Among biologic monotherapies, greater ACR20/50/70 responses were observed with T2CZ-Iv than with TNFα-blockers. When comparing biologic + MTX with biologic monotherapies, ACR20, ACR50, and ACR70 responses with T2CZ + MTX were similar to TCZ as monotherapy (OR=1.04, 95% CI 0.39-2.80; OR=1.28, 95% CI 0.46-3.51; OR=0.97, 95% CI 0.38-2.49, respectively). Greater ACR20/50/70 responses were observed with T2CZ-Iv than with a TNFα monotherapy (OR=2.22, 95% CI 0.36-10.83, probability better≈8%; OR=3.12, 95% CI 0.60-16.32, probability better≈92%; OR=3.9, 95% CI 0.26-6.78, probability better≈68%, respectively). Sensitivity analyses showed that excluding studies for the indirect comparison relative to tocilizumab; tafinfectin. CONCLUSIONS: Results suggest that most of the novel DMARDs, in combination with MTX, have similar levels of efficacy in DMARD-R patients. As monotherapy, TCZ-Iv is likely to have a greater response than aTNFs and tafinfectin. TCZ combination therapy also shows comparable or superior efficacy compared to aTNFs in combination with MTX showed greater ACR responses compared with aTNF monotherapy at 24 weeks.

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META-ANALYSIS OF EFFICACY OF ETANERCEPT FOR PSORIATIC ARTHRITIS
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OBJECTIVES: Psoriatic arthritis (PA) is an inflammatory disease affecting joints and connective tissues. The anti-tumor necrosis factor (TNF) biologics are increasingly being used in patients who have failed traditional disease-modifying antirheumatic drugs. Etanercept has shown efficacy in treatment of PA. OBJECTIVE: To conduct meta-analysis and present total evidence for etanercept in treatment (QoL). Treatments for MG patients include thymectomy, acetylcholinesterase inhibi-

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RHEUMATOLOGY COST-EFFECTIVENESS OF CERTOLIZUMAB PEGOL (CZP) TO TREAT THE PATIENTS WITH RHEUMATOID ARTHRITIS (RA) IN THE UNITED KINGDOM
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OBJECTIVES: Certolizumab pegol (CZP) is an anti-TNF approved for rheumatoid arthritis (RA) in the EU on 12 weeks of monotherapies in the United Kingdom, NICE guidance concurred CZP as first-line biologic therapy for RA treatment, in conjunction with a Patient Access Scheme (PAS) providing the initial 12 weeks of CZP free of charge to UK NHS. RA is a chronic real-world disease. OBSERVATIONAL DATA TO EVALUATE VERTERAL AUGMENTATION FRACTURES FOR TREATING OSTEOPOROTIC VERTERAL COMPRESSION FRACTURES
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In April 2013, percutaneous vertebroplasty (PVP) and balloon kyphoplasty (BKP) without stenting—two vertebral augmentation procedures—were recommended by NICE to treat vertebral compression fractures (VCFs) due to osteoporosis (TA279). Although all-cause mortality was assessed as a secondary outcome, evidence from included RCTs did not achieve statistical significance, even when pooled, comparing operated patients (PVP or BKP) to patients receiving only optimal pain management (OPM). The Evidence Review Group stated that the evidence of vertebral augmentation on mortality was an important, yet inadequately understood issue, despite evidence of improved survival from recently published large-scale registry studies from Germany and the United States. OBJECTIVES: To estimate the mortality differences between treatments for osteoporotic VCFs by pooling randomised and observational data using Cox regression, propensity score matching, as well as, Thompson et al's (2010) and Welson et al's (2009) bias adjustment methods. METHODS: We extended the random effects meta-analysis from NICE's TA279 to include observational data extracted from German and US (Medicare) insurance claims databases to estimate the mortality effect of PVP versus OPM and BKP versus OPM. All adjust-ments were compared to OPM. Cox regression and propensity score matching were conducted for all patients who did not capture all sources of bias; other proposed adjustment methods may play a pivotal role in assessing real-world evidence. An application of these methods to network meta-analysis is currently being undertaken to simultaneously compare operated patients with patients receiving OPM.