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OP0212

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

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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.

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OP0213

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

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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

0.4 prescription per individual) for GC during the study period. GC use varied between patient groups (Figure 1). The total GC use (DDD) doubled over the two-year period leading up to TNFi treatment but decreased sharply after the initiation of TNFi. The number of individuals on GC decreased by one third after initiating TNFi therapy and the majority of those who continued GC treatment were patients with RA (Figure 1). Of those patients on long term GC treatment (>7.5 mg/day for three months) 38% were receiving bone protective therapy against corticosteroid induced osteoporosis. The use of topical steroids decreased by half among PsA patients and one third discontinued the treatment after initiating TNFi (Figure 2).

Conclusion: TNFi therapy does impact GC use among patients with arthritides, however a large portion of RA patients are still on GC two years after initiating TNFi therapy. Better osteoporosis prophylaxis and treatment is warranted for those patients on long term GC

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OP0214

INCIDENCE OF CANCER (RELAPSE OR NEW ONE) FOLLOWING bDMARDs INITIATION IN PATIENT WITH RHEUMATOID ARTHRITIS AND HISTORY OF CANCER: A SYSTEMATIC REVIEW WITH META-ANALYSIS OF OBSERVATIONAL STUDIES

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Background: The tolerance of targeted biologic therapies (bDMARDs) used in rheumatoid arthritis (RA) has been studied in patients with no history of cancer. A 5-year cancer remission is recommended to initiate treatment with bDMARDs. However, in the context of the aging of the population and the increase in screening for neoplasia, the question of targeted treatment in a patient with RA with a history of cancer is usual.

Objectives: To determine the risk of recurrence or a new malignancy when exposed to a b-DMARDs in adults with RA and a history of cancer.

Methods: A systematic literature search of EMBASE, MEDLINE, Cochrane Library, and electronic abstract databases of the annual scientific meetings of both the European League Against Rheumatism and the American College of Rheumatology was conducted through June 2019 and selected all cohort follow-up studies including adults with RA with a history of cancer and treated with b-DMARDs (TNF inhibitors, rituximab, abatacept and tocilizumab). We compared the risk of relapse or new cancer onset between the groups treated with and without b-DMARDs. The RevMan 5.3 software was used to calculate the cumulative risks from each group's Hazard Ratio (HR), with their 95% confidence intervals. The heterogeneity of the studies was evaluated by the Cochran Q test and expressed with the I^2 value.

Results: 26 observational cohort studies were selected, of which 12 were included in the meta-analysis. The overall risk of new cancer or recurrence of neoplasia in RA patients with a history of cancer, compared to control subjects, for all b-DMARDs combined was 1.09 ($p=0.29$, 95%CI [0.92-1.32], $I^2=16\%$). The risk of relapse or new cancer onset in patients exposed to TNF inhibitors was 1.11 ($p=0.45$, 95%CI [0.85-1.46], $I^2=48\%$) and 0.79 ($p=0.49$, 95%CI [0.41-1.53], $I^2=10\%$) for rituximab. The rate of recurrence was 1.32 ($p=0.04$, 95%CI [1.02-1.72], $I^2=0\%$) for skin cancer, 1.28 ($p=0.07$, 95%CI [0.98-1.67], $I^2=0\%$) for skin cancers excluding melanoma and 1.21 ($p=0.31$, 95%CI [0.84-1.72], $I^2=0\%$) for breast neoplasia.

Conclusion: This is the first meta-analysis evaluating the risk of recurrence or new cancers in a RA population with a history of neoplasia exposed to b-DMARD. For patients with a history of cancer, for whom the benefit / risk balance has been found to be favorable, the initiation of b-DMARD treatment for RA does not seem to significantly increase the risk of recurrence or new cancer compared to patients naïve to biological treatments, apart from skin cancers including melanoma.

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OP0215

FUNCTIONAL ABILITIES IMPROVEMENT IN RHEUMATOID ARTHRITIS PATIENTS WITH DEPRESSIVE AND ANXIETY DISORDERS TREATED WITH BIOLOGIC DMARDs AND/OR ANTIDEPRESSANTS

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Background: Anxiety and depressive disorders (ADD) significantly increase functional limitations in patients with rheumatoid arthritis (RA). Successful psychopharmacotherapy (PPT) of ADD can potentially improve the functional abilities of RA-patients.

Objectives: To compare changes in functional disability of RA patients with comorbid ADD treated with conventional disease-modifying antirheumatic drugs (cDMARDs) alone or in combination with biologic DMARDs (bDMARDs) and/or PPT.

Methods: 128 RA-patients (pts) were enrolled, 86% were women with a mean age of 47.4 ± 11.3 (M $\pm$ SD) yrs. All patients met the full ACR/EULAR 2010 criteria for RA. Functional limitations were assessed using Health Assessment Questionnaire (HAQ), mean HAQ was 1.42 ± 0.78 at baseline. 69,4% RA-pts were already taking prednisone (9 [5; 10] mg/day (Me (25%; 75%)), 84,4% - cDMARDs, 7,8% - bDMARDs (anti-TNF- α - 6,3%, rituximab - 1,6%). ADD were diagnosed by psychiatrist in 123 (96,1%) of RA-pts in accordance with ICD-10 in semi-structured interview. Severity of depression and anxiety was evaluated with