The most prevalent polymorphism (84.6% (IC95%: 84.09%-85.11%)) and in cases (86.0% (IC95%: 79.43%-92.57%)) was homozygous CC (ITPase-c94A); in controls homozygous GG (GGH-T401C) (87.5% (IC95%: 81.98%-93.42%). There were no significant differences in the parameters of activity between groups, in both, patients were best basally controlled than at the start of the MTX income and/or bDMARD

Being homozygous-AA for the DHFR gene was significantly associated (p<0.05) with the appearance of AE (none of the 4 homozygous AA patients for that gene had AE).

In MLR, homozygous GG (ref. homozygous AG) in polymorphism GGH-T401C, being homozygous CC (ref. homozygous TC) in polymorphism ABC2-C24T and PCR (mg/dL) at the start of bDMARD resulted independent predictive factors of MTX intolerance.

Conclusion: Polymorphisms T401C for the GGH gene and C24T for the ABC2 gene and PCR at the start of the bDMARD resulted independent predictive factors of MTX intolerance.

...Polymorphism homozygous AA for DHFR gene was related to significant protection against appearance of AE.

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AB0339

THE IMPORTANCE OF THERAPEUTIC COMPLIANCE: ADHERENCE TO METHOTREXATE AND ITS ROLE IN IMMUNOGENICITY

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Background: Immunogenicity against adalimumab leads to loss of response and secondary failure to biologic therapy; however, concomitant use of methotrexate (MTX) seems to reduce the development of anti-drug antibodies (ADAbs) in a dose-dependent manner. Suboptimal adherence to MTX may favour ADAbs appearance.

Objectives: To evaluate the relationship between MTX adherence and ADAbs development.

Methods: Observational study among adult patients with chronic inflammatory arthropathy, followed in a tertiary care centre, who were in treatment with MTX and adalimumab. ADAbs formation in relation to MTX adherence was assessed.

Results: 33 patients were included, with a MTX adherence overall mean of 82.13 (12.45%-100%, median adherence 94.29%). A statistically significant difference (p=0.0117) and ESR (p=0.0481) were found. No statistically significant differences (p>0.05) involving MTX adherence and its dose were found.

Conclusion: While the sample is small, this study suggests that ADAbs development may be influenced by MTX adherence, thereby promoting adequate MTX adherence should be a priority in the daily practice of every rheumatologist.

influence the local or systemic inflammatory parameters, even if still preventing bone loss. References:


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### AB0341 SURVIVAL OF REMISSION OR LOW DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS PATIENTS TREATED WITH TOFACITINIB. RESULTS OF RUSSIAN NATIONAL REGISTER


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**Background:** Tofacitinib is an oral Janus Kinase inhibitor for the treatment of rheumatoid arthritis (RA). The survival of remission or low disease activity (LDA) in RA patients, treated with tofacitinib remain unknown.

**Objectives:** To evaluate the survival of DAS28 remission or low disease activity in RA patients treated with tofacitinib.

**Methods:** Data from 102 patients from Russian national register of patients with RA treated with tofacitinib (OREL), achieved DAS28 remission (DAS28<2.6, n=92) or LDA (DAS28<3.2, n=102) were analyzed. Number of patients with increased disease activity, time of disease activation were registered. Statistical analysis performed with statistical programs SPSS2017 and GraphPadPrizm. p-value < 0.05 considered as significant.

**Results:** Baseline characteristics of the patients are presented in table 1.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>LDA (n=102)</th>
<th>Remission (n=92)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, n (%)</td>
<td>19 (18.6)</td>
<td>15 (16.3)</td>
</tr>
<tr>
<td>Age, years (mean ±SD)</td>
<td>53.55±13.46</td>
<td>52.45±12.56</td>
</tr>
<tr>
<td>Symptoms duration, month (meansSD)</td>
<td>170±111.92</td>
<td>169±110.93</td>
</tr>
<tr>
<td>Positive rheumatoid factor, n (%)</td>
<td>41 (40.19)</td>
<td>36 (39.13)</td>
</tr>
<tr>
<td>Erosions of hand joints (X-rays), n (%)</td>
<td>43/42.15</td>
<td>41 (44.56)</td>
</tr>
<tr>
<td>BMI, kg/m²(mean ±SD)</td>
<td>25.67 ± 2.22</td>
<td>28.67 ± 2.19</td>
</tr>
<tr>
<td>Smokers (current and in the past), n (%)</td>
<td>9 (8.82)</td>
<td>9 (9.78)</td>
</tr>
</tbody>
</table>

The remission failed in 45 from 92 patients (48.91%), LDA failed in 65 from 102 of patients (63.72%), table 2.

<table>
<thead>
<tr>
<th>Time, month</th>
<th>Me</th>
<th>Standard error</th>
<th>95% Confidential Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>from</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td>LDA (n=102)</td>
<td>12.000</td>
<td>2.021</td>
<td>8.039 - 15.961</td>
</tr>
<tr>
<td>Remission (n=92)</td>
<td>10.312</td>
<td>6.000</td>
<td>0.796 - 4.440</td>
</tr>
</tbody>
</table>

Proportions of survival of remission or LDA are presented at figure 1 and figure 2 respectively.

**Disclosure of Interests:** Cristina Garufi: None declared, Francesca Romana Spinelli Grant/research support from: Pfizer, Consultant of: Novartis, Gilead, Lilly, Sanofi, Celgene, Speakers bureau: Lilly, Fulvia Ceccarelli: None declared, Silvia Mancuso: None declared, cristiana barbati: None declared, Tania Colasanti: None declared, cristiano alessandri Grant/research support from: Pfizer, Fabrizio Conti

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