Following Infliximab Halt, Persistent Response Noted

**BY BRUCE JANCIN**

**Denver Bureau**

**AMSTERDAM** — Early and aggressive therapy with infliximab and methotrexate may favorably alter the course of rheumatoid arthritis, according to new data from the Dutch BEST trial.

After 3 years of follow-up, 55% of the 120 BEST participants initially randomized to combined therapy with infliximab and methotrexate were able to wean off infliximab. They had discontinued infliximab a median of 26 weeks earlier, thereafter consistently taking methotrexate monotherapy. Disease Activity Score (DAS) of 2.4 or less, down from a median of 6.8 at baseline. Of particular note was the finding that 17 patients, or 14% of the original 120, were in clinical remission as defined by a DAS of 1.6 or less without any antineoplastic drugs.

The new BEST results warrant cautious interpretation. Whether early infliximab plus methotrexate alters the course of RA must await longer-term follow-up, including radiologic evidence of prevention of progressive joint damage, he stressed. BEST is supported by the Dutch government and the Dutch College of Health Insurance Companies.

**Successful Stem Cell Transplants Offer Hope for Refractory Still’s Disease**

**BY NANCY WALSH**

**New York Bureau**

**GLASGOW, SCOTLAND** — Successful stem cell transplantation in two patients with recalcitrant Still’s disease suggests that this approach may offer a viable alternative for patients who do not respond to other therapies, according to Dr. Hanumantha Reddy.

Treatment typically includes nonsteroidal anti-inflammatory drugs, high-dose corticosteroids, and intravenous immunoglobulin. Disease-modifying antirheumatic drugs (DMARDs) are sometimes used, although they tend to be more beneficial for the articular symptoms than for the systemic abnormalities, noted Dr. Reddy in a poster session at the annual meeting of the British Society for Rheumatology.

In the first case, explained by Dr. Reddy, a 34-year-old woman had intermittent fever, rash, arthritis that was significant-er, leukocytosis, anemia, and elevated inflammatory markers. She was steroid dependent and had not responded to DMARDs or biologic therapies. She underwent autologous stem cell transplantation early in 2003 and responded well, soon entering remission with normalization of her inflammatory markers. In 2004, she had a successful pregnancy, and she remains in remission, Dr. Reddy reported.

The second stem cell transplantation involved a 24-year-old woman who had been diagnosed with Still’s disease at age 14 and had frequent flares but no significant joint damage. She too was steroid dependent and had not responded to traditional DMARDs, biologic therapies, or intravenous immunoglobulin, according to Dr. Reddy of the rheumatology department, Royal Liverpool University Hospital, England.

The patient underwent autologous stem cell transplantation. The posttransplant period was complicated by 1 month of persistent fever, presumed to be viral in origin. She also experienced two episodes of severe autoimmune hemolytic anemia and the presence of Kidd group antibodies. She recovered well, however, and is currently in remission, Dr. Reddy reported.

Stem cell transplantation risks were seen in a series of 34 children with juvenile idiopathic arthritis who underwent the procedure. Although 53% of patients in this series responded well and experienced drug-free remission, five died—two from disease relapse and three from infection-associated hemolytic urticarial syndrome. (Ann. Rheum. Dis. 2004;63:1319-26.)