PSY3

MEDICAL TREATMENTS FOR ACROMEGALY: SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

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OBJECTIVES: To evaluate the safety and efficacy of medical treatments used in acromegaly. METHODS: A systematic search was conducted in the electronic databases PubMed, Embase, Cochrane, and Web of Science for randomized controlled trials (RCT) in acromegalic patients were included. Data regarding baseline characteristics, the outcomes insulin-like growth factor 1 (IGF-1) and/or growth hormone (GH) control and adverse events were extracted. The meta-analyses were performed using the software Addis 1.16.8. RESULTS: 30 studies were included in this review. The records included the drugs Pegvisomant, Lanreotide Autogel, Lanreotide SR, Octreotide, Octreotide LAR, Pasireotide, Bromocriptine, and placebo. A network meta-analysis was performed for the outcome patients with GH control and IGF-1 control. Pasireotide and Lanreotide Autogel showed statistically significant superiority compared to placebo (Odds Ratio [OR] with 95% credible interval of 0.06 [0.00-0.50] and 0.09 [0.00-0.88], respectively). No other statistical differences were observed. Conclusions: The results of this network meta-analysis suggested that Pasireotide and Lanreotide had similar probabilities of being the best drug to control GH-1 circulating levels (33% and 34%, respectively). It was not possible to build a network for GH outcome because a definition for GH control was not standardized among the studies. Considering adverse events, most trials reported complaints related to the gastrointestinal tract (e.g., diarrhea and nausea). CONCLUSIONS: This was the first meta-analysis to compare high quality evidence (RCT) of medical treatments used in acromegaly. Despite the low number of trials, it was possible to compare the interventions though an indirect analysis. Considering that acromegaly is a rare disease, the publication of interventional studies is not frequent. Thus, we recommend the implementation of a consensus guideline when trials are performed, making the comparison of efficacy between drugs feasible. Pasireotide is newer and cheaper than Pegvisomant, seems to be a promising drug that should be more investigated.

PSY4

ASSOCIATION BETWEEN SECOND-LINE TREATMENT (2LT) REGIMENT TYPE, DURATION OF THERAPY (DOT), AND TIME TO NEXT TREATMENT (TTNT) IN A UNITED STATES (US) RELAPSED/REFRACTORY MULTIPLE MYELOMA (RRMM) COHORT: AN ELECTRONIC MEDICAL RECORDS (EMR)-BASED STUDY

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OBJECTIVES: Extended DOT in MM trials may improve outcomes, but data in RRMM patients treated in routine care are limited. We evaluated DOT and TTNT in US patients - a surrogate for first-line survival benefits. RESULTS: We identified 444 patients from 34 US centers. Of the 321 patients that provided R2LT data, 175 (55%) patients had 2LT. METHODS: In this retrospective EMR database study, adult RRMM patients diagnosed between 1/1/2007–6/30/2015 initiating bortezomib-, carfilzomib-, or lenalidomide-based 2LT were identified for the 941 patients were biologic agents (38.4%), conventional systemic treatment (45.4%) or combination of both (13.9%); 38% patients were receiving a steroid and 11% phototherapy. Of those treated with biologics, conventional systemic treatment or combination of both, 45.7% and 45.8%, respectively were prescribed by the dermatologist to be in remission. Among patients with clear to nearly clear skin (PGA-0), 86.3% patients currently treated with a biologic were in remission compared with 79.1% treated with a conventional systemic treatment. Compared to patients with substantial skin coverage (PGA 2-5; n=597), patients in the clear or nearly clear skin group had fewer areas of the body affected in difficult to treat areas such as [12.9% vs 51.9%], groin/genitals (0.6% vs 17.7% and palmar-plantar (11.4% vs 26.6%), had lower incidence of flares (5.2% vs 3%), greater satisfaction (96.5% vs 53.7%); better mean (SD) EQ-5D-5L (0.87 ± 0.2) vs 0.77 (0.2) and mean total WPAI (6.5 [13.7] vs 18 [20.6]). CONCLUSIONS: Better skin clearance was associated with improved QoL and work productivity, reflecting the needs of treatments providing higher skin clearance.

PSY7

CHARACTERISTICS OF AMERICAN PATIENTS WITH RHEUMATOID ARTHRITIS RECEIVING ADVANCE THERAPY

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OBJECTIVES: To present demographics and characteristics of Latin American patients with rheumatoid arthritis (RA). METHODS: Data was collected in 2015 for the Adelphi RA Latin America Disease Specific Programme, a cross-sectional survey of rheumatologists and their RA patients. Rheumatologists (N=189) from Brazil (n=47), Argentina (n=42), Colombia (n=13), Mexico (n=41) and Venezuela (n=25) provided demographics and clinical characteristics for patients > 18 years currently prescribed a biologic DMARD (bDMARD) or JAK inhibitor with/without a conventional DMARD. RESULTS: Approximately 54% rheumatologists were female and on average, saw 107 patients/day-week. The analysis included 801 patients from Brazil (n=246), Argentina (n=239), Colombia (n=137), Mexico (n=82) and Venezuela (n=97). Median (IQR) of age (years): 58 (32-82); sex ratio (female/male): 0.59; mean (SD) disease duration 11.9 (6.9) years. At the time of survey 31.8% patients were classified as moderate-severe based on rheumatologist’s judgement despite 98.5% current use of a bDMARD or JAK inhibitor. Comparing median (SD) of 3.2 (3.0) symptoms, including joint tenderness (47.3%), swollen joints (46.3%) and morning stiffness (42.5%). The mean (SD) number of joints affected was 12 (5.2), wrists [99 (93%)] MCP joints (85.4%) and knees (62.7%) were most prevalent. According to the rheumatologist, 14.1% patients were flaring at time of survey (defined as temporary worsening of symptoms), and 79.4% were not in remission (defined as DAS 28 > 3.6) irrespective of treatment. The mean (n, SD) EQ-5D-5L utility and EQ-5D VAS scores were 0.7 (509, 0.2) and 70.7