Conclusion: The incidence of invalid results for the T-SPOT.TB assay has been reported to be as low as 0.6% (3). The results of this assay for screening of LTBI in HTLV-1-positive RA patients should be interpreted with caution. Furthermore, our results show that an increase in IFN-γ-producing T cell numbers due to LTBI-1 infection in RA patients may affect the pathogenesis of RA.

References:

Figure 1. The absolute number of lymphocytes of RA patients with CAD(n=54), RA patients without CAD (n=42) and healthy control (n=40). (*P<0.05,**P<0.01, ***P<0.001).

Table 1. The expression level of cytokines of RA patients with CAD(n=19) and RA patients without CAD (n=38).

<table>
<thead>
<tr>
<th>Cytokines (pg/ml)</th>
<th>RA and CAD group(A)(n = 19)</th>
<th>RA group(B)(n = 38)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL-2</td>
<td>5.50(1.36, 12.82)</td>
<td>6.82(4.45, 14.44)</td>
<td>0.042</td>
</tr>
<tr>
<td>IL-4</td>
<td>4.93(1.97, 9.41)</td>
<td>6.28(4.49, 11.88)</td>
<td>0.043</td>
</tr>
<tr>
<td>IL-6</td>
<td>23.68(10.93, 73.08)</td>
<td>36.67(15.40, 72.50)</td>
<td>0.636</td>
</tr>
<tr>
<td>IL-10</td>
<td>7.76(4.34, 15.05)</td>
<td>7.62(5.69, 19.91)</td>
<td>0.223</td>
</tr>
<tr>
<td>IL-17</td>
<td>10.81(4.04, 20.25)</td>
<td>20.68(13.88, 45.08)</td>
<td>0.012</td>
</tr>
<tr>
<td>TNF-α</td>
<td>6.10(3.27, 13.84)</td>
<td>18.31(8.19, 58.83)</td>
<td>0.115</td>
</tr>
<tr>
<td>TNF-β</td>
<td>10.49(2.50, 29.04)</td>
<td>14.96(10.03, 30.39)</td>
<td>0.097</td>
</tr>
</tbody>
</table>

Conclusion: Our research shows that there is lymphocyte imbalance and immune disorder existing in RA patients with CAD. Both the number of lymphocyte subsets and cytokine levels decreased in these patients than pure RA patients. It suggests that this group may be in lower immune state, which providing guidance for further clinical treatment of RA patients with CAD.

References:

Disclosure of Interests: None declared

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14. Rheumatoid arthritis - biological DMARDs

**AB0272**

**SWITCHING FROM ETANERCEPT ORIGINAL TO ETANERCEPT BIOSIMILAR. EXPERIENCE IN A TERTIARY HOSPITAL.**

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**Background:** With the arrival of biosimilar drugs and savings policies to make the health system sustainable, hospital managers have chosen to make changes from original molecules to biosimilars.

**objectives:** This work aims to reflect what happens when making these switches.

**Methods:** We reviewed 235 patients who started Etanercept original in Rheumatology at Navarra University Complex and Henares University Hospital and their switch to Etanercept biosimilar with a follow-up of 6 months.

**results:** The switch was performed in 174 patients with psoriatic arthritis (PsA), rheumatoid arthritis (RA), ankylosing spondylitis (AS), juvenile idiopathic arthritis, SAPHO and spondyloarthritis. 9.8% discontinued treatment: 6 RA (8.1%), 5 PsA (9.8%) and 6 AS (20.7%); all of them in the injection presentation. 12 patient stopped treatment due to inefficacy, 2 due to reaction at the injection site, 2 due to diarrhea and 1 due to headache. Among 88.2% of patients who returned to Etanercept original, 28.6% did not achieve good response and had to change of treatment. The time from Etanercept original beginning until the moment of switching was 54 (40-87) months.

**Conclusion:** In our series, approximately 10% of switching patients failed after a 6-month follow-up; when trying to return to Etanercept original 28.6% did not achieve response.

*The median persistence time in the original molecule and the percentage of failures observed in AS could be two conditions to consider before switching. A longer-term follow-up and a greater number of patients are necessary to ratify these data.*