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OP0063

PSA PATIENTS RECEIVING MONOTHERAPY WITH BDMARD/TSDMARD DO NOT DIFFER IN CLINICAL PARAMETERS FROM PATIENTS RECEIVING BDMARD/ TSDMARD IN COMBINATION WITH MTX - DATA FROM RABBIT-SPA

Keywords: Registries, Psoriatic arthritis

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Background: While in RA, methotrexate (MTX) increases the efficacy of most biologic (b) and targeted synthetic (ts) disease modifying anti-rheumatic drugs (DMARDS), the situation in PSA may be substantially different.

Objectives: To compare clinical and patient reported baseline parameters of PSA patients starting bDMARD/tsDMARD monotherapy with those starting these treatments in combination with MTX as well as to assess the drug retention rates in the two groups.

Methods: RABBIT-SPA is a prospective longitudinal cohort study including axSpA and PsA patients enrolled at initiation of a new conventional or bDMARD/tsDMARD treatment. In this analysis, PsA patients newly enrolled at initiation of bDMARD/tsD- MARD treatment were stratified into two groups: as monotherapy or in combination with MTX. Treatment retention was compared by drug survival analysis.

Results: 69% of the patients (n=833) started bDMARD/tsDMARD as mono-therapy. Combination treatment with MTX was started in 31% of the patients (n=369). In 85% of the patients in the combination group, MTX had previously been given as monotherapy and treatment was then escalated with the addition of a DMARD/DSMARD. Baseline clinical parameters were very similar between the two groups (Table 1). No difference between the groups was found in the six different PsA domains skin, joints, dactylitis, enthesitis, nail psoriasis, and axial involvement. Only the patients’ satisfaction with tolerability of the current treatment (4 point Likert scale) was significantly better in the combination group.

Table 1. Patient characteristics by the two treatment groups

<table>
<thead>
<tr>
<th>Parameter</th>
<th>bDMARD mono</th>
<th>tsDMARD mono</th>
<th>tsDMARD MTX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (SD)</td>
<td>51.9 (12.6)</td>
<td>51.5 (12.4)</td>
<td>52.4 (12.4)</td>
</tr>
<tr>
<td>BMI (SD)</td>
<td>28.7 (5.9)</td>
<td>28.6 (5.9)</td>
<td>28.6 (5.9)</td>
</tr>
<tr>
<td>CRP mg/l (SD)</td>
<td>7.6 (13.7)</td>
<td>7.3 (12.2)</td>
<td>7.3 (12.2)</td>
</tr>
<tr>
<td>TJC (0-68) (SD)</td>
<td>6.9 (17.6)</td>
<td>6.9 (17.6)</td>
<td>6.9 (17.6)</td>
</tr>
<tr>
<td>SJC (0-66) (SD)</td>
<td>2.8 (3.8)</td>
<td>2.9 (3.8)</td>
<td>3.0 (4.8)</td>
</tr>
<tr>
<td>Number of sites with enthesitis (SD)</td>
<td>0.6 (1.8)</td>
<td>0.7 (1.8)</td>
<td>0.6 (1.7)</td>
</tr>
<tr>
<td>Dactylitis, n (%)</td>
<td>161 (20)</td>
<td>20 (16)</td>
<td>221 (19)</td>
</tr>
</tbody>
</table>

Axial manifestation, n (%) | 180 (22) | 76 (21) | 256 (22) |
Affecte body surface area in %, mean (SD) | 8.7 (15.8) | 79 (12.2) | 8.5 (10) |
Neuropathies, n (%) | 345 (42) | 148 (40) | 493 (41) |
Ultrasound, n (%) | 18 (2) | 3 (1) | 21 (2) |
IBD, n (%) | 18 (2) | 3 (1) | 21 (2) |
Number of comorbidities, mean (SD) | 2.2 (2.3) | 2.1 (2.2) | 2.2 (2.3) |
Physician global disease activity, mean (SD) | 5.1 (13.9) | 5.3 (13.9) | 5.2 (13.9) |
Physician skin disease activity, mean (SD) | 3.3 (2.5) | 3.1 (2.6) | 3.2 (2.5) |

Drug retention rates did not differ between the two groups (p<0.19; Figure 1). After 6 months, 62% of patients with combination and 58% of those receiving bDMARD/tsDMARD as monotherapy were still on their respective treatment.

Concussion: Baseline clinical parameters did not differ whether a PsA patient was started on bDMARD/tsDMARDs monotherapy or MTX+ bDMARD/tsDMARDs combination. Especially parameters usually taken into account for GRAPPA or EULAR treatment recommendations, such as the number of swollen or tender joints, the number of involved enthesial sites and the severity of affected skin did not differ between the two treatment groups. Also drug retention rates were very similar. It seems that in routine care, the decision to continue or stop MTX at escalation to bDMARD/tsDMARD treatment mostly depends on the subjective tolerability of the ongoing MTX treatment.

REFERENCES: NIL.

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Figure 1. Drug retention rates

REFERENCE: NIL.