respective changes in cervical lesion parameters after 1 year were as follows: ADI: 0.20 ± 0.40 and 0.27 ± 0.45 mm (p = 0.367); SAC: –0.12 ± 0.32 and –0.17 ± 0.38 mm (p = 0.359); and Ranawat value: –0.15 ± 0.36 and –0.13 ± 0.34 mm (p = 0.783). The respective changes in cervical lesion parameters after 2 years were as follows: ADI: 0.35 ± 0.58 and 0.55 ± 0.70 mm (p = 0.099); SAC: –0.25 ± 0.47 and –0.45 ± 0.62 mm (p = 0.047); and Ranawat value: –0.23 ± 0.47 and –0.33 ± 0.55 mm (p = 0.293) in the patients receiving ABT and MTX (Fig. 1). The numbers of patients who did not showed progression in ADI, SAC and Ranawat value were each 42(70%) and 43(57%) cases(p=0.130); 46(77%) and 46(61%) cases(p=0.057) and 47(78%) and 53(71%) cases(p=0.313) after 2 years. Also the number who was able to suppress progression in all three parameters were each 42 cases (70%) receiving ABT and 43 cases (57%) receiving MTX (p=0.130) after 2 years (Fig. 2).

Conclusion: This study suggested that ABT treatment can be used to suppress the progression of RA cervical lesions more than MTX treatment.

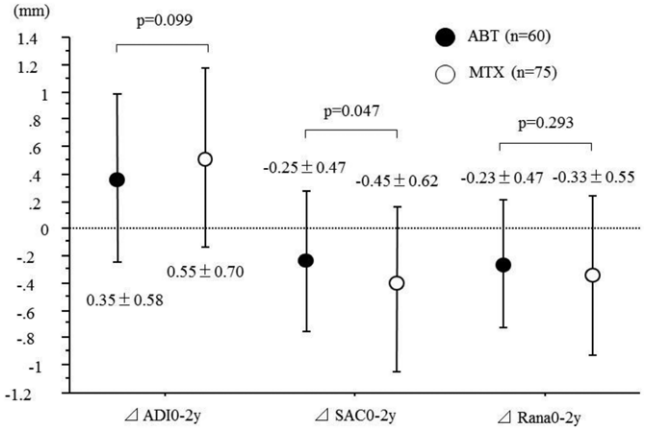

Figure 1 : Respective changes in ADI, SAC and Ranawat value from Year 0 to Year 2 in the ABT and MTX patients

Disclosure of Interests: Yasuhide Kanayama: None declared, 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, Yuji Hirano Speakers bureau: Tanabe-Mitsubishi, Pfizer, Eisai, Abbie, Chugai, Bristol-Meyers, Jansen, Astellas, UCB, Eli-Lilly, Asahikasei, Daiichi-Sankyo, Amgen, 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, Yukiyoshi Oishi: None declared, Naoki Ishiguro Grant/research support from: AbbVie, Asahi Kasei, Astellas, Chugai, Daiichi-Sankyo, Eisai, Kaken, Mitsubishi Tanabe, Otsuka, Pfizer, Takeda, and Zimmer Biomet, Consultant of: Ono, Speakers bureau: Astellas, Bristol-Myers Squibb, Daiichi-Sankyo, Eli Lilly, Pfizer, and Taisho Toyama

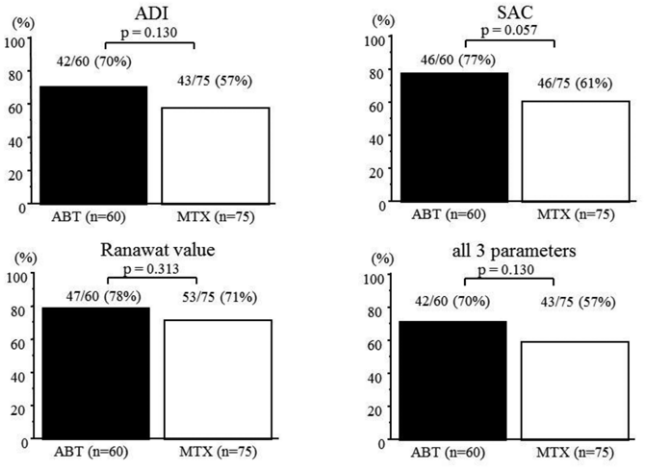

Figure 2 : The rate of patients who did not showed progression in ADI, SAC, Ranawat value and all three parameters after 2 years in the ABT and MTX patients

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THU0173

DIFFERENCES BETWEEN PATIENT-REPORTED AND PHYSICIAN-REPORTED ADVERSE DRUG REACTIONS ATTRIBUTED TO BDMARDS

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Background: Patient registries are a valuable tool to monitor a patient's health status. However, these systems operate primarily from the healthcare provider (HCP) perspective, which makes it difficult to collect detailed information on the nature, frequency and personal impact of adverse drug reactions (ADRs).

Objectives: Determining whether the distribution of patient-reported ADRs attributed to bDMARDs differs from ADR registrations by HCPs.

Methods: Patient reported ADRs were derived from the Dutch Biologic Monitor (DBM), a multi-centre cohort event monitoring system based on web-based questionnaires for bDMARD-using patients. ADR reports of the Dutch Rheumatic Arthritis Monitoring Registry (DREAM-RA) were used to outline the HCP perspective. ADR reports from foundation up to 31 October 2019 were coded according to MedDRA terminology. Fisher-Freeman-Halton test with Monte Carlo simulation was used to measure discrepancies between the distributions of High Level Group Terms (HLGT). The prevalence of the top 15 HLGTs were compared using Chi-Square Goodness-of-Fit tests.

Results: ADR reports of 404 DBM participants (1,977 ADRs) and 341 DREAM-RA patients (679 ADRs) were analysed. Patients and HCPs reported a different ADR distribution (p<.001). Administration site reactions were most frequently reported by patients, followed by infections and (epi)dermal conditions. HCPs most often reported (epi)dermal conditions, infections and general system disorders. Moreover, the distribution of ADRs that patients allegedly discussed with HCPs varied considerably from the distribution of HCP-reported ADRs (p<.001).

Table 1. Patient characteristics

	Dutch Biologic Monitor *n=404*	DREAM-RA *n=341*
Age, median (IQR), years	57.0 (49.0-65.0)	56.0 (46.0-65.0)
Female, n (%)	279 (73.5)	240 (70.4)
Indication for bDMARD therapy, n (%)		
Rheumatoid arthritis	299 (74.0)	381 (89.4)
Psoriatic arthritis	105 (26.0)	45 (10.6)
bDMARD use, n (%)		
Etanercept	164 (40.6)	152 (34.9)
Adalimumab	134 (33.2)	119 (44.6)
Tocilizumab	32 (7.9)	48 (14.1)
Other	100 (24.8)	107 (31.4)

Conclusion: Patients and HCPs report a different distribution of ADRs attributed to bDMARDs. Therefore, patient-reported ADRs should ideally be combined with HCP reports, as the combination of both perspectives gives a more complete picture of a patient's health status.

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THU0174

ANTI-IL-6 RECEPTOR ANTIBODY AMELIORATES DISEASE ACTIVITY OF RHEUMATOID ARTHRITIS PATIENTS WITH KNEE JOINT INVOLVEMENT -ANSWER COHORT STUDY-

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