Conclusion: The introduction of small molecule agents in the EU over recent years (upadacitinib and filgotinib) has provided new options for the treatment of RA, creating a shift in the switching arena from TNFγ cycling to more utilization of alternate mechanisms of action post first line therapy in favor of JAK inhibitors.

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AB0420

UNINTENTIONAL MONOTHERAPY IN RHEUMATOID ARTHRITIS PATIENTS RECEIVING TOFACITINIB AND DRUG SURVIVAL RATE OF TOFACITINIB

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Background: Combination of MTX with a bDMARDs or tsDMARDs is considered the most effective treatment regimen currently available for patients with RA who have failed to respond to conventional DMARDs. However, approximately 30% of patients receive bDMARDs as monotherapy in daily clinical practice. Studies in the literature do not assess unintentional monotherapy in general. Moreover, 30% of patients receive bDMARDs as monotherapy in daily clinical practice. In other words, some patients who are prescribed combination therapy switch to monotherapy without informing their physicians.

Objectives: To determine the rate of unintentional monotherapy in rheumatoid arthritis (RA) patients receiving tofacitinib and to evaluate tofacitinib survival rate.

Methods: This national, multicentre, retrospective study included patients’ data from the TURKBO Registry. Data on demographics, clinical characteristics, disease duration and activity, comorbidities, and treatment were analysed. We conducted a cross-sectional study including consecutive RA patients diagnosed according 2009 ACR-EULAR criteria. Liver stiffness (LS) was measured using Fibroscan in the gastroenterology department by an experienced operator. The LS is measured in kilopascals (kPa). It is normal when ≤ 6.2 kPa. Above this rate it is considered pathological. Substantial liver fibrosis was defined as liver stiffness of greater than 8 kPa. We collected the following parameters: age, disease duration, disease activity assessed by DAS28, cumulative dose of MTX and duration of this treatment, and the body mass index (BMI). Patients underwent blood testing exploring hepatic function: alkaline phosphatase (ALP), alanine transaminase (ALT), aspartate aminotransferase (AST), and gamma-glutamyl transferase (GGT), total bilirubin (TB), albumin (ALB) and prothrombin time (PT).

Results: There were 18 men and 36 women. The mean age was 51.9 ± 11.49 years. The mean DAS28CRP was 3.96 ± 1.49.

Conclusion: Our study showed that LS correlated to both MTX duration and cumulative dose. Patients with a cumulative dose of MTX higher than 7300 mg required a close follow up of liver elastometry and monitoring of hepatic function.

Disclosure of Interests: None declared


AB0421

ASSESSMENT OF LIVER STIFFNESS IN RHEUMATOID ARTHRITIS PATIENTS UNDER METHOTREXATE

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Background: Methotrexate (MTX) is recommended as a first-line disease-modifying antirheumatic drug for treating rheumatoid arthritis (RA) in monotherapy or combinational therapy. A concern about MTX-related liver fibrosis in patients with rheumatoid arthritis (RA) is still unsolved.

Objectives: The aim of the study is to determine the cumulative dose of MTX and liver stiffness of RA patients with normal from those with abnormal liver stiffness.

Methods: We conducted a cross-sectional study including consecutive RA patients diagnosed according 2009 ACR-EULAR criteria. Liver stiffness (LS) was measured using Fibroscan in the gastroenterology department by an experienced operator. The LS is measured in kilopascals (kPa). It is normal when ≤ 6.2 kPa. Above this rate it is considered pathological. Substantial liver fibrosis was defined as liver stiffness of greater than 8 kPa. We collected the following parameters: age, disease duration, disease activity assessed by DAS28, cumulative dose of MTX and duration of this treatment, and the body mass index (BMI). Patients underwent blood testing exploring hepatic function: alkaline phosphatase (ALP), alanine transaminase (ALT), aspartate aminotransferase (AST), and gamma-glutamyl transferase (GGT), total bilirubin (TB), albumin (ALB) and prothrombin time (PT).

Results: There were 18 men and 36 women. The mean age was 51.9 ± 11.49 years. The mean DAS28CRP was 3.96 ± 1.49. The mean cumulative dose of MTX was 3670 ± 4326.61 mg and mean MTX duration was 55.75 ± 50.89 months. The mean of LS was 4.6 ± 1.64 kPa. The means of AST, ALT, ALP, and GGT were as follows: AST 9.59 ± 3.60 UI/L, ALT 9.90 ± 0.93 UI/L, ALP 84.85 ± 85.68, U/L, TB 9.50 ± 4.79 U/L, GGT 25.88 ± 14.26 U/L, ALB 35.19 ± 5.47 g/L, PT 94.60 ± 9.02. Eight patients had abnormal LS values and two patients had advanced liver fibrosis. However, hepatic blood tests (AST, ALT, GGT, TB, ALB) were normal in these patients. A correlation was found between LS and following parameters: cumulative dose of MTX (r: 0.347, p: 0.013), the methotrexate duration (r: 0.363, p: 0.010) and total bilirubin rate (r: 0.390, p: 0.006). Receiver Operator Curve (ROC) analysis showed the cut-off point of cumulative dose of MTX with the best accuracy in distinguishing patients with normal LS from those with higher than 6.2 kPa was 7300 mg, with a sensitivity of 50% and specificity of 91.3% (air under the curve (AUC) value: 0.732 (p: 0.03).

Conclusion: Our study showed that LS correlated to both MTX duration and cumulative dose. Patients with a cumulative dose of MTX higher than 7300 mg required a close follow up of liver elastometry and monitoring of hepatic function.

Disclosure of Interests: None declared