Absence of Association Between Drug Exposure and Infection in Patients With Polyarticular-Course Juvenile Idiopathic Arthritis and Inadequate Response to Biologic or Non-Biologic DMARDs Treated With SC and IV Abatacept

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INTRODUCTION
- In pediatric patients with juvenile idiopathic arthritis (JIA), infections are the most common reason cited to be linked to biologic DMARDs (DMARDS).

METHODS
- A total of 403 patients were analysed:
  - Patient disposition and baseline characteristics
  - Data sources and assessments
  - Methods

RESULTS
- Blood concentrations achieved with bDMARDs may vary greatly between individual patients.
- Compared with adult patients with RA, paediatric patients with polyarticular-course JIA (pJIA) receiving abatacept had a numerically higher rate of infections.

CONCLUSIONS
- In pediatric patients with JIA who received the approved SC or IV abatacept dose, the infection risk over the 4-month short-term exposure period and 24-month cumulative period was not associated with abatacept exposure.

REFERENCES
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DISCLOSURES
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