138. CERTOLIZUMAB PEGOL IN RHEUMATOID ARTHRITIS: THE CANNOCK EXPERIENCE

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Background: The advent of biologics has revolutionized the management of RA, making disease remission an achievable goal. Certolizumab pegol, a pegylated TNF inhibitor was approved by NICE for treatment of RA patients in February 2010 with the initial 3 months provided free of charge. We share our experience at Cannock with certolizumab pegol for RA patients in routine clinical practice over the last 2 years.

Methods: It is an observational study with retrospective review of records of all RA patients who commenced certolizumab pegol between June 2010 and Aug 2012. Data collected included age, gender, number of previous DMARDs, previous biologic use, disease activity score (DAS 28) at baseline, 3 months, 6 months, 12 months and 18 months and outcome of treatment including side effects.

Results: In about 2 years, 132 RA patients have been treated with certolizumab pegol at Cannock. The mean age of the patients was 57.1 years (±13.2) and the majority (67.3%) were female. The average number of previous DMARDs was 2.3 and the mean baseline DAS28 was 6.2 ± 0.8.

The majority of patients were TNF naïve, but 28% of them had switched from a previous biologic agent. The average improvement in DAS28 at 3, 6, 12 and 18 months was 2.9 ± 1.7, 2.5 ± 1.9, 2.8 ± 1.8 and 2.7 ± 1.6, respectively. Of the 138 TNF naïve patients on certolizumab pegol with complete outcome measures at 6 months, 80% had responded with a DAS28 improvement ≥ 1.2 at 3 months. 77% of the patients persisted with the drug, but 23% discontinued it due to either primary inefficacy (11%), secondary inefficacy (6%) or intolerance (6%). Injection site reactions only occurred in one patient. No serious infections were seen apart from one case of tuberculosis that occurred 4 weeks after stopping certolizumab pegol. Of the 44 patients who previously had biologics, 14 (31%) discontinued the drug due to inefficacy (primary inefficacy n = 11, secondary inefficacy n = 3).

Conclusion: In our experience over 2 years reflecting real life practice, certolizumab pegol is safe, well tolerated and has a similar efficacy to other TNFi in RA patients. It has also resulted in a considerable savings to the local health economy (approx. 500k).

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