A Second Course of Rituximab Increases Clinical Efficacy in Rheumatoid Arthritis

BY BRUCE JANCIN
Denver Bureau

AMSTERDAM — The clinical response to repeat courses of rituximab equalled or surpassed the initial course in patients with rheumatoid arthritis who are participating in a long-term open-label study, Dr. Paul Emery said at the annual European Congress of Rheumatology.

Patients with rheumatoid arthritis (RA) unresponsive to traditional disease-modifying antirheumatic drugs but who achieved at least a 20% improvement in tender and swollen joint counts following a single course of rituximab were eligible to receive additional courses for residual disease.

To date, 145 patients have received at least two courses, and 24-week follow-up data are available for 99. Each treatment course consists of two separate infusions, 1,000 mg each, 2 weeks apart.

Baseline characteristics of the 99 patients were similar to those of the original larger study population, where the mean age was 54 years and disease duration was 10 years.

Mean tender and swollen joint counts at baseline were approximately 32 and 20, respectively, and mean disease activity score including a 28-joint count (DAS28) was 6.8 (N. Engl. J. Med. 2004; 350:272-81).

A total of 58 (59%) of patients had achieved an ACR20 response 24 weeks after the first course of rituximab, while 72 (73%) reached this level of response 24 weeks after the second course, according to Dr. Emery, professor of rheumatology and clinical director of the Academic Unit of Musculoskeletal Disease at the Leeds (England) Teaching Hospitals Trust.

Maximal efficacy with rituximab generally is seen at 24 weeks.

Increased efficacy also was apparent on other measures. (See table.)

Repeat courses of the B-cell–depleting agent were well tolerated, and there was no evidence of increased overall incidence of adverse events, numbers of infections, or infusion reactions, he said.

—Nancy Walsh

Successful Stem Cell Transplants Offer Hope for Refractory Still’s

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. Hananamtha V. 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 enough to be hospital based, and experienced drug-free remission, five died—two from disease relapse and three from infection-associated hemophagocytic syndrome (Ann. Rheum. Dis. 2004;63:1318-26).