antibody (ADA)-positive. Amongst ADA-positive subjects, a majority (12/18) also tested positive for neutralising ADAs (7/11 [63.6%] and 5/7 [71.4%] subjects, respectively).

**Conclusion:** This study demonstrated that the PK of ADL-PEF was comparable following SC administration using either a PFS or PFP device. ADL-PEF by PFS or PFP injection was well tolerated by healthy subjects, with the distribution of AEs, including ISRs, being similar between treatment arms.

<table>
<thead>
<tr>
<th>PK parameter (units)</th>
<th>ADL-PEF PFP (test)</th>
<th>ADL-PEF PFS (reference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cₘₐₓ (μg/mL)</td>
<td>4.45</td>
<td>4.13</td>
</tr>
<tr>
<td>AUC₀₋₂wk (μg•hr/mL)</td>
<td>1150</td>
<td>100</td>
</tr>
<tr>
<td>AUCₜₘₚ (μg•hr/mL)</td>
<td>2040</td>
<td>2100</td>
</tr>
<tr>
<td>Tₘₜ (hr)</td>
<td>142 (45.4, 336)</td>
<td>166 (102.7, 114.78)</td>
</tr>
</tbody>
</table>

a (test/reference of adjusted geometric means); b Ratios and 90% CIs are expressed as percentages.

Disclosure of Interests: Medical writing support was provided by Iain McDonald of Engage Scientific Solutions. The study was funded by Pfizer.

**Disclosure of Interests:** None declared

**AB0286 Efficacy and Safety of Intra-Articular Injection of Etanercept in Rheumatoid Arthritis Patients**

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**Background:** Refractory mono-o1o-arthritis is still a challenging clinical situation in rheumatoid arthritis. Intra-articular corticosteroids are the first-line therapy; however, their efficacy is rather varying and many patients experience relapses within 6 months after injection. (1) Intra-articular anti-TNF has the potential of being less toxic and cost effective compared to its systemic usage. (2) Recent evidences have shown a reduction in the synthesis of either the T helper 1 cytokines or in the interleukin-6/17 axis cytokines at joint level following intra-articular injection of etanercept.

**Objectives:** Our aim was to evaluate the safety and efficacy of intra-articular injection of etanercept in patients with rheumatoid arthritis.

**Methods:** This study included 23 rheumatoid arthritis patients diagnosed according to the American College of Rheumatology (ACR) and European League Against Rheumatism (EULAR) 2010 diagnostic criteria for RA (3), who suffered from flare of activity in one joint. Patients were selected from the outpatient clinic and the in-patient section of Physical Medicine, Rheumatology and Rehabilitation Department, Faculty of Medicine, Tanta University Hospitals, Egypt. The degree of swelling and tenderness of the affected joint was evaluated on a score (0-3) and the degree of pain was assessed by using visual analog scale (VAS). Musculoskeletal ultrasound (MSUS) examination was done to assess synovitis which was evaluated on two axes, longitudinal and transverse and was semi-quantitatively scored on a (0-3) scale, synovial vascularity was assessed using power Doppler and it was semi-quantitatively scored on a (0-3) scale. Follow-up: Patients were examined both clinically (degree of swelling, degree of tenderness and VAS), and by MSUS on weeks: 1, 4 and 12 after injection.

**Results:** No serious or life-threatening adverse effects were noticed in any patient during the follow-up periods and up till the end of the study except for temporary local soreness during the injection, there was a significant improvement of VAS, tenderness and swelling scores after 1-week p<0.002 and 1-month p<0.003 follow-up periods, but there was insignificant change after 3 months p=0.116, by MSUS, there was an insignificant change in synovitis p=0.112, but a significant change was found in power Doppler after 1-week p= 0.046 and no significant changes were detected further.

**Conclusion:** Intra-articular injection of etanercept is a safe and an encouraging treatment modality in managing refractory mono-artthritis in rheumatoid arthritis patients. Further researches are needed to study the use of repeated injection of etanercept to get more sustained effects.

**References:**