INTRODUCTION

Sustainability of treatment is an important consideration when selecting a therapy for chronic conditions such as RA. A useful clinical endpoint for both long-term efficacy and safety. A recently published randomized controlled trial has demonstrated similar efficacy and safety profiles for abatacept and adalimumab over 2 years.1,2

OBJECTIVE

To assess the long-term sustainability of abatacept and anti-TNFs following treatment failure with a conventional synthetic DMARD (cDMARD) in comparable cohorts of patients with RA.

METHODS

Data were extracted from the RHUMADATA® registry for patients with RA seen at two tertiary centers and prescribed either abatacept or a TNF inhibitor (adalimumab, certolizumab, etanercept, golimumab or infliximab) as their first biological (b)DMARD after 1 January 2006. The choice of therapy was a joint decision between the patient and the treating physician. Patients were followed until either they discontinued treatment, they were lost to follow-up or the cut-off date of 9 January 2017. Patient baseline characteristics were compared using descriptive statistics and the cumulative incidence of biologic agent discontinuation was estimated using Kaplan-Meier methods. Overall differences in the discontinuation rates of biologic agents were tested using the log-rank test.

RESULTS

Overall, 641 patients met the study inclusion criteria; 82 received abatacept and 559 TNF inhibitors (adalimumab 136, certolizumab 52, etanercept 88 and infliximab 57) as first-line treatment following inadequate response to cDMARDs.

CONCLUSION

Abatacept and TNF inhibitors demonstrate similar sustainability at 8 years, supporting studies1,4 that demonstrate that abatacept used after inadequate response on cDMARD is as safe and effective as TNF targeting agents in the long term.

REFERENCES


No clinically significant differences in baseline characteristics were noted between treatment groups (Tables 1-5). Most patients were diagnosed after January 2000 (77.5%). Men (SD) age at diagnosis was 47.1 (13.4) years, with a mean disease duration of 7.2 (8.7) years, and a mean (SD) CDAI of 43.1 (32.5) at baseline. No significant differences in reduction rates were observed in the abatacept and anti-TNF groups (Tables 6 and 7; Figure 1). On average, patients treated with anti-TNFs and abatacept maintained their treatment for 1.59 (SD 1.91) and 1.90 (SD 2.08) years, respectively. Lack of efficacy (47.6%) and adverse effects (22.0%) were the most common cited reasons for treatment discontinuation.