Methods Serial serum samples were taken from a previous clinical trial¹ in which 213 subjects with active RA received a loading dose of hydroxychloroquine 400, 800 or 1200 mg/d for six weeks, then 400 mg/d for up to Week 24. They also received naproxen 1000 mg/d. From 213 subjects in the original trial, 152 paired sera were available for study; col²CTx levels were measured at Weeks 0 and 24, using an ELISA that measures a breakdown product of human cartilage. These levels were compared with tender (TJC) and swollen (SJC) joint counts, and the erythrocyte sedimentation rate (ESR).

Results Median ($\pm$ SEM) col²CTx levels decreased by 10% ($p = 0.006$, Wilcoxon signed ranks) by 24 weeks. Clinical variables decreased much more dramatically by 24 weeks; the TJC declined by 67% ($p = 0.000$), and the SJC, by 56% ($p = 0.000$). The ESR declined by 33% ($p = 0.000$) during this same period. Thus, the magnitude in reduction of circulating col²CTx was less than TJC, SJC and ESR but did show significant improvement.

Abstract FRI0082 Table 1

Outcome	Week 0	Week 24
Col ² CTx (ng/ml)	7.2 $\pm$ 1.2	6.4 $\pm$ 0.8
TJC (No.)	12.0 $\pm$ 0.7	4.0 $\pm$ 0.8
SJC (No.)	9.0 $\pm$ 0.6	4.0 $\pm$ 0.6
ESR (mm/hr)	35.5 $\pm$ 2.1	24.0 $\pm$ 2.8

Conclusion This limited improvement in col²CTx may be due to a lag in suppression of structural damage to cartilage. Since joint radiographs typically require a year or more to show a reduction in joint destruction, the measurement of col²CTx may give an earlier indication of reduction in injury to cartilage. Further clinical studies need to be done in patients treated with more intensive antirheumatic therapy and over longer time periods.

REFERENCE

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OP0062 THE FULLY HUMAN ANTI-TNF ANTIBODY ADALIMUMAB (D2E7) IN COMBINATION WITH METHOTREXATE (MTX) IN THE TREATMENT OF ACTIVE RHEUMATOID ARTHRITIS: RESULTS OF A 2-YEAR STUDY

¹FC Breedveld, ¹CF Allaart, ²R Rau, ²G Herborn, ²S Wassenberg, ³EJ Kroot, ³PL Van Riel, ³LB Van de Putte, ⁴C Böger, M Schattenkirchner ⁴, ⁵J Kempeni, ⁵K Beck, ⁵H Kupper. ¹Department Rheumatology, University Hospital, Leiden; ²Rheumaklinik, Ratingen; ³University Medical Center, Nijmegen, The Netherlands; ⁴Rheumaeinheit, Universität München; ⁵Knoll AG, Ludwigshafen, Germany

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Background

Objectives To evaluate the long-term efficacy and safety of a combination of methotrexate (MTX) with the fully human anti-TNF antibody adalimumab (D2E7) in patients with active rheumatoid arthritis (RA).

Methods 54 patients, who were partial responders to standard doses of MTX (mean 16 mg/week), were included in this randomised double blind, placebo-controlled study (DE010). Initially, patients were randomised into three treatment arms of 18 patients each and then injected double blind (first and second injection) with either 1 mg/kg adalimumab i.v., 1 mg/kg

adalimumab s.c., or placebo (double dummy). Thereafter, all patients received open-label s.c. injections of 1 mg/kg adalimumab. The frequency of administration (every other week up to every other month) depended on the individual response to treatment.

Results The overall efficacy results for the open label period of 24 months are summarised in the Table 1 below.

Adverse events were well matched between both adalimumab treatment arms and placebo during the initial double blind study period. A total of 44 patients (81%) were able to complete the 2-year study period. Reasons for drop out were adverse events (6 pts), lack of efficacy (2 pts), death (1 pt, myocardial infarction), and protocol violation (1 pt).

Abstract OP0062 Table 1

	Baseline	6 mo	12 mo	18 mo	24 mo
% pts EULAR response		87	85	80	78
% pts ACR 20		72	63	63	50
% pts ACR 50		30	28	43	30
DAS*	4.72	2.86	3.03	2.48	2.58
Ritchie Index*	16.0	6.0	7.0	4.5	4.5
SJC [0–44 joints]*	19.0	7.0	8.0	6.0	4.5

*median.

Conclusion Repeated subcutaneous injections of 1 mg/kg adalimumab (D2E7) over a period of two years showed sustained efficacy and were well tolerated when given in combination with stable standard doses of MTX to patients with active RA.

OP0083 LONG-TERM USE OF THE FULLY HUMAN ANTI-TNF ANTIBODY ADALIMUMAB (D2E7) IN DMARD-REFRACTORY RHEUMATOID ARTHRITIS

¹M Schattenkirchner, ²R Rau, ³LB Van de Putte, ¹I Vallbracht, ²G Herborn, ³EJ Kroot, ³PL Van Riel, ⁴R Dressler, ⁴D Compagnone, ⁴H Kupper. ¹Rheumaeinheit, Universität München, Germany; ²Rheumaklinik, Evangelisches Fachkrankenhaus, Ratingen, Germany; ³Department Rheumatology, University Medical Center, Nijmegen, The Netherlands; ⁴Knoll AG, Ludwigshafen, Germany

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Background

Objectives To evaluate the long-term efficacy and safety of the fully human anti-TNF antibody adalimumab (D2E7) given by the s.c. route to patients with active rheumatoid arthritis.

Methods 24 patients with active rheumatoid arthritis who had previously failed a mean of 3.5 DMARDs were included in this 12-week randomised double blind, placebo-controlled study (DE004), and continued thereafter in an open label part of the study for up to two years on adalimumab. Initially, patients were assigned to either 0.5 mg/kg adalimumab s.c. weekly (18 patients) or placebo (6 patients). 22 patients entered the open-label part of the study: 15 patients who achieved EULAR response continued their previous adalimumab treatment schedule (0.5 mg/kg weekly), 2 patients who did not achieve a EULAR response at week 8 increased their adalimumab dose to 1 mg/kg weekly, and 5 patients previously on placebo received 1 mg/kg adalimumab s.c. weekly.

Patient characteristics at baseline: 60 years mean age, 10 years mean RA duration, 5.35 mean Disease Activity Score (DAS).

Results The overall efficacy results for the open label period of 24 months are summarised in the Table 1 below.