VERBATIM

'The cost of fixing [the system by which physicians are reimbursed] may be high, but the reason it's high is because the hole is so deep—and we didn't dig that hole. All we're asking is to fill in that hole so we're breaking even.'

Robert Doherty, senior vice president for governmental affairs and public policy with the American College of Physicians, page 30

Biologics Don't Drive Up Risk of Uveitis in JIA

BY NANCY WALSH
New York Bureau

SAN ANTONIO — Certain children with juvenile idiopathic arthritis are at risk for developing uveitis, but treatment with biologic agents does not increase this risk, Rotraud K. Saurenmann, M.D., said at the annual meeting of the American College of Rheumatology.

Tumor necrosis factor (TNF)-α therapy has been used successfully to treat pediatric uveitis, but concern has arisen because there have been reports of cases of new-onset JIA-associated uveitis occurring during treatment with these drugs.

In an effort to clarify a possible link between anti–TNF-α treatment and uveitis, Dr. Saurenmann and her colleagues at the Hospital for Sick Children, Toronto, performed a retrospective chart review of all children with a diagnosis of JIA treated at her center between 1996 and 2003.

Among the 1,109 patients identified, 145 had developed uveitis sometime in the course of their disease and so were considered to be at risk for subsequent episodes. Among those with the ocular complication, 87 had been treated with anti–TNF-α therapy.

However, in 17 cases, the uveitis predated the anti–TNF-α treatment, so a causal effect was ruled out.

In the 70 remaining patients treated with anti–TNF-α therapy, there were 2 cases of new-onset uveitis, both in patients receiving etanercept.

One of the patients with new-onset uveitis had a 4-year history of psoriatic arthritis, and the other patient had had oligoarticular JIA for 6.4 years.

Cox regression analysis was carried out for these 70 patients, using new-onset uveitis as the primary end point and anti–TNF-α as a time-dependent variable.

There was no statistically significant difference in risk of uveitis between patients with and without a history of taking anti–TNF-α therapy, Dr. Saurenmann noted during her presenation.

And when the possible association between uveitis and biologic therapy was analyzed according to JIA subtypes, those with oligoarticular JIA had an increased risk, as did those who were antinuclear antibody (ANA) positive and rheumatoid factor (RF) negative, she said.

Patients who developed JIA at a young age also were at increased risk, and the ocular complication typically occurred early in the course of disease.

Children with psoriatic arthritis also are at risk, but those with RF positive and systemic onset JIA are not.

"So we asked ourselves which at-risk patients would be eligible for anti–TNF-α treatment, and that would be those with oligoarticular disease; those with polyarticular, RF-negative disease; and those with psoriatic JIA," she said.

A total of 434 patients fell into those groups; 45 of these had received anti–TNF-α treatment.

But once again Cox regression analysis found no difference in risk between those with and without anti–TNF-α treatment, she said.

"We concluded that anti–TNF-α therapy does not alter the risk for the development of new onset uveitis in children with JIA," she said. ■