Continuance rate of TNFi (IFX and ADA) treatment was significantly lower in ADrA-positive patients than in those negative (p=0.0066 and p=0.0127, respectively). In IFX group, patients with ANA titers of >160 before treatment had higher rates of treatment discontinuation than those with ANA titers of >320 after treatment showed moderate or good EULAR response, but positive ANA both before and after treatment was not connected with to the clinical response.

Conclusion: Methotrexate (MTX) is frequently prescribed with biologic or remained on combination therapy. Patients responding to TCZ combination therapy who discontinued MTX to examine MTX discontinuation and dose decreases in a real-world setting.

Methods: Patients were grouped by MTX dose at the time of TCZ initiation (<10 mg, >10 to <15 mg, >15 to <20 mg, >20 mg). The primary outcome was the proportion of patients with changes in MTX use at 6 months. Changes in disease activity (Clinical Disease Activity Index [CDAI]) and patient-reported outcomes (PROs) over the follow-up period are described.

Results: Of 444 eligible patients, 82.7% were female, and 83.7% were white, with a mean (SD) disease duration of 11.6 (9.3) years and a baseline CDAI score of 24.0 (15.4). The mean (SD) MTX dose at baseline was 17.7 (5.8) mg. Overall, a total of 139 patients (31.3%) discontinued or decreased MTX at 6 months ranging from 28.2% to 38.2%. Improvements in CDAI scores and PROs were observed at 6 months in all baseline MTX dose groups and in patients who discontinued, decreased, maintained, or increased MTX doses at 6 months (Table 1). Similar patterns and results were observed at 12 months (not shown).

Conclusion: A considerable proportion of patients initiating TCZ were able to discontinue or decrease the dose of MTX after TCZ initiation. Patients who were able to discontinue or decrease MTX experienced similar improvements in disease activity and functionality. Discontinuing or decreasing MTX may be an effective treatment strategy for patients initiating TCZ combination therapy.