3RD WORLD CONGRESS

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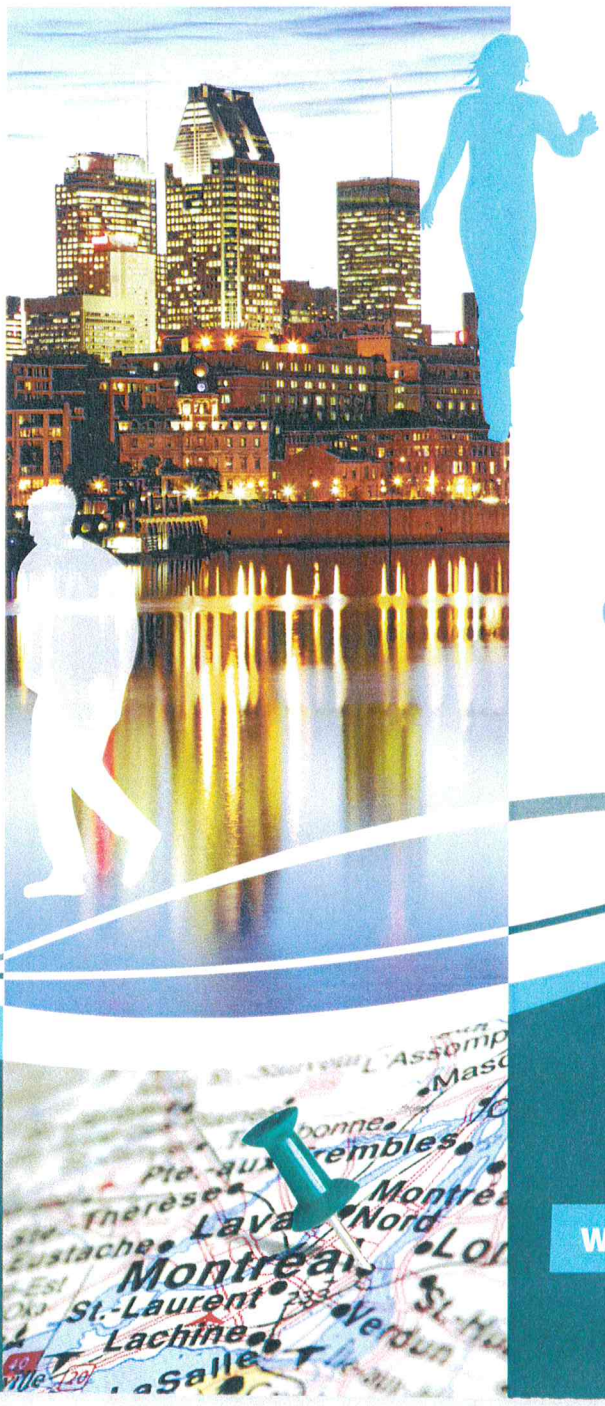

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The aim of this analysis is to define the predictive factors of time to disease remission in established rheumatoid arthritis (RA) patients treated with infliximab.

Methods: BioTRAC is an ongoing, prospective registry of patients initiating treatment for RA, ankylosing spondylitis (AS), or psoriatic arthritis (PsA) with infliximab or golimumab as first biologics or after having been treated with a biologic for <6 months. RA patients treated with infliximab who were enrolled between 2002-2012 and had ≥1 follow-up assessment were included. Remission was defined according to the ACR/EULAR Boolean criteria (TJC28≤1, SJC28≤1, CRP≤1 mg/dL, and PtGA≤1) or CDAI≤2.8. Independent predictors of remission were identified by multivariate Cox regression considering as potential confounders parameters showing a statistical trend (P<0.150) in univariate analyses.

Results:

A total of 671 patients were included of whom 494 (73.6%) were female. At baseline, mean (SD) age was 56.0 (13.5) years and mean (SD) disease duration was 10.3 (10.1) years. Median time to CDAI and Boolean remission was 47.3 and 54.1 months, respectively. In univariate analysis, the following factors showed a statistical trend in their association with longer time to CDAI remission: earlier enrolment period (P=0.117), increased age (P=0.070), longer disease duration (P=0.008), female gender (P=0.143), and increased baseline disease activity as indicated by TJC28 (P<0.001), SJC28 (P<0.001), morning stiffness (P=0.003), pain (P<0.001), PtGA (P<0.001), MDGA (P<0.001), HAQ-DI (P<0.001), and CDAI (P<0.001). Rheumatoid factor (RF) status, number of previous DMARDs, and initial (first 6 months) treatment with DMARD(s), NSAID(s) or steroid(s) did not predict achievement of remission. In multivariate analysis, baseline CDAI [HR (95%CI): 0.97 (0.96,0.98); P<0.001] and disease duration [0.98 (0.97,1.00); P=0.018] were identified as independent predictors of time to CDAI remission. Similarly, multivariate survival analysis showed that increased disease duration [0.98 (0.96,1.00); P=0.047] and increased pain [0.98 (0.98,0.99); P<0.001] at baseline were associated with a lower chance of achieving ACR/EULAR Boolean remission.

Conclusion:

Upon adjusting for potential confounders, increased disease duration before anti-TNF initiation is an independent predictor of longer time to remission. The results of these real-world Canadian data support findings that earlier initiation of anti-TNF agents may be associated with increased remission rates when stringent definitions of remission are considered.

Disclosure of Interest: None Declared

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THE DIAGNOSTIC DELAY IN SPONDYLOARTHRITIS IS IMPROVING

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Problem Statement: Spondyloarthritis (SpA) is known to have a long *diagnostic delay (1, 2).* Awareness, advances in therapy and new classification criteria are supposed to shorten the time to diagnosis. The Austrian BioReg registry (http://www.bioreg.at) was initiated in 2009. Meanwhile, more than 1500 patients have been documented, 362 with SpA. On entry patients are asked at what age first symptoms were noticed and at what age SpA was diagnosed. The aim of this evaluation was to elucidate the diagnostic delay within the last five years.

Methods: Of 362 registered patients with SpA 350 were included. Time difference between onset of symptoms and diagnosis was calculated in years for all patients and was also calculated for every year since 2009.

Results: Diagnosis was made within 1, 2, 3, 4, 5 years in 56, 54, 29, 31, 26 patients, respectively; 154 (44%) patients reported five or more years delay (Figure 1). When calculated for every year between 2010 and 2014 the registered diagnostic delay was almost the same for all years, with a medium of three years.

Image:

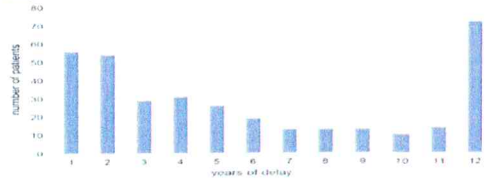

Figure 1: Diagnostic delay in patients with SpA

Conclusion: Diagnostic delay in patients with SpA was seen to decrease over recent years, as in other registries. In contrast to the Danish register DANUBIO (3), we did not recognize an ongoing decrease in delay. The reason may be seen in the inclusion criteria. BioReg includes not only biologically naïve patients, but also patients with running biological therapy.

Literature:

1. Feldtkeller E et al. Age at disease onset and diagnosis delay in HLA-B27 negative vs. positive patients with ankylosing spondylitis. Rheumatol Int. 2003;23:61-6
2. Seo MR et al. Delayed diagnosis is linked to worse outcomes and unfavourable treatment responses in patients with axial spondyloarthritis.
   Clin Rheumatol. 2014 Sep 5. [Epub ahead of print]
3. Sørensen J, Hetland ML. Diagnostic delay in patients with rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis: results from the Danish nationwide DANBIO registry. Ann Rheum Dis. 2014 Feb 17. doi: 10.1136/ [Epub ahead of print]

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WHAT IS MORE PREDICTIVE OF ACHIEVING REMISSION AT 12 MONTHS: THE PERCENTAGE OF BASELINE IMPROVEMENT OR THE ACTUAL DISEASE STATE ACHIEVED?

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Problem Statement: The aim of rheumatoid arthritis (RA) treatment is to optimize symptom control and, when possible, achieve sustained remission. Therefore, identification of clinical signs predicting future remission is valuable to clinical decision making. One question faced by clinicians is whether the achievement of a lower disease activity value or a higher rate of change of disease activity is indicative of better future disease outcomes. The objectives of this study were to determine whether change in disease activity measures or the actual values achieved at 6 months were more predictive of remission at 12 months in RA patients treated with infliximab (IFX) in a real-world, clinical practice setting.

Methods: BioTRAC is an ongoing, prospective registry of patients initiating treatment for RA with IFX or golimumab as first biologics or after having been treated with a biologic for <6 months. Eligible people for this study included RA patients treated with IFX enrolled between 2002-2012 with available 12-month information on remission. Multivariate logistic regression models with the parametric Wald statistic and the log-likelihood ratio were used to assess the independent contribution of the actual value and the change at 6 months in predicting 12-month remission as defined by DAS28 (<2.6), SDAI (≤3.3) and CDAI (≤2.8) criteria. These two statistics assess the extent of contribution of an individual predictor to an outcome of interest - higher values signify greater contribution - and can be used to compare the contribution of different predictors in a standardized fashion.