Pain was the main determinant of PGW in all disease activity states. The level of PGW also reflected other aspects of disease impact, particularly physical and psychosocial distress, and, to a lesser extent, treatment adverse events. The impact of pain and physical functioning on psychosocial health and well-being varies with disease activity, being greater in patients with higher disease activity.

REFERENCE:


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Abstract THU0515 — Figure 1.

Path Coefficients (b) Comparison

<table>
<thead>
<tr>
<th>Path</th>
<th>REM</th>
<th>LDA</th>
<th>MDA</th>
<th>HDA</th>
<th>REM</th>
<th>LDA</th>
<th>MDA</th>
<th>HDA</th>
<th>MDA</th>
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</thead>
<tbody>
<tr>
<td>Pain</td>
<td>0.312</td>
<td>0.401</td>
<td>0.400</td>
<td>0.402</td>
<td>0.042</td>
<td>0.131</td>
<td>0.488</td>
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<tr>
<td>JAFS</td>
<td>0.292</td>
<td>0.377</td>
<td>0.391</td>
<td>0.409</td>
<td>p</td>
<td>p</td>
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<tr>
<td>PhHS</td>
<td>0.367</td>
<td>0.420</td>
<td>0.467</td>
<td>0.614</td>
<td>p</td>
<td>p</td>
<td>p</td>
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<tr>
<td>PGW</td>
<td>0.208</td>
<td>0.003</td>
<td>0.161</td>
<td>0.033</td>
<td>p</td>
<td>p</td>
<td>p</td>
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<tr>
<td>PsHS</td>
<td>0.652</td>
<td>0.002</td>
<td>0.018</td>
<td>0.003</td>
<td>p</td>
<td>p</td>
<td>p</td>
<td>p</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion: Pain was the main determinant of PGW in all disease activity states. The level of PGW also reflected other aspects of disease impact, particularly physical and psychosocial distress, and, to a lesser extent, treatment adverse events. The impact of pain and physical functioning on psychosocial health and well-being varies with disease activity, being greater in patients with higher disease activity.
for: Received honoraria for consultancies or speaker bureaus (< 10,000 USD each) from the following pharmaceutical companies in the past 3 years: Ablynx, AbbVie, AstraZeneca-Medimmune, Boehringer-Ingelheim, Bristol-Myers Squibb, Eli-Lilly, EMDSerono, GlaxoSmithKline, Hoffmann-La Roche, Janssen, Merck, Novartis, Pfizer, R-Pharma, SanofiServier, Sobi, and Takeda. Speaker bureaus: Received honoraria for consultancies or speaker bureaus (< 10,000 USD each) from the following pharmaceutical companies in the past 3 years: Ablynx, AbbVie, AstraZeneca-Medimmune, Boehringer-Ingelheim, Bristol-Myers Squibb, Eli-Lilly, EMDSerono, GlaxoSmithKline, Hoffmann-La Roche, Janssen, Merck, Novartis, Pfizer, R-Pharma, SanofiServier, Sobi, and Takeda.

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Background: Tocilizumab (TCZ) administered intravenously (IV) was effective for the treatment of polyarticular (p)JIA and systemic (s)JIA.1,2 Objectives: To evaluate the long-term safety and efficacy of subcutaneous (SC) TCZ in patients (pts) with pJIA or sJIA enrolled in a long-term extension (LTE) phase of two 52-week, open-label studies.

Methods: Pts aged 1–17 years received body weight (BW) SC TCZ SC: pJIA pts who failed/could not tolerate MTX received TCZ 162 mg every 3 weeks for BW <30 kg or every 2 weeks (Q2W) for BW ≥30 kg; sJIA pts who did not respond adequately to NSAsIDs and glucocorticoids received TCZ 162 mg Q2W for BW <30 kg and every 3 weeks for BW ≥30 kg for up to 2 years postdose safety assessment. All pts discontinued biologic DMARDs (approximately 50% switched from TCZ SC: pJIA pts who failed/could not tolerate MTX received TCZ 162 mg every 3 weeks for BW <30 kg or every 2 weeks (Q2W) for BW ≥30 kg; sJIA pts who did not respond adequately to NSAsIDs and glucocorticoids received TCZ 162 mg Q2W for BW <30 kg and every 3 weeks for BW ≥30 kg for up to 2 years postdose safety assessment. All pts discontinued biologic DMARDs (approximately 50% switched from

Results: Most pJIA (n=44) and sJIA (n=38) pts were female (72.7% and 55.3%) and white (88.6% and 84.2%) and median (range) age was 9.0 (2–18) years. AE rates (Table) were similar regardless of BW. Most AEs were grade 1 or 2; grade ≥3 AEs were reported by 10/44 (20.8%) pJIA pts and 4/38 (10.5%) sJIA pts, most commonly nasopharyngitis (pJIA, 17/44 [38.6%]; sJIA, 11/38 [28.9%]). Other AEs reported in ≥5% of pts included arthralgia, gastroenteritis, cough, vomiting, diarrhea, pyrexia, headache, and oropharyngeal pain (pJIA) and upper respiratory tract infection, cough, pyrexia, arthralgia, and rash (sJIA). No opportunistic infections developed. Neutropenia AEs were reported by 8/44 (13.6%) pJIA pts and 7/38 (18.4%) sJIA pts. SAEs occurred in 5/44 (11.4%) pJIA pts (furuncle, appendicitis, pneumonia, eye pain/headache, infectious mononucleosis) and 2/38 (5.3%) sJIA pts (pneumonia, craniofacial injury from a fall); only pneumonia (pJIA) was considered treatment related. Neutralizing anti-TCZ antibodies developed in 2 (4.7%) pJIA pts and no sJIA patients. No deaths were reported in the LTE study.

Conclusions: In this LTE study in children with pJIA or sJIA, SC TCZ continues to have an acceptable tolerability profile with no new safety concerns.

References: