4CPS-017 REAL-WORLD EVIDENCE ON RHEUMATOID ARTHRITIS TREATMENT PERSISTENCE: JANUS KINASE INHIBITORS VERSUS BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS

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10.1136/ejhpharm-2023-eahp.376

Background and Importance The therapeutic armamentarium for rheumatoid arthritis (RA) has been remodelled over the last decades with the advent of biologic disease-modifying antirheumatic drugs (bDMARDs) and the emergence of Janus Kinase inhibitors (JAKi). So far, real-world data comparing the persistence of these different treatment approaches are scarce.

Aim and Objectives This study aims to compare treatment persistence between JAKi and bDMARDs in a real-world setting of RA patients.

Material and Methods A retrospective study (January 2017 to September 2022), including all RA patients from a tertiary hospital under treatment with JAKi, tumour necrosis factor inhibitor (TNFi), interleukin (IL) 6 inhibitor (IL6i), cluster of differentiation (CD) 80/86 inhibitor (CD80/86i), or CD20 inhibitor (CD20i). Demographic, clinical, and pharmacological data were collected from hospital claim records. Persistence was examined through Kaplan-Meier survival analysis. Median survival times were compared statistically using log-rank test and Cox model. Statistical analyses and graphic representations were performed utilising STATA15® software.

Results We included 582 cases: 166 (28.5%) JAKi treatments, 180 (30.9%) TNFi treatments, 124 (21.3%) IL6i treatments, 64 (11.0%) CD80/86i treatments, and 48 (8.3%) CD20i treatments, corresponding to 293 RA patients (86% women, 63 ± 14 years old).

The median JAKi treatment persistence was 428 [95 CI% =262–609] days, which did not differ significantly with regard to the median treatment persistence of: TNFi (HR=1.19 [95 CI%=0.91–1.56]; p=0.215), IL6i (HR=1.06 [95 CI%=0.79–1.43]; p=0.695), CD80/86i (HR=1.40 [95CI %=0.99–1.98]; p=0.054), and CD20i (HR=0.77 [95 CI% =0.50–1.18]; p=0.227). Median treatment persistences are presented in table 1.

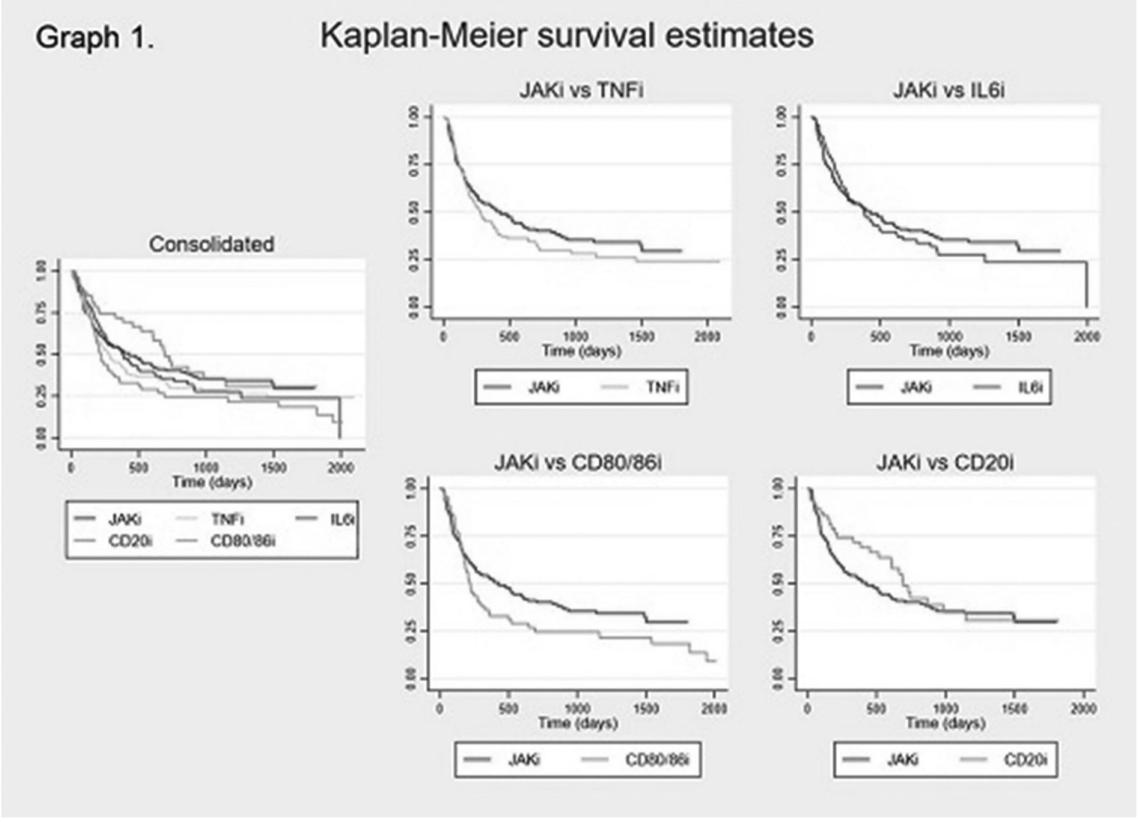
Kaplan-Meier curves represent the estimated survival functions (figure 1).

Abstract 4CPS-017 Table 1 JAKi and bDMARDs treatment persistences

Drug (n=582)	Median persistence, days [95CI%]	HR [95CI%]; *p*-value
JAKi (n=166)	428 [262–609]	-
TNFi (n=180)	281 [210–378]	1.19 [0.91–1.56]; *p*=0.215
IL6i (n=124)	381 [263–504]	1.06 [0.79–1.43]; *p*=0.695
CD80/86i (n=64)	221 [177- 321]	1.40 [0.99–1.98]; *p*=0.054
CD20i (n=48)	692 [516–1,146]	0.77 [0.50–1.18]; *p*=0.227

Conclusion and Relevance Based on the results from our RA real-world cohort, JAKi treatment persistence is in line with TNFi and other bDMARDs treatment persistences. Further research is needed to confirm our findings.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest



Abstract 4CPS-017 Figure 1