**INTRODUCTION**

The order of use of biologic agents is still a question for debate. Phase III trial data in MTX-IR patients show comparable efficacy results across biologic agents and limited head-to-head studies have been published. Registries offer a unique opportunity to prospectively monitor the effectiveness of these agents in a clinical setting.

**OBJECTIVES**

To assess if patients with rheumatoid arthritis (RA) treated with abatacept after failure of a first line agent (MTX-IR) have a different drug survival rate than patients similarly treated with adalimumab, etanercept or infliximab.

**METHODS**

RA patients prescribed a first biologic agent after January 1st 2007 were included in the present analysis. We extracted a cohort formed of all patients prescribed abatacept (ABA), adalimumab (ADA), etanercept (ETA) or infliximab (INF) as their first biologic agent. Baseline demographics for this cohort included age, disease duration, HAQ-DI, fatigue and pain visual analog scale evaluation (VAS), TJC, SJC, DAS 28 ESR, CDAI and SDAI. Person-years of treatment were also compared across biologic agents. Statistical analysis was performed using SAS version 9.3. RHUMADATA® is a clinical database and registry used daily in clinical practice at the IRM, CORQ and CREQ.

**RESULTS**

A total 347 patients were included in the cohort. No clinically significant differences in baseline characteristics were noted between treatment groups. The 5 year retention rate of ABA, ADA, ETA and INF post MTX failure were 64%, 40%, 49% and 42% without significant statistical differences (Log-Rank p=0.29).

**CONCLUSIONS**

Abatacept, adalimumab, etanercept and infliximab after MTX failure have similar 5-years retention rates.

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*Disclosure of interest: None declared*

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