efficacy in both sexes through M6. To M12, ACR20/50/70 responses were similar across active treatments/sexes, with significant differences favoring males at some time points, including M3 (Fig). Significant differences favoring males vs females were evident at most time points in DAS28-4(ESR) remission and ΔHAQ-DI (tofacitinib 5 mg BID), including M3 (Fig); ΔHAQ-DI tended to favor females receiving 10 mg BID. Adverse events (AEs) and serious AEs (SAEs) with tofacitinib 5 mg BID were slightly higher in females vs males; trends were generally reversed with 10 mg BID (Table). AEs of special interest (AESI) were similar between sexes (Table 1). Persistence with tofacitinib 5 mg BID was similar between sexes and tended to favor females vs males with 10 mg BID. Results were limited by low patient numbers in some groups.

TABLE 1. Safety to M24 (P3 trials)

	Tofacitinib					
	5 mg BID		10 mg BID		ADA	
	Females N = 707 n (%)	Males N = 133 n (%)	Females N = 698 n (%)	Males N = 137 n (%)	Females N = 162 n (%)	Males N = 42 n (%)
AE	562 (79.5)	85 (63.9)	529 (75.8)	107 (78.1)	119 (73.5)	30 (71.4)
SAE	107 (15.1)	17 (12.8)	71 (10.2)	24 (17.5)	13 (8.0)	6 (14.3)
Death	6 (0.8)	4 (3.0)	0	3 (2.2)	1 (0.6)	2 (4.8)
AESI						
Serious infections	28 (4.0)	6 (4.5)	27 (3.9)	6 (4.4)	2 (1.2)	1 (2.4)
All HZ (non-serious/serious)	35 (5.0)	7 (5.3)	43 (6.2)	5 (3.6)	2 (1.2)	3 (7.1)
Major Cardiovascular Event	5 (0.7)	0	2 (0.3)	3 (2.2)	0	3 (7.1)
Malignancies (excl. (NMSC)	7 (1.0)	1 (0.8)	9 (1.3)	1 (0.7)	0	1 (2.4)
NMSC	2 (0.3)	5 (3.8)	4 (0.6)	2 (1.5)	1 (0.6)	1 (2.4)
Venous thromboembolism	3 (0.4)	0	3 (0.4)	1 (0.7)	0	0

AE: Adverse events, SAE: serious AE, HZ: herpes zoster, NMSC: Non Melanoma Skin Cancers

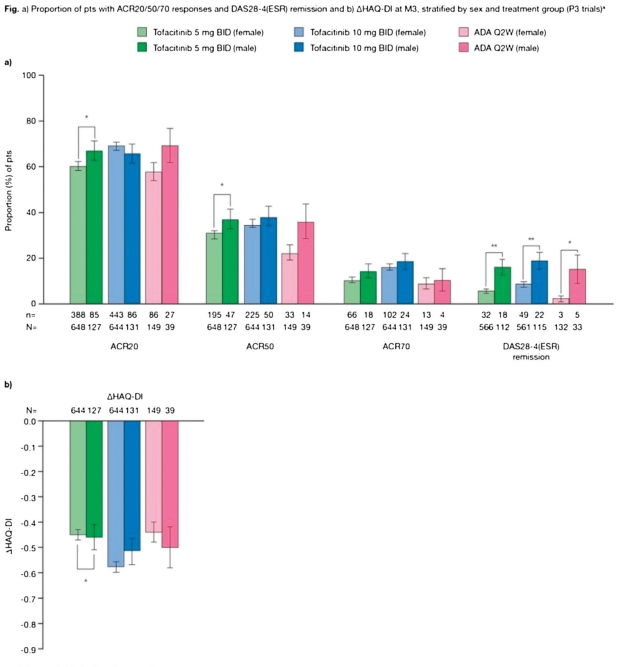

Fig. a) Proportion of pts with ACR20/50/70 responses and DAS28-4(ESR) remission and b) ΔHAQ-DI at M3, stratified by sex and treatment group (P3 trials)*

*p<0.05, **p<0.001 for females vs males
*Includes all randomized and treated pts from ORAL Scan (NCT00847613), ORAL Standard (NCT00853385), and ORAL Sync (NCT00856544)
Pts from ORAL Standard who were found to be non-compliant with trial procedures were excluded; PBO data not presented
ACR20/50/70, American College of Rheumatology ≥20/50/70% response criteria; BID, twice daily; DAS28-4(ESR), Disease Activity Score in 28 joints, erythrocyte sedimentation rate; HAQ-DI, Health Assessment Questionnaire-Disability Index; n, number of responders; N, number of pts assessed at each visit; pts, patients; Q2W, once every 2 weeks

Conclusions: Efficacy with tofacitinib and ADA was generally higher in males vs females, complementing prior real-world data of sex-specific responses in RA patients receiving cs/bDMARDs. Safety results did not show a consistent trend between sexes.

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PANLAR2022-ABS-1557

DEPRESSION AND SEXUAL FUNCTION IN WOMEN WITH FIBROMYALGIA COMPARED WITH RHEUMATOID ARTHRITIS PATIENTS

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Objectives: To describe the degree of depression and sexual function among patients with rheumatoid arthritis (RA) and fibromyalgia (FM).

Methods: A descriptive study was conducted with a sample of 20 patients diagnosed with RA and 21 with FM according to current diagnosis criteria. Beck Depression Inventory and Questionnaire Sexual Function Evaluator for Woman Questionnaire were applied. Descriptive statistics were performed.

Results: The mean age for the RA patients 36-45 years (45.0%) similar to that of patients with FM with 45.6% in the same age range; educational level in RA patients was 40.0% at a basic level in contrast with FM patients in which 42.9% had an university degree. 86,37% of the RA patients had mood swings, 13.63% had mild to moderate depression; 60.7% of FM patients had mood swings and 39.30% reported moderate to severe depression.

TABLE.

	Rheumatoid Arthritis (%)	Fibromyalgia (%)
Severe reduction in sexual desire	10	45
Disruption in sexual arousal	5	30
Issues in lubrication	25	60
Orgasmic disorder	15	60
Sexual dissatisfaction	5	50
Sexual activity frequency		
1-2 times per month (TPM)	45	80
3-4 TPM	30	5
9-12 TPM	15	5
Over 12 TPM	15	5

Conclusions: This study shows that patients diagnosed with FM have a higher frequency of major depression than RA patients; they also have more severe sexual dysfunction. These results suggest that patients with RA and FM should be treated by a multidisciplinary team which could offer support into these issues in order to improve their quality of life.

References 1: Evaluation of Sexual Function in Women with Rheumatoid Arthritis Burhan Coskun, *(2013)*.

Reference 2: Frequency of sexual dysfunction in women with rheumatic diseases Clarissa de Castro Ferreira1, (2014).

PANLAR2022-ABS-1430

EFFICACY AND SAFETY OF MULTIPLE SWITCHES BETWEEN INNOVATIVE ADALIMUMAB AND BIOSIMILAR ABP 501 (AMGEVITA®), IN PATIENTS WITH RHEUMATOID ARTHRITIS FROM A TERTIARY CARE CENTER IN A LOW-INCOME COUNTRY

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Objectives: To report our real-life experience with multiple switches from ADA to ABP 501 during a follow-up period of up to 18 months in a cohort of rheumatoid arthritis (RA) patients being care for at a tertiary rheumatology center in a low-income country. As a secondary objective, we wanted to identify the types of adverse events (AEs) reported and their prevalence.

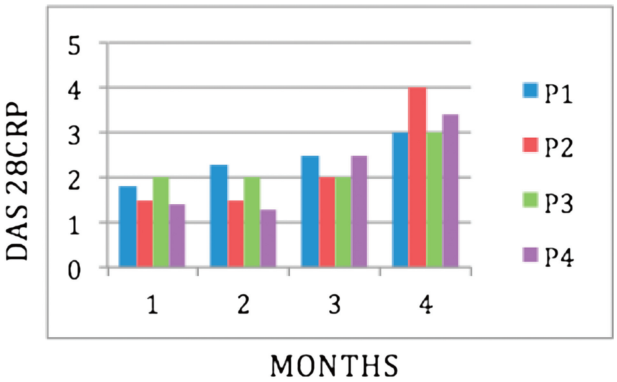
Methods: The present descriptive and cross-sectional study was carried out, in all patients with RA using ADA who were switched to ABP 501, during the 2010-to-2021-time frame, who presented at least 1 administration of ABP 501. The Disease Activity Score (DAS)-DAS 28-C-Reactive Protein (CRP) measurements were evaluated at the start of the automatic substitution and every

3 months thereafter for a total of18 months; lipid profiles, urine studies, and complete blood counts were also done at these time points.
Results: The total number of patients with RA using ADA and who were exposed to ABP 501 in the time frame described was 26; their mean (SD) age was 40.3 (12.4) years. Only 4 of the 26 patients exposed to ABP 501 (15.38%) were considered a therapeutic failure, characterized by moderate activity of the disease as established by a DAS-28-CRP > 3.2. Therefore, in our center, of 26 patients using ABP 501 (administered by multiple switches, alternating in some patients on a month-by-month basis with innovative ADA), 84.62% of patients remained in remission (73.07%) or low disease activity (11.5 %), with a mean follow-up prior to ABP 501 of 3.7 years. Two patients with mild urinary tract infection and one patient with hypertriglyceridemia were reported as AEs during ABP 501 administrations; no serious adverse events (SAEs) were reported. The baseline characteristics of the patients are depicted in Table 1.

TABLE 1.

CHARACTERISTICS	N (%)
Age – years, mean (SD)	40.3 (12.4)
Male, number (%)	6 (26)
Mean follow up time on ADA, years	3.7
DAS 28-CRP < 3.2, before ABP 501	26 (100)
Therapeutic failure after ABP 501 (DAS 28-CRP > 3.2)	4 (15.3)
Serious adverse events	0

DAS 28-CRP over the months in patients who failed after ABP 501.



Conclusion: The use of ABP 501 after receiving ADA, in a multiple switch way, does not represent a risk factor for reactivation of RA. No SAEs were presented.

PANLAR2022-ABS-1550

OPTIMIZATION OF SUBCUTANEOUS TOCILIZUMAB IN RHEUMATOID ARTHRITIS DURING THE COVID-19 PANDEMIC AT HOSPITAL DOCENTE PADRE BILLINI, DOMINICAN REPUBLIC

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Objectives: Evaluate the effectiveness of subcutaneous (SC)Tocilizumab every 10 days during the COVID-19 pandemic.
Methods: Observational and longitudinal study of rheumatoid arthritis (RA) patients being followed between May 2020 and October 2020 at the rheumatology service of the Hospital Docente Padre Billini. Inclusion criteria: ≥ 18 years, RA by ACR / EULAR 2010 criteria, Treatment ≥6 months of continuous SC Tocilizumab 162 mg / week. Evaluation at week 0, 12, 24 of the Clinical Disease Activity Index (CDAI), the DA Score (S) 28, ESR, complete blood cell counts, SGOT, SGPT, cholesterol, triglycerides. Data were analyzed with SPSS V23.
Results: 168 RA patients met the inclusion criteria. 163 (97.02%) were women, 152 (90.47%) receiving concomitant scDMARD, 16 (9.5%) monotherapies. Baseline DAS-28: 124 (73.7%) remission to low activity, 44 (31.65%) moderate activity to high activity. Week 0: CDAI: 156 (93.4%) in remission to low activity, 12 (7.09%) in moderate to high activity, 138 (82.1%) with high ESR. Week 12: DAS-28: 130 (77%) in remission to low activity, 44 (26.1%) in moderate activity to high activity. CDAI: 156 (93.7%) remission to low activity, 144 (85.7%) high ESR. Week 24: DAS 28: 103 (73.1%) remission to low activity, 45 (26.74%) in moderate to high activity. CDAI: 144 (85.7%) in remission to low activity, 24 (14.2%) in moderate to high activity, 143 (85.11%) with high ESR. Results of the DAS 28 / CDAI found that 17.8% and 50% reached remission at week 24, low activity was reached by 55.3% and 35.7%, moderate activity by 19.6% and 9.5% and high activity by 7.14% and 4.7%. Week 24 mean DAS28: 3.0 ± 0.5 and mean CDAI: 2 ± 1.
Conclusions: SC Tocilizumab dose optimization every 10 days is effective in maintaining clinical remission or low activity for at least 6 months. SC Tocilizumab every 10 days allows to maintain remission or low clinical activity while reducing costs; this could be an alternative in our countries to optimize the treatment of these patients.

PANLAR2022-ABS-1375

THYROID DISORDERS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Objectives: To describe the association between the presence of thyroid disorders and rheumatoid arthritis (RA).
Methods: A descriptive and longitudinal study was carried out in patients diagnosed with RA at the Rheumatology service of "Hermanos Ameijeiras" Hospital, in the period between April 2017 and December 2018.
Results: This study included 268 patients, the female to male ratio was (7:1); 58.6% of the patients were in clinical remission, indicating that they had reached the RA therapeutic goal. The association between RA and thyroid disease was 65.7%, a figure higher than that reported in the literature; there were more patients with thyroid disorders in the group with more than 2 years of RA duration than in the group with less than 2 years; the most frequent thyroid disorder was nodular lesions in 68 patients (25.4%), followed by cystic lesions and multinodular and diffuse goiters; subclinical hypothyroidism prevailing in 51 patients (93%).

TABLE.

Duration of RA	N	Presence of thyroid involvement	Absence of thyroid involvement
≤ 2 years	69	37	32
> 2 years	199	139	60

Conclusion: The frequency of thyroid conditions associated with RA was higher than expected; these results reaffirm the importance of considering further research in this subject so treatment objectives can be met using a comprehensive management approach.
Reference 1: Rodriguez JF, Boffil Corralea, et al. Factores de riesgo de las enfermedades tiroideas. Hospital del Seguro Social de Ambato. Rev. Ciencias Médicas (Internet). 2016; 20(5):113-128.
Reference 2: Emamifar A, Hangaard J, Hansen M. Thyroid disorders in patients with newly diagnosed rheumatoid arthritis is associated with poor initial treatment response evaluated by disease activity score in 28 joints-C-reactive protein (DAS28-CRP). An observational cohort study. **Medicine. (2017)**. 96: 43-9.

PANLAR2022-ABS-1536

EFFECTIVENESS OF ANTI-TNF VS NON-ANTI-TNF BIOLOGICAL TREATMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS IN SANTIAGO, DOMINICAN REPUBLIC

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Objectives: o assess the effectiveness of anti-TNF vs. non-anti-TNF treatment in patients with rheumatoid arthritis (RA) who had already failed treatment with conventional disease-modifying antirheumatic drugs (cDMARDs)