retrospective medical chart-review of RA patients was conducted to collect de-
identified data for those recently treated with a biologic as part of usual care.
Physicians (rheumatologists) were screened for duration of practice (3-30yrs) and
patient volume (incl. >5 RA biologic patients/month) and recruited from a large
panel to be geographically representative. Eligible patient charts (n=5) were randomly
selected as a random sample of patients visiting each center/practice during each
screening period. Physicians abstracted patient diagnosis, treatment patterns/dynamics
and patient symptomatology/disease status/outcomes. Patients on adalimumab/
etanercept monotherapy were slightly older and on adalimumab for fewer average months than patients on etanercept:
Most (>90%) were on their first biologic. The adalimumab group appeared to have a slightly higher disease burden and comorbidities. Factors influencing the observed patterns (including the choice of specific biologic for targeted patient profiles) may warrant further scrutiny to optimize therapeutic interventions and improve outcomes.

PM15 COMPARISON OF DISEASE STATUS AND OUTCOMES OF PATIENTS WITH PSORIATIC ARTHRITIS (PsA) RECEIVING ADAIUMAB OR ETANERCEPT MONOTHERAPY IN THE UNITED STATES (US)
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OBJECTIVES: To compare the disease status and outcomes of patients with PsA receiving adalimumab and etanercept monotherapy in the US. METHODS: A retrospective medical chart-review of PsA patient charts was conducted to collect de-identified data for those recently treated with a biologic as part of usual care. Physicians (rheumatologists) were screened for duration of practice (3-30yrs) and patient volume (incl. >5 PsA biologic patients/month) and recruited from a large panel to be geographically representative. Eligible patient charts (n=5) were randomly selected as a random sample of patients visiting each center/practice during each screening period. Physicians abstracted patient diagnosis, treatment patterns/dynamics and patient symptomatology/disease status/outcomes. Patients on adalimumab/etanercept monotherapy were analyzed. RESULTS: 84 eligible PsA patient charts were reviewed (adalimumab n=55, etanercept n=29). Most patients: 84% vs. 7%, diabetes: 8% vs. 0%, migraine: 3% vs. 5% among patients with available data, latest lab measurements documented were (adalimumab vs. etanercept): ESR: 28.0 mm/hr vs. 15.8 mm/hr and CRP: 3.9 mg/dl vs. 2.3 mg/dl. Latest labs for those on adalimumab: 28.2, 92% on first biologic) and 29 on etanercept (male: 62%, age: 42.3 yrs, average months on etanercept: 32.2, 100% on first biologic). Top-5 comorbidities (adalimumab vs. etanercept) were obesity: 21% vs. 15%, dyslipidemia: 21% vs. 14%, and depression/anxiety: 12% vs. 11%. Among patients with available data, latest lab measures documented were (adalimumab vs. etanercept): ESR: 26.4 mm/hr vs. 23.4 mm/hr; CRP: 2.6 mg/dl vs. 1.7 mg/dl; rheumatoid factor-positive: 84% vs. 71%; and anti-CCP-positive: 65% vs. 59%. Latest disease severity measures documented were (adalimumab vs. etanercept): Swollen Joint Counts: 1.7 vs 1.6, Tender Joint Counts: 2.5 vs 2.8, and VAS score: 4.2 vs 2.2. CONCLUSIONS: RA patients on adalimumab monotherapy were compared to those on etanercept. Most (>85%) were on their first biologic. The adalimumab group appeared to have a slightly higher disease burden and comorbidities. Factors influencing the observed patterns (including the choice of specific biologic for targeted patient profiles) may warrant further scrutiny to optimize therapeutic interventions and improve outcomes.