In the group of pts treated with TOFA Δ NT-proBNP level significantly correlated with the percentage change in DAS 28 ($r=0.41, p=0.038$), there was no direct correlation with changes in the parameters of the LV diastolic function.

Conclusion: TCZ and TOFA treatment for 12 m reduced NT-proBNP levels in RA pts without clinically manifest CVD and CHF. Falling NT-proBNP concentrations are associated with positive dynamics of RA activity (DAS 28) and inflammatory markers (CRP, ESR), therefore allowing to suggest that increased NT-proBNP levels should be considered as a component of disease activity. Correlation between Δ NT-proBNP and Δ EeLF may be indicative as possible impact of these biomarkers on the LV diastolic function's development in RA pts.

Disclosure of Interests: None declared

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FRI0095

SARILUMAB IMPROVED PATIENT-PERCEIVED IMPACT OF RHEUMATOID ARTHRITIS WHATEVER THE BASELINE DISEASE ACTIVITY: FIRST RESULTS FROM AN INTERVENTIONAL NON CONTROLLED STUDY: SARI PRO, IN MODERATE AND SEVERE RHEUMATOID ARTHRITIS PATIENTS

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Background: Sarilumab, an anti-IL-6R antibody, is approved for the treatment of moderate to severe RA and shown efficacy on disease activity and patient-reported outcomes (PROs). Detailed analyses of drug efficacy from the patient point of view is important. SariPRO is a pragmatic interventional study close to the daily practice.

Objectives: To assess the effectiveness of sarilumab on several PROs using the RAID (Rheumatoid Arthritis Impact of Disease) score.

Methods: The SariPRO study (NCT 03449758) was a French multicenter interventional study assessing the effects of sarilumab 200 mg on PROs in patients with moderately to severely active RA with an inadequate response or intolerance to conventional synthetic or biologic DMARDs. The primary endpoint was change in total RAID score from baseline to week 24 (RAID ranges 0-10 where 10 is maximal impact). Changes from baseline for RAID, DAS28-ESR and CDAI according to baseline disease activity were analyzed as secondary outcomes. Safety was assessed by monitoring adverse events (AE). All statistical analyses were descriptive, 95% CI was given when appropriate.

Results: 84 patients were included in 31 centers and 62 were evaluable and analyzed for effectiveness. They had similar characteristics to the 84 patients at baseline and were as expected for an RA population initiating a biologic: mean (SD) age: 59.9 (12.4) years, 71.0% female, disease duration 9.7 (10.3) years, rheumatoid factor positivity 82.5%, ACPA positivity 86.4%, and DAS28=4.9 (11). Total RAID score decreased significantly from 5.7 (2.0) at baseline to 3.3 (2.5) at W24; mean change was -2.4 [95% CI: -3.0; -1.8]. Furthermore, this improvement was noted both for highly and less active patients at baseline: for patients with DAS28-ESR < 5.1 ($n=31$), mean change was -1.56 [-2.28; -0.83] and for patients with DAS28-ESR ≥ 5.1 ($n=27$), mean change was -1.98 [-2.91; -1.05]. Changes in DAS28-ESR and CDAI were significant (-2.8 [-3.2; -2.4] and -15.2 [-18.5; -11.8], respectively). AEs were consistent with the safety profile of anti-IL-6R antibodies and with results from RCTs (data not shown).

Conclusion: In this real world study, treatment with sarilumab during 24 weeks in RA patients led to an improvement in the total RAID score irrespective of baseline levels of disease activity. This is the first time RAID score is used as the primary endpoint in a study.

References:

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FRI0096

CLINICAL BENEFITS REPORTED IN AMPLE TRIAL OBSERVED IN A REAL-WORLD (RW) COHORT OF US RHEUMATOID ARTHRITIS (RA) PATIENTS

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Background: Efficacy observed in controlled trials may not reflect RW effectiveness, given documented differences in patient populations and management.¹

Objectives: This study aimed to assess disease measures over time as measured in a trial setting (AMPLE) and in a separate RW observational setting, both among patients with RA treated with abatacept.

Methods: The RW cohort comprised retrospective patient-level data abstracted by 31 community rheumatologists for adult RA patients treated with abatacept who had an anti-cyclic citrullinated peptide-2 titer ≥ 250 AU/mL. AMPLE was a phase III, randomized controlled trial of RA patients treated with abatacept that assessed disease measures over a 2-year follow-up. Data included demographics, treatments, labs, and disease measures (tender and swollen joint counts (TJC, SJC), C-reactive protein (CRP), American College of Rheumatology-20 (ACR20) and ACR50 at baseline and 3 and 6 months) and were summarized descriptively. Disease measures were evaluated across AMPLE and RW cohorts.

Results: Of the 291 RW patients and 318 AMPLE patients, the majority were female (70%, 81%), white (72%, 81%), and RF-positive (91%, 76%), respectively (Table 1). The mean ages at abatacept initiation were 54.7 and 51.4 years

Table 1: Patient Characteristics.

	RW cohort (n=291)	AMPLE cohort (n=318)
Female (n, %)	205 (70%)	259 (81%)
White (n, %)	209 (72%)	257 (81%)
Age at abatacept initiation, years (mean, SD)	54.7 (14.8)	51.4 (12.6)
RF-positive* (n, %)	249 (91%)	240 (76%)
Concomitant medications (n, %)		
Corticosteroids [†]	132 (45%)	207 (65%)
Methotrexate	179 (62%)	318 (100%)
Prior biologic use (n, %)	241 (83%)	0 (0%)
Route of administration (n, %)		
Intravenous	183 (63%)	0 (0%)
Subcutaneous	108 (37%)	318 (100%)

LEGEND: *among 274 with known RF status; [†]corticosteroids in AMPLE cohort at any time in the 2-year study period