**OBJECTIVE**

Patient retention rates and efficacy analysis are reported up to Week 280.

**METHODS**

Panel Studies FAST4W ARD and Study 014

- All patients were eligible for entry into the feeder studies FAST4W ARD and Study 014 if they were aged 18–75 years, had adult-onset RA of ≥6 months duration and had failed ≥1 prior disease modifying anti-inflammatory drug (DMARD). Clinical benefit in the subpopulations.
- Of all patients, 171 entered the OLE of CZP 400 mg Q4W as per the original design (Figure 1).
- Results presented previously from the whole OLE population demonstrated similar long-term improvements in disease activity and physical function were observed between patients who received CZP as a monotherapy or in combination with other DMARDs.

**RESULTS**

**Patients**

- From a total population of 126 CZP monotherapy patients (all monotherapy patients) throughout their time in the OLE (Figure 3).
- Efficacy analysis population consisted of 171 patients who completed the feeder studies (all CZP feeder study completers who entered the OLE).
- Safety analysis population (Figure 2) included all patients who entered the OLE and received CZP during either weeks 52–74 and 75–112.
- In the safety population (N=402), the most common reason for withdrawal from the OLE was due to lack of efficacy or worsening of RA symptoms.
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**Long-Term Efficacy**

- All OLE data are from the feeder studies FAST4W ARD and Study 014 which entered one open-label extension (OLE) study.
- All patients received CZP 400 mg Q4W monotherapy or in combination with other DMARDs.
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**CONCLUSIONS**

- CZP monotherapy complements, while maintaining acceptable CRP levels, can be associated with minimal risk of re-inflammation (OE) and withdrawal from the OLE was due to lack of efficacy or worsening of RA symptoms.
- AEs were comparable across treatment groups, regardless of whether patients received CZP monotherapy or CZP in combination with other DMARDs.

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