Abatacept Shows Long-Term Efficacy for JIA

BY MITCHEL L. ZOLER

COPENHAGEN — Long-term treatment with abatacept was safe and effective in patients with juvenile idiopathic arthritis in a study with 153 patients. The best response rate was in patients who were maintained on continuous abatacept treatment for up to 31 months. In this subgroup of 58 patients, 75% had an ACR 90 response, and 43% had inactive disease. Dr. Nicolina Ruperto said at the annual European Congress of Rheumatology. Response rates were higher in these patients than in patients who briefly stopped abatacept or those who didn’t respond to abatacept early, said Dr. Ruperto, a pediatric rheumatologist at the Pediatric Rheumatology International Trials Organization of the IRCCS (Istituto di Riavvoro e Cura a Carattere Scientifico) in Genoa, Italy.

The findings support continuing abatacept treatment of patients with juvenile idiopathic arthritis (JIA) once the regimen starts, in order to optimize the response rate and give every opportunity for late responses among patients without an early response.

The study was funded by Bristol-Myers Squibb Co. (BMS), the company that markets abatacept (Orencia). Dr. Ruperto said that he has received research support from BMS but has no other relationships with the company. Several of his coauthors also reported relationships with BMS and with other drug companies, and some coauthors were employees of BMS.

Data Confirm 3-Year Efficacy, Safety of Tocilizumab in JIA

BY DIANA MAHONEY

COPENHAGEN — The anti-interleukin-6 monoclonal antibody tocilizumab represents “a major breakthrough” in the treatment of systemic-onset juvenile idiopathic arthritis according to Dr. Shumpei Yokota, speaking at the annual European Congress of Rheumatology.

New data from an open-label extension trial of patients with systemic-onset juvenile idiopathic arthritis (sJIA) once the regimen starts, in order to optimize the response rate and give every opportunity for late responses among patients without an early response. The study was funded by Bristol-Myers Squibb Co. (BMS), the company that markets abatacept (Orencia). Dr. Ruperto said that he has received research support from BMS but has no other relationships with the company. Several of his coauthors also reported relationships with BMS and with other drug companies, and some coauthors were employees of BMS.

Children were just as likely to achieve ACR 70 response regardless of whether they took the drug continuously or went off it for 4 months to serve as the placebo group (75%). In this subgroup of 58 patients, 75% had an ACR 90 response, and 43% had inactive disease. Dr. Nicolina Ruperto said at the annual European Congress of Rheumatology. Response rates were higher in these patients than in patients who briefly stopped abatacept or those who didn’t respond to abatacept early, said Dr. Ruperto, a pediatric rheumatologist at the Pediatric Rheumatology International Trials Organization of the IRCCS (Istituto di Riavvoro e Cura a Carattere Scientifico) in Genoa, Italy.

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In the double-blind, withdrawal phase III trial reported last year, 56 children (aged 2-19 years) with sJIA who didn’t respond to conventional treatment received three doses of tocilizumab (8 mg/kg every 2 weeks) during a 6-week, open-label lead-in phase. Patients who achieved an American College of Rheumatology (ACR) Pediatric 30 response and had a C-reactive protein concentration (CRP) of less than 5 mg/dL were then either randomized to placebo or continued on tocilizumab treatment for a 12-week, double-blind phase.

Patients responding to tocilizumab during the double-blind phase of the study who needed further treatment were enrolled in an open-label extension phase for up to 3 years (Lancet 2008;372:998-1006). At the end of the open-label extension phase for up to 3 years (Lancet 2008;372:998-1006).

During long-term treatment, 77% of the 67 patients had their corticosteroid dose reduced at week 168; 8 patients achieved remission and were able to stop tocilizumab.

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