FRI0077 DURABILITY AND RAPIDITY OF RESPONSE FOR RHEUMATOID ARTHRITIS PATIENTS RECEIVING THERAPY WITH ANAKINRA (IL-1RA)

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Background Anakinra (r-metHuIL-1ra) has been shown to be an effective therapy for Rheumatoid Arthritis patients since it improves the signs and symptoms of disease, as measured by ACR criteria. To better characterise this response, we have analysed data from two large, placebo controlled studies of anakinra, given as either monotherapy (MONO) or in combination with methotrexate (MTX).

Objectives

Methods To assess the ACR20 response over the time course of the studies, we evaluated the proportion of patients who had a sustained ACR20 response (Sus Resp), defined as at least four ACR20 responses by week 24, with at least one of the ACR20 responses occurring at either week 12 or 24.

Results Patients receiving anakinra doses >1 mg/kg were 2–3 times more likely than placebo patients to achieve a sustained ACR. The sustained response for both studies was statistically significant. We also evaluated the rapidity of response to anakinra at these doses (> 1 mg/kg). At least 50% of the subjects responding to anakinra achieved an ACR20 response on or before week 4 for either study.

Abstract FRI0077 Table 1

	Placebo	75 mg anakinra	150 mg anakinra	Placebo +MTX	1 mg/kg anakinra +MTX	2 mg/kg anakinra +MTX
N	121	116	116	48	59	46
Sus	13	33 (28.4)	28 (24.1)	7 (14.6)	18 (30.5)	16 (34.8)
(%)	(10.7)					
p-value		0.001	0.008		0.039	0.013

Conclusion In conclusion, treatment of RA patients with anakinra appears to produce a durable response with a quick onset of action. These factors support the use of anakinra as an effective therapy for rheumatoid arthritis.

FRI0078 LONG TERM RESULTS OF YTTRIUM-90 RADIOSYNOVIORTHESIS IN CHRONIC KNEE SYNOVITIS OF DIFFERENT ORIGIN

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Background

Objectives Authors report on the results of Yttrium-90 radiosynoviorthesis in chronic synovitis of the knee joint. Out of these 213 patients 122 suffered from rheumatoid arthritis, 17 ankylosing spondylitis, 13 other seronegative spondylarthritis, 48 suffered from inflamed osteoarthritis, 1 hydrops articulum

intermittens, 1 synovitis villonodularis, 11 from chronic traumatic synovitis.

Methods Evaluation was based on the criteria as described by Müller, Rau and Scütte the score system was developed by the authors.

Results In the first seven years excellent and good results were recorded in 71%. They achieved excellent as well as good results at 83% of patients with rheumatoid arthritis, at 50% of patients with ankylosing spondylitis and at 55% of patients with osteoarthritis. Seven years after radiosynoviorthesis 65% of patients did not need another puncture.

Conclusion Radiosynoviorthesis is as effective method of treating chronic synovitis as surgical synovectomy. The treatment must be done in rheumatoid arthritis Steinbrocker stadium I-II, local stadium I-II.

FRI0079 ENBREL® (ETANERCEPT) IN ADDITION TO METHOTREXATE (MTX) IN RHEUMATOID ARTHRITIS (RA): LONG-TERM OBSERVATIONS

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Background Results have been previously presented from a long-term trial of ENBREL as additional therapy in 79 patients with persistent RA despite treatment with MTX. Patients have now received therapy for a median of 32 months (max. 37).

Objectives Continue to observe the safety and clinical benefit of ENBREL plus MTX.

Methods Disease activity was evaluated using ACR criteria. Adverse events were compared with data from a previous controlled study.

Results Of the 79 patients who entered the long-term trial, 9 have withdrawn: 3 for lack of efficacy, 2 for adverse events, 1 prior to a total knee replacement, 2 who planned to conceive, and 1 who started taking commercial ENBREL. Seventy of the 79 patients who entered the long-term study remain on therapy. No differences have been seen in the type and rate of adverse events observed over time, compared to the earlier controlled study. In the initial 6-month blinded study of ENBREL plus MTX, 2/59 patients were hospitalised for infections; in the extension study, 2/79 patients had a similar event. One patient developed NHL of the parotid gland in the initial study. In the extension study, two patients developed malignancies (squamous cell carcinoma of the larynx and breast carcinoma). Both of these patients in the extension study recovered and have resumed treatment with ENBREL. At baseline, all 79 patients were taking MTX and the mean dose was 18 mg. As allowed by the protocol, 54 (68%) patients have reduced their MTX dose by a mean of 63%, and 22/79 (28%) patients have discontinued taking MTX. In the 45 patients taking corticosteroids, the mean dose of prednisone was 6.3 mg. As allowed by the protocol, 30 (67%) patients have reduced their steroid dose by a mean of 78%, and 19 (42%) patients have discontinued steroids. Improvement of disease activity has been sustained even though MTX and steroids were reduced or discontinued. At the most recent visit, 69% of patients had achieved the ACR 20, 51% the ACR 50, and 27% the ACR 70. Also at the most recent visit, 19 patients had no tender joints, 10 had no swollen joints, and a zero HAQ score was achieved by 12 patients.