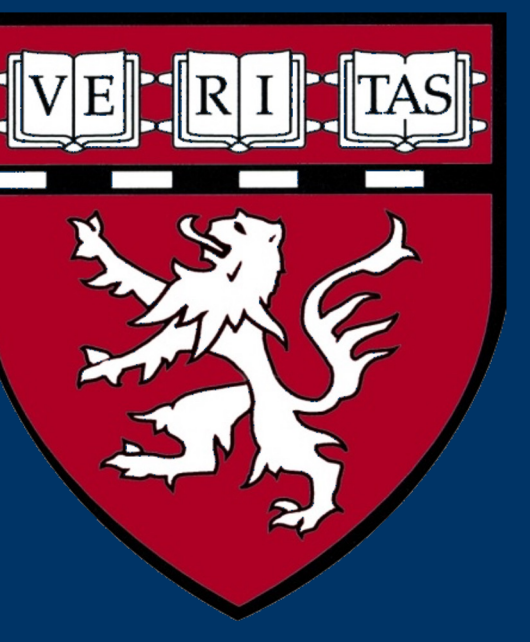




Bioinformatics platform to study the genetics of biologic DMARD non-responders: design and protocol of the RA Non-responders to Treatment (RANT) study



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Background/Aim

- RA treatment armamentarium has expanded in the last 30 years
 - Some patients still inadequately respond to multiple lines of treatment
 - Research of “difficult to treat” (D2T) and “extreme treatment nonresponders” limited by small numbers
 - “Crowdsourced” studies of extreme phenotypes used in oncology
- **Aim:** Adapt a “crowdsourced” bioinformatics research platform to recruit RA patients with inadequate response to multiple biologic and targeted synthetic DMARDs (b/tsDMARDs)

Methods

- “Crowdsourced” cohort study (target n=200)
- Uses bioinformatics platform to investigate genetic and clinical predictors of b/tsDMARD nonresponders
- **Eligibility Criteria**
 - RA patients with inadequate response to 2+ b/tsDMARDs (including 1+ TNFi)
- **Decentralized Study Process (Figure 1)**
 - Uses self-directed online consent
 - Allows access to electronic health records through third-party vendor
 - RA treatment and disease status questionnaires
 - Study staff confirms eligibility
 - Sample kit sent/returned by mail for whole genome sequencing

Funding

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Results

Figure 1: Study design of RANT

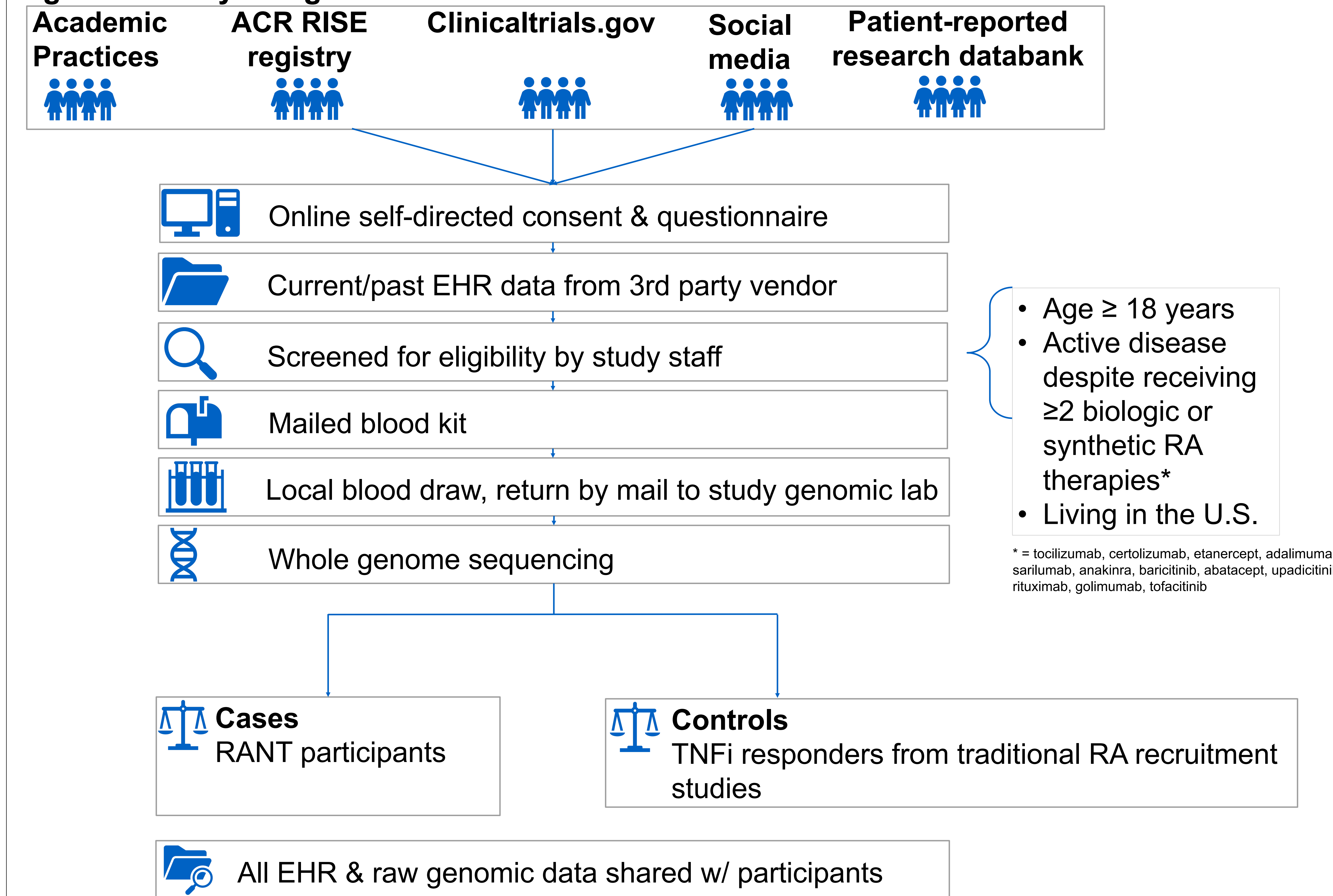


Table 1: Characteristics of RANT study participants and recruitment methods (n=162)

Characteristic	
Age at enrollment (years, mean, SD)	60.9 (12.1)
RA duration (years, mean, SD)	21.5 (10.9)
Female (n, %)	147 (90.7%)
Number of prior b/tsDMARDs (mean, SD)	5.2 (2.2)
Recruitment Method (n, %)	
FORWARD (Patient-reported research databank)	98 (60.5%)
Direct in-person clinic recruitment at academic practices	46 (28.4%)
Internet search/study website	9 (5.5%)
ACR RISE	7 (4.3%)
Clinicaltrials.gov	2 (1.2%)

Conclusion

“Crowdsourced” recruitment methods with “decentralized” online consent/enrollment are a feasible alternative design for certain rheumatology studies

Results Summary

- **Baseline characteristics for the first 162 patients (Table 1)**
 - Majority female (91%); mean age 61y
 - Mean number of b/tsDMARDs prescribed was 5.2 (SD 2.2)
 - Most effective methods for recruitment targeting patients pre-screened for multiple b/tsDMARD prescriptions from: 1) established RA patient-reported research database; 2) In person clinic recruitment

Future Directions

- **Genetic Analysis/Comparison with RA Treatment Responders**
 - Compare demographics, RA clinical factors, and genetics in “extreme treatment nonresponders” vs. treatment responders from established cohorts

Additional Study Information



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