Table 1

Groups	Cases; n (%)
TNFi group	32 (43.2)
IL-6R group	21 (28.4)
ABT group	11 (14.9)
Tofa group	9 (12.2)
The other	1 (1.4)

Figure 1

Conclusion: In this study, we demonstrated the short-term effectiveness and safety profiles of baricitinib after insufficient response to bDMARDs or tsDMARDs in patients with RA in the 'real-world' setting. Baricitinib improved disease activity after failure of the previous agent, even after IR to another tsDMARD. With respect to safety, the profile is almost tolerable, although careful observation is necessary for possible complications and AEs including herpes zoster.

Disclosure of Interests: Hanabayashi Masahiro Speakers bureau: Astellas Pharma Inc., Mitsubishi Tanabe Pharma Corporation, Eisai Pharma Corporation, Chugai Pharma Corporation, abbvie, Bristol-Myers Squibb, Pfizer, Janssen Pharmaceutical K.K., Eli Lilly Japan K.K. and UCB Japan, Nobunori Takahashi Speakers bureau: AbbVie, Asahi Kasei, Astellas, Bristol-Myers Squibb, Chugai, Daiichi-Sankyo, Eisai, Eli Lilly, Janssen, Mitsubishi Tanabe, Ono, Pfizer, Takeda, and UCB Japan, Toshihisa Kojima Grant/research support from: Chugai, Eli Lilly, Astellas, Abbvie, and Novartis, Consultant of: AbbVie, Speakers bureau: AbbVie, Astellas, Bristol-Myers Squibb, Chugai, Daiichi-Sankyo, Eli Lilly, Janssen, Mitsubishi Tanabe, Pfizer, and Takeda

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AB0349 EFFICACY OF TOFACITINIB THERAPY, DEPENDING ON THE USE OF DMARDs IN PATIENTS WITH RHEUMATOID ARTHRITIS IN A REAL CLINICAL PRACTICE IN RUSSIAN FEDERATION.

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Background:

Objectives: To evaluate how disease-modifying antirheumatic drugs (DMARDs) affects efficacy of tofacitinib (TOFA) therapy in patients with rheumatoid arthritis (RA).

Methods: We analyzed the history of 107 patients (mean age 51.4±12.1 yrs) with RA according to the 2010 ACR/EULAR criteria, from 11 regions Russian Federation, including patients who were treated at the V.A. Nasonova Research Institute of Rheumatology. These patients were non-responders to DMARDs, previously biologic therapy and were treated with TOFA in combination with DMARDs or without. 107 patients (77 woman (72%), tested positive for ACCP (76.5%)/RF (87.3%), the median disease duration was 7.5±6.6 years; the mean DAS28 score was 5.8±1.0, mean SDAI and CDAI score was 35.6±13.4 and 32.1±12.4 respectively) received TOFA for 12 months. TOFA therapy was started in all patients in dose 5 mg BID per os with escalation to 10 mg BID in 17.6% pts.

Results: The use of TOFA was accompanied by a decrease in the disease activity after 6 and 12 months of therapy. All patients were divided into 3 groups, depending on DMARDs therapy: TOFA+ methotrexate (MTX), TOFA+ another DMARDs (leflunomide, hydroxychloroquine, azathioprine), mono-therapy of TOFA. The dynamic of the disease activity in 3 groups is presenting on the table below:

Parameters	Weeks	TOFA+MTX (n=69)	TOFA+ another DMARDs (n=20)	TOFA monotherapy (n=18)
DAS28 (ESR)	baseline	5,9 ± 1,0	5,6 ± 1,1	6,0 ± 0,8
	6 months	3,5 ± 1,2*	4,1 ± 1,1*	4,2 ± 1,6*
	12 months	3,3 ± 1,0*	3,5 ± 1,3*	3,8 ± 1,2*
SDAI	baseline	36,2 ± 14,2	32,6 ± 9,5	35,3 ± 10,3
	6 months	14,4 ± 10,7*	16,7 ± 10,2*	27,3 ± 19,1*
	12 months	9,5 ± 8,0*	12,9 ± 8,6*	15,3 ± 10,2*
CDAI	baseline	32,4 ± 12,1	29,7 ± 8,9	33,2 ± 9,8
	6 months	13,3 ± 10,2*	15,6 ± 9,8*	22,4 ± 16,8*
	12 months	8,7 ± 7,6*	12,6 ± 8,2*	14,4 ± 9,6*

*p<0,05

Patients who received TOFA with MTX had lower disease activity during the therapy. Patients on mono-therapy of TOFA had higher disease activity according to DAS28, SDAI, CDAI.

Conclusion: Tofacitinib is effective ts-DMARDs for active rheumatoid arthritis on the Russian population. It shows better efficacy in combination with methotrexate, than in combination with another DMARDs (leflunomide and other) or in mono-therapy.

Disclosure of Interests: None declared

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AB0350 EFFICACY OF ADDING IGURATIMOD THERAPY IN RHEUMATOID ARTHRITIS PATIENTS WHO HAD INADEQUATE RESPONSE TO BIOLOGIC DMARDs

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Background: Igaratimod (IGU) was newly approved in Japan in June 2012 and recommended by JCR guideline 2014 in the treatment of rheumatoid arthritis (RA). Although there have been efficacy of monotherapy and concomitant MTX in clinical trials, however, there have been no reports of concomitant biologic DMARDs (Bio).

Objectives: we investigated efficacy of concomitant IGU therapy in RA patients who had inadequate response to Bio at the author's institution.

Methods: Subjects were 107 patients adding IGU who had inadequate response to Bio from January 2014 to October 2018. Previous treatment Bio. was ADA. And baseline mean concomitant MTX was 12.3 mg/week. And baseline characteristics were Mean age 53.8 years, mean duration of illness 5.5 years, corticosteroid use 9.3% (mean 3.1 mg/day).

The course of DAS28, SDAI, CDAI and remission rates were analyzed.

Results: Mean DAS28-ESR, SDAI, CDAI were significantly decreased from the initiation of IGU treatment at 24 weeks (3.1→2.3, 7.1→2.7, 6.5→2.4), at 52 weeks (2.1, 2.4, 2.0). Remission rates of DAS28-ESR, SDAI, CDAI were 69.2%, 68.2%, 70.1% at 24 weeks, 74.8%, 78.5%, 79.4% at 52 weeks. There were no side-effect that must be stopped after adding IGU.

Conclusion: IGU might be a new RA treatment option for aiming remission in patients who had inadequate response to Bio.

References:

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Disclosure of Interests: None declared

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AB0351 EFFICACY OF IGURATIMOD FOR RHEUMATOID ARTHRITIS IN ELDERLY PATIENTS

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Background: Igaratimod (IGU) was started development as new non-steroidal anti-inflammatory drugs (NSAIDs), but it was changed for development as disease modifying antirheumatic drugs (DMARDs) because it showed suppression of inflammatory cytokine and inflammatory parameter which was not to be found in existing NSAIDs in the early stage of pharmacological study of drug efficacy. Although the clinical efficacy and the safety of IGU were already reported, the efficacy for elderly cases was not sufficiently analyzed.