The mechanisms associated with such clinical benefit should be elucidated in future research.

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AB0296

EFFECTIVENESS OF CERTOLIZUMAB IN 506 PATIENTS WITH RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, AND SPONDYLOARTHRITIS FROM THE APULIAN REGISTRY BIOPURE.

F. Iannone¹, N. Maruotti², A. Semeraro³, R. Bucci⁴, G. Carlino⁵, L. Santo⁶, L. Quarta⁷, C. Zuccaro⁸, G. Santacesaria⁹, M. Fornaro¹, F. P. Cantatore².

¹Rheumatology Unit, Department of Emergency and Organ Transplantations, University of Bari "Aldo Moro", Bari, Italy; ²Rheumatology Unit, University of Foggia, Foggia, Italy; ³Rheumatology Unit, ASL Taranto, Martina Franca, Italy; ⁴Rheumatology Hospital Unit, AOU Foggia, Foggia, Italy; ⁵Rheumatology Service, ASL LE - DSS Casarano-Gallipoli (LE), Casarano, Italy; ⁶Rheumatology Unit, ASL BT, Barletta, Italy; ⁷Rheumatology Unit, "Vito Fazzi" Hospital, Lecce, Italy; ⁸Rheumatology Clinic, "Antonio Perrino" Hospital, Brindisi, Brindisi, Italy; ⁹Rheumatology Service, ASL LE, Lecce, Italy

Background: Little is known about effectiveness of certolizumab (CTZ) in clinical practice, especially in patients with inadequate response to prior biologics.

Objectives: To estimate the survival rate of CTZ in RA, PsA or SpA cohorts from the registry BIOPURE. Secondary endpoint was the changes of clinical outcomes from baseline at 6 and 12 months for each disease.

Methods: We analyzed longitudinal data of consecutive patients, affected with RA, PsA or SpA starting a treatment with CTZ recorded into the web-based Apulian registry BIOPURE. Demographic and disease related characteristics were collected at baseline, 6 and 12 months. Drug survival was evaluated by Kaplan-Meier life table analysis. Estimates hazard ratios (HRs, 95% confidence intervals (CI)) of drug discontinuation adjusted for patient's demographics, disease characteristics and prior biologic treatments were computed by Cox-regression models. Differences of DAS28, DAPSA and BASDAI among baseline, 6 and 12 months were estimated by T-test.

Results: 506 patients were included in this analysis (table 1). Global mean survival time (95% CI) was 58 (52-64) months. Drug survival rate was significantly higher in RA (71.1%) than in PsA (63.5%, $p=0.001$), while SpA showed 67.5% (Figure 1). Naïve-CTZ patients showed higher survival rates than biologic-inadequate responder (Bio-IR) patients in PsA (naïve 78.4% vs 56.9%, $p=0.02$), but not in RA (76.9% vs 64.1%, $p=0.08$), or SpA (73.7% vs 64.8%, $p=0.84$). The only weak predictor of drug discontinuation was age at baseline for SpA patients (HR 1.04 (95% CI:1.005-1.007) $p=0.02$) (Figure 1). No baseline covariate, including sex, cDMARDs co-therapy and biologic-naïve status, was found to be associated with CTZ discontinuation for RA and PsA cohorts. A significant improvement of clinical outcomes

from baseline was seen at 6 and 12 months, regardless prior biologic therapies. In RA DAS28 dropped from 3.95 ± 1.5 to 2.77 ± 1.3 at 6 months ($p=0.0001$) and 2.55 ± 1.3 at 12 months ($p=0.0001$). In PsA DAPSA decreased from 19.1 ± 10 to 10.8 ± 8 at 6 months ($p=0.0001$) and 9.6 ± 7 at 12 months ($p=0.0001$). In SpA DAS28 reduced from 3.66 ± 1.4 to 2.85 ± 1.3 at 6 months ($p=0.0001$) and 2.55 ± 1.1 at 12 months ($p=0.0001$). Additionally, in SpA BASDAI dropped from 5.3 ± 1.6 to 3.8 ± 2.3 at 6 months ($p=0.0001$) and 2.8 ± 1.8 at 12 months ($p=0.0001$).

Conclusion: In real-life settings CTZ has shown a good effectiveness also in Bio-IR patients. Unlike other TNF-inhibitors, the clinical response and the survival rate were also meaningful in RA patients.

Table:

	RA (nr. 180)	PsA (nr.189)	SpA (nr.137)
Age (mean $\pm$ SD)	54.5 $\pm$ 12	50.6 $\pm$ 12	52.0 $\pm$ 11
Female	82.9 %	74.6 %	56.3 %
BMI (mean)	25.9 $\pm$ 5	28.4 $\pm$ 5	26.7 $\pm$ 5
Dis Durat months (mean $\pm$ SD)	46 $\pm$ 14	106 $\pm$ 82	97 $\pm$ 92
Naïve	53.9 %	32.8 %	28.5 %
Prior biologics	52.9 %	75.0 %	71.1 %
Glucocorticoids	55.9 %	39.7 %	39.4 %
DMARDs	72.4 %	52.4 %	43.8 %
DAS28 (mean $\pm$ SD)	4.8 $\pm$ 1.5	3.6 $\pm$ 1.2	3.7 $\pm$ 1.3
BASDAI (mean $\pm$ SD)			5.2 $\pm$ 2
DAPSA (mean $\pm$ SD)		19.7 $\pm$ 10	
HAQ (mean $\pm$ SD)	1.2 $\pm$ 0.7	1.1 $\pm$ 0.6	1.2 $\pm$ 0.7
RF/ACPA +	72.4 %

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AB0297

THE LONG-TERM OBSERVATION OF PATIENTS WITH RHEUMATOID ARTHRITIS WHO ACHIEVED A BIO-FREE CONDITION WITH ADALIMUMAB.

S. Ito¹, S. Sakai¹, Y. Kurosawa¹, D. Kobayashi², R. Okabayashi¹, A. Abe¹, H. Otani¹, K. Nakazono¹, A. Murasawa¹, I. Narita², H. Ishikawa¹. ¹Department of Rheumatology, Niigata Rheumatic Center, Shibata, Japan; ²Division of Clinical Nephrology and Rheumatology Niigata University Graduate School of Medical and Dental Sciences, Niigata, Japan

Background: Biological disease-modifying antirheumatic drugs (bDMARDs) caused a paradigm shift in the treatment of rheumatoid arthritis (RA). However, their high cost is a burden for patients and the national medical economy.

Objectives: To analyze the long-term outcomes of patients with RA who achieved a bio-free condition (BF) with adalimumab (ADA).