REAL-WORLD EVIDENCE ON RHEUMATOID ARTHRITIS TREATMENT PERSISTENCE: JANUS KINASE INHIBITORS VERSUS BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS



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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).

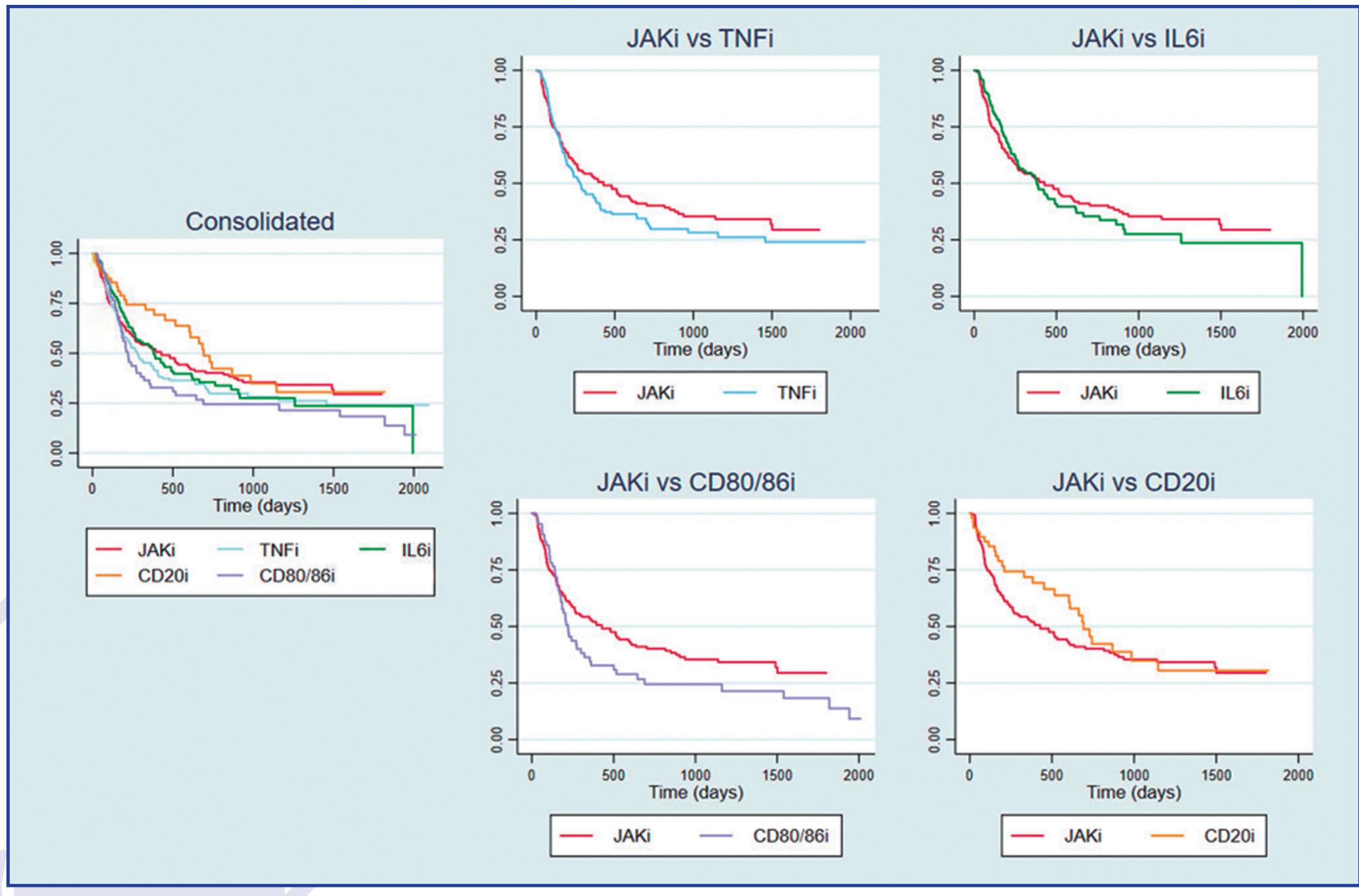
Median treatment persistences are presented in Table 1.

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

Table 1. JAKi and bDMARDs treatment persistences

Drug (n = 582)	Median persistence, days [95CI%]	HR [95CI%]; <i>p</i> -value
JAKi (n = 166)	428 [262 - 609]	_
TNFi (n = 180)	281 [210 - 378]	1.19 [0.91 - 1.56]; <i>p</i> = 0.215
IL6i (n = 124)	381 [263 - 504]	1.06 [0.79 - 1.43]; <i>p</i> = 0.695
CD80/86i $(n = 64)$	221 [177 - 321]	1.40 [0.99 - 1.98]; <i>p</i> = 0.054
CD20i $(n = 48)$	692 [516 - 1,146]	0.77 [0.50 - 1.18]; <i>p</i> = 0.227

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.

