‘Lessons for IBD from rheumatoid arthritis’

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In no area of medicine have the recent advances been so great
August Renoir 1841-1919
Current goals of RA therapy

- Reduce signs and symptoms
- Retard / halt joint destruction
- Normalise physical function / QoL (productivity)
- Reduce co-morbidities
- Improve survival
- Induce remission
Early diagnosis and treatment essential

Symptom onset
Joint destruction begins
Start of treatment

Disease progression

Untreated disease
Treated late
Treated early

Time
In early RA **irreversible** damage is seen in 60% of patients within the first 2 years of diagnosis.
## Paradigm shift
1898 to present

<table>
<thead>
<tr>
<th>Empirical based</th>
<th>Evidence-based</th>
<th>Mechanism</th>
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</thead>
<tbody>
<tr>
<td>1940-50s</td>
<td>1970-90s</td>
<td>Current</td>
</tr>
<tr>
<td>• Aspirin</td>
<td>• NSAID</td>
<td>• Biologics</td>
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<tr>
<td>• Gold</td>
<td>• MTX</td>
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<tr>
<td>• Steroids</td>
<td>• Cytotoxics</td>
<td>• Small molecules</td>
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Evidence for early intervention

Early intensive intervention
- O’Dell (NEJM 1996)
- COBRA (Lancet 1997)
- Fin-RACo (Lancet 1999)
- TICORA (Lancet 2004)
- PROMPT (A&R 2007)
- Low-dose corticosteroids with DMARD (NEJM 1995)
- CAMERA (ARD)
- IMPROVED (ASRD 2012)

Early use of biologics
- BeSt (A&R 2005)
- ERA (NEJM 2000)
- PREMIER (A&R 2006)
- ASPIRE (A&R 2006)
- TEMPO/COMET (Lancet 2004/2008)
- AMBITION (ARD 2009)
- AGREE (ARD 2009)
- Swefot (Lancet 2009)
Function is one of the main reasons to push for early remission

- Pooled analysis of individual patient data from 6 clinical trials (n=2763)
- Evaluated pts in remission (N=435) defined as: SJC ≤3; TJC ≤3; CRP ≤2.3 mg/Dl; MDGA ≤ 25mm

Reversible HAQ, showing responsiveness to Tx, decreases over time
Irreversible HAQ, showing damage over time, increases over time

Regaining employability in RA patients upon early versus late treatment

- Employability rate at week 54 for those who were unemployable at baseline by ACR response in ATTRACT and ASPIRE study*

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<table>
<thead>
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<th>Early RA¹</th>
<th>Established RA²</th>
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<tbody>
<tr>
<td>ASPIRE</td>
<td>60</td>
<td>18</td>
</tr>
<tr>
<td>ATTRACT</td>
<td>20</td>
<td>10</td>
</tr>
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*Adjusted for age, sex and baseline HAQ

Assessment: Classification criteria

2010 EULAR/ACR criteria

- Allows a diagnosis to be made very early
  - Number of joints
  - Duration of symptoms
  - Serology
  - Inflammatory markers
Management of RA

Treat to Target Initiative

- Objectives

Provide a clear treatment target in RA, applicable in daily practice to define a clinical state where irreversible joint damage and disability is avoided
The treat to target overarching principles

| A | The treatment of RA must be based on a shared decision between patient and rheumatologist. |
| B | The primary goal of treating the patient with RA is to maximise long-term health-related QoL through control of symptoms, prevention of structural damage, normalisation of function and social participation. |
| C | Abrogation of inflammation is the most important way to achieve these goals. |
| D | Treatment to target by measuring disease activity and adjusting therapy accordingly optimises outcomes in RA. |
Disease free, Drug free?
BeSt group 4: Initial Infliximab + MTX

1 year → 2 years → 3 years → 4 years → 5 years

IFX-free Low Disease Activity

50% → 56% → 53% → 51% → 50%

Drug-free remission

13% → 18% → 19%

ITT analysis

RA management approach: all you need to know in one slide

- Early, intensive intervention
  - facilitate early review (early suspicion, rapid referral)
- Window of opportunity
- Combination therapy
- Measure activity (DAS28, CDAI, SDAI, HAQ)
- Tight control (regular review)
- Treat to Target (REMISSION)
Overall still doing poorly in relation to remission induction
Challenges for the future

- Patient to GP (public awareness)
- GP to Specialist (education)
- Consultant approach
- Individualising therapy
- Biomarkers/pharmcogenetics
- Improved characterisation of RA (ACPA +ve/-ve)
- Broader range of safe therapies
- Health economics
- Wider access internationally
- When to withdrawal treatment
- Adherence & compliance
The only man who behaved sensibly was my tailor; he took my measure anew every time he saw me whilst all the rest went on with their old measurements and expected them to fit me.

George Bernard Shaw (1856-1950)