

AB0401 SWITCH FROM ETANERCEPT ORIGINATOR TO ETANERCEPT BIOSIMILAR: DATA FROM REAL LIFE

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Background: Biosimilars of antiTNF- α are now available for the treatment of arthritis. There are a lot of data about maintenance of clinical efficacy after switching from originator to biosimilar but also reports about flares and adverse events (AE). Controversies still exist due to ethical and economic reasons. We describe the disease activity trend after switching from etanercept originator (oETA) to its biosimilar (bETA) in a population of Turin, Piedmont, Italy. In this region switch to biosimilar is mandatory by law except in case of patients with history of allergy, off-label, psychological reasons, active disease that required different treatment.

Objectives: To evaluate the disease activity trend before and after switch from oETA to bETA.

Methods: We switched 82 patients (M/F 33/49, mean age 59.65 \pm 11.5, duration of disease 17.56 \pm 10.3 years) in stable state of disease from oETA to bETA; 49 patients affected by RA, 24 by PsA, 10 by AS. The mean of duration of oETA and bETA treatment was respectively 129.2 and 6.2 months. We evaluated VAS-pain, Global-Health, CRP, number of swollen and tender joints, DAS28 for RA, DAPSA for PsA, HAQ and HAQ-S, BASDAI for AS patients.

Results: Differences of variables between oETA and bETA are summarized in table1.

We didn't find any significant difference between oETA and bETA in order to efficacy. However 8 patients, 5 RA and 4 PsA(9.75%) discontinued bETA because arthritis flare(7) or AE(1).

Conclusion: Data about maintenance of efficacy and percentage of discontinuation were similar to the literature. We didn't find significant differences on efficacy after switching from originator to biosimilar.

However, considering the rate of flares and AE, further strong studies are required.

Treatment	DAS28 RA	HAQ RA	DAPSA PsA	HAQ PsA	BASDAI SA	HAQ-S SA
oETA	2.61 (\pm 0.92)	0.85 (\pm 0.52)	8.15 (\pm 5.6)	0.88 (0.6)	2.88 (\pm 2.6)	0.85 (\pm 0.42)
bETA	2.68 (\pm 1.21)	0.92 (\pm 0.7)	11,66 (\pm 9.63)	0.9 (\pm 0.69)	2.7 (\pm 2.16)	0.58 (\pm 0.26)

Tab. 1 The analysis of variables between Etanercept originator (oETA) and Etanercept biosimilar (bETA)

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AB0402 MEASURING PATIENT EXPERIENCE OF SWITCHING BIOLOGIC TREATMENT – A SYSTEMATIC LITERATURE REVIEW

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Background: Biologics have transformed the treatment of inflammatory arthritis (IA). However, the complexity of disease management has increased with the introduction of biosimilars and novel treatments. Hence, patient experience and satisfaction has become increasingly important in treatment individualization.

Objectives: Firstly, to assess to what extent IA patient experience of switching biologics is measured in the literature; secondly, to summarize patient-reported outcomes (PROs) as well as medical/non-medical reasons associated with switching.

Methods: A systematic literature review (SLR) was performed in accordance with PRISMA guidelines. EMBASE and MEDLINE were searched for relevant publications from 2013 to present day, together with relevant conference abstracts from 2018 (ACR-ARHP, EULAR, and ISPOR). Studies published in English including either a) patient-reported outcomes (PROs) associated with switching biologics, or b) reasons for switching and/or discontinuing biologics treatment as noted by health care professionals and/or

patients were included. The scope was limited to European and North American populations. While the initial search included patient populations with ulcerative colitis in addition to IA patients, results presented within this abstract focus on IA populations only.

Results: After initial screening of 1781 abstracts, sixty-eight studies including IA patients were identified for inclusion in the analysis. Of the remaining studies, 39/68 (57%) included \geq 1 treatment switch. The majority of studies were conducted in Europe (36/39; 92%), with the proportion of female patients ranging between 12-90%. Thirteen studies (18%) included at least one PRO, 4 of which only recorded PROs prior to switch (6%). The most commonly reported PRO was PGA/VAS, followed by HAQ and questions asking patients to rank their switching experience using various pre-defined categories (Figure 1). While the most common reasons for discontinuing treatment, which may or may not include switching, was provided in 33 studies (loss of efficacy and safety), reasons strictly for switching are infrequently reported.

Conclusion: Patient satisfaction is important, as it has been linked to clinical safety, treatment effectiveness, and adherence (Doyle et al., 2013). However, this SLR highlights a notable lack of information regarding patient-reported experience of switching biologic treatment. The PROs reported in a minority of studies encompass several regions related to patient well-being – such as pain, fatigue, etc. – but provides very limited information on the experience of switching. Hence, to improve disease management and treatment individualization, further research is required.

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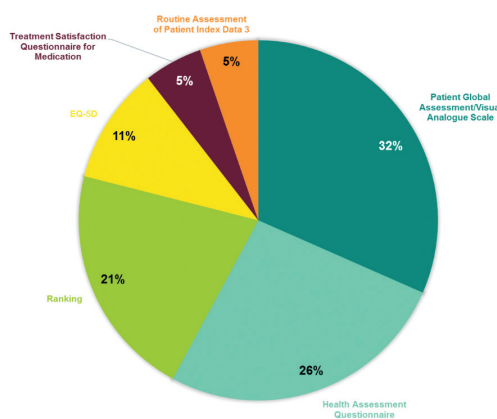


Figure 1

Disclosure of Interests: Mary Dozier Consultant for: Mary Dozier is an employee of ICON PLC and has received consulting fees from Merck & Co., Inc, Karin Luttropp Consultant for: Karin Luttropp is an employee of ICON PLC and has received consulting fees from Merck & Co., Inc, Axel Svedbom Consultant for: Axel Svedbom is an employee of ICON PLC and has received consulting fees from Merck & Co., Inc, Johan Dalén Consultant for: Johan Dalen is an employee of ICON PLC and has received consulting fees from Merck & Co., Inc, Christopher Black Shareholder of: Christopher Black is a shareholder in Merck & Co., Inc., Kenilworth, NJ USA, Employee of: Christopher Black is an employee of Merck & Co., Inc., Kenilworth, NJ USA, Amy Puenpatom Shareholder of: Amy Puenpatom is a shareholder of Merck & Co., Inc., Kenilworth, NJ USA, Employee of: Amy Puenpatom is an employee of Merck & Co., Inc., Kenilworth, NJ USA

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AB0403 PREDICTORS OF PERSISTENCE OF BIOLOGIC DRUG STEP-DOWN STRATEGIES IN INFLAMMATORY ARTHRITIS: A LONGITUDINAL STUDY IN CLINICAL PRACTICE WITH A LONG FOLLOW-UP

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Background: Recommendations for the management of Rheumatoid Arthritis (RA) and spondyloarthritis (SpA) with bDMARD include dose-tapering