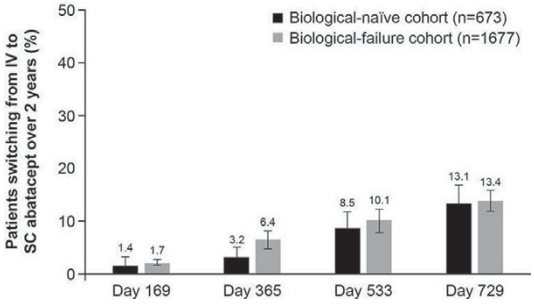
(43.4%) biologic-failure pts had received 1, and 948 (56.6%) had received ≥2 previous biologics. Baseline characteristics in biologic-naïve and biologic-failure pts, respectively, were: mean (SD) age 59.9 (12.7) and 56.9 (12.5) years; RA duration 7.2 (8.22) and 12.1 (9.13) years; 496 (73.7%) and 1379 (82.2%) were women; 621 (92.3%) and 1552 (92.5%) had received prior MTX; and 533 (79.2%) and 1386 (82.6%) had received corticosteroids. Over 2 years, 195 pts switched from IV to SC abatacept (57 biologic naïve, 138 biologic failure; Fig.). Reasons for switching were available for 172 pts (51 biologic naïve, 121 biologic failure; some had >1 reason); biologic naïve/biologic failure: pt wish 54.9%/62.0%, physician choice 31.4%/19.8%, safety 5.9%/9.9%, remission/major improvement 3.9%/5.0%, poor compliance 0%/4.1%, lack of efficacy 2.0%/3.3%, surgery 2.0%/0.8%, weight adjustment 2.0%/0%, other 49.0%/36.4%. Only eight pts (2.6%) re-switched to IV abatacept (2 biologic naïve, 6 biologic failure). Reasons for re-switching were: pt wish (n=4), lack of efficacy (n=4), safety issue (n=1) and other (n=2).

Figure. Patients Who Switched From IV to SC Abatacept Over 2 Years (Kaplan–Meier Analysis)



Conclusions: Less than 5% of pts who switched formulation from IV to SC abatacept in real-world clinical practice re-switched to the IV formulation, suggesting that switching has no adverse clinical impact. A change in formulation was mainly due to pt wish, reflecting their involvement in decision-making.

References:

[1] Keystone EC, et al. Ann Rheum Dis 2012;71:857–61.
[2] Mueller R, et al. Arthritis Rheumatol 2015;67(Suppl. 10):651–52.
[3] Reggia R, et al. J Rheumatol 2015;42:193–5.
[4] Monti S, et al. J Rheumatol 2015;42:1993–4.
[5] Alten R, et al. Ann Rheum Dis 2016;75(Suppl. 2):202.

Disclosure of Interest: R. Alten Grant/research support from: Bristol-Myers Squibb, Speakers bureau: Bristol-Myers Squibb, H.-M. Lorenz Consultant for: AbbVie, Bristol-Myers Squibb, Roche-Chugai, UCB, MSD, GSK, SOBI, Medac, Novartis, Janssen-Cilag, Astra-Zeneca, Pfizer, Actelion, X. Mariette Grant/research support from: Biogen, Pfizer, UCB, Consultant for: Bristol-Myers Squibb, LFB, Pfizer, GSK, UCB, H. Nüßlein Consultant for: AbbVie, Bristol-Myers Squibb, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Roche, Speakers bureau: AbbVie, Bristol-Myers Squibb, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Roche, M. Galeazzi: None declared, F. Navarro Grant/research support from: Pfizer, MSD, AbbVie, Bristol-Myers Squibb, Roche, Consultant for: Pfizer, MSD, Roche, UCB, AbbVie, Bristol-Myers Squibb, Jansen, Lilly, Speakers bureau: Pfizer, MSD, Roche, UCB, AbbVie, Bristol-Myers Squibb, M. Chartier Employee of: Bristol-Myers Squibb, J. Heitzmann: None declared, C. Rauch Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, M. Le Bars Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb

DOI: 10.1136/annrheumdis-2017-eular.1379

AB0413 INDUCTION AND PROGRESSION OF SUBCUTANEOUS NODULOSIS IN RHEUMATOID ARTHRITIS PATIENTS TREATED WITH TOCILIZUMAB

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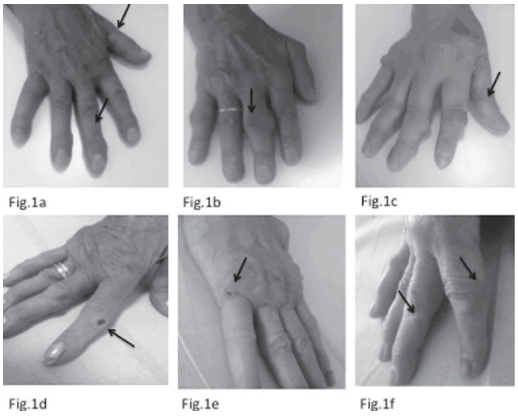
Background: Tocilizumab (TCZ) is a monoclonal antibody (moAb) directed against the IL-6 receptor approved for moderate-to severe rheumatoid arthritis (RA) treatment. Some authors have reported a beneficial effect of TCZ in preventing lung and subcutaneous nodulosis in RA patients. On the contrary, to our knowledge no data concerning the acceleration of subcutaneous nodulosis under TCZ therapy are currently available.

Objectives: We report a small case series of 5 RA patients experimenting an evident worsening of subcutaneous nodulosis during the treatment with intravenous tocilizumab.

Methods: Our cohort included 5 patients (1 male and 4 females, mean age ± Standard Deviation (SD) 64±10.6 years, mean disease duration ± SD 21.8±10.9 years). Four patients were rheumatoid factor and anti-citrullinated peptide antibodies positive. Each patient had been previously treated with several conventional and biologic drugs. At the time of observation, three subjects were practicing methotrexate (MTX), two patients were taking hydroxychloroquine (HCQ) and one patient was taking prednisone. Intravenous tocilizumab 8 mg/kg every 4 weeks was administered for a mean ± SD of 43.4±32.4 months, with a good disease control in 3 cases. All the patients had a previous history of subcutaneous nodulosis that considerably worsened during the treatment with tocilizumab. Patients experimented the development of new subcutaneous nodules localized at the fingers, elbows or the inframammary fold, tending to ulceration. The management of this medical event included the tapering of MTX, the administration of steroids, the addition of HCQ, the use of antibiotics and surgery. However, neither pharmacological nor surgical treatment was completely effective, as nodules tended to recur and to increase in number and dimensions.

Results: To our knowledge this is the first report describing an accelerated subcutaneous nodulosis in a small cohort of RA patients treated with tocilizumab.



Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.4419

AB0414 THE USE OF RITUXIMAB IN PATIENTS WITH RHEUMATOID ARTHRITIS: IN WHICH INFUSION INTERVALS WERE GIVEN AND HOW DID THEY RESPOND? HUR-BIO REAL LIFE RESULTS

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Background: Rituximab is one of the treatment options in rheumatoid arthritis (RA) patients and officially recommended as a maintanance treatment given every 6 months after the initial loading of first course.

Objectives: In this real life study, it was aimed to investigate the infusion frequency of rituximab maintanance treatment and possible effects on disease activity.

Methods: The HUR-BIO is a single-center biologic registry of Hacettepe University which is established in Ankara and in which patients have been prospectively recorded since 2012. This database has 1235 RA patient records as of August 2016. Rituximab was prescribed at least once in 273 (22.1%) patients. The residence address of 85 those patients was within the boundaries of center city (Ankara) and they were included in to the study. In our clinic, the dates and the DAS-28 scores at the time of rituximab courses were recorded. Rituximab infusion compliance was classified as; "regular " if there is less than one month delay, "slightly irregular" if less than 3 months delay and "irregular" if more than 3 months delay.

Results: The mean age of the 85 patients (80% female) was 59.1 (10.1), the mean disease duration was 12.9 (8.6) years and 74.1% of patients were seropositive. 39/85 (46%) patients previously used at least one biological agent (46 (54%) patients were biologic naive before Rituximab therapy). Median rituximab course number was 3 (1–8). A total of 211 rituximab courses were given to 85 patients. Rituximab course number and percentage is shown in figure. The mean interval time between rituximab courses was 7.9 (2.8) months. Total of 102 (52.6%)