

ABSTRACT NUMBER: 2489

# Efficacy and Survival of Biologic DMARD Therapies As Monotherapy: Real World Data

Jose A Gómez-Puerta<sup>1,2</sup>, Natalia Duque Zapata<sup>1</sup>, Luis Alonso Gonzalez<sup>1,3</sup>, Carmen Cerón<sup>1</sup>, Monica Vásquez<sup>1</sup> and Oscar Jair Felipe Diaz<sup>1,4</sup>, <sup>1</sup>Medicarte IPS, Medellín, Colombia, <sup>2</sup>Grupo de Reumatología, Universidad de Antioquia, Medellín, Colombia, <sup>3</sup>Grupo de Reumatología, Universidad de Antioquia, Medellín, Colombia, <sup>4</sup>Clinica Las Vegas, Medellín, Colombia

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## SESSION INFORMATION

**Date:** Tuesday, November 7, 2017

**Session Type:** ACR Poster Session C

**Session Title:** Rheumatoid Arthritis – Small Molecules, Biologics and Gene Therapy

**Session Time:** 9:00AM-11:00AM

**Poster III: Efficacy and Safety of Originator Biologics and Biosimilars**

**Background/Purpose:** According different international registries, around one third of patients under biologic DMARD (bDMARD) with rheumatoid arthritis (RA) are receiving bDMARD as monotherapy (1-4). In Latin-American countries, the efficacy and survival of bDMARD as monotherapy is less well known (5). Our aim was to analyze efficacy and survival rates of bDMARD therapies (either anti TNF and non anti TNF) in a cohort of Colombian RA patients.

**Methods:** We conducted a cross-sectional study including patients with diagnosis of RA treated at Medicarte IPS from March 2009 to December 2016. Medicarte is a referral center for the integral medical care and pharmaco-surveillance of patients under biologic therapies in 13 cities in Colombia. Clinical information was obtained from electronic clinical records. Only those patients with complete information including disease activity indexes at baseline and at the last follow-up were included. We defined remission if DAS-28 (ESR) was < 2.6. Survival rates were analyzed using Kaplan-Meier survival curve. Patients were censored if fail to maintain remission or due to loss of follow-up

**Results:** From 1,020 patients with RA under bDMARD, we identified 139 (13.6%) patients treated as monotherapy. 90% of them were female with a mean age of  $56.6 \pm 10.9$  years. Mean disease duration was  $16.8 \pm 9.9$  years and mean time under bDMARD was  $3.3 \pm 2.4$  years. Eighty three percent of patients were seropositive (FR and/or CCP) and mean DAS28 at baseline of bDMARD therapy was  $4.23 \pm 1.0$ . 102 (73%) out of 139 patients in monotherapy were on non anti TNF and 37 (27%) on anti TNF. From non-anti TNF therapies, tocilizumab was used in 52 patients, rituximab in 25 and abatacept in 25 patients. At last visit, remission rates were higher in patients under non-anti TNF vs anti TNF (70.6 vs 54%,  $p=0.069$ ). Low disease activity rates were similar in both groups (77.5% vs 70.3%,  $p=0.384$ ). Five year survival rates were significantly higher in patients treated with non-anti TNF vs anti TNF therapies. Among non-anti TNF therapies, survival rates were significantly higher in patients treated with tocilizumab, than in patients treated with rituximab or abatacept.



**Conclusion:** In our cohort of RA patients under bDMARD, 13% of patients are receiving biologic as monotherapy. Survival rates in terms of remission, were higher in patients under non anti TNF therapies, especially in patients treated with tocilizumab.

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**Disclosure:** J. A. Gómez-Puerta, AbbVie, BMS, Pfizer, Roche, 8; N. Duque Zapata, None; L. A. Gonzalez, Abbvie, Janssen, Pfizer, 8; C. Cerón, Pfizer Inc, Novartis, 8; M. Vásquez, None; O. J. Felipe Díaz, Abbvie, BMS, Pfizer, Janssen, Roche, 8.

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