at 0, 3, 6, 12 and then every 12 months.

Results: We studied 263 patients (150 women/113 men) (mean age; 64.6 ± 10 years), with ILD-RA. At ABA-onset they were smokers or exsmoker (53.8%), positive APCC (88.6%), median [IQR] duration of ILD of 12 [3-41.25] months, mean DLCO (65.7 ± 18.3) and FVC (85.9 ± 21.8).

The ILD-pattern were usual interstitial pneumonia (UIP) (40.3%), non-specific interstitial pneumonia (NSIP) (31.9%) and others (27.8%).

ABA was prescribed at standard subcutaneous (125 mg/w) in 196 (74.5%) or intravenously (10 mg/kg/4 w) in 67 (25.5%); in monotherapy (n=111) or combined with cDMARDs (n=152); especially leflunomide (n=55), MTX (n=46), or antimalars (n=21).

After a mean follow-up of 22.7 ± 19.7 months most outcomes remain stable (Figure). Moreover, DAS28 improved from 4.5 ± 1.5 to 3.1 ± 1.3 ; prednisone dose reduced from a median 7.5 [5-10] to 5 mg [5-7.5] and retention rate was 76.4%. The main adverse effects were serious infections (n=28), neoplasia (n=3), serious infusion reaction (n=1) and myocardial infarction (n=1).

Conclusion: ABA seems effective and relatively safe in ILD-RA.

References:

[1] Fernández-Díaz C et al. Semin Arthritis Rheum. 2018; 48:22-27

Disclosure of Interests: Carlos Fernández-Díaz Speakers bureau: Bristol Meyers Squibb, Santos Castañeda: None declared, Rafael Melero: None declared, J. Loricera: None declared, Francisco Ortiz-Sanjuán: None declared, A. Juan-Mas: None declared, Carmen Carrasco-Cubero Speakers bureau: Janssen, MSD, AbbVie, Novartis, Bristol Myers Squibb, and Celgene, S. Rodríguez-Muguruza: None declared, S. Rodríguez-García: None declared, R. Castellanos-Moreira: None declared, RAQUEL ALMODOVAR Speakers bureau: Abbvie, Celgene, Janssen, Lilly, Novartis, Pfizer.

CLARA AGUILERA CROS: None declared, Ignacio Villa-Blanco Consultant of: UCB, Speakers bureau: Novartis, MSD, Lilly, Sergi Ordoñez: None declared, Susana Romero-Yuste: None declared, C. Ojeda-García: None declared, Manuel Moreno: None declared, Gemma Bonilla: None declared, I. Hernández-Rodríguez: None declared, Mireia Lopez Corbeto: None declared, José Luis Andréu Sánchez: None declared, Trinidad Pérez Sandoval: None declared, Alejandra López Robles: None declared, Patricia Carreira Grant/research support from: Actelion, Roche, MSD, Consultant of: GlaxoSmithKline, VivaCell Biotechnology, Emerald Health Pharmaceuticals,

Boehringer Ingelheim, Roche, Speakers bureau: Actelion, GlaxoSmithKline, Roche, Natalia Mena-Vázquez: None declared, C. Peralta-Ginés: None declared, ANA URRUTICOECHEA-ARANA: None declared, Luis Marcelino Arboleya Rodríguez: None declared, J. Narváez: None declared, DESEADA PALMA SANCHEZ: None declared, Olga Maiz-Alonso: None declared, J. Fernández-Leroy: None declared, I. Cabezas-Rodríguez: None declared, Ivan Castellví Consultant of: Boehringer Ingelheim, Actelion, Kern Pharma, Speakers bureau: Boehringer Ingelheim, Actelion, Bristol-Myers Squibb, Roche, A. Ruibal-Escribano: None declared, JR De Dios-Jiménez Aberásturi: None declared, Paloma Vela-Casasempere: None declared, C. González-Montagut Gómez: None declared, J M Blanco: None declared, Noelia Alvarez-Rivas: None declared, N. Del-Val: None declared, M. Rodríguez-Gómez: None declared, Eva Salgado-Pérez: None declared, Carlos Fernández-López: None declared, E.C. Cervantes Pérez: None declared, A. Devicente-DelMas: None declared, Blanca Garcia-Magallon Consultant of: MSD, Speakers bureau: Pfizer, Amgen, Celgene, MSD, Cristina Hidalgo: None declared, Sabela Fernández: None declared, Edilia García-Fernández: None declared, R. López-Sánchez: None declared, S. Castro: None declared, P. Morales-Garrido: None declared, Andrea García-Valle: None declared, Rosa Expósito: None declared, L. Exposito-Perez: None declared, Lorena Pérez Albaladejo: None declared, Ángel García-Aparicio: None declared, Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Speakers bureau: Pfizer, Abbvie, MSD, Ricardo Blanco Grant/research support from: AbbVie, MSD, and Roche, Speakers bureau: AbbVie, Pfizer, Roche, Bristol-Myers, Janssen, and MSD

DOI: 10.1136/annrheumdis-2020-eular.1748

OP0213

THE IMPACT OF TNFA INHIBITORS ON GLUCOCORTICOIDS USE AMONG PATIENTS WITH ARTHRITIS

R. Hafthorsdottir¹, A. Gunnarsdottir², T. Love³, G. Gröndal⁴, B. Gudbjörnsson⁵ on behalf of ICEBIO. ¹The University of Iceland, School of Health Sciences, Reykjavik, Iceland; ²Landspítali University Hospital, Hospital Pharmacy, Reykjavik, Iceland; ³Landspítali University Hospital, Department of Research, Reykjavik, Iceland; ⁴Landspítali University Hospital, Department of Rheumatology, Reykjavik, Iceland; ⁵Landspítali University Hospital, Centre for Rheumatology Research (ICEBIO), Reykjavik, Iceland

Background: Glucocorticoid steroid (GC) use among patients with arthritis is common. The introduction of TNF α inhibitors (TNFi) has been a breakthrough in the treatment of arthritis leading to remission for many patients. However, there is scarce information on the impact of TNFi on the use of GC among patients with inflammatory joint diseases.

Objectives: To explore oral GC use in patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA), and axial spondyloarthritis (axSpA) before and after the initiation of TNFi therapy. Furthermore, to evaluate if patients on long term GC treatment were receiving active preventive osteoporosis treatment and how treatment with TNFi affected the use of topical steroids in patients with PsA.

Methods: Clinical data on patients with RA, PsA and axSpA who initiated TNFi therapy with etanercept, infliximab, adalimumab or golimumab for the first time between 2005-2015 was collected from the ICEBIO registry. ICEBIO is a nationwide registry on all patients treated with biologics for rheumatologic disorders in Iceland. The use of oral GC, topical steroids and bisphosphonates was collected from the Icelandic Prescription Medicines Registry (IPMR) for a period of four years, two years before and after the initiation of TNFi. Medication use was then evaluated by counting the number of individuals receiving a medication in a given year, the total number of prescriptions, and the defined daily dose (DDD). Five controls were randomly selected from IPMR and matched on age, sex and time frame.

Results: 621 patients with RA, PsA or axSpA received 2630 prescriptions (4.2 prescription per patient; 3105 controls received 1337 prescriptions or