



M. Gil Candel, C. Iniesta Navalón, M. Onteniente Candela, L. Rentero Redondo, C. Caballero Requejo, N. Salar Valverde, C. Gallego Muñoz. Hospital Universitario Reina Sofía, Hospital Pharmacy, Murcia, Spain. **5PSQ-083**

Introduction

The loss of response in patients treated with anti-TNFa monoclonal antibodies is relatively frequent. One of the reason is the development of immunogenicity, causing treatment failure.

Objective

To determine the prevalence of immunogenicity in patients with anti-TNF monoclonal antibodies.



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Materials and methods

- Retrospective observational study.
- We included all patients with serum levels of **adalimumab**, infliximab or etanercept (May 2015-September 2017).
- Serum samples are routinely collected every six months before the next drug injection.
- Samples were analyzed by enzyme-linked immunosorbent \bullet assays (ELISA).
- Variables studied: sex, age, number of serum samples collected, diagnosis, previous biologic therapy, serum drug concentrations and antibody level.
- Antibodies were performed in patients who had undetectable concentrations of drug.
- We used χ^2 test to compare the association between categorical variables, using SPSS version 23.0.

Results

- 310 patients \rightarrow 50.3% women, mean age: 46.2 (SD: 15.1) years.
- Frequent diagnoses Crohn's disease (26.5%) Rheumatoid arthritis (19.4%) Ankylosing spondylitis (16.8%)
- The 53.4% had not received prior treatment with biological drugs, 29.1% were treated with one biological and the 17.5% received two or more.



582 Samples collected





Antibodies were analyzed in 60 patients → 27 patients presented antibodies 44.4% against infliximab (p = 0.229) 55.6% to adalimumab No patient with etanercept

- **85.2%** of patients with antibodies had received a previous biologic therapy, compared to 14.8% who had not received previous treatment(p<0.001).
- The 8.7% presented antibodies, in all cases it was changed to • another biological drug.

Conclusion

- The 8.7% of our population has presented antibodies against these drugs, which prevents to get the therapeutic objective in these patients, this percentage is lower than the published studies show.
- The monitoring of biological drug levels and the analysis of antibodies provide an improvement in the management of the patient.

