RABRI (Rheumatoid Arthritis Biologics Registry of Ireland) – Year 5 update

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Introduction

- Biologics registries evaluate unselected patients treated in routine care, and have yielded valuable information regarding biologic therapies in rheumatoid arthritis (RA)
- RABRI was established in Ireland in 2015 to document information regarding patients with Rheumatoid Arthritis (RA) commencing a new biologic therapy (including biosimilar and targeted synthetic disease-modifying treatments (tsDMARD)), in participating centres in Ireland.

Aim

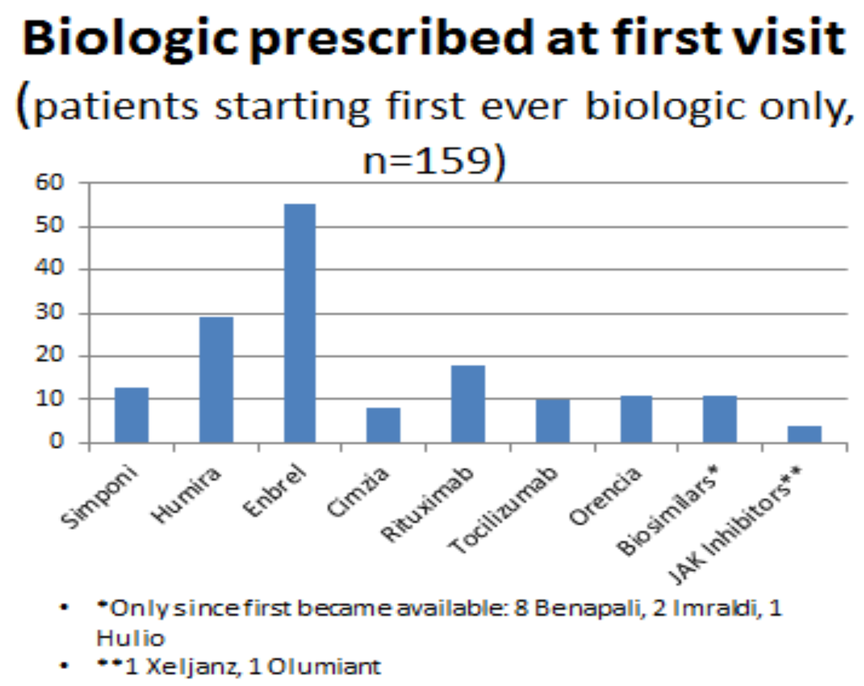
- The aims of RABRI are to monitor response to therapy, and to evaluate long-term safety in RA patients on bDMARD, biosimilar and tsDMARD therapies.
- A summary of the main findings after 5 years is described here

Methods

- A RABRI Steering Committee was established within the Irish Society for Rheumatology, consisting of 5 ISR Members – soon to recruit new members.
- Data collection tools were drawn up and an electronic database was established, in which pseudanonymised data will be stored electronically.
- Ethical approval was obtained, and updated as necessary in each participating centre.
- All patients entering RABRI are reviewed at baseline (starting 1st or changing biologic), at 6-monthly interval for 1st 3 years and yearly thereafter for 5 years.
- Data collected includes:
  - Patient demographics
  - Factors relating to RA
  - Use of other DMARDS and steroids
  - Comorbidities.
  - Disease activity is assessed at each visit using the validated tools CDAI, SDAI, PROMIS-HAQ and DAS.

Results

- Enrolment started in late 2015. A total of 6 centres have enrolled a total of 292 patients, with a total of 913 recorded visits. 59 patients have completed the 5 y follow-up period.
- Enrolment and follow-up visits have been adversely affected by pandemic-related issues, in addition to staffing issues in rheumatology departments, leading to lower numbers than anticipated and some missing data.
- Of the patients enrolled to date, a total of 159(54.5%)were starting their first bDMARD, the remainder 133(45.5%) were switching from one to another.
- A total of 9 biologic therapies, 4 biosimilars, and 3 tsDMARD (JAK1-inhibitors) have been included to date. Table 1 illustrates the distribution of biologic therapies among the 159 patients starting their first biologic.
- For the 201 patients with more than 1 visit recorded, 79 switches of biologic therapy have taken place, of which 17 were switches to a biosimilar version of same medication.
- A total of 23 adverse events have been recorded: 6 deaths, 4 serious infections, 5 serious skin reactions, 4 malignancies, 2 aplastic anaemia, and 2 instances of severe drug hypersensitivity.



Conclusions

- The changing pattern of treatment of RA, with new treatment options now available, is reflected in the RABRI database. RABRI continues to provide useful information regarding the long-term safety of the newer treatments for RA.
- Recruitment of SpR and member of IRHPS
- Thanks to sponsors

References available on request