

DOES COMBINING METHOTREXATE TO ETANERCEPT IMPROVE ITS RETENTION RATE IN PATIENT WITH EARLY RHEUMATOID ARTHRITIS: ANALYSIS OF A SUBGROUP OF PATIENT WITH LESS THAN THREE YEARS DISEASE DURATION

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INTRODUCTION: Etanercept (ETA) has demonstrated good retention in both mono and combination therapy in clinical trials conducted over short observation periods (less than 2 years). In unselected patient populations, studies evaluating the efficacy of anti-TNF have demonstrated better results when it is used with methotrexate (MTX) compared to monotherapy. Similar results have been observed in data generated from patient registries. We aim to verify if disease duration since diagnosis influences therapeutic retention rates.

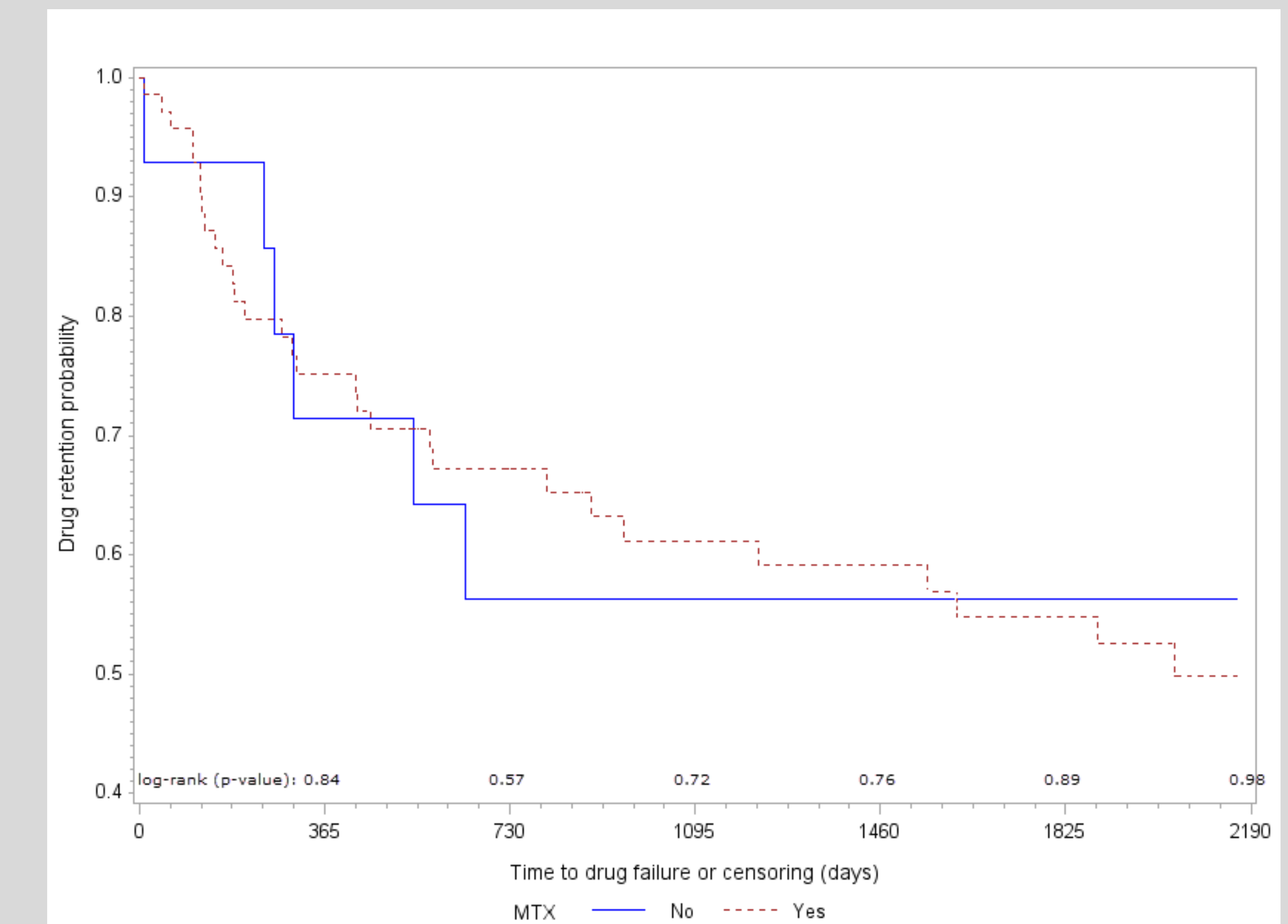
OBJECTIVES: We explore the efficacy of etanercept with and without MTX in a homogeneous population of recently diagnosed RA patients.

METHODS: RA patients prescribed ETA as a first biologic agent after January 1st 2004 are included in the present analysis. Patients were kept for analysis if they had a disease duration of at most three years since diagnosis. Baseline demographics for both cohorts included age, disease duration, HAQ-DI, fatigue and pain visual analog scale evaluation (VAS), TJC, SJC, CDAI, RF and anti-CCP status. The drug retention rates of subjects on ETA monotherapy (n=14) were estimated and compared to the retention rates of subjects also receiving a MTX (n=72) using Kaplan-Meier survival estimates. Yearly estimates (up to 6 years) were obtained. Statistical analysis was performed using SAS version 9.3. RHUMADATA® is a clinical database and registry used in daily clinical practice at the IRM and CORQ.

	Use of MTX		ALL
	No	Yes	
N	14	72	86
Age (years)	49.3 (8.4)	50.9 (14.3)	50.7 (13.5)
	48	53	52
Disease duration (years)	1.5 (0.9)	1.3 (0.8)	1.3 (0.8)
	1.4	1.1	1.1
Women (%)	93%	79%	81%
HAQ-Score (0-3)	1.3 (0.7)	1.4 (0.7)	1.4 (0.7)
	1.5	1.5	1.5
Morning stiffness (min)	3.9 (5.4)	90.4 (270.6)	78 (252)
	2	13	5
HAQ-Fatigue (VAS, 0-10)	3.6 (3.7)	4.0 (3.7)	3.9 (3.6)
	4.0	4.0	4.0
HAQ-Pain (VAS, 0-10)	4.1 (3.3)	4.3 (3.3)	4.3 (3.3)
	4.0	4.5	4.0
CRP (mg/L)	19.3 (31.6)	13.2 (15.7)	14.9 (20.8)
	9.6	8.1	8.2
ESR (mm/hr)	25.9 (21.5)	20.2 (19.6)	21.8 (20.0)
	19.0	16.0	16.5
RF + (%)	38%	55%	52%
anti-CCP + (%)	33%	53%	49%
Tender joint count (TJC) (0-28)	5.0 (3.7)	6.9 (5.6)	6.5 (5.3)
	5	6	5
Swollen joint count (SJC) (0-28)	5.0 (3.3)	7.8 (4.9)	7.2 (4.7)
	5.0	7.5	6.5
CDAI (0-76)	16.5 (9.8)	21.7 (10.7)	20.8 (10.6)
	16.2	18.8	18.8

¹ Data are presented as mean (standard deviation) / median unless otherwise specified.

RESULTS: At one year, drug retention for ETA monotherapy therapy was estimated at 71% and remained constant at 56% from year 2 to year 6. Estimates for subjects on combination therapy ranged from 75% at year one to 50% at year 6. No significant differences were identified.



CONCLUSIONS: In a population of RA patients with shorter disease duration (less than 3 years), etanercept with and without methotrexate discloses statistically similar retention rates from 1 up to 6 years. In selected patients with RA and contra-indication to methotrexate ETA monotherapy is an acceptable alternative.

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