PERSISTENCE OF BIOLOGICAL TREATMENT WITH INFlixIMAB, ADALimumAB AND ETANERCept IN PATIENTS WITH SPONDYLOARTHROPATHY

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BACKGROUND
Although the use of infliximab, adalimumab and etanercept for the treatment of spondyloarthropathy is widespread in clinical practice, there are no studies on its persistence over time.

PURPOSE
Estimate the persistence of treatment with infliximab, adalimumab and etanercept in patients diagnosed with spondyloarthropathy receiving first biological treatment.

MATERIAL AND METHODS
Retrospective, observational study

Population
Patients diagnosed with SA who initiating first biological treatment with Infliximab, Adalimumab and Etanercept

Inclusion period
Since its commercialization in 1999, 2003 and 2006 respectively to June 2010

Study period
From first biological treatment to June 2010 (at least 5 years follow-up)

Persistence was defined as time (months) from the start of treatment until their suspension for dispensations periods higher than three months to include optimization.

DEMOGRAPHIC VARIABLES (Population = 100 patients)

<table>
<thead>
<tr>
<th>Variable</th>
<th>INFLIXIMAB</th>
<th>ADALIMUMAB</th>
<th>ETANERCept</th>
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<tbody>
<tr>
<td>Patients (N)</td>
<td>29</td>
<td>33</td>
<td>38</td>
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<tr>
<td>Sex (men)</td>
<td>44,83 %</td>
<td>60,61 %</td>
<td>63,16 %</td>
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<td>Age</td>
<td>50,57 (95%CI: 45,90-55,25)</td>
<td>54,63 (95%CI: 49,54-59,73)</td>
<td>52,58 (95%CI: 48,36-56,80)</td>
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OUTCOME VARIABLES: Persistence

Median (months) | INFLIXIMAB | ADALIMUMAB | ETANERCept |
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<td>OVERALL persistence</td>
<td>40,04 months (95%CI: 23,35-56,74)</td>
<td>38,54 months (95%CI: 30,23-47,80)</td>
<td>36,33 months (95%CI: 42,22-68,44)</td>
</tr>
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SPECIFIC persistence

| | INFLIXIMAB | ADALIMUMAB | ETANERCept |
| | (95%CI: 4,98-47,00) | (95%CI: 40,75-70,23) | (95%CI: 4,22-68,44) |

RESULTS
Survival curves were compared using the log-rank function with no significant differences (p=0.592)

REASON OF SUSPENSION

INFLIXIMAB

- Failure: 17%
- Intolerance: 3%
- Clinical improvement: 49%
- Patient preference: 4%
- Neoplasms/infections: 7%
- Others: 14%
- Lost of follow-up: 3%
- Continue treatment: 3%

ADALIMUMAB

- Failure: 18%
- Intolerance: 6%
- Clinical improvement: 49%
- Patient preference: 9%
- Neoplasms/infections: 12%
- Others: 9%
- Lost of follow-up: 3%
- Continue treatment: 3%

ETANERCept

- Failure: 24%
- Intolerance: 5%
- Clinical improvement: 24%
- Patient preference: 10%
- Neoplasms/infections: 2%
- Others: 3%
- Lost of follow-up: 2%
- Continue treatment: 24%

OTHER REASONS OF SUSP.

Other reasons were chest pain in 1 patient with ADA and alcoholism, heart failure and inflammatory bowel disease in 3 patients with ETA.

CONCLUSION
The high overall persistence of these drugs, more than three years of median, makes us believe they are well tolerated and effective. A marked specific persistence with adalimumab (around 4 and a half years) is observed. However, no significant differences were found between them. The main reason for suspension was failure. Regarding clinical improvement/remission, etanercept had better results.

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