Median DLCO values for pre- and post RTX were 71.0% (60.0-77.0) and 63.0% (47.0-74.0), respectively ($p=0.061$). Median pre and post-RTX FVC were 74.0% (61.0-99.0) and 84.0% (63.0-100.0), respectively ($p=0.28$). After a median of 2.7 years, 11 (55.0%) patients had stable disease, 2 (10.0%) patients had regression of RA-ILD and 7 (35.0%) patients had progressive disease. Sex, age, seropositivity and radiographic patterns were not associated with progression. In total, 23 adverse events were detected in 11 (42.3%) patients. Five of them were serious infections requiring hospitalization, mostly pneumonia. Other adverse events were simple infections and surgeries such as arthroplasty. RTX was stopped in 4 (15.4%) patients due to infections secondary to hypogammaglobulinemia in 2, malignancy in 1 and allergic reaction in 1.

Conclusion: RTX seems to achieve stabilization/improvement of RA-ILD with fewer adverse events. However, given that RA-ILD develops post-RTX, it is not a panacea; therefore, we need more effective treatment modalities in the case of RA-ILD.

Table 1. Characteristics of 26 patients with RA-ILD treated with rituximab

Age at first RTX infusion, median (IQR), years	61.2 (57.1-65.1)
RA disease duration at first RTX, median (IQR), years	10.1 (4.3-29.7)
ILD disease duration at first RTX, median (IQR), years	1.9 (0.1-4.5)
Age at RA diagnosis, median (IQR), years	51.1 (40.0-60.6)
Age at ILD diagnosis, median (IQR), years	58.3 (53.9-63.3)
Male patient, n (%)	16 (61.5)
RF positivity, n (%)	25 (96.2)
ACPA positivity, n (%)	20 (90.9)
CRP levels, mg/L, mean (SD)	40.3 (58.9)
ESR levels, mean (SD)	37.7 (18.2)
Smoking status, n (%)	16 (64.0)
Prior TNF inhibitor treatment, n (%)	5 (19.2)
DAS28 at first RTX infusion, mean (SD)	5.3 (1.5)
Radiographic pattern, n (%)	
UIP	7 (26.9)
NSIP	8 (30.8)
OP	2 (7.7)
Indeterminate	8 (30.8)
Others	1 (3.8)
Follow-up duration, median (IQR), years	2.5 (1.2-3.7)

RA-ILD= Rheumatoid arthritis-related interstitial lung disease, RTX= rituximab, RA= rheumatoid arthritis, RF= rheumatoid factor, ACPA= anti-citrullinated protein antibody, TNF= tumor necrosis factor, CRP= C-reactive protein, ESR= erythrocyte sedimentation rate, UIP= usual interstitial pneumonia, NSIP= non-specific interstitial pneumonia, OP= organizing pneumonia

Disclosure of Interests: None declared

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POS0598

COMPARISON OF INJECTION SITE REACTIONS AND INJECTION SITE ERYTHEMA BETWEEN YLB113 AND ETANERCEPT REFERENCE PRODUCT FROM PHASE 3 ACTIVE COMPARATOR STUDY (STUDY NO. YLB113-002)

D. Stefanidis¹, U. G², J. Sánchez-Bursón³, C. Shah⁴, D. Bakhle⁴. ¹Viatris GmbH, Medical Affairs, Bad Homburg, Germany; ²Viatris, Biostatistics, Bangalore, India; ³Hospital Infanta Luisa, Rheumatology, Sevilla, Spain; ⁴Lupin LTD, Clinical, Pune, India

Background: YLB113 is an etanercept biosimilar approved in all indications of its etanercept Reference Product (RP). Therapeutic equivalence in terms of clinical efficacy, safety and immunogenicity was previously demonstrated in a pivotal multicenter, double-blind, randomized, parallel-group, active-control, comparative study (YLB113-002) in rheumatoid arthritis (RA) subjects.^{1,2} Similar incidence of treatment emergent adverse events (TEAEs) was seen in both treatment arms except for injection site reactions (ISRs) and injection site erythema (ISE), both of which were less frequent in subjects treated with YLB113.

Objectives: This post-hoc analysis was performed to further evaluate the differences in the incidence of ISRs and ISE during the 24 week treatment when the subjects with RA were treated with 50 mg of YLB113 or RP given once a week as a SC injection along with methotrexate.

Methods: Safety analysis set (263 in YLB113 arm and 254 in RP arm) was considered for this analysis.

Local reactions at the site of injection were assessed at each of eight study visits. The number of subjects who experienced ISRs and ISE were statistically compared for YLB113 and RP. The risk difference and 95% confidence interval (CI) were computed between arms to understand the magnitude of difference in the incidence of events. The statistical significance of between group difference was tested using chi-square test.

Results: The result of this analysis showed a statistically significant difference in the incidences of ISRs and ISE between subjects who received YLB113 and RP. The risk difference between YLB113 and RP arms for ISR was -9.98% (95% CI, WALD -14.81%, -5.15%) and, for ISE it was -7.94% (95% CI, WALD -11.96%,

-3.92%; Table 1). This could be possibly explained by the absence of latex in the syringe needle cap of YLB113.³

Table 1. Differences in ISRs and ISEs between YLB113 and Reference Product (RP)

Event	YLB113	RP	YLB113 vs RP	
	N=263	N=254	[n(%)]	
	No of subjects with events [n(%)]	No of subjects with events [n(%)]	Risk Diff (95%CI, WALD)	P-value (Chi-Square)
Injection-site reactions	10 (3.8%)	35 (13.8%)	-9.98% (-14.81%, -5.15%)	<0.0001
Injection-site erythema	5 (1.9%)	25 (9.8%)	-7.94% (-11.96%, -3.92%)	0.0001

Conclusion: YLB113 has shown statistically significant lower incidences of ISRs (P-value <0.0001) and ISEs (P value 0.0001) compared to RP. This property may translate to a better acceptability by patients.

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POS0599

DISEASE ACTIVITY IN PATIENTS WITH RA BY SEROSTATUS AND TREATMENT LINE, FOLLOWING TREATMENT WITH ABATACEPT: RESULTS FROM AN INTERNATIONAL OBSERVATIONAL STUDY

R. Alten¹, X. Mariette², R. M. Flipo³, R. Caporali^{4,5}, M. H. Buch^{6,7}, Y. Patel⁸, R. Sanmarti⁹, S. Marsal¹⁰, M. T. Nurmohamed¹¹, H. Griffiths¹², P. Peichl¹³, B. Bannert¹⁴, A. Forster¹⁵, M. Chartier¹⁶, Y. Elbez¹⁷, C. Rauch¹⁸, K. Lozenski¹⁹, V. Khaychuk²⁰. ¹Schlosspark-Klinik University, Department of Internal Medicine, Rheumatology, Berlin, Germany; ²Université Paris-Saclay, AP-HP, Hospital Bicêtre, Department of Rheumatology, Paris, France; ³Centre Hospitalier Universitaire de France, Department of Rheumatology, Lille, France; ⁴University of Milan, Department of Clinical Sciences and Community Health, Milan, Italy; ⁵G. Pini Hospital, Clinical Rheumatology Unit, Milan, Italy; ⁶University of Leeds, Leeds Institute for Rheumatic and Musculoskeletal Medicine, Leeds, United Kingdom; ⁷University of Manchester, Division of Musculoskeletal & Dermatological Sciences, Manchester, United Kingdom; ⁸Hull Royal Infirmary, Department of Rheumatology, Hull, United Kingdom; ⁹Hospital Clínic de Barcelona, Rheumatology Department, Barcelona, Spain; ¹⁰Hospital Universitari Vall d'Hebron, Rheumatology, Barcelona, Spain; ¹¹ARC Amsterdam University Hospitals – VU University Medical & Reade, Department of Rheumatology, Amsterdam, Netherlands; ¹²University Hospital Geelong, Barwon Rheumatology Service, Geelong, Australia; ¹³Evangelical Hospital, Department of Internal Medicine, Vienna, Austria; ¹⁴Universitätsspital Basel, Rheumatologische Universitätsklinik, Basel, Switzerland; ¹⁵Schulthess Klinik, Department of Rheumatology, Zürich, Switzerland; ¹⁶Bristol Myers Squibb, Non-Registralional Data Generation, Rueil-Malmaison, France; ¹⁷Deepcover, Biostatistics, Puteaux, France; ¹⁸Bristol Myers Squibb, Medical Immunology & Fibrosis, Munich, Germany; ¹⁹Bristol Myers Squibb, Immunology and Fibrosis, Princeton, United States of America; ²⁰Bristol Myers Squibb, US Medical Immunology and Fibrosis, Princeton, United States of America

Background: RF and anti-citrullinated protein antibodies (ACPAs) are associated with a severe and aggressive disease course in patients with RA.¹ Abatacept is a selective co-stimulation modulator for the treatment of RA.² ASCORE (Abatacept SubCutaneOus in Routine Clinical Practice; NCT02090556) was a 2-year, observational, prospective, multicentre study of SC abatacept for the treatment of RA in routine clinical practice.³

Objectives: To determine if serostatus and treatment line impacted disease activity in patients enrolled in the ASCORE study.