PERSISTENCE OF TREATMENT WITH JAK INHIBITORS IN ARTHRITIS RHEUMATOID PATIENTS ALREADY TREATED WITH THEM

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BACKGROUND AND IMPORTANCE

In recent years JAK inhibitors (JAKi) have been incorporated into the therapeutic arsenal of different diseases including rheumatoid arthritis (RA). After discontinuing a first JAK inhibitor, patients could subsequently start treatment with another drug from this group; however, there is currently little data on how long the patient remains on this second JAKi (1).

AIM AND OBJECTIVES

To analyze the persistence to treatment with a second JAKi treatment in RA patients which have previously been treated with a first JAKi.

MATERIALS AND METHODS

Observational | Unicentric
Retrospective | Until August 31, 2022

Variables: demographic, concomitant and previous treatments for RA, median disease duration, median time on treatment (mToT) of JAKi including causes of end of treatment (loss of effectiveness or adverse reaction).
Persistence was measured through mToT.

RESULTS

N=18 patients (16 women)
Median age: 48 years (IQR: 40-55)

Median time from diagnosis: 9.4 years (IQR: 6.3-11.8)
Concomitant treatment: methotrexate (n=7) or leflunomide (n=2)
Patients treated with biologic disease-modifying antirheumatic drug (bDMARD) before first JAKi: 12 patients.
Patients treated with a least a bDMARD after first JAKi: 4 patients.

Total mToT with both JAKi: 19.9 months (IQR: 8,9-47,5)

Total mToT with <u>first JAKi</u>: 12.1 months (IQR:3.3-31.3)

Total mToT with <u>second JAKi</u>: 5.0 months (IQR: 2.7-8.6)

Causes of end of treatment for first JAKi*

Cause	n	mToT, months (IQR)
Loss of effectiveness	11	15.7 (11.9-35.3)
Adverse effects	6	2.5 (1.4-4.7)

*One patient changed JAKi treatment due to cardiovascular risk.

Causes of end of treatment for second JAKi*

Cause	n	mToT, months (IQR)
Loss of effectiveness	5	3.6 (2.6-9.6)
Adverse effects	2	6.2 (4.9-7.3)
Continue treatment	10	5.8 (4.8-10.3)

*One patient was considered loss of follow-up

Considering only patients <u>who finished both treatments due to loss of effectiveness</u> (n=4):

<u>First JAKi</u> 12.5 months (IQR: 8.0-17.7) VS **<u>Second JAKi</u>** 6.6 months (IQR: 3.1-16.1)

2/6 patients who finished first JAKi treatment because of adverse effects did not tolerate neither the second JAKi. 3/6 continue treatment, 1/6 ended because of loss of effectiveness.

CONCLUSION AND RELEVANCE

<u>Persistence is higher with first JAKi</u> when treatment with both first and second JAKi finished due to loss of efficacy, however data is still immature. Patients who do not tolerate treatment with a first JAKi <u>may tolerate a second JAKi</u>. This should be considered for clinical practice.

REFERENCES

1) Smolen JS et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2022 update. *Ann Rheum Dis*. 2023;82(1):3-18.

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