Figure 1. Adjusted odds ratio of achieving MCID CDAI or modified ACR20/50/70 at 6 months after initiation of abatacept by line of therapy (primary cohort)

*Estimated by multiple logistic regression analysis adjusted for age, sex, disease duration, work status, SC modules, history of hypertension and depression, BL CDAI, BL patient-reported pain and BL fatigue (factors that were selected a priori based on clinical experience or differed significantly by line of therapy); p values reflect overall difference across lines of therapy.
^bReduction in CDAI score of 2 if BL disease activity was low (CDAI score ≤10); of 6 if BL disease activity was moderate (CDAI score >10 and ≤22); and of 11 if BL disease activity was high (CDAI score >22).
^cModified ACR criteria is based on 2 out of 4 measures (not using ESR or CRP).
 Modified ACR20/50/70=20/50/70% improvement in modified ACR criteria; MCID=minimal clinically important difference; OR=odds ratio.

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AB0203 EFFECT OF DOSE ESCALATION OF SUBCUTANEOUS TOCILIZUMAB ON DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS IN A RANDOMIZED CONTROLLED TRIAL

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Background: In patients with RA, subcutaneous tocilizumab (TCZ-SC) is administered every 2 weeks (q2w) or every week (qw), based on the patient's weight and clinical response.

Objectives: To compare the effects on disease activity at week 24, when the dosing schedule of TCZ-SC was escalated from q2w to qw, in patients who did not achieve LDA (DAS28-ESR > 3.2) at week 12 in COMP-ACT with patients who, despite not achieving LDA, continued TCZ-SC qw in SUMMACTA and q2w in BREVACTA.

Methods: US patients in COMP-ACT who weighed < 100kg at baseline and who received TCZ-SC 162mg q2w + methotrexate escalated to qw if they did not achieve LDA at week 12. DAS28-ESR remission (< 2.6) and LDA (< 3.2), CDAI remission (< 2.8) and LDA (< 10) and SDAI remission (< 3.3) and LDA (< 11) at week 24 were compared between patients who switched from q2w to qw and North American patients in SUMMACTA who initiated TCZ qw + csDMARDs and continued a qw dose (baseline body weight < 100kg and DAS28 > 3.2 at week 12). A secondary analysis compared COMP-ACT patients who escalated from q2w to qw with all SUMMACTA patients who continued a qw dose and all BREVACTA patients who initiated a TCZ-SC q2w dose + csDMARDs and continued a q2w dose (baseline body weight < 100kg and DAS28 > 3.2 at week 12). DAS28 was standardized to DAS28-ESR, and comparisons were calculated using a mixed model with repeated-measures logistic regression, including the following covariates: CDAI, SDAI and/or DAS28 at the reference visit (week 12),

as well as study baseline values of CDAI, SDAI and/or DAS28, baseline age, sex, TNFi use prior to the study (yes or no) and weight category.

Results: A total of 328 US patients in COMP-ACT did not achieve LDA at week 12 and escalated from q2w to qw TCZ-SC. In SUMMACTA, 285 patients did not achieve LDA at week 12 and continued TCZ-SC qw, of whom 71 were from North America. Baseline demographic and clinical characteristics were comparable between patients in COMP-ACT and North American patients in SUMMACTA. A significantly higher proportion of patients in COMP-ACT achieved DAS28-ESR, CDAI and SDAI remission and LDA 12 weeks after TCZ dose escalation (week 24) than North American SUMMACTA patients (Table 1). Similar results were seen when the proportion of patients who achieved DAS28 remission and LDA was compared at week 24 between patients in COMP-ACT and patients from all geographic regions who did not escalate dosing in SUMMACTA and BREVACTA (N=196).

Conclusion: US patients with RA who did not achieve LDA and escalated from q2w to qw TCZ-SC at week 12 in COMP-ACT had better disease activity outcomes at week 24 than North American patients who did not achieve LDA and continued qw dosing in SUMMACTA. These results provide some evidence that escalation from q2w to qw has more effect than expected without dose change for patients who do not achieve LDA by week 12.

Table 1. Comparison at Week 24 of Clinical Response After Week 12 Dose Escalation or Continuation Between Patients Who Did Not Achieve LDA at Week 12

	All COMP-ACT (N = 328)	North American SUMMACTA (n = 71)	All SUMMACTA (N = 285)	All BREVACTA (N = 196)
DAS28-ESR remission, n (%)	66 (20.1)	7 (9.9)	44 (15.4)	36 (18.4)
Adjusted OR (95% CI)	Ref	5.76 (1.92, 17.32)	3.29 (2.11, 5.12)	2.35 (1.44, 3.84)
P value	Ref	0.0018	< 0.0001	0.0006
DAS28-ESR LDA, n (%)	122 (37.2)	17 (23.9)	90 (31.6)	60 (30.6)
Adjusted OR (95% CI)	Ref	3.36 (1.61, 7.00)	2.81 (1.97, 4.01)	2.24 (1.50, 3.33)
P value	Ref	0.0012	< 0.0001	< 0.0001
CDAI remission, n (%)	12 (3.7)	2 (2.8)	13 (4.6)	11 (5.6)
Adjusted OR (95% CI)	Ref	4.50 (1.32, 15.32)	2.93 (1.37, 6.27)	1.45 (0.69, 3.05)
P value	Ref	0.0161	0.0056	0.3325
CDAI LDA, n (%)	80 (24.4)	11 (15.5)	81 (28.4)	66 (33.7)
Adjusted OR (95% CI)	Ref	4.19 (1.88, 9.35)	2.35 (1.63, 3.39)	1.32 (0.88, 1.97)
P value	Ref	0.0005	< 0.0001	0.1825
SDAI remission, n (%)	16 (4.9)	2 (2.8)	15 (5.3)	11 (5.6)
Adjusted OR (95% CI)	Ref	5.23 (1.44, 19.01)	3.23 (1.54, 6.76)	1.64 (0.81, 3.30)
P value	Ref	0.0120	0.0019	0.1670
SDAI LDA, n (%)	89 (27.1)	11 (15.5)	91 (31.9)	72 (36.7)
Adjusted OR (95% CI)	Ref	4.68 (2.20, 9.99)	2.20 (1.56, 3.11)	1.47 (0.99, 2.17)
P value	Ref	< 0.0001	< 0.0001	0.0540

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AB0204 THE PROPER STUDY: INTERIM ANALYSIS OF A PAN-EU REAL-WORLD STUDY OF SB5 BIOSIMILAR FOLLOWING TRANSITION FROM REFERENCE ADALIMUMAB IN PATIENTS WITH RHEUMATOID ARTHRITIS, AXIAL SPONDYLOARTHRITIS, OR PSORIATIC ARTHRITIS

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