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Drug Survival Of Biologic And Targeted Synthetic Disease-Modifying Antirheumatic Therapies In Patients With Inflammatory Arthritis: Data From Four Countries Of Latin America

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Has this paper been previously presented at another conference?: No

Background/Objectives: Drug survival of biologic and targeted synthetic disease-modifying antirheumatic drugs (ts/bDMARDs) has been described as a surrogate for treatment effectiveness and safety. This study aims to describe the drug survival of ts/bDMARDs in patients with Immune-mediated inflammatory arthritis (IIA) from four Latin American countries, using BIOBADA Registries data.

Methods: Data from BIOBADA Registries were collected from Argentina, Mexico, Paraguay, and Uruguay (the last two countries were included in the same registry). For this analysis, those with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and axial spondyloarthritis (axSpa) who had started at least one biological or small molecule drug until October 2023 were included. Biologic drug survival was defined as the time from initiation of therapy to discontinuation. The reasons for discontinuation were recorded. Drug survival was analysed using Kaplan-Meier plots, and hazard ratios were estimated.

Results: Among 4761 registered patients, 7727 treatments were recorded, 5448 (70.5%) from Argentina, 1085 (14.0%) from Mexico, 706 (9.1%) from Paraguay and 488 (6.3%) from Uruguay. The most common diagnosis was RA with 6479 (83.8%) treatments, 740 (9.6%) PsA and 508 (6.6%) axSpa. A total of 4698 (60.8%) treatment discontinuations were reported. The most common discontinuation causes were ineffectiveness (1604, 34.1%), loss of patient (1084, 23.1%) and adverse events (779, 16.6%). From the total of treatments from each bDMARDs, the most frequently discontinued were original Rituximab (RTXo) (321 of 449, 71.5%), original TNF inhibitors (anti-TNFo) (3044 of 4817, 63.2%) and abatacept (483 of 725, 66.6%). From tsDMARDs, original JAK inhibitor was discontinued in 318 of 661 (48.1%) treatments and generic JAK inhibitor was in 38 of 102 (38.2%). Fig 1 A shows survival curves by treatment and Fig 1 B by disease. Fig 2 displays hazard ratios. Significant differences by treatment were reported: abatacept (HR 1.1, 95% CI 1.03-1.25, p=0.013), biosimilar rituximab (HR 2.05, 95% CI 1.47-2.85, p<0.001) and RTXo (HR 1.54, 95% CI 1.37-1.73, p<0.001. Significant differences by diagnoses were reported, axSpa (HR 0.68, 95% CI 0.60-0.78, p<0.001).

Image 1:

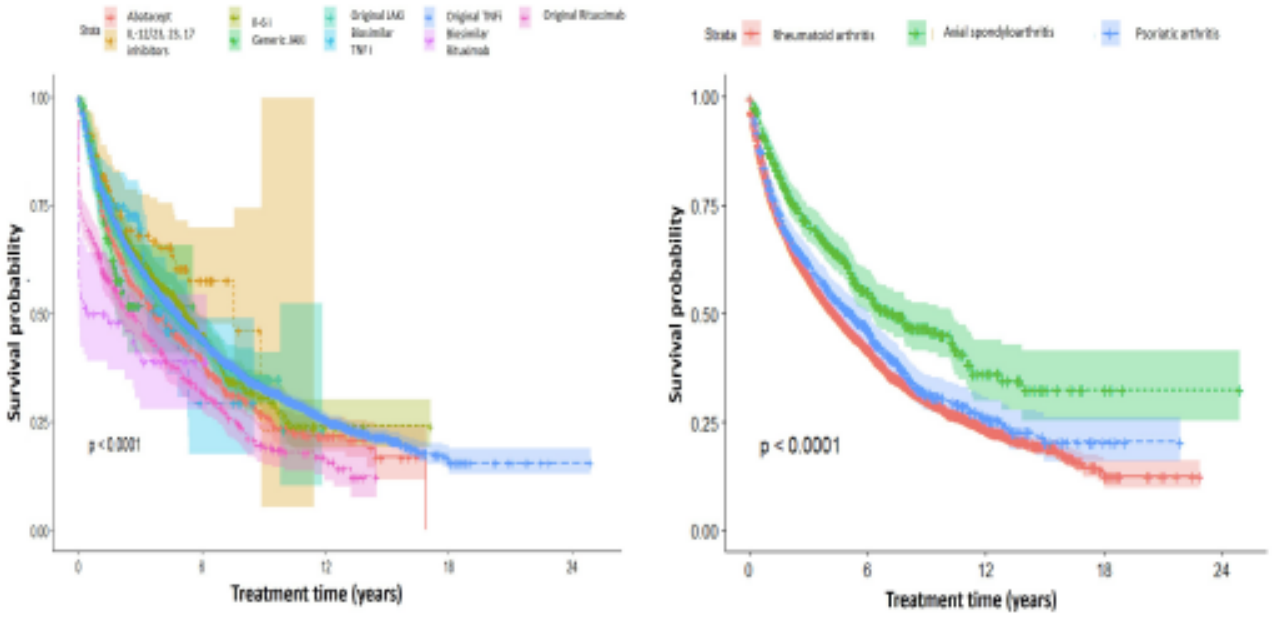
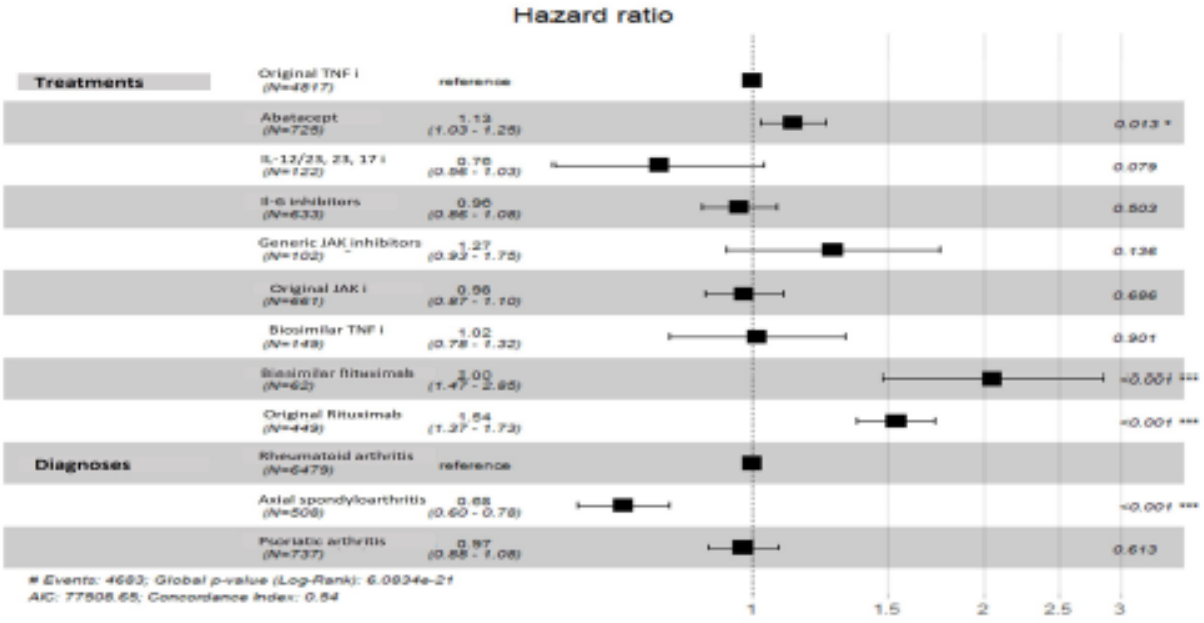


Image 2:



Conclusion: This analysis shows differences in the drug survival of ts/bDMARDs in Latin American patients with IIA by treatment and by diagnoses. Further longitudinal analyses will be performed to identify predictive variables.

Disclosure of Interest: None Declared

Keywords: Biologics, jak inhibitors, rheumatoid arthritis