PM13

THE INCIDENCE AND SAFETY OF ABABETACE, ADALIMUMAB, ETAENETACER AND TOCELZUMAB ARE COMPARABLE IN POLYARTHRIC JUVENILE IDIOPATHIC ARTHRITIS

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OBJECTIVES: For patients with polyarticular juvenile idiopathic arthritis (pJIA), a published indirect comparison demonstrated that ababetace, adalimumab and etanercept are similarly efficacious, as measured by preventing disease flare after response to treatment. The objective of this study was to indirectly assess the efficacy and safety of ababetace, adalimumab and etanercept compared to tocilizumab in patients with pJIA. METHODS: There have been no head-to-head trials comparing biological disease modifying anti-rheumatic drugs (bDMARDs) in patients with pJIA. A published systematic review and indirect comparison did not include tocilizumab. Therefore, we performed a new indirect comparison that included a total of eight drugs (two sides). RESULTS: The aim of this study is to create a simpler and faster balance test and to compare this with other validated balance tests. METHODS: The study was implemented in August 2014 at the University of Fècs Faculty of Health Sciences in Portugal. Available evidence suggests that many post-menopausal women are affected by osteoporosis. However, the mixed treatment comparisons among alendronate, risedronate, ibandronate, zoledronate and denosumab did not indicate statistical significance. As a result, the MTC can suggest that Risedronate, compared to placebo, is expected to provide the highest rate of reduction in NVF in women affected by postmenopausal OP. However, the mixed treatment comparisons among alendronate, risedronate, ibandronate, zoledronate and denosumab did not evidence a statistically significant difference.

PM15

MIXED TREATMENT COMPARISON TO RANK ANTIRESORPTIVE AGENTS IN PREVENTING NEW NON Vertebral Fractures in Postmenopausal Osteoporosis

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OBJECTIVES: Osteoporotic non vertebral fractures (NVF) resulted the more frequent kind of fracture in large population studies, with a severe incidence on annual costs for the health system and an increased risk of death for fractured patients. The burden of fracture is expected to increase with an ageing population. Data from head to head RCT focused on reduction of incidence of non vertebral fracture among available antiresorptive agents are not available. This MTC aims to compare alendronate, risedronate, ibandronate and denosumab in reducing the incidence of preventing osteoporosis NVF in a Bayesian metaanalysis assessing indirect comparisons. METHODS: A systematic research for RCT involving alendronate, risedronate, ibandronate and denosumab was conducted using databases (CENTRAL, CINAHL, Embase, HICM, MEDLINE and PsychINFO). MTC results are reported as the relative risk of incidence (RR), intended as the capacity of reducing NVF for each antiresorptive agent compared with placebo. RESULTS: Nine RCTs were identified. Three trials compared Risedronate vs placebo, 2 trials Zolendronate vs placebo, and 1 trial for Ibandronate and denosumab. Risedronate had the highest probability (72%) of being the most effective treatment, followed by Zolendronate (21%), Denosumab (4,60%) and then Alendronate (1%) and Ibandronate (0.10%). Comparisons of any antiresorptive agents against each other didn’t evidence a statistically significant different effect. The results of this MTC can suggest that Risedronate, compared to placebo, is expected to provide the highest rate of reduction in NVF in women affected by postmenopausal OP. However, the mixed treatment comparisons among alendronate, risedronate, ibandronate, zoledronate and denosumab did not evidence a statistically significant difference.