Introduction

Abatacept primarily impacts a subset of T cells—exerting a greater effect on normal immune function.4–6

Results

Baseline demographics and clinical characteristics are shown in Table 1.

Methods

Table 1: Baseline Demographics and Clinical Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Pre-vaccination</th>
<th>Post-vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>56.6±12.1</td>
<td>56.6±12.1</td>
</tr>
<tr>
<td>Sex, male</td>
<td>59.2</td>
<td>59.2</td>
</tr>
<tr>
<td>Sex, female</td>
<td>40.8</td>
<td>40.8</td>
</tr>
<tr>
<td>Rheumatoid arthritis (RA)</td>
<td>90.4</td>
<td>90.4</td>
</tr>
<tr>
<td>Disease activity score DAS28 3 months</td>
<td>5.7±2.2</td>
<td>5.7±2.2</td>
</tr>
<tr>
<td>DAS28 CRP, mg/dL</td>
<td>41.0 (29.4)</td>
<td>65.5 (22.2)</td>
</tr>
<tr>
<td>28-tender joint count</td>
<td>19.5 (13.5)</td>
<td>28.5 (17.5)</td>
</tr>
<tr>
<td>Active RA patients</td>
<td>113/125 (90.4%)</td>
<td>113/125 (90.4%)</td>
</tr>
</tbody>
</table>
| Exclusion criteria for both sub-studies included patients with a history of known active RA and inadequate responses to methotrexate (MTX).7

Table 2: Pneumococcal vaccine antigens

<table>
<thead>
<tr>
<th>Antigen</th>
<th>Pre-vaccination</th>
<th>Post-vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>A H1N1</td>
<td>19/28 (68.9%)</td>
<td>15/28 (53.6%)</td>
</tr>
<tr>
<td>A H3N2</td>
<td>19/28 (68.9%)</td>
<td>15/28 (53.6%)</td>
</tr>
<tr>
<td>5 antigens</td>
<td>18/28 (64.3%)</td>
<td>14/28 (50.0%)</td>
</tr>
</tbody>
</table>

Assessments

The proportions of patients without protective antibody at baseline who achieved a protective antibody level post-vaccination were 28/46 (60.9%) for pneumococcal antigens and 20/37 (54.1%) for influenza antigens.

Post-vaccination protective antibody levels

The proportion of patients without protective antibody at baseline who achieved a protective antibody level post-vaccination were 28/46 (60.9%) for pneumococcal antigens and 20/37 (54.1%) for influenza antigens.

Immunological responses to vaccines

The proportion of patients whose post-vaccination antibody response to the pneumococcal polysaccharide vaccine exceeded the lower limit of the protective antibody level for more than 42 days was higher in patients with a DAS28 (CRP) <5.0 (1.9) than in patients with a DAS28 (CRP) >5.0 (1.9) (Table 2).

Safety

The efficacy of the pneumococcal and influenza vaccines given during SC abatacept therapy, and the safety profile of SC abatacept following vaccination, were similar with and without concomitant medication.

Table 3: Summary of safety

Table 4: Patients Receiving Pneumococcal and Influenza Vaccination

Discussion

The proportion of patients with a protective antibody response to both the pneumococcal and influenza vaccines, was higher in patients with a DAS28 (CRP) <5.0 (1.9) than in patients with a DAS28 (CRP) >5.0 (1.9).

Table 5: Patients Receiving Pneumococcal and Influenza Vaccination

Table 6: Summary of safety

Table 7: Patients Receiving Pneumococcal and Influenza Vaccination

Table 8: Summary of safety

Acknowledgement

References

7. Roche/Genentech, UCB, Centocor, CORRONA, Amgen, Pfizer, Bristol-Myers Squibb, Crescendo, Abbott; Consultant for: Bristol-Myers Squibb. CB: Grant/research support and Speakers bureau from Bristol-Myers Squibb.

Disclosures

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