Abatacept Confers Cumulative Improvements in RA

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BARCELONA — Cumulative improvements were seen in rheumatoid arthritis patients treated with abatacept, Dr. Maxime Dougados reported at the annual European Congress of Rheumatology.

The Abatacept in Inadequate responders to Methotrexate (AIM) trial was 1 year, double blind, and placebo controlled. RA patients, mean age 51 years, were randomized to intravenous abatacept (10 mg/kg) or placebo on days 1, 15, and 29 and every 4 weeks after, plus background methotrexate. In a subsequent open-label phase, all patients received abatacept for up to 2 years. Among the 652 patients in the first phase, 385 (89%) in the abatacept group completed the 1-year treatment, versus 162 (74%) in the placebo group. Moreover, a significantly greater proportion of abatacept patients achieved an American College of Rheumatology (ACR) 20, 50, or 70 at 1 year than patients on placebo (Ann. Intern. Med. 2006;144:865-76).

Of those who had an ACR 20 at 6 months, 43% of abatacept patients had at least an ACR 50 at 1 year, versus 14% of placebo patients. The proportion who had an ACR 70 at 1 year was 21% in the abatacept group and 2% in the placebo group. A total of 15% of abatacept patients who achieved an ACR 20 at 6 months lost this response at 1 year, as did 37% of placebo patients. Significantly more patients on abatacept also achieved a low disease activity score (LDAS), of 3.2 or less. A total of 43% of abatacept patients achieved this, versus 10% of placebo patients. Of those who had an LDAS at 6 months, 36% of abatacept-treated patients and no placebo-treated patients achieved a DAS28 remission at 1 year. Thirty-two percent of abatacept patients had an LDAS at 6 months but not 1 year, versus 57% of placebo patients.

AIM was sponsored by Bristol-Myers Squibb. ■

Low Dose of Biologic Sustained RA Remission

BARCELONA, SPAIN — Rheumatoid arthritis patients in remission while taking the standard dose of etanercept may be able to switch to a lower dosing regimen and still maintain remission, Dr. Leonardo Punzi reported at the annual European Congress of Rheumatology.

He presented the results of a single-center trial. He looked at 105 adult rheumatoid arthritis (RA) patients who had maintained a Disease Activity Score of less than 1.6 for at least 6 months (defined as remission) on the standard dose of etanercept (Enbrel) in combination with a methotrexate regimen (7.5-10 mg/week). The patients were randomized to receive either a continuation of the standard dose of etanercept (25 mg twice per week) or a lower dose of the drug (25 mg once per week) for 24 weeks. The investigators excluded patients who had received other tumor necrosis factor–α antagonists prior to the trial. Methotrexate and other drugs were kept at the same dosages as before the trial.

At the end of the 24-week trial, 73% of the lower-dose etanercept group and 89% of the higher-dose group had maintained RA remission.

At the end of the trial, the percentage of patients who maintained remission on the Disease Activity Score was similar in the lower-dose (73%, 38 of 52) and standard-dose groups (89%, 47 of 53), said Dr. Punzi of the rheumatology unit in the department of clinical and experimental medicine at the University of Padua (Italy).

All of the 14 patients in the lower-dose group who did not maintain remission and withdrew from the trial because of a lack of efficacy returned to the standard dose; 9 (64%) of them again achieved remission, whereas the other 5 switched to another anti-TNF-α drug.

Scores on the Health Assessment Questionnaire also did not differ significantly between the groups at 8, 16, and 24 weeks. Adverse events, including serious infections, occurred at similar rates in each group.

—Jeff Evans