BMI showed a significant positive correlation with leptin, overall and stratifying by route of administration, both at baseline and 6M. Adiponectin did not show a significant correlation with BMI.

Figure 1.

Conclusion: Obesity and serum adipokines did not show association with the achievement of LDA/remission in patients treated with antiIL6 regardless the route of administration. Furthermore, IV and SC treatments could be used both in obese and normal-weight RA patients expecting the same efficacy.

REFERENCES:

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Disclosure of Interests: None Declared. doi: 10.1136/annrheumdis-2023-eular.2958

AB0411

ASSOCIATION BETWEEN ETHNICITY AND INITIAL RESPONSE TO TNF INHIBITORS IN PEOPLE WITH RHEUMATOID ARTHRITIS: RESULTS FROM THE BRITISH SOCIETY FOR RHEUMATOLOGY BIOLOGICS REGISTER FOR RHEUMATOID ARTHRITIS (BSRBR-RA)

Keywords: Rheumatoid arthritis, Epidemiology, bDMARD

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table 1.

<table>
<thead>
<tr>
<th>Baseline characteristics</th>
<th>Time to remission</th>
<th>Sustained remission (12 months)</th>
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</thead>
<tbody>
<tr>
<td>Unadjusted HR (95% CI)</td>
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<td>Baseline current drugs</td>
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REFERENCES: NIL.

Acknowledgements: NIL.

Disclosure of Interests: Cristian S Moura: None declared, Denis Choquette Speakers bureau: Amgen, Abbvie, Celltrion, Eli Lilly, Fresenius-Kabi, Iness, Ministry of health (Quebec), Pfizer, Novartis, Sandoz, Tevapharm., Consultant of: Amgen, Abbvie, Celltrion, Eli Lilly, Fresenius-Kabi, Iness, Ministry of health (Quebec), Pfizer, Novartis, Sandoz, Tevapharm., Grant/research support from: Rheumadat™ is supported by Abbvie, Amgen, Fresenius-Kabi, Pfizer, Sandoz, Tevapharm., Lilly Co-Boire Speakers bureau: BMS Canada, Janssen Canada, Ormed, Viatrix (honourarium for presentations), Consultant of: Advisory committee: Abbvie Canada, Janssen Canada, Lilly Canada, Mylan Canada, Novartis Canada, Samsung Biopics, Sanofi Canada, Teva., Research/research support from: Local PI in multicentric trials: Merck Canada, Pfizer Canada Unrestricted financial support for investigator-initiated initiatives: Lilly Canada, Pfizer Canada, Harold W Maksymowych Consultant of: Abbvie, Amgen, Boehringer, BMS, Celgene, Eli-Lilly, Galapagos, Janssen, Novartis, Pfizer, UCB, Grant/research support from: Abbvie, Eli-Lilly, Novartis, Pfizer, UCB., Luck Lukusa: None declared, Laura Yan: None declared, Marina G. Birck: None declared, Sasha Bernatsky: None declared.

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AB0410

OBESEITY AND ADIPOSE TISSUE CYTOKINES IN RHEUMATOID ARTHRITIS: DOES THE ROUTE OF ADMINISTRATION OF THE IL6 INHIBITORS MATTER?

Keywords: bDMARD, Rheumatoid arthritis, Comorbidities

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Background: Obesity has been associated with the response to biologic disease modifying anti-rheumatic drugs (bDMARDs). Obese patients have lower response to anti-TNF drugs than to other cytokine-targeted drugs, such as anti-IL6[1]. IL6 receptor inhibitor is effective in the treatment of rheumatoid arthritis (RA), and there are two ways of administration: intravenous (IV) weight-adjusted tocilizumab and subcutaneous (SC) fixed-dose tocilizumab or sarilumab. However, evidence regarding the influence of body mass index (BMI) and these different routes of administration is still scarce.

Objectives: To analyze the role of BMI in the clinical response to antiIL6 therapy in its different routes of administration in patients with RA. To perform an in-depth analysis of the pathophysiology of obesity by assessing serum adipokine levels and their potential changes according to treatment.

Methods: This study involved 65 patients with RA starting IV tocilizumab at 8mg/kg every 4 weeks or SC anti-IL6: tocilizumab 162mg/week or sarilumab 200mg/14days. Demographic and clinical characteristics before antiIL6 initiation (age, sex, smoking habit, age at diagnosis, concomitant and previous treatments and BMI) were collected. Laboratory parameters such as rheumatoid factor and anti-citrullinated peptide antibody were also assessed. Adipokine serum levels (leptin and adiponectin) were measured at baseline and after 6 months (6M) of treatment. Clinical response to treatment was assessed by Clinical Disease Activity Index (CDAI) 6M after initiation of the bDMARD. Differences between variables were assessed using the X2 test and Mann-Whitney test.

Results: Forty seven patients started IV antiIL6 (72.3%) and 18 SC (27.7%). Thirty six (55.4%) achieved low disease activity (LDA)/remission by CDAI: 24 patients (36.2%) in IV and 12 (66.7%) in SC groups. Significant differences (p<0.19). No differences between BMI or serum adipokine levels were associated with the achievement of LDA/remission when patients were stratified according to the route of antiIL6 administration. Leptin levels in both groups (SC and IV) were very similar at baseline and 6M and regarding changes on adipokine profile between baseline and 6M, we observed a decrease in leptin and an increase in adiponectin levels both in SC and IV (Table 1).

Table 1. – Cox proportional hazard ratios (HR) for time to remission and logistic regression model for sustained remission within first 12 months.

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