28 patients agreed to take part: 5 withdrew, 6 had missing data. In this exploratory study, patients discussed their experiences of flares. Data were also compared with the data from 15 qualitative interviews analysed with the use of graphs to identify symptom patterns. These patients were asked weekly whether they had sought medical help. Patients were also asked daily: Is your RA in a flare condition today? Finally, patients were asked daily to report fatigue, swollen joints, stiffness, anger, frustration and worry and flare status (yes/no) daily for 3 months either on paper or online. Patients reported fatigue, swollen joints, stiffness, anger, frustration and worry and flare status (yes/no) daily for 3 months either on paper or online. Patients reported fatigue, swollen joints, stiffness, anger, frustration and worry and flare status (yes/no) daily for 3 months either on paper or online. Patients reported fatigue, swollen joints, stiffness, anger, frustration and worry and flare status (yes/no) daily for 3 months either on paper or online.

I20. THE SCIENCE OF BIOSIMILARS
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Monoclonal antibodies and soluble receptor molecules are complex glycoproteins. Because they are grown in living cells, rather than being chemically synthesized, they are known as biologic therapies. Their properties are determined by their tertiary and quaternary structure, which is in turn dependent upon their primary amino acid sequence but also on post-translational modifications and potentially their formulation and packaging. As the first biologic therapies in RA approach patent expiration, new opportunities and challenges arise with the advent of the so-called biosimilars. These copycat molecules should be cheaper than the reference products that they attempt to emulate. Nonetheless, in contrast to chemically synthesized small molecule drugs, biologic therapies cannot be precisely copied into generic molecules. Several steps in the manufacturing and production process of a biologic therapy impact on post-translational features, such as its glycosylation profile, and subtle changes in manufacturing can lead to biologically relevant changes in the end product. Additionally, some details of the manufacturing process of a reference biologic drug may comprise proprietary information which is not available to a biosimilar manufacturer. Consequently, differences between a biosimilar and the reference product are inevitable and mean that their precise effects in vivo could differ, with potential implications for safety and efficacy. Regulatory pathways have been developed to identify and avoid, as far as possible, relevant differences between biosimilar and reference product. However, a clear understanding of the clinical implications of using biosimilars is needed by the healthcare community, in order to optimize treatment selection and overall patient care. It will also be important to conduct long-term, registry-style studies of biosimilars, and to clearly distinguish this new type of treatment from the reference product. Disclosure statement: J.I. has served as a consultant for Hospira.