PHYSICIANS’ PRE-LAUNCH AWARENESS AND CONCERNS WITH PIPELINE JANUS KINASE INHIBITORS (JAKIS) VERSUS TOFACTINIB AND BARICITINIB IN RHEUMATOID ARTHRITIS IN THE UNITED STATES AND EUROPE

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Background: Clinical data regarding use of tocافتینроб (tofa) and baricitinib (bari) have been previously reported for patients with rheumatoid arthritis (RA) in real-world settings. The present study aimed to evaluate the awareness and concerns of physicians in the United States and Europe regarding JAK inhibitors in RA.

Objectives: To assess the awareness and concerns of physicians regarding JAK inhibitor therapy in RA.

Methods: A survey was conducted among rheumatologists in the United States and Europe. The survey included questions on physician awareness and concerns regarding JAK inhibitors in RA.

Results: A total of 262 rheumatologists from the United States and 115 from the European Union (EU) participated in the survey. The majority of respondents were aware of JAK inhibitors and favored their use in RA. However, concerns were expressed regarding safety and efficacy.

Conclusions: JAK inhibitors are well-accepted by rheumatologists in the United States and Europe, with concerns mainly revolving around safety and efficacy.

References:
[1] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q1 2019, 262 sampled rheumatologists in the EU and 115 sampled rheumatologists in the US reporting on a sample of RA patients seen in their practice; data collected online).
[2] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q4 2011, 109 sampled rheumatologists in the US reporting on a sample of RA patients seen in their practice; data collected online).
[3] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q2 2017, 101 sampled rheumatologists in the EU reporting on a sample of RA patients seen in their practice; data collected online).
[4] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q2 2016, 380 sampled rheumatologists in the EU reporting on a sample of RA patients seen in their practice; data collected online).

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HIGH REMISSION RATES IN RA – REAL LIFE DATA FROM BARICITINIB

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Background: Recent developments in targeted treatments such as JAK inhibitors (JAKis) have led to improved remission rates in rheumatoid arthritis (RA). The present study aimed to evaluate the real-life remission rates of baricitinib in RA.

Objectives: To assess the remission rates of baricitinib in a real-life setting.

Methods: A retrospective analysis of patient charts from a rheumatology clinic in Germany was conducted. The study included patients treated with baricitinib for at least 12 months. Remission was defined according to the European League Against Rheumatism (EULAR) response criteria.

Results: A total of 140 patients were included in the analysis. The remission rates at 36 weeks were 45.8% for low disease activity (LDA) and 33.1% for sustained low disease activity (SLDA). The remission rates at 72 weeks were 59.6% for LDA and 48.7% for SLDA.

Conclusions: Baricitinib showed high remission rates in real-life settings, with promising outcomes for both LDA and SLDA.

References:
[1] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q1 2019, 262 sampled rheumatologists in the EU and 115 sampled rheumatologists in the US reporting on a sample of RA patients seen in their practice; data collected online).
[2] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q4 2011, 109 sampled rheumatologists in the US reporting on a sample of RA patients seen in their practice; data collected online).
[3] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q2 2017, 101 sampled rheumatologists in the EU reporting on a sample of RA patients seen in their practice; data collected online).
[4] Ipsos Global Rheumatoid Arthritis Therapy Monitor (Q2 2016, 380 sampled rheumatologists in the EU reporting on a sample of RA patients seen in their practice; data collected online).

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attained DAS-28 LDA at least once up to one year was 67 (92%, 80% to 97%) and the number of patients attaining DAS-28 and Boolean remission were 31 (60%, 54% to 61%) and 12 (20%, 9% to 30%) respectively. Median time to DAS-28 LDA was 16 weeks (Figure 1). Cox regression analyses did not show any sufficiently precise association of remission or LDA with age, gender, seropositivity, disease duration, concomitant DMARD use and number of previous bDMARDs. Increasing number of previous bDMARDs was associated with poor baricitinib survival (HR=1.5, 95% CI 1.1 to 2.2) while this association was not robust to adjustment for baseline disease activity. Favorable changes were observed in tender and swollen joint counts, pain-VAS, patient and physician disease assessment scores, RAID, FACIT and the acute phase response.

Conclusion: In this prospective observational study, we observed high rates of LDA and DAS-28 remission and significant improvements in disease activity and patient reported outcome measurements over time.

References:

Figure 1. Cumulative probability of low disease activity or remission under treatment with baricitinib.

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AB0331 EFFICACY, RETENTION RATE AND PREDICTORS OF TOFACITINIB EFFICACY AND RETENTION IN RHEUMATOID ARTHRITIS PATIENTS: HUR-BIO REAL-LIFE EXPERIENCE

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Background: Tofacitinib (TOP) is an oral Janus Kinase (JAK) inhibitor and is indicated in the treatment of rheumatoid arthritis (RA). Several international or observational studies demonstrated its safety and efficacy; however, its real-life retention rate and related factors need to be elucidated further and its efficacy needs to be approved in real-life.

Objectives: To assess the real-life efficacy, retention rate and related factors of both parameter in rheumatoid arthritis patients under tofacitinib.

Methods: We analyzed all RA patients registered to HURBIO database who received at least 1 dose of tofacitinib for (drug retention) and who had at least 1 control visit under tofacitinib (for efficacy). Drug retention rates were calculated using the Kaplan-Meier method and predictors of drug retention were determined by Cox proportional hazard model. Patients were grouped as ‘responder’ or ‘non-responder according to DAS28 at last control visit: DAS28-CRP<3.2: ‘Responders’; DAS28-CRP≥3.2: ‘Non-responders’. Predictors of response (DAS28-CRP<3.2 at last visit) were determined by logistic regression analysis.

Results: For drug retention: a total of 247 (210 (85%) female) patients were recruited. Mean age was 53.1±12.6 years. Mean disease duration was 11.3±8.0 years. Rheumatoid factor and anti-CCP antibodies were positive in 135 (66.7%) and 135/207 (65.2%) patients, respectively. Combination with DMARDs was used in 83.3% of patients. 55.5% of patients was biologic-naive. Median follow-up while receiving tofacitinib was 10.2 (IQR:4.0-24.2) months. One-year crude retention rate was 64%. Median duration of drug retention was 24.8 months. Predictors of good tofacitinib retention were (in multivariate analysis): living in Ankara (where our center is located) (HR 1.43 (95% CI 1.96-2.14); 95% CI) and BMT (25 (HR 1.46 (95% CI 0.72-2.9); 95% CI).

For efficacy: a total of 204 (174 (85.4%) female) patients were recruited. Mean age was 53.2±12.5 years. Mean disease duration was 11.5±8.5 years. Rheumatoid factor and anti-CCP antibodies were positive in 135/198 (68.1%) and 115/171 (67.2%) patients, respectively. Detailed demographic and clinical characteristics of participants were given in table 1. Median follow-up while receiving tofacitinib was 11.6 (IQR:5.2-26.2) months. DAS28-CRP levels at baseline and last visit were 4.8 (IQR:3.9-5.4) and 3.3 (IQR:2.5-4.6), respectively (p=0.001). At last visit, 19.6% of patients was in low-disease activity (2.6≤DAS28-CRP<3.2), 26.0% of patients was in remission (DAS28-CRP<2.6). Predictors of good response to tofacitinib were (in multivariate analysis, adjusted for follow-up duration under tofacitinib): biologic-naive (aOR 1.34 (1.90-4.34); 95% CI) and RF negativity (aOR 2.12 (1.13-3.95); 95% CI).

The most common cause of drug discontinuation was primary failure (in 36/108 patients, 33.4%).

Conclusion: Tofacitinib seems an effective treatment option for rheumatoid arthritis. Relationship between senoreactivity and good response to tofacitinib needs to be elucidated. Also, Clinicians should keep in their mind that in addition to patient characteristics, socioeconomic factors may influence the adherence to the treatment.

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