

# POSA370 Healthcare Resource Use By European Patients Enrolled In RA-BE-REAL: A Multinational, Prospective, Observational Study Of The Effectiveness, Healthcare Resource Utilization And Costs In Patients With Rheumatoid Arthritis Receiving Baricitinib, Targeted Synthetic Or Biologic Disease Modifying Therapies

Alten R<sup>1</sup>, Burmester G<sup>2</sup>, Matucci-Cerinic M<sup>3</sup>, Salmon JH<sup>4</sup>, Zaremba-Pechmann L<sup>5</sup>, Fakhouri W<sup>6</sup>, de la Torre I<sup>6</sup>, Herrera M<sup>6</sup>, Holzkämper T<sup>6</sup>, Fautrel B<sup>7</sup>

<sup>1</sup>Department of Internal Medicine and Rheumatology, Schlosspark-Klinik, University Medicine Berlin, Berlin, Germany, <sup>2</sup>Department of Rheumatology and Clinical Immunology, Charité Universitätsmedizin Berlin, Berlin, Germany, <sup>3</sup>Division of Rheumatology, University of Florence, Florence, Italy and Unit of Immunology, Rheumatology, Allergy and Rare Diseases (UnIRAR), IRCCS San Raffaele Hospital, Milan, Italy, <sup>4</sup>CHU de Reims, Hôpital Maison Blanche (Traumatologie-Orthopédie), Reims, France, <sup>5</sup>HaaPACS GmbH, Bahnhofstr. 19c, 69198 Schriesheim, Germany, <sup>6</sup>Eli Lilly and Company, Indianapolis, Indiana, USA, <sup>7</sup>Sorbonne University – Assistance Publique Hôpitaux de Paris, Pitié Salpêtrière Hospital, Department of Rheumatology, Paris, France and PEPITES team, Pierre Louis Institute of Epidemiology and Public Health, INSERM UMRS 1136, Paris, France

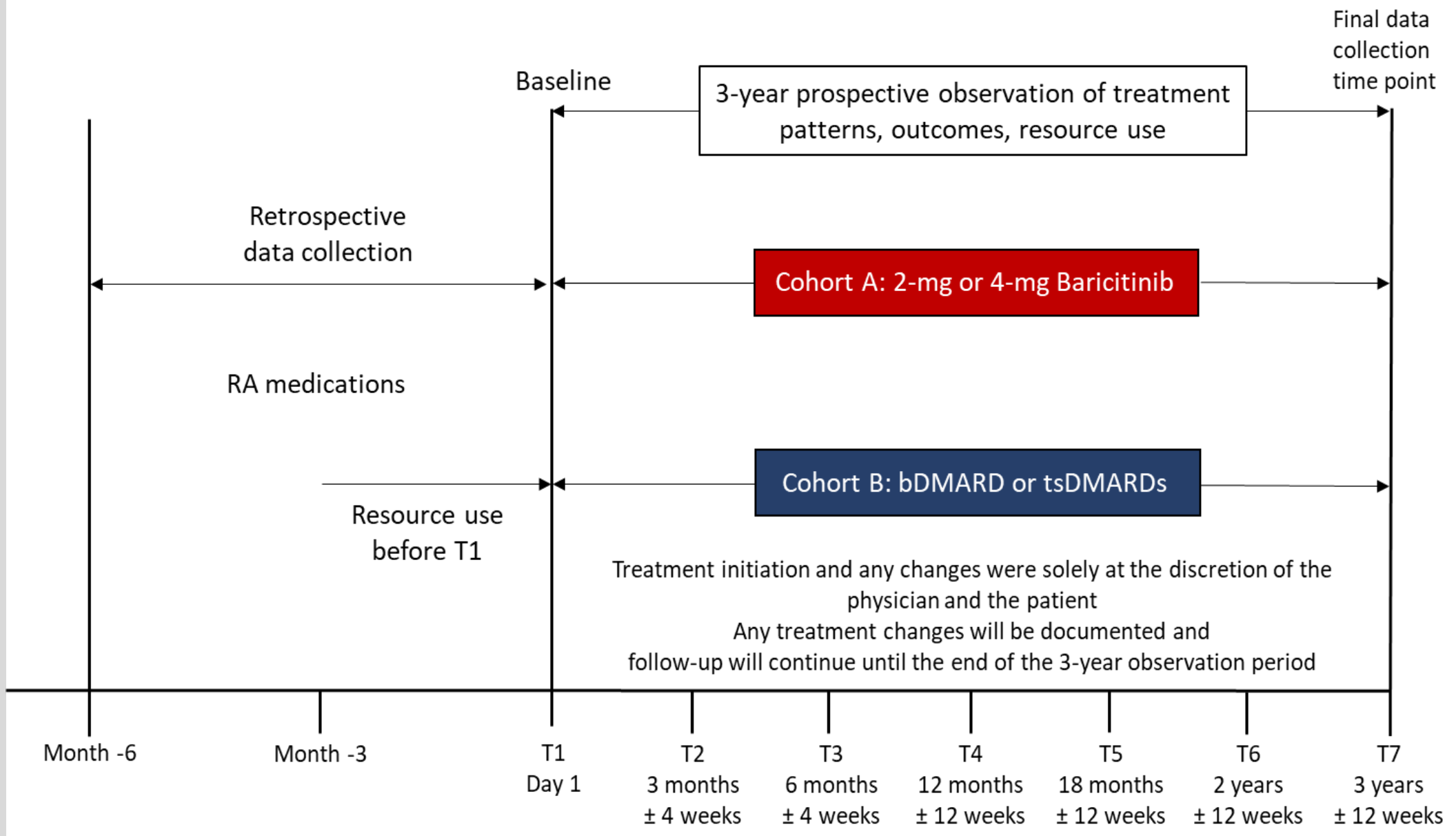
## BACKGROUND

- Baricitinib (BARI) is a JAK1-2 inhibitor approved for the treatment of adults with moderately to severely active rheumatoid arthritis (RA).
- RA-BE-REAL is a 3-year, prospective, observational study of adult RA patients (pts).
- The primary endpoint includes time until discontinuation of initial treatment for all causes (excluding sustained clinical response) over a 24-month period.
- Secondary endpoints include reporting the extent healthcare resource utilization (HRU), clinical and patient reported outcomes and treatment patterns over a 36-month period.
- Two patient cohorts are assessed: cohort A, started treatment with BARI (2-mg or 4-mg), and cohort B, any biologic (b)DMARD or any other targeted synthetic (ts)DMARDs.

## OBJECTIVE

- To report the extent of HRU by pts following 6-months (M) of either BARI, biologic (b)DMARDs or any other targeted synthetic (ts)DMARDs (b/tsDMARDs) after starting that treatment for the first time.

## STUDY DESIGN



- Participants entered cohort A or B based on their treatment decision for BARI or bDMARD or any other tsDMARD, patients in each cohort were with/without concomitant conventional synthetic DMARDs (csDMARDs).

## BASELINE DEMOGRAPHICS- OVERALL EUROPEAN COHORT

	Cohort A (n=509)	Cohort B (n=565)	Overall (n=1074)
Age; years (SD)	59.1 (13.2)	57.0 (13.9)	58.0 (13.6)
Male	119 (23.4)	150 (26.5)	269 (25.0)
Female	390 (76.6)	415 (73.5)	805 (75.0)
Disease duration; years (SD)	10.0 (9.1)	8.9 (9.6)	9.4 (9.4)
CDAI	24.0 (11.7)	23.8 (12.4)	23.9 (12.1)
SJC	5.2 (4.8)	4.7 (4.9)	4.9 (4.9)
TJC	7.3 (6.1)	7.8 (6.5)	7.6 (6.3)
PhGa	5.6 (2.0)	5.5 (2.1)	5.6 (2.0)
PGA	5.9 (2.3)	5.8 (2.4)	5.9 (2.4)
Pain VAS	58.9 (23.1)	56.4 (24.3)	57.6 (23.8)
HAQ-DI	1.4 (0.7)	1.3 (0.7)	1.3 (0.7)
EQ-5D-5L	0.5 (0.3)	0.5 (0.3)	0.5 (0.3)
Combination therapy; n (%)			
with any csDMARD	250 (49.1)	389 (68.8)	639 (59.5)
as a monotherapy	259 (50.9)	176 (31.2)	435 (40.5)
Previous b/tsDMARDs treatment; n (%)			
Naïve	245 (48.1)	344 (60.9)	589 (54.8)
1 b/tsDMARD	67 (13.2)	57 (10.1)	124 (11.5)
2 b/tsDMARDs	110 (21.6)	79 (14.0)	189 (17.6)
>2 b/tsDMARDs	87 (17.1)	85 (15.0)	172 (16.0)

\* Cohort A: treatment with BARI (2mg/4mg); Cohort B: any biologic or any other tsDMARD.

## CONCLUSIONS - OVERALL EU COHORT

- There were observed differences between cohort A and cohort B at baseline. Patients treated with BARI were more likely to be older, have a longer disease duration, and to have a higher rate of prior use of 2 or more b/tsDMARDs and were more likely to use monotherapy.
- The impact of treatment with BARI or a b/tsDMARDs on HRU after 6 months was overall similar.
- Across the five countries:
  - The number of visits (total and RA-related) to general practitioners, outpatient doctors, or emergency rooms was similar between cohort A and B.
  - The number of total and RA-related hospitalisation episodes was found to be similar between cohorts.
  - No difference was observed between cohorts with respect to the duration of total and RA-related hospitalization episodes.
- French and German pts in cohort B had visited (total and RA-related) other healthcare professionals (specialist nurses, dieticians, physical therapists, psychotherapists) more often than pts in cohort A.
- Variations between countries might be influenced by the different standard of care for RA patients.

## HRU by Country over 6 months

\* Data presented as mean values (SD; standard deviation) unless otherwise stated; results are combination of total participants enrolling in RA-BE-REAL across five European countries.

### GERMANY

	Cohort A (n=159)	Cohort B (n=135)	Overall (n=294)
Visits (total) to primary care, outpatient, emergency room	3.4 (5.2)	4.1 (6.7)	3.8 (6.0)
Visits (RA-related) to primary care, outpatient, emergency room	1.4 (2.3)	1.5 (2.3)	1.4 (2.3)
Visits (total) to other HCP	2.1 (6.6)	4.2 (11.8)	3.1 (9.5)
Visits (RA-related) to other HCP	1.3 (5.2)	2.6 (8.9)	1.9 (7.2)
Number of hospitalisations (total)	0.2 (1.8)	0.1 (0.6)	0.2 (1.4)
Number of hospitalisations (RA-related)	0.0 (0.1)	0.0 (0.2)	0.0 (0.2)
Duration of hospitalisations, days (total)	0.4 (2.1)	0.6 (2.8)	0.5 (2.4)
Duration of hospitalisations, days (RA-related)	0.1 (0.5)	0.2 (1.3)	0.1 (1.0)

75%  
25%

### FRANCE

	Cohort A (n=79)	Cohort B (n=74)	Overall (n=153)
Visits (total) to primary care, outpatient, emergency room	3.0 (2.4)	3.0 (3.2)	3.0 (2.8)
Visits (RA-related) to primary care, outpatient, emergency room	1.1 (1.5)	1.4 (2.0)	1.3 (1.8)
Visits (total) to other HCP	0.7 (3.5)	6.3 (14.7)	3.4 (10.8)
Visits (RA-related) to other HCP	0.3 (1.5)	4.1 (9.5)	2.1 (6.9)
Number of hospitalisations (total)	0.1 (0.6)	0.1 (0.3)	0.1 (0.5)
Number of hospitalisations (RA-related)	0.1 (0.4)	0.0 (0.2)	0.1 (0.3)
Duration of hospitalisations, days (total)	0.3 (1.6)	0.5 (2.9)	0.4 (2.3)
Duration of hospitalisations, days (RA-related)	0.3 (1.6)	0.0 (0.2)	0.2 (1.2)

68%  
32%

### UNITED KINGDOM

	Cohort A (n=25)	Cohort B (n=52)	Overall (n=77)
Visits (total) to primary care, outpatient, emergency room	4.0 (5.0)	3.6 (3.6)	3.7 (4.1)
Visits (RA-related) to primary care, outpatient, emergency room	1.4 (1.6)	2.2 (2.6)	1.9 (2.3)
Visits (total) to other HCP	1.0 (1.5)	1.3 (2.7)	1.2 (2.3)
Visits (RA-related) to other HCP	0.5 (1.0)	1.1 (2.2)	0.9 (1.9)
Number of hospitalisations (total)	0.1 (0.2)	0.1 (0.4)	0.1 (0.4)
Number of hospitalisations (RA-related)	0.0 (0.0)	0.1 (0.3)	0.0 (0.3)
Duration of hospitalisations, days (total)	0.1 (0.5)	0.3 (1.2)	0.3 (1.0)
Duration of hospitalisations, days (RA-related)	0.0 (0.0)	0.1 (0.9)	0.1 (0.7)

70%  
30%

### SPAIN

	Cohort A (n=28)	Cohort B (n=37)	Overall (n=65)
Visits (total) to primary care, outpatient, emergency room	3.9 (4.4)	3.5 (4.4)	3.7 (4.4)
Visits (RA-related) to primary care, outpatient, emergency room	2.3 (3.7)	1.3 (2.0)	1.7 (2.8)
Visits (total) to other HCP	2.4 (7.4)	2.4 (12.3)	2.4 (10.5)
Visits (RA-related) to other HCP	1.8 (6.0)	0.5 (2.2)	1.0 (4.2)
Number of hospitalisations (total)	0.1 (0.4)	0.1 (0.4)	0.1 (0.4)
Number of hospitalisations (RA-related)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)
Duration of hospitalisations, days (total)	0.4 (1.5)	0.4 (2.0)	0.4 (1.8)
Duration of hospitalisations, days (RA-related)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)

85%  
15%

### ITALY

	Cohort A (n=45)	Cohort B (n=73)	Overall (n=118)
Visits (total) to primary care, outpatient, emergency room	3.1 (4.4)	2.4 (2.5)	2.7 (3.4)
Visits (RA-related) to primary care, outpatient, emergency room	1.6 (2.7)	0.9 (1.3)	1.1 (2.0)
Visits (total) to other HCP	0.3 (0.7)	0.3 (1.6)	0.3 (1.3)
Visits (RA-related) to other HCP	0.1 (0.5)	0.1 (0.4)	0.1 (0.4)
Number of hospitalisations (total)	0.0 (0.2)	0.1 (0.3)	0.1 (0.2)
Number of hospitalisations (RA-related)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)
Duration of hospitalisations, days (total)	0.0 (0.2)	0.3 (1.2)	0.2 (1.0)
Duration of hospitalisations, days (RA-related)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)

82%  
18%

**Abbreviations:** bDMARD, biologic disease-modifying antirheumatic drug; CDAI, Clinical Disease Activity Index; csDMARD, conventional synthetic disease-modifying antirheumatic drug; EQ-5D-5L; European quality of life 5 dimensions 5 levels; HAQ-DI, Healthy Assessment Questionnaire-Disability Index; HCP, healthcare professionals; tsDMARDs, targeted synthetic disease-modifying antirheumatic drug; P(h)GA, Patient's (Physician's) global assessment of disease activity; RA, rheumatoid arthritis; SD, standard deviation; SJC, Swollen joint count; TJC, Tender joint count; VAS, Visual analogue scale

**Disclosures:** R. Alten receives grants, consulting fees and payment from Pfizer and Galapagos. W. Fakhouri, I. De La Torre, M. Herrera and T. Holzkämper are current employees and shareholders of Eli Lilly and Company. L. Zaremba-Pechmann is an employee of HaaPACS GmbH. G. Burmester receives consulting fees from Abbvie, Gilead and speaker fees from Novartis, Pfizer, and Janssen. M. Matucci-Cerinic receives grants from MSD, Pfizer, Biogen Galapagos and Behring Boehringer. JH. Salmon participates on the advisory board for UCB, Novartis, Galapagos and Abbvie. B. Fautrel receives grants from Abbvie, MSD and Pfizer and receives consulting fees from Abbvie, MSD and Pfizer, biogen, BMS, Celgene, Janssen, Medac, NORDIC Pharma, Novartis, Roche, Sanofi-Aventis, SOBI and UCB. This study was sponsored and funded by Eli Lilly and Company. Medical writing services were provided by Róisín McCarthy, Eli Lilly and Company.

Scan or click the QR code or use this URL <https://www.eurocongress.com/2021/abstract/POSA370> for a list of all Lilly content presented at the congress. Other company and product names are trademarks of their respective owners.