

EFFICACY AND SAFETY OF ABATACEPT IN PATIENTS WITH RA AND AN INADEQUATE RESPONSE TO ANTI-TNF THERAPY BY NUMBER OF PRIOR ANTI-TNF THERAPIES USED

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A substantial proportion of patients with RA fail to respond to anti-TNF therapy. Abatacept showed to be effective, with a consistent safety profile, in anti-TNF inadequate responders in the ARRIVE (Abatacept Researched in RA pts with an Inadequate anti-TNF response to Validate Effectiveness) trial¹. Post-hoc analyses were performed to evaluate EULAR response rates and safety of abatacept in pts who had failed 1, 2 or 3 prior anti-TNF agents.

Methods: ARRIVE was a 6-month, open-label, Phase IIIb trial evaluating the safety and efficacy of abatacept (~10 mg/kg) in pts with active RA, a DAS28 score of ≥ 5.2 and an inadequate response to ≥ 3 months anti-TNF for efficacy or safety reasons. At 6 months EULAR response 2 and safety data were assessed for pts who failed 1, 2 or 3 prior anti-TNF agents. As-observed data are presented for all pts who received ≥ 1 dose of abatacept.

Results: Of 1046 pts treated and evaluated, 860 completed the trial; 18 pts with missing history of prior anti-TNF therapy were not included in the analysis. Baseline characteristics, efficacy and safety of the overall population were reported previously¹. At 6 months, a good EULAR response was achieved in 29 vs 21% of pts previously treated with 1 vs 3 anti-TNF agent(s), respectively, and 44 vs 46% achieved a moderate EULAR response. EULAR response rates and safety data are shown for all groups.

Conclusion: Abatacept provided considerable and consistent efficacy benefits irrespective of the number of prior anti-TNF; however, greater EULAR responses were seen in pts who had failed fewer previous anti-TNF. Safety was comparable regardless of the number of prior anti-TNF therapies, and although numerically higher frequencies of infections and related AEs were observed in pts who failed ≥ 2 prior anti-TNF, serious infections and related serious AEs were relatively low and comparable across all groups. Overall, these data support an earlier switch to abatacept in pts failing anti-TNF agents.

		Number of previous anti-TNF 1 (n=488)	therapies 2 (n=340)	3 (n=200)
EULAR response at Month 6, n (%)	Good responder	121 (29)	78 (30)	30 (21)
	Moderate responder	179 (44)	123 (47)	66 (46)
	Non-responder	111 (27)	63 (24)	49 (34)
Safety summary over 6 months, n (%)	Serious AEs	49 (10)	37 (11)	21 (11)
	Related serious AEs	10 (2)	10 (3)	6 (3)
	Discontinued due to serious AEs	7 (1)	7 (2)	3 (2)
	AEs	378 (78)	270 (79)	160 (80)
	Related AEs	192 (39)	164 (48)	101 (51)
	Discontinued due to AEs	12 (3)	21 (6)	8 (4)
	Infections	163 (33)	158 (47)	79 (40)
	Serious infections	10 (2)	11 (3)	4 (2)
	Neoplasms*	5 (1)	4 (1)	5 (3)
	Acute infusional events	25 (5)	18 (5)	14 (7)

Data [n (%)] presented for 1028/1046 pts (18 had missing data); *Benign, malignant or unspecified