Rheumatoid arthritis - prognosis, predictors and outcome

Background: Upadacitinib (UPA) has demonstrated efficacy in randomized controlled trials; however, few data are available from patients with rheumatoid arthritis (RA) who have been treated with UPA in real-world clinical practice.

Objectives: Describe the characteristics and 6-month outcomes in patients with RA initiating UPA in a real-world setting.

Methods: We identified adults with RA enrolled in the Corrona RA Registry through October 31, 2020 who initiated UPA during or after August 2019 and had a follow-up visit 6 (±3) months after initiation of UPA. Descriptive statistics were used to summarize characteristics in all patients initiating UPA who had a 6-month follow-up visit. Outcomes (CDAI, modified HAQ-DI, pain, and fatigue) were described at the 6-month visit for all UPA initiators regardless of UPA use at 6 months and for the subset of patients who continued UPA through the 6-month visit.

Results: We identified 181 patients who initiated UPA and had a 6-month follow-up visit. Mean±SD age was 58.6±12.1 years, 81% were female. Patients had RA for a mean of 11.5±9.8 years. At UPA initiation, 45% of patients were on monotherapy. Prior use of one or more TNFi and JAKi was 79% had prior treatment with a Janus kinase inhibitor. Of 651 patients collected in patients who initiated UPA during or after August 2019. Patients had ≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry,≥1 prescription for UPA (index date was first UPA prescription), were ≥18 years of age at index date, had ≥6 months of available data in the OM1 RA Registry.

Conclusion: Among patients in the Corrona RA Registry, UPA is frequently started in those who failed multiple previous therapies. UPA initiators responded to therapy in the first 6 months with improvements in several disease activity measures including CDAI and HAQ-DI, as well as patient-reported pain and fatigue.