Background and importance
The therapeutic armamentarium for Rheumatoid Arthritis (RA) has been remodeled over the last decades with the advent of biologic Disease-Modifying Antirheumatic Drugs (bDMARDs) and the emergence of Janus Kinase inhibitors (JAKi). So far, real-world data comparing the persistence of these different treatment approaches are scarce.

Aim and objectives
To compare treatment persistence between JAKi and bDMARDs in a real-world setting of RA patients.

Materials and methods
A retrospective study (2017/01-2022/09), including all RA patients from a tertiary hospital under treatment with JAKi, Tumor Necrosis Factor inhibitor (TNFi), Interleukin (IL)6 inhibitor (IL6i), Cluster of Differentiation (CD)80/86 inhibitor (CD80/86i), or CD20 inhibitor (CD20i).

- Persistence was examined through Kaplan-Meier survival analysis.
- Median survival times were compared statistically using Log-rank test and Cox model.

Results
We included 582 cases: 166 (28.5%) JAKi treatments, 180 (30.9%) TNFi treatments, 124 (21.3%) IL6i treatments, 64 (11.0%) CD80/86i treatments, and 48 (8.3%) CD20i treatments, corresponding to 293 RA patients (86% women, 63±14 years old).

Median treatment persistences are presented in Table 1.

Kaplan-Meier curves represent the estimated survival functions (Graph 1).

Table 1. JAKi and bDMARDs treatment persistences

<table>
<thead>
<tr>
<th>Drug</th>
<th>Median persistence, days [95C%]</th>
<th>HR [95C%]; p-value</th>
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<tbody>
<tr>
<td>JAKi (n = 166)</td>
<td>428 [262 - 609]</td>
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<tr>
<td>TNFi (n = 180)</td>
<td>281 [210 - 378]</td>
<td>1.19 [0.91 - 1.56]; p = 0.215</td>
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<tr>
<td>IL6i (n = 124)</td>
<td>381 [263 - 504]</td>
<td>1.06 [0.79 - 1.43]; p = 0.695</td>
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<tr>
<td>CD80/86i (n = 64)</td>
<td>221 [177 - 321]</td>
<td>1.40 [0.99 - 1.98]; p = 0.054</td>
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<tr>
<td>CD20i (n = 48)</td>
<td>692 [516 - 1,146]</td>
<td>0.77 [0.50 - 1.18]; p = 0.227</td>
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</table>

Graph 1. Kaplan-Meier survival estimates

Conclusion and relevance
Based on the results from our RA real-world cohort, JAKi treatment persistence is in line with TNFi and other bDMARDs treatment persistences. Further research is needed to confirm our findings.

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