

Characterisation of longer-term responders to rituximab – a CERERRA study

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Background: Most patients on Rituximab (RTX) for rheumatoid arthritis (RA) are retreated after 6 to 12 months. However in some patients longer responses are seen. Cohort studies may provide information on such patients.

Objectives: To analyse a cohort of patients identified as not having needed retreatment within 12 months following RTX.

Methods: Ten European registries submitted anonymized datasets with baseline, 3, 6, 9 and 12 month data for patients who had started RTX. These datasets were pooled and analysed. Predictors of response were analysed by logistic regression. Patients were selected for this ‘longer-response’ analysis if they had not received retreatment for 12 months but were considered to be ‘on treatment’ (ie, no other treatment was initiated) and for whom 12-month data were available.

Results: Data for the 'longer-response' population of 194 patients who were not retreated with RTX during the first 12 months but who remained 'on treatment' were analyzed. DAS28 in these patients decreased from 6.0 ± 1.3 at baseline to 4.2 ± 1.3 at 6 months and 4.5 ± 1.5 at 12 months. HAQ decreased from 1.7 ± 0.6 at baseline to 1.23 ± 0.59 at 6 months and remained stable until 12 months, 1.25 ± 0.77 . At 6 months, 24% had achieved EULAR Good Response and 44% EULAR Moderate Response. At 12 months the corresponding percentages were 18% and 32%, respectively.

When compared to patients who received RTX retreatment during the first 12 months, the 'longer-response' population had higher age (53.2 ± 12.9 vs. 50.0 ± 12.7 ; $p < 0.0001$), lower number of previous DMARDs (2.7 ± 1.6 vs. 2.9 ± 1.6 ; $p = 0.03$), lower DAS28 at baseline (6.0 ± 1.2 vs. 6.4 ± 1.1 ; $p < 0.0001$) and higher proportion of RF-positivity (85.8% vs. 79.7%; $p = 0.01$).

Conclusions: In RA patients treated with rituximab in clinical practice, a population was identified who had a clinical response for at least 12 months. These patients were older, had fewer prior DMARDs, a lower baseline DAS28, and were more often RF-positive. Further follow-up of these patients will allow us to identify characteristics of those with even more prolonged responses following a single course of RTX.