Efficacy was assessed using standard outcome measures for RA (including RAPID3) at week 24. B cell depletion (CD19 levels in peripheral blood by flow cytometry) was studied at baseline, week 1 and week 12.
Results: Total number of patients in Arm 1=14 and in Arm 2=13.
In Arm 1: 28% (4/14) achieved EULAR remission while 78% (11/14) had EULAR good response. In Arm 2: 70% (9/13) had EULAR good response. All patients achieved complete B-cell depletion(defined as <0.01%) at week 1 after just single dose of 100 mg RTX remained so at 6 weeks only to start rising again at week 12. There were no adverse events noted. Steroid doses were reduced in most patients at follow up visits with delta change in steroid dose- 2.2 mg/day. Results comparable with other studies using both low dose and conventional dose of RTX. Limitations of the study includes small sample size and short follow-up.
Conclusions: Very Low dose RTX is efficacious in conventional DMARD refractory RA patients. Single dose (100 mg) is as good as 400 mg upto week 24. Complete B cell depletion can be achieved even with 100 mg RTX as early as week 1.

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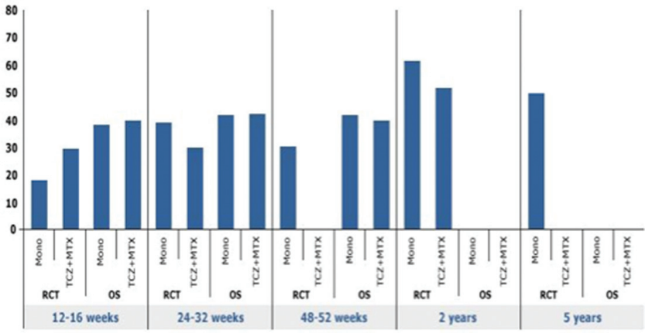
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AB0459 REMISSION RATE OF TOCILIZUMAB IN CONTROLLED TRIALS AND OBSERVATIONAL STUDIES: SYSTEMATIC REVIEW OF RHEUMATOID ARTHRITIS

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Background: In concept, the state of remission constitutes a clinical condition in which no active disease is present. Target of rheumatoid arthritis (RA) is achieve to remission. Tocilizumab (TOC) is a humanised monoclonal antibody that binds to the interleukin-6 receptor
Objectives: The aim of this study was to assess the remission rate of TOC for the treatment of RA patients in randomised controlled trials (RCTs) and longitudinal observational studies (LOS).
Methods: In January 2017, a systematic Review (SR) was performed in PUBMED MEDLINE. Publications were identified using the MeSH terms: (''rheumatoid arthritis and Tocilizumab'') with a limitation to ''humans'', ''all adults: 19 +years'', ''English'' and ''clinical trials''. All available studies describing the retention rate of TOC were recruited to SR. Retention rate of TOC were calculated according to route (SC or IV), dosage (4 mg/kg vs 8 mg/kg), monotherapy or combination with methotrexate. Of the 662 publications identified by the literature search, 42 were recruited in the analysis. Retention rates of TOC at 12–16 weeks, 24–32 weeks, 48–52 weeks, 2. Years, 3. Years and 5. years were analysed. Open label extension period of RCTs included to LOS. The causes of withdraw of TOC were recorded as inefficacy, adverse event, and others.
Results: Of the 34 studies, 13 (38%) were RCTs and 21 (62%) were LOSs. Totally 12 043 patients (9834 (81%) female) were pooled to analysis that 6190 patients (51%) were from RCTs. The mean age was 53 years and mean disease duration was 9 years. Seropositivty was 73.6% for rheumatoid factor and 72.2% for ACPA. Overall, 5493 (54.6%) of patients were biologic-naïve. TOC was used as monotherapy (2469/6077, 35.4%), or concomitant with methotrexate (8037/11429, 70.3%). Available baseline DAS-28 score, CDAI, SDAI, and HAQ-DI score were 6.2, 32.1, 33.3, and 1.49 respectively. Remission rate of TOC according to study type were shown in table 1.



Abstract AB0459 – Figure 1

Conclusions: These systematic literature results show that treatment with of TOC has a high likelihood of inducing a clinically important benefit in terms of different remission criteria. Remission achieved both RCTs and real life results Moreover, remission rate of TOC in LOSs was comparable with other biologic DMARDs, as well.
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AB0460 LONG-TERM DRUG SURVIVAL OF ETANERCEPT VS OTHER TNF INHIBITOR THERAPIES IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: TNFα inhibitors have profoundly altered outcomes for patients with rheumatoid arthritis (RA) since they were introduced >15 years ago, by reducing disease activity and radiographic progression and improving quality of life. As a chronic disease, RA often requires life-long treatment, understanding drug survival in real-world settings can be beneficial in optimising disease management.
Objectives: To compare the long-term drug survival of adalimumab (ADA), certolizumab pegol (CZP), etanercept (ETN), golimumab (GLM), and infliximab (IFX) in patients with RA based on systematic literature review (SLR).
Methods: In this SLR, the goal was to identify full-text articles containing registry data or systematic reviews on TNFα inhibitors, following Cochrane dual-reviewer methodology. Searches were conducted in November 2017 with no date restriction, using Embase®, MEDLINE®, the Cochrane Central Trials Register and Database of Systematic Reviews, other Cochrane Library databases, and PubMed. Outcomes extracted included drug survival data that were analysed and reported using Kaplan-Meyer or Cox regression methods.
Results: Of 3688 non-duplicated publications initially identified, 3299 were excluded based on titles or abstracts and 344 based on full-text screening, leaving 26 publications published between 2005 and 2017 included in the analysis. The number of studies (range of sample size) for each drug were ADA: 15 (25–2349), ETN: 17 (20–3892), IFX: 21 (26–2898), GLM: 4 (2–88) and CZP: 1 (N/A). Among the analysed studies, the mean disease duration in years (range) was ADA: 10.7 (8.2–15.1); ETN: 15.9 (5.0–18.5); IFX: 14.2 (8.5–19.3); CZP: 10.3 (N/A); GLM: 8.9 (8.1–11.5) and mean baseline DAS28 (range) was ADA: 5.0 (4.2–5.9), ETN: 5.2 (4.3–6.3), IFX: 5.3 (4.1–6.4); CZP: 4.7 (N/A) and GLM: 4.7 (4.1–5.1). Trends for survival rates of first-line ETN were slightly higher than ADA at time points≥36 months; ADA and ETN had higher survival rates than IFX at >48 months (figure 1).

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