

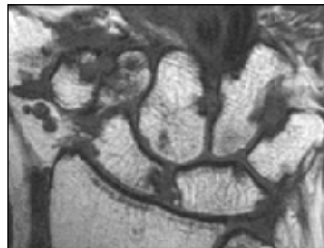
EUROPEAN LEAGUE AGAINST RHEUMATISM LONDON, 25–28 MAY

Combined treatment acts early to prevent joint damage

The combination of golimumab and methotrexate significantly improves joint damage in rheumatoid arthritis as early as 12 weeks compared to methotrexate alone, according to the largest magnetic resonance imaging study to date in rheumatoid arthritis. The study, reported during EULAR, was performed as part of the golimumab GO-BEFORE pivotal clinical trial.

‘These findings are very reassuring, as they confirm what we have seen with other tumour necrosis factor inhibitors that have led to a paradigm shift in how we manage rheumatoid arthritis,’ said study investigator Professor Philip Conaghan, of the University of Leeds.

The substudy included 318 patients who underwent magnetic resonance imaging of the dominant wrist and metacarpophalangeal joints (*see below*) at baseline and weeks 12 and 24. Compared with methotrexate alone, combination therapy significantly improved synovitis, osteitis (bone inflammation that leads to erosions) and bone erosions at both timepoints. There were no significant differences between the treatment



groups from baseline to week 28 on X-ray, demonstrating the greater sensitivity of magnetic resonance imaging to changes in erosive progression.

Professor Conaghan commented: ‘This study did not try to suggest that we should use magnetic resonance imaging in clinical practice, but it is a wonderful tool for understanding both inflammation and damage in rheumatoid arthritis. And we know that these new therapies are very effective at suppressing inflammation and consequently stopping damage.’

Golimumab is the first once-monthly, subcutaneous tumour necrosis factor-alpha inhibitor licensed for the treatment of

moderate to severe, active rheumatoid arthritis in combination with methotrexate, active and progressive psoriatic arthritis, and severe, active ankylosing spondylitis.

In May 2011, the National Institute for Health and Clinical Excellence issued a final appraisal determination recommending golimumab as a treatment option for rheumatoid arthritis in line with other tumour necrosis factor-alpha inhibitors and as part of a cost-sharing deal. This followed the go-ahead for golimumab in psoriatic arthritis in final National Institute for Health and Clinical Excellence guidance published in March.

Sue Lyon

Targeted early treatment with adalimumab shows value

The OPTIMA study showed the value of targeted treatment strategies, which improved disease control and reduced disease progression in significantly more patients treated with a combination of adalimumab (Humira) and methotrexate *vs* methotrexate alone.

OPTIMA was a multicentre, randomized, double-blind, 78-week two-period study that enrolled 1032 methotrexate-naïve patients aged 18 years or older with early (less than 1 year) moderate to severe rheumatoid arthritis.

In period 1, patients were randomized to receive the combination of adalimumab 40 mg every other week and methotrexate or placebo and methotrexate for 26 weeks.

Patients in the combination arm who achieved the target (defined as DAS28 <3.2) at week 22 and 26 were blindly re-randomized to receive either methotrexate alone or continued combination therapy in period 2.

Significantly more patients who achieved the initial target response in period 1 and who continued on adalimumab and methotrexate (73 of 105, 70%) achieved the composite outcome of DAS28 <3.2 and no radiographic progression at week 78 than those that achieved the initial target with placebo and methotrexate in period 1 and continued to receive placebo and methotrexate (61 of 112, 55%) ($P=0.02$).

Tocilizumab alone gives similar remission rates to combination

New data presented at EULAR demonstrated that tocilizumab (RoActemra) alone had comparable clinical efficacy to tocilizumab plus methotrexate in people with rheumatoid arthritis. The safety profile was consistent with previous clinical trials.

Tocilizumab is the first in a new class of treatments for rheumatoid arthritis which targets interleukin-6 receptors.

Methotrexate is widely prescribed for people with rheumatoid arthritis, but up to 40% of people do not adequately respond and/or experience adverse events.

Data from the ACT-RAY study (Dougados et al, 2011) showed that tocilizumab provided clinical benefit, regard-

less of whether it was given in combination with methotrexate or as monotherapy.

‘These data are very promising for patients who are unable to tolerate methotrexate and could provide a more efficacious alternative to current therapy’ said Professor Philip Conaghan, Professor of Musculoskeletal Medicine, University of Leeds and Deputy Director, NIHR Leeds Musculoskeletal Biomedical Research Unit.

Dougados M, Huizinga T, Sheeran T et al (2011) Tocilizumab (TCZ) plus methotrexate (MTX) does not have superior clinical efficacy to TCZ alone in RA patients with inadequate response to MTX: 24-week results of the ACT-RAY study. Abstract OP0020 presented at the EULAR Congress, London: 25–28 May