Etanercept Shown Superior to Methotrexate in JIA

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**Southwest Bureau**

**VERSAILLES, FRANCE — Etanercept** Etanercept Shown Superior to Methotrexate in JIA 16 Pediatric Rheumatology

Although 40 children on etanercept (Enbrel) therapy were sicker at baseline, Suc Nielsen, M.D., reported they demonstrated significantly greater improvement at 12 months, compared with 67 children treated with methotrexate.

“Both groups did improve over 1 year, but the etanercept group improved the most,” said Dr. Nielsen of the Juliane Marie Centre, Righospitalet, Copenhagen, Denmark. A member of the coordinating committee of the Pediatric Rheumatology International Trials Organization (PRINTO), she presented the data on behalf of the Italian Pediatric Rheumatology Study Group.

Nearly 80% of the children on etanercept met the American College of Rheumatology’s definition of 30% improvement. About half reached the standard for 70% improvement.

At 1 year, fewer than half of the children on methotrexate satisfied the definition of 30% improvement; roughly a third on 70%.

In November 2005, the investigators mined an Italian registry of patients treated from March 1999 to January 2004. They compared the children selected with a historical control group of patients who received methotrexate as monotherapy from September 1989 to October 2003.

All patients included in the analysis were 4-14 years of age, with disease onset at least 1 year and at 1 year. These imaging results were used to measure radiographic progression according to Poznanski scores.

Consortium of Angelo Ravelli, M.D., of Istituto G. Gaslini in Genoa, Italy, told this newspaper that the Poznanski scoring was important to the study because it provided a reliable way to measure changes in children who were also growing during the course of the study.

“Children grow, so the appearance of new disease or worsening of the joints varies with age,” he said. “Just looking at the absolute number of joints does not mean anything.”

Indeed, the difference in average changes in Poznanski scores observed at 1 year between children who were also growing during the course of the study fell by 0.023 in the children on methotrexate, but rose by 0.389 in the children on etanercept. At baseline, the mean scores were 1.25 for the methotrexate group and –2.24 in the etanercept cohort.

Other statistically significant changes included greater improvements on a parental global visual analog scale (–4.8 vs. –1.4 with methotrexate), in the number of joints with restricted motion (13.3 vs. 9.2).

At the start of treatment, a number of measures suggested that the etanercept patients had worse disease. They had been sick longer on average: 4.9 years vs. 2.2 years for the methotrexate group. Their parental global assessment scores were higher (5.87 vs. 3.98), as were their Childhood Health Assessment Questionnaire scores (–0.9 vs. –0.2), in the etanercept cohort.

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