MUSCULAR-SKELETAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PMS64
EQ-SD STUDIES IN RHEUMATOLOGY IN EIGHT CENTRAL AND EASTERN EUROPEAN COUNTRIES
Pentek M1, Rencz F1, Golicz D1, Plevnolik R1, Simon J1, Brodsky V1, Baji P1, Závada J1, Zrubka Z1, Petrova G2, Rotaru A1, Gulinciu L1
1Corvinus University of Budapest, Budapest, Hungary, 2University of Ljubljana-Ljubljana, Slovenia, 3Medical University of Vienna, Vienna, Austria, 4Institute of Rheumatology, Prague, Czech Republic, 5Medical University Sofia, Faculty of Pharmacy, and President, 6Porsuk University: Health Sciences, Turkey, 7Medical University of Amsterdam, Amsterdam, The Netherlands

OBJECTIVES: Cost-utility analyses using local data are required in several Central and Eastern European (CEE) countries for reimbursement decisions. The aim of this research was to analyse available studies in CEE countries and to identify opportunities for using the EQ-SD, a preferred instrument to calculate quality-adjusted life years (QALY).

METHODS: A systematic search was performed to identify EQ-SD studies using PubMed, EMBASE, Web of Science, CINAHL, PsycINFO, The Cochrane Library and a Google search. Full-text articles were reviewed to identify relevant studies. The studies were then evaluated according to pre-determined criteria for including in the analysis.

RESULTS: From the 143 papers identified, 23 had relevant data. Of these, 15 (65%) were in English. The first study was published in 2002. Most papers were from Hungary (65%) and none from Bulgaria or Romania. A total of 534 patients were included in 19 studies. Three were comparative (two RCTs and one cohort), 12 were prospective, and 46 were retrospective. Arthritis and musculoskeletal conditions were studied, with the most common being osteoarthritis (57%), followed by osteoarthritis (47%) and spondylitis (9%).

CONCLUSION: The EQ-SD is a valuable tool for assessing quality-adjusted life years (QALY) in the CEE region. Further research is needed to improve the evidence base and to inform reimbursement decisions.

PMS65
PATIENT-FOCUSED TECHNOLOGY ENABLED PROGRAMS IMPROVE OUTCOMES IN PRIMARY TOTAL HIP (THA) & TOTAL KNEE ARTHROPLASTY (TKA) PATIENTS
Euler P1, Weniger P2, Di P3, Jooschen V4, Babani-Mahani A5, Nadzhanjy V5, Cope E6, Bankev M7, Earnshaw P7, Shah Z5

OBJECTIVES: A program integrating technological engagement of patient enhancement of patient engagement in rehabilitation, with enhanced information sharing and education, THA and TKA surgery was assessed. Primary objectives assessed impact on length of stay (LoS) and readmission rates. Secondary objectives assessed impact on clinical and patient-reported outcomes. METHODS: Patient flow in THA and TKA (n=1063) patients were divided into pre-solution (n=1036) and post-solution groups (n=1090). Post-solution patients were subdivided by criterion-based eligibility for outreach support (OS). All patients were assessed at baseline, post-solution cohort (n=229) completed FROMs and COPES ratings. RESULTS: Medical complexity was high (ASA grade 3a, 25.5% TKA, 32% THA, 16% UK average, 2014). Charlson co-morbidity index, mean 3.2 ± 2.27 (SD) TKA, mean 4.1 ± 1.36 (SD) THA. Only LoS significantly reduced post-program (4.8d to 3.4d TKA, 5.6d to 4.0d TKA) (p<0.001; mean Week 52 change, -3.06 and -2.94 vs -0.73, respectively). Both doses of salofalk led to significant and greater improvements from baseline in all 4 mean WLQ domain scores (mental-interpersonal, output, physical demands, time management) compared with placebo at Weeks 24 and 52 (all P<0.05). The mean EQ-SD index and health status as rated by patients from baseline showed that both doses of salofalk compared with placebo (all P<0.002; mean Week 52 index change, 0.20 and 0.20 vs 0.13, respectively, mean Week 52 WAS change, 16.80 and 17.14 vs 8.30, respectively). CONCLUSIONS: Salofalk produced a significant and greater improvement in patient-reported outcomes and general health, with active RA refractory to DMARDs, consistent with the demonstrated effects of salofalk on RA disease improvement.

PMS66
WORK PRODUCTIVITY/INTERFERENCE AND GENERAL HEALTH STATUS IMPROVEMENTS WITH SIRUKUMAB, AN ANTI-IL-6 CYTOKINE MONOCLONAL ANTIBODY, IN PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS DESPITE TREATMENT WITH DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS: RESULTS FROM THE PHASE 3 SIRIKAMHD-R STUDY
Takésuchi T1, Karpouzas G2, Thorne C3, McQuarrie K4, Sheng S5, Xu W6, Petersson S5, Ganguly R5, Han C5, Fei K5, Hou W5
1Division of Rheumatology, Keio University School of Medicine, Tokyo, Japan, 2Division of Rheumatology, Harbor-UCLA Medical Center, Torrance, CA, USA, 3University of Toronto and Southlake Regional Health Centre, Neumuarkt, ON, Canada, 4Janssen Research & Development, LLC, 5Quintiles International College, PA, USA, 6AstraZeneca, Singapore

OBJECTIVES: This study evaluated effects of sirukumab, a selective, high-affinity anti-IL-6 cytokine monoclonal antibody, on the key treatment-related outcomes of work productivity/interference and general health status in patients with active rheumatoid arthritis (RA) despite treatment with disease-modifying anti-rheumatic drugs (DMARDs). METHODS: Eligible patients were randomized 1:1:1 to sirukumab subcutaneous (SC) 50 mg qw4, sirukumab SC 100 mg qw2, or placebo SC qw2, receiving placebo, with association at Weeks 18 or 40 or still on placebo at Week 52 were re-randomized to 1 of the 2 sirukumab dosages. The Work Limits Questionnaire (WLQ) evaluated health-related job limitations and productivity loss; the 3-level EuroQol-5 Dimensions (EQ-5D) questionnaire measured a dimension of health status (mobility, self-care, usual activities, pain/discomfort, anxiety/depression). Additional endpoints included changes from baseline in WLQ scores, EQ-SD index scores, and EQ-5D health state visual analog scale (VAS) scores at Weeks 24 and 52. RESULTS: There were significant improvements in mean WLQ production loss scores from baseline for sirukumab 50 mg qw4 and 100 mg qw2 compared with placebo at Weeks 24 and 52 (both P<0.001; mean Week 52 change, -3.06 and -2.94 vs -0.73, respectively). Both doses of sirukumab led to significantly greater improvements from baseline in all 4 mean WLQ domain scores (mental-interpersonal, output, physical demands, time management) compared with placebo at Weeks 24 and 52 (all P<0.05). The mean EQ-SD index and health status as rated by patients from baseline showed that both doses of sirukumab compared with placebo (all P<0.002; mean Week 52 index change, 0.20 and 0.20 vs 0.13, respectively, mean Week 52 WAS change, 16.80 and 17.14 vs 8.30, respectively). CONCLUSIONS: Sirukumab produced a significant and greater improvement in patient-reported outcomes and general health, consistent with the demonstrated effects of sirukumab on RA disease improvement.

PMS67
PATIENTS’ PREFERENCES TOWARDS CHARACTERISTICS OF TREATMENT WITH BIOLOGICAL AGENTS DIFFER ACCORDING TO EXPERIENCE WITH RHEUMATOID DISEASE AND TREATMENT RECEIVED OR PRESCRIBED: RESULTS FROM THE CARA STUDY
Cortesi PM1, Scalone L2, Simigaglia L2, Sarzi-Puttini P3, Montecucco C4, Giacomelli R5, Sapidula G6, Oliveri I7, Giardino AM8, Meccchia M9, Montavoli LG1
1University of Milano-Bicocca, Monza, Italy, 2Fini Hospital, Milan, Italy, 3Sacco Hospital, Milan, Italy, 4University of S L'Aquila, L’Aquila, Italy, 5University of Bari, Bari, Italy, 6Rheumatology Department of Lucania, San Carlo Hospital of Potenza and Madonna delle Grazie Hospital of Matera, Matera, Italy, 7MSD Italy, Rome, Italy

OBJECTIVES: to estimate preferences of relevant treatment characteristics valued by the different subjects involved in the management of patients with rheumatic diseases. This abstract focuses on patients’ preferences. METHODS: We involved patients with rheumatoid arthritis (RA), ankylosing spondylitis (AS) or psoriatic arthritis (PsA) who according to clinical practice, at the time of data collection had active disease and coped well, who had a new prescription of (naive), or received treatment with (experienced) biological drugs for at least 3 months in the last 12 months. Patients were given a discrete choice exercise: all possible effective treatments were described with 6 characteristics including 2-4 possible levels each: (1) frequency of administration; (2) mode and place of administration; (3) hospital service, efficiency and courtesy of health personnel; (4) frequency of relapses; (5) strength of side effects; (6) occurrence of infections or allergic reactions involving the whole body; (7) additional contribution added as healthcare taxes to be paid by all the citizens to make available the treatment to target patients. RESULTS: 513 patients from 4 centres (68% Italian participants, balanced for diagnosis and treatment experience (around 20% of each subgroup).