PM513 THE EFFICACY AND SAFETY OF ABACETAP, ADALIMUMAB, ETANERCEPT AND TOCILIZUMAB ARE COMPARABLE IN POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS

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OBJECTIVES: For patients with polyarticular juvenile idiopathic arthritis (pJIA), a published indirect comparison demonstrated that abacetacept, adalimumab, etanercept and tocilizumab are similarly efficacious, as measured by preventing disease flare after response to treatment. The objective of this was to directly assess the efficacy and safety of abacetacept, adalimumab and etanercept compared to tocilizumab in patients with pJIA. METHODS: There have been no head-to-head trials comparing biological disease modifying anti-therapeutic drugs (bDMARDs) in patients with pJIA. A published systematic review and indirect comparison did not include tocilizumab. Therefore, in the current indirect comparison a total of 48 studies with two treatments were included. The aim of this study is to assess the safety and efficacy of tocilizumab compared to the other bDMARDs. The definition of pJIA and baseline characteristics of patients in the tocilizumab trial were similar to the trials included in the published study. We also compared the incidence of serious adverse events (SAEs) during the double-blind phase of the trials for each bDMARD versus placebo using Fisher’s exact test. RESULTS: The relative risk of preventing disease flare after response to treatment for abacetacept, adalimumab and etanercept versus tocilizumab in patients with pJIA was 0.71 (95% CI 0.35-1.41). 1.10 (95% CI 0.64-1.91) and 0.65 (95% CI 0.30-1.43), respectively. The incidence of SAEs for each SDMArD was not significantly different when compared to placebo, with Fisher’s exact test p-value as 0.50, 0.49, 0.44 and 1.00, for abacetacept, adalimumab, etanercept and tocilizumab, respectively. CONCLUSIONS: We conclude that abacetacept, adalimumab, etanercept and tocilizumab have comparable efficacy in pJIA in preventing disease flare after response to treatment. The incidence of SAEs for each bDMARD was not statistically significantly different from that of placebo, and therefore was likely to be generally comparable between the bDMARDs. As the efficacy and safety of these bDMARDs are comparable, cost-minimization analysis is needed to determine which treatment is the most cost-effective treatment of these evaluations. 1 Oten M, et al. Ann Rheum Dis. 2013;72:1806-1811.

PM514 A NETWORK METAANALYSIS COMPARING THE EFFICACY OF BIOLOGICS FOR THE TREATMENT OF EARLY RHUMATOID ARTHRITIS

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OBJECTIVES: Rheumatoid arthritis (RA) is a chronic disease characterized by inflammation of the synovial tissue leading to joint destruction. The introduction of biologics has changed the treatment of RA. The aim of this research is to create a simpler and faster balance test and to analyze specific treatments (DMARDs, biological, topical), therapy switches, treatment discontinuation (i.e. non-persistence) are still reported in the clinical practice. We aimed to study the use of biologic agents used in the treatment of RA (early RA). METHODS: A systematic research for RCT involving alendronate versus placebo, 2

PM515 MIXED TREATMENT COMPARISON TO RANK ANTIRRESORPTIVE AGENTS IN PREVENTION OF NEW NON VERTEBRAL FRACTURES IN POSTMENOPAUSAL OSTEOOROSIS

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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 rank biologics indicated for ERA.

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OBJECTIVES: The Start Excursion Balance Test (SEBT) is commonly used to assess the dynamic stability of the trunk and lower extremities in which eight times three (8x3) measures are averaged in order to calculate a total of 24 sides. The aim of this research 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 Pécs Faculty of Health Sciences in a group of 80 postmenopausal women. RESULTS: The participants were involved (mean age 14.9 year, mean height: 179 cm). The Dynamic Lateral Balance Test (DLBT) is based on a newly developed methodology and use a simple calliper to measure the values. To assess the strength of the relationship between the specific tests (SEBT, Flamenco Test and DLBT) Pearson correlation coefficients were computed. Statistical significance was established at the 0.05 level for all analyses, and IBM SPSS, Inc., 20.0v was used. RESULTS: We found moderate correlation between the values of the DLBT and the body height (r=0.001), therefore we expressed the values correlated with body height (DLBT/ body height x 100). There was a moderate negative correlation between the values of the Flamenco Test and the DLBT (DLBT x r=-0.41), right side (DLBT x r=-0.49). There was a moderate positive correlation between the DLBT and the SEBT regarding some directions (p < 0.05), for example right DLBT – right postero medial: r = -0.4, p = 0.04. However, DLBT left – postero medial was not. CONCLUSIONS: The present pilot study confirmed the correlation between the newly developed DLBT and other validated tests; consequently this new test can become a fast, simple and informative solution for testing the dynamic balance.

PM517 HEALTHCARE PATHWAYS AND BURDEN OF DISEASE OF PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS

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OBJECTIVES: Psoriatic Arthritis (PsA), especially, axial spondyloarthritis, inflammatory, autoimmune diseases that negatively impact on health-related quality of life. The aim of this study was to analyze the healthcare profile and the overall cost of healthcare of patients with Psoriasis/PsA in the real clinical practice. METHODS: From ARNO Observatory database we carried out a report linkage analysis of disease, prescription drugs and specialist services on 2.988.195 subjects, with available, complete and good quality data. Patients with Psoriasis/PsA were collected from 1 January 2009 to 31 December 2014. The mean follow-up was 5 years, to analyze specific treatments (DMARDs, biological, topical), therapy switches, community and hospital care providers and their expenditure (mean/patient). RESULTS: 24,15% subjects (2.155,300 patients) were treated with biological drugs and/or DMARDs, 4,2% of the patients (101.005 patients, mean age 54,5±14,6 years). During the 2-year follow-up non-biological and biological drugs were prescribed respectively to 2,738 (4%) and to 902 (15%) patients. 591 took adalimumab (66%) started DUB (237 patients) median follow-up 7.6 years. Conclusions: 28.96% patients received “other drugs”, non-NSAIDs, Corticosteroids (systemic and dermatological use), Penicillins and Quinolone antibiotics. 950 patients (16%) were discharged from onward and daily hospitalizations due to skin and connective tissue and cardiovascular (CVD) diseases. CVD and Neoplasia (815/5/patient/year) follow-up were between the most expensive causes of ordinary admissions. Psychiatric disorders caused the longest stay in hospital (33,5 mean days/patient). 51.5% of patients received specialist healthcare services (blood count and liver enzymes). Patients treated with biological drugs were more expensive than those treated with DMARDs and topical therapies, for pharmaceutical, in-hospital and specialist care (7 978/patient/year of follow-up). CONCLUSIONS: This assessment of healthcare profiles of patients with Psoriasis/PsA in the real in-hospital and community Italian settings provided evidence that patients treated with biological therapies are those with a more compromised health that induces high costs on all aspects of their care.