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EFFECT OF CERTOLIZUMAB PEGOL ON WORKPLACE AND HOUSEHOLD PRODUCTIVITY IN UNITED STATES PATIENTS WITH RHEUMATOID ARTHRITIS WITH OR WITHOUT PRIOR ANT-TNF EXPOSURE: RESULTS FROM THE PREDICT STUDY

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OBJECTIVES: To investigate the effect of CZP treatment on workplace and household productivity and social participation at BL was reported, with on average > 0.5 work days (A: mean 1.8 work days missed, 6.5 days with reduced productivity/month; B: mean 4.8 days with reduced productivity/month; B: mean 4.4 days missed, 4.0 days with reduced productivity/month) are summarized over 52 wks.

RESULTS: 73% were randomized; 55.5% were prior anti-TNF failures. At baseline (BL), 38.8% (A) and 49.4% (B) pts were employed outside the home. A high burden of RA on workplace and household productivity and social participation was reported, with on average>

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WHAT HAPPENS WHEN PERSONALIZED MEDICINE GUIDELINES DON’T AGREE? A SYSTEMATIC GUIDELINE COMPARISON OF TPMT METHYLTRANSFERASE TESTING FOR DOSE SELECTION OF THIOPURINES

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OBJECTIVES: To describe the level of serum vitamin D (25(OH)D) inadequacy by genotype in a large cohort of RA patients who received a bio-

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MUSCULAR-SKELETAL DISORDERS – Health Care Use & Policy Studies

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GENDER AND RACIAL DISPARITY OF SERUM VITAMIN D INADEQUACY: RESULTS FROM NATION-Al DATA IN THE UNITED STATES

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OBJECTIVES: To describe the level of serum vitamin D (25(OH)D) inadequacy by gender and race among US adults using national level data. METHODS: Cross-sectional study was conducted using the National Health and Nutrition Examination Survey (NHANES) from 2001 to 2006, i.e., the latest data including serum 25(OH)D concentra-

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IMPACT OF DISEASE SEVERITY ON DURATION OF USE OF FIRST BIOLOGIC AMONG PATIENTS WITH RHEUMATOID ARTHRITIS (RA) IN UK, GERMANY, FRANCE, ITALY AND SPAIN (5EU)

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OBJECTIVES: To assess the impact of disease severity on duration of use of first biologic among patients with RA in 5EU. METHODS: A cross-sectional center medical chart-review study of RA patients was conducted between 3Q2011-1Q2012 among physicians (rheumatologists97%) in hospitals and private practices to collect de-identified data on patients who were recently treated with a biologic as part of usual care. Physicians were screened for duration of practice (3-30 yrs) and patient volume (incl. >2RA biologic-patients/week) and recruited from a large panel to be geographically representative in each country. Medical charts for ~10 successive patients visiting each center/practice during study-period were abstracted to collect patient diagnosis, treatment patterns/dynamics and disease severity/status (per physician-judgment). Kaplan-Meier (KM) analysis was conducted to determine time-to-discontinuation of 1st-biologic by 50% of patients. RESULTS: 4367 eligible RA patients were included in the analysis, mean-age=51.7yrs; female=71%(range=63%(Germany)-75%(France)). Geographic dis-

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PATTERNS OF DISEASE REMISSION AMONG PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH BIOLOGIC THERAPIES IN THE UNITED STATES

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OBJECTIVES: To determine the pattern of disease remission among RA patients recently treated with biologic therapies in the United States (US).

METHODS: A multi-center medical chart-review study of RA patients were conducted within rheumatology practices in the United States to collect de-identified data on patients who are currently on a biologic or recently discontinued a biologic within past 3-months. Physicians were screened for duration of practice (3-30 yrs) and patient volume (incl. >2RA biologic-patients/week) and recruited from a large panel to be geographically representative of the US. Patient charts of ~10 successive patients visit-

RESULTS: In 4Q2011, 109 physicians abstracted 851 eligible RA patient charts. Patient mean-age=51.1yrs; female=73.3%, 69% and 24% were on 1st-line and 2nd-line biologic respectively. Overall, 48% of patients were recruited from a large panel to be geographically representative of the US. Patient charts of ~10 successive patients visiting each center/practice during study period were selected. Physicians abstracted patient diagnosis, treatment patterns/dynamics and patient symptomatology/disease severity. Incidence of “severe disease remission”, per physician clinical judg-

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