Figure 2. ACR20 at 24 weeks (monotherapy)- Compared to cDMARD all TIMs given as monotherapy were 1.65 to 1.84 times more likely to achieve ACR20 response*

Abbreviations- ADA: Adalimumab, cDMARD: Conventional Disease-modifying Antirheumatic Drugs, CrI: credible interval, ETN: Etanercept, iv: intravenous, SAR: Sarilumab, sc: subcutaneous, TCZ: Tocilizumab
* Statistically significant; 95% CrIs do not overlap with 1
cDMARDs are defined as systemic agents with broad immunomodulatory effects like methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine.

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FRI0090

MAINTENANCE OF CLINICAL RESPONSE WITH ABATACEPT IN COMBINATION WITH MTX IN INDIVIDUAL PATIENTS WITH EARLY RA WHO ARE MTX-NAÏVE AND ANTI-CITRULLINATED PROTEIN ANTIBODY (ACPA)+: RESULTS FROM THE INDUCTION PERIOD OF AVERT-2, A RANDOMISED PHASE IIIB STUDY

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Background: In the 56-wk induction period (IP) of the Phase IIb Assessing Very Early RA Treatment (AVERT)-2 trial (NCT02504268), more patients (pts) achieved SDAI remission (≤ 3.3) with abatacept (ABA) + MTX vs ABA placebo (PBO) + MTX at IP Wk 52.¹ It is unknown whether each individual pt within a treatment (Tx) group achieves and sustains the same efficacy endpoints at all time points during the IP.

Objectives: To investigate whether ABA effectiveness is sustained by individual pts who achieved SDAI remission (≤ 3.3), SDAI low disease activity (LDA; $> 3.3-11$), DAS28 (CRP) < 2.6 , ACR50/70 response or Boolean remission at IP Wk 24 (AVERT-2 primary endpoint) and both Wks 40 and 52 (Wks 40/52).

Methods: Pts were randomised 3:2 to blinded SC ABA (125 mg/wk) + MTX or ABA PBO + MTX induction Tx for 56 wks. Key inclusion criteria: age ≥ 18 yrs; RA diagnosis (ACR/EULAR 2010 criteria); RA duration ≤ 6 mos; SDAI > 11 ; ACPA+; CRP > 3 mg/L or ESR ≥ 28 mm/h; TJC ≥ 3 and SJC ≥ 3 ; DMARD naïve. Response rates were investigated by Tx arm in the cohort 1 analysis population (all randomised pts treated in the IP [intent-to-treat analysis]).

Results: Of randomised cohort 1, 752 pts were treated during the IP: 451 with ABA + MTX and 301 with ABA PBO + MTX. Baseline characteristics were similar across Tx arms.¹ Stringent SDAI remission endpoint at IP Wk 24 was achieved by 22% of ABA + MTX-treated pts; of these, 56% sustained SDAI remission at IP Wks 40/52 (Table). A similar proportion of ABA + MTX-treated pts achieved (17%) and sustained (58%) Boolean remission at IP Wks 24 and 40/52. At IP Wk 24, 42% of ABA + MTX-treated pts achieved DAS28 (CRP) < 2.6 and 74%

sustained DAS28 (CRP) < 2.6 to IP Wks 40/52; a high proportion of patients sustained ACR50/70 responses at IP Wks 40/52 (83% and 79%, respectively). A lower proportion of pts sustained SDAI LDA to IP Wks 40/52 vs other endpoints (Table). Most efficacy endpoints were achieved by fewer pts who received ABA PBO + MTX than ABA + MTX (Table); among responders in this Tx group, fewer sustained remission at Wks 40/52, which correlates with a higher proportion of pts sustaining SDAI LDA at Wks 40/52 with ABA PBO + MTX than ABA + MTX. **Conclusion:** The majority of individual pts with RA who achieved clinically stringent endpoints such as SDAI remission, DAS28 (CRP) < 2.6 or Boolean remission, as well as clinically meaningful endpoints such as ACR50/70 at IP Wk 24 with weekly SC abatacept, sustained their responses to Wks 40/52. The high proportion of patients achieving early stringent remission and response to SC abatacept by individual pts may be indicative of sustained efficacy over time.

References:

[1] Emery P, et al. ACR 2018; San Diego, USA: Poster 563.

Table. Proportion of Pts With Response at IP Wk 24 Who Also Achieved Remission at Wks 40/52

Endpoint	Responders at IP Wk 24, n (%)		Responders at IP Wk 24 and Wks 40/52, n/N (%)	
	ABA + MTX (n=451)	ABA PBO + MTX (n=301)	ABA + MTX* ABA PBO + MTX*	
SDAI remission (≤ 3.3)	100 (22)	40 (13)	56/100 (56)	17/40 (43)
SDAI low disease activity ($> 3.3-11$)	167 (37)	82 (27)	46/167 (28)	32/82 (39)
DAS28 (CRP) < 2.6	188 (42)	78 (26)	139/188 (74)	43/78 (55)
ACR50 response [†]	260 (58)	125 (42)	215/260 (83)	92/125 (74)
ACR70 response [†]	156 (35)	66 (22)	123/156 (79)	42/66 (64)
Boolean remission	76 (17)	29 (10)	44/76 (58)	8/29 (28)

*% based on number of pts within each Tx group who achieved response at IP Wk 24 (denominator); [†]Response at IP Wks 24 and 52

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FRI0091

A STUDY OF THERAPEUTIC PREFERENCES IN RHEUMATOID ARTHRITIS AFTER FAILURE OF A FIRST-LINE STRATEGY INCLUDING METHOTREXATE, USING THE DISCRETE CHOICE EXPERIMENTS METHODOLOGY

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