Rhumatismes inflammatoires

Denis Mulleman

MPR CGA

- -Semaphore
  - upada
  - Mavrilimumba

Research

JAMA | Preliminary Communication

Effect of Tocilizumab on Disease Activity in Patients With Active Polymyalgia Rheumatica Receiving Glucocorticoid Therapy

A Randomized Clinical Trial

Devauchelle-Pensec V JAMA. 2022;328(11):1053-1062

Figure 1. Flow of Patients in a Trial of Tocilizumab vs Placebo in Polymyalgia Rheumatica

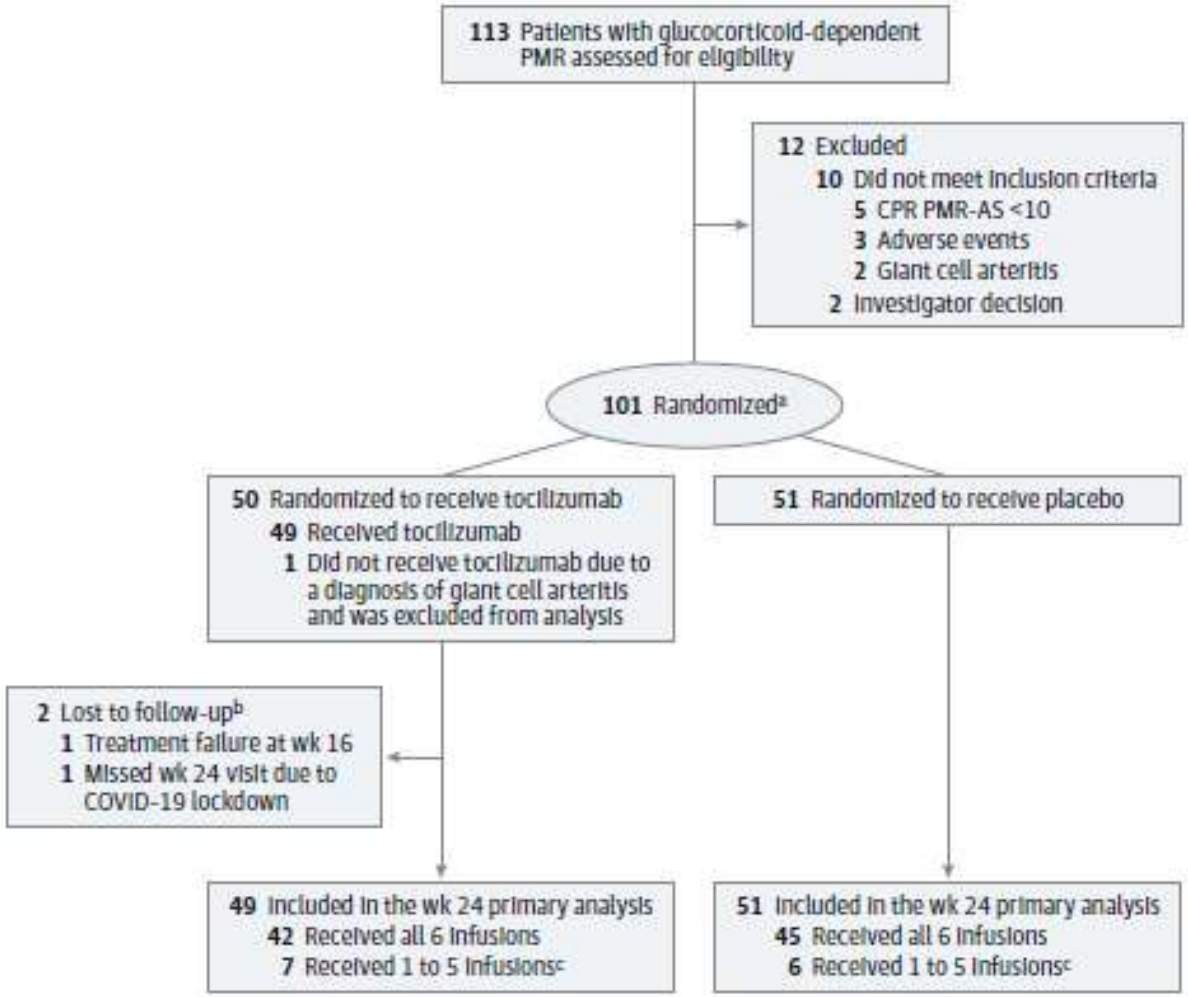
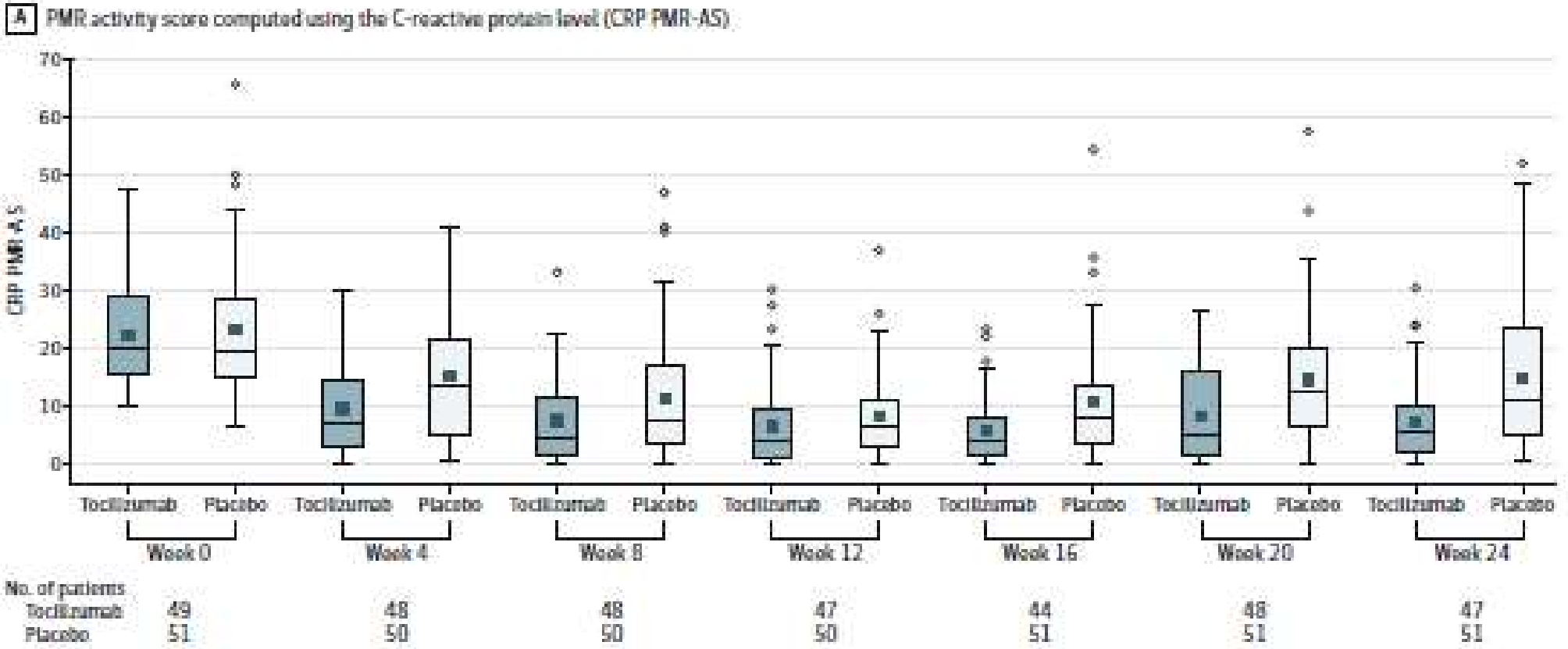


Figure 2. Disease Activity and Prednisone Dosing From Baseline to Week 24 in a Trial of Tocilizumab vs Placebo in Polymyalgia Rheumatica



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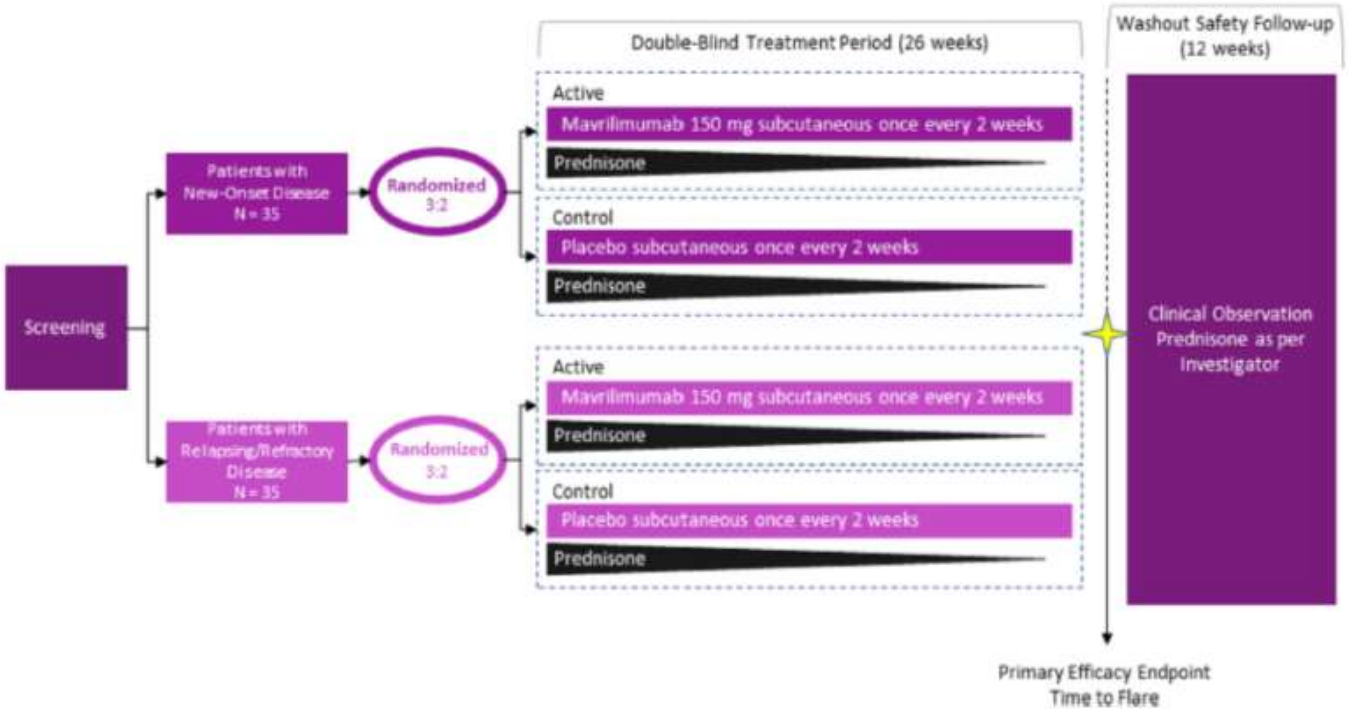
CLINICAL SCIENCE

Efficacy and safety of mavrilimumab in giant cell arteritis: a phase 2, randomised, double-blind, placebo-controlled trial



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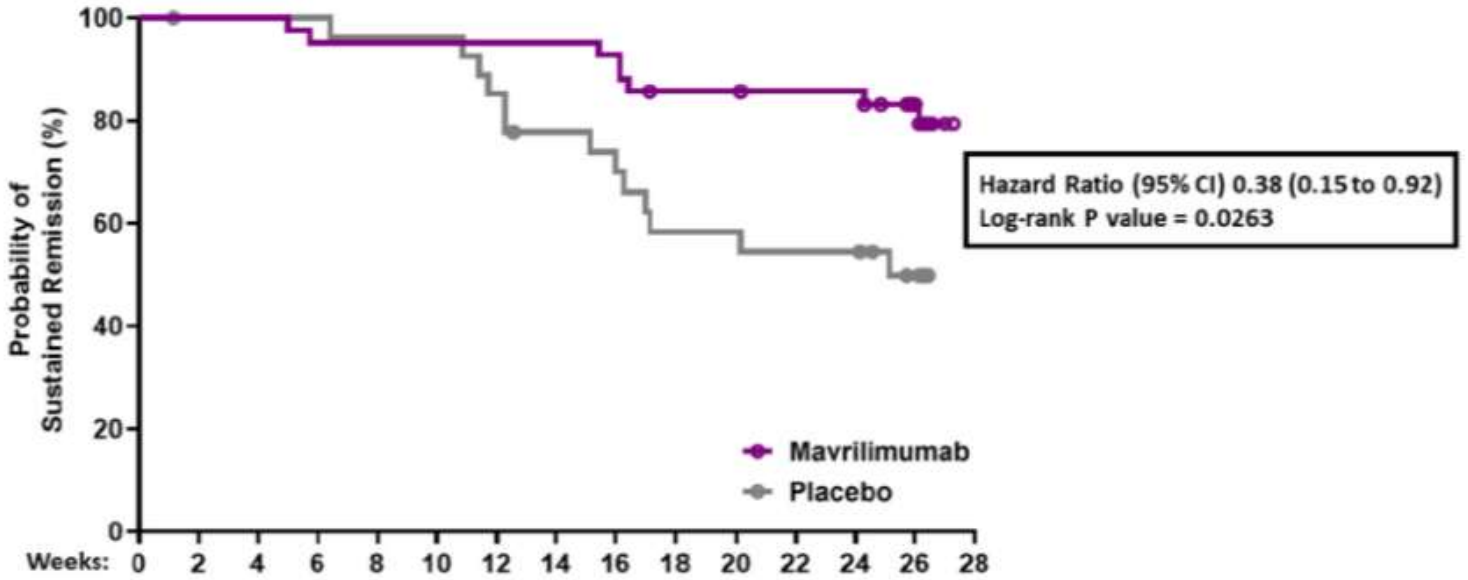

Mavrilimumab Patients at Risk, n	42	42	42	40	40	40	40	40	39	35	35	34	34	28	0
Placebo Patients at Risk, n	28	27	27	27	26	26	23	20	19	15	15	14	14	10	0

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CLINICAL SCIENCE

Efficacy and safety of mavrilimumab in giant cell arteritis: a phase 2, randomised, double-blind, placebo-controlled trial

Mavrilimumab in combination with a 26-week prednisone taper was superior to placebo with a 26-week prednisone taper in reducing the risk of flare and maintaining sustained remission and was well tolerated.

CLINICAL SCIENCE

Baricitinib for relapsing giant cell arteritis: a prospective open-label 52-week pilot study

Matthew J Koster ,[1] Cynthia S Crowson ,[2] Rachel E Giblon,[2] Jane M Jaquith,[1] Ali Duarte-García ,[1] Eric L Matteson ,[1] Cornelia M Weyand,[1] Kenneth J Warrington[1]

Table 5 Study outcomes

Outcome*	Prebaricitinib relapse (n=15)	Week 0 (n=15)	Week 24 (n=14)	P value†	Week 52 (n=14)	P value†
Prednisone dose (mg/day)	–	20 (10, 30)	0 (0, 0)	<0.001‡	0 (0, 0)	0.006§
ESR (mm/hour)	33 (19, 51)	7 (6, 17)	13 (7, 19)	0.002¶	10 (5, 17)	0.022**
CRP (mg/L)	22.9 (19.2, 26.1)	3.4 (<3.0, 6.9)	<3 (<3, <3)	0.002¶	<3 (<3.0, 3.1)	<0.001**
BVAS	2 (1, 3)	–	0 (0, 0)	0.002¶	0 (0, 0)	<0.001**
Patient global assessment	–	20 (0, 50)	0 (0, 10)	0.022‡	5 (0, 10)	0.039§
Discontinued glucocorticoids	–	–	14/14 (100%)	–	13/14 (93%)	–
Relapse on study drug	–	–	1/14 (7%)	–	1/14 (7%)	–

*Median (25th percentile, 75th percentile) or n (%).
†P values obtained using sign test.
‡Comparison of values of weeks 0–24.
§Comparison of values of weeks 0–52.
¶Comparison of values of prebaricitinib relapse to week 24.
**Comparison of values of prebaricitinib relapse to week 52.
BVAS, Birmingham Vasculitis Activity Score; CRP, C reactive protein; ESR, erythrocyte sedimentation rate.

CLINICAL SCIENCE

Baricitinib for relapsing giant cell arteritis: a prospective open-label 52-week pilot study

Matthew J Koster ,[1] Cynthia S Crowson ,[2] Rachel E Giblon,[2] Jane M Jaquith,[1] Ali Duarte-García ,[1] Eric L Matteson ,[1] Cornelia M Weyand,[1] Kenneth J Warrington[1]

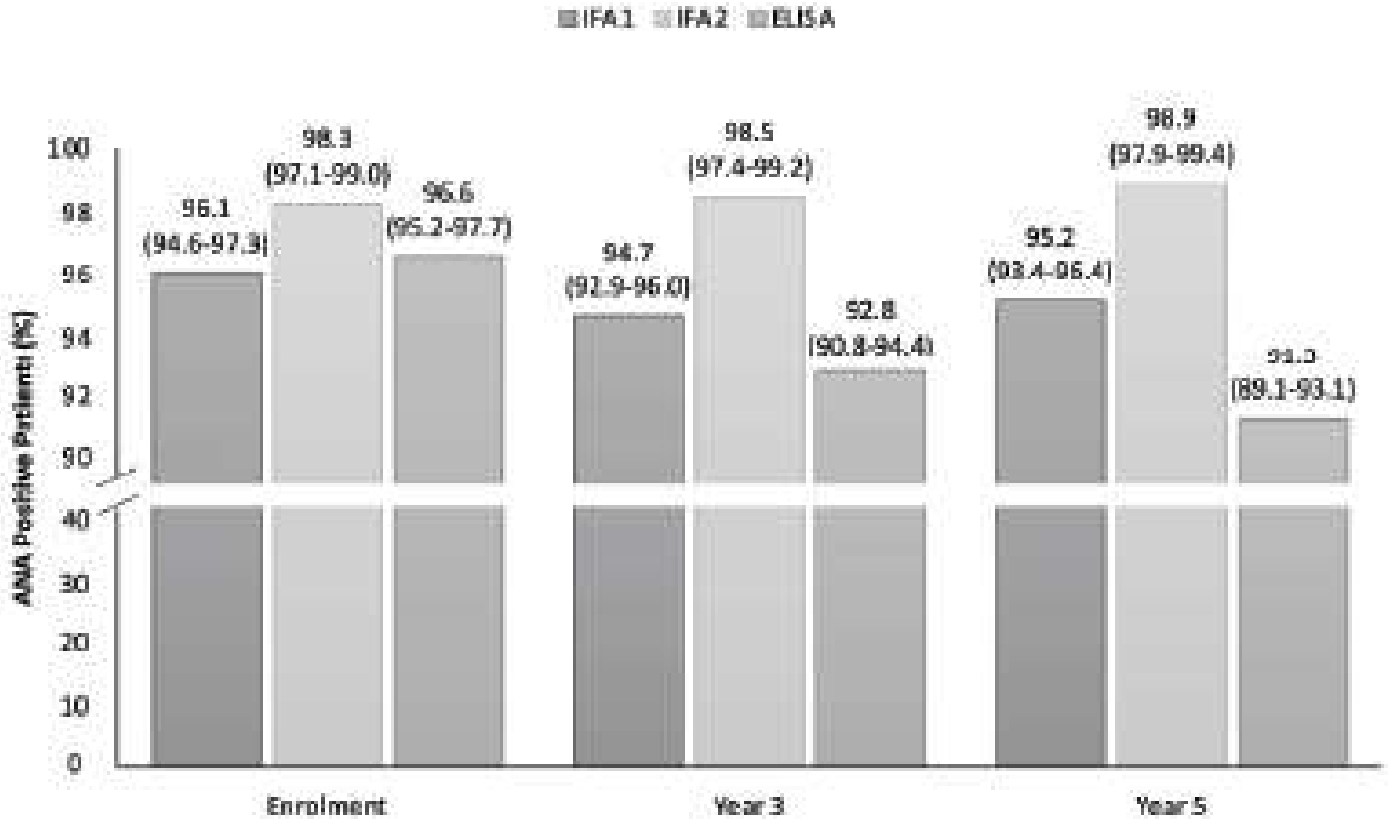
Baricitinib at a dose of 4 mg was well tolerated and showed preliminary efficacy in patients with relapsing GCA.
Larger clinical trials are needed to assess the utility of Janus kinase-signal transducer and activator of transcription (JAK-STAT) inhibition in the management of GCA.

Koster MJ, et al. Ann Rheum Dis 2022;**81**:861–86

Lupus

TRANSLATIONAL SCIENCE

Longitudinal analysis of ANA in the Systemic Lupus International Collaborating Clinics (SLICC) Inception Cohort



TRANSLATIONAL SCIENCE

Longitudinal analysis of ANA in the Systemic Lupus International Collaborating Clinics (SLICC) Inception Cohort

almost all SLE patients early in disease had highly positive ANAs and no patients had tested within the normal range over 5 years of follow-up with all three assays.

In a patient without an established diagnosis of SLE and in whom the clinical suspicion for SLE is moderate to high, both immunofluorescence assay and ELISA should be performed if one or the other provides results in the normal range.

As the disease evolved over 5 years of follow-up, there was decreased frequency of positive ANAs (above the normal range) and decreased ANA titres or absorbance units by some assays

Arthritis & Rheumatology
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DOI 10.1002/art.42015

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Birth Outcomes in Women Who Have Taken Hydroxycholoroquine During Pregnancy: A Prospective Cohort Study

- Pregnant women enrolled in the MotherToBaby/Organization of Teratology Information Specialists Autoimmune Diseases in Pregnancy Study and who were receiving treatment with HCQ.
- For the control groups, disease-matched women without HCQ exposure and healthy women from the same source, with subject matching using a 1:1 ratio.

Table 3. Major and minor structural birth defects among women exposed to HCQ in the first trimester compared to disease-matched unexposed women and healthy women*

Defect	HCQ-exposed, no./total no. (%)	Disease-matched unexposed controls				Healthy controls			
		No./total no. (%)	Unadjusted RR (95% CI)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)	No./total no. (%)	Unadjusted RR (95% CI)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Major birth defects in pregnancies ending with live-born infants	20/232 (8.6)	19/256 (7.4)	1.16 (0.64–2.12)	1.18 (0.61–2.26)	–†	13/239 (5.4)	1.58 (0.81–3.11)	1.64 (0.80–3.38)	0.76 (0.28–2.05)‡
Major birth defects in all pregnancies excluding lost to follow-up	21/241 (8.7)	19/265 (7.2)	1.22 (0.67–2.20)	1.24 (0.65–2.36)	1.36 (0.70–2.64)§	14/248 (5.6)	1.54 (0.80–2.96)	1.60 (0.79–3.22)	0.78 (0.31–1.99)¶
Major birth defects in pregnancies ending with live-born infants (maximum dose HCQ ≥400 mg/day)	12/151 (7.9)	19/256 (7.4)	1.07 (0.53–2.14)	1.08 (0.51–2.29)	1.20 (0.55–2.61)§	13/239 (5.4)	1.46 (0.68–3.12)	1.50 (0.67–3.38)	–#
Major birth defects in pregnancies ending with live-born infants (maximum dose HCQ <400 mg/day)	8/78 (10.3)	19/256 (7.4)	1.38 (0.63–3.03)	1.43 (0.60–3.40)	–#	13/239 (5.4)	1.89 (0.81–4.38)	1.99 (0.79–4.99)	–#
Infants with ≥3 any minor malformations	39/138 (28.3)	54/173 (31.2)	0.91 (0.64–1.28)	0.87 (0.53–1.42)	–†	22/84 (26.2)	1.08 (0.69–1.69)	1.11 (0.60–2.06)	1.34 (0.61–2.93)**
Infants with pattern of ≥3 minor malformations	2/138 (1.5)	0/173 (0.0)	–	–	–	0/84 (0.0)	–	–	–

* HCQ = hydroxychloroquine; RR = relative risk; 95% CI = 95% confidence interval; OR = odds ratio.
† No adjusted estimate was computed due to no selected confounders.
‡ Adjusted for propensity score, composed of psychiatric conditions, referral source, and maternal height.
§ Directly adjusted for multiple pregnancy.
¶ Adjusted for propensity score, composed of psychiatric conditions and referral source.
# No adjusted estimate was computed due to small number of events, i.e., number of events fewer than 30.
** Directly adjusted for referral source.

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- For the control groups, disease-matched women without HCQ exposure and healthy women from the same source, with subject matching using a 1:1 ratio.

No differences in the rates of spontaneous abortion or preterm delivery between groups. Occurrence of infant growth deficiencies did not differ in the HCQ-exposed group compared to the disease-matched unexposed control group

PR

- low dose corticostéroids RA
- first birth weight

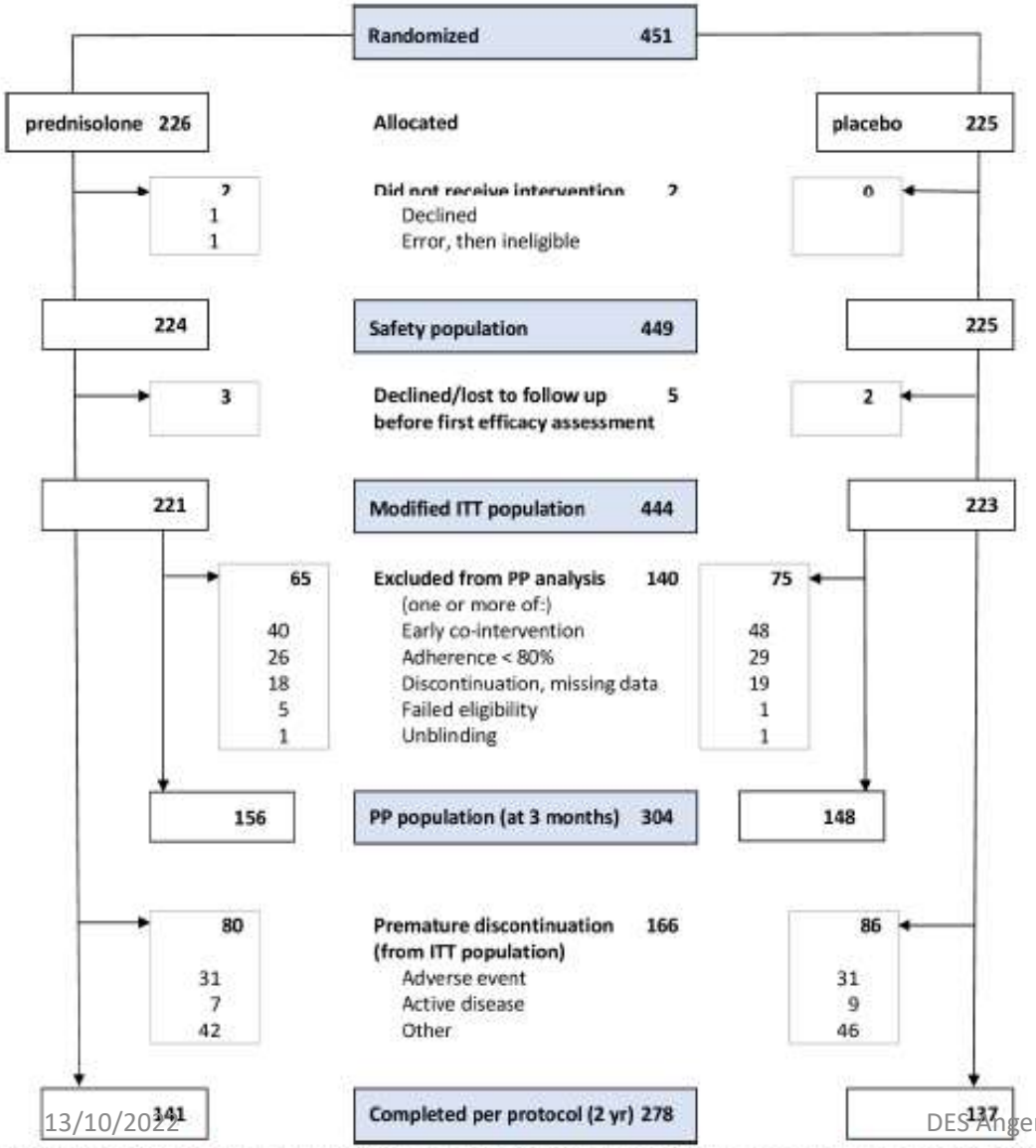


Figure 1 Description of analysis populations and patient disposition. For the early response analysis, extra criteria were applied as listed. ITT,

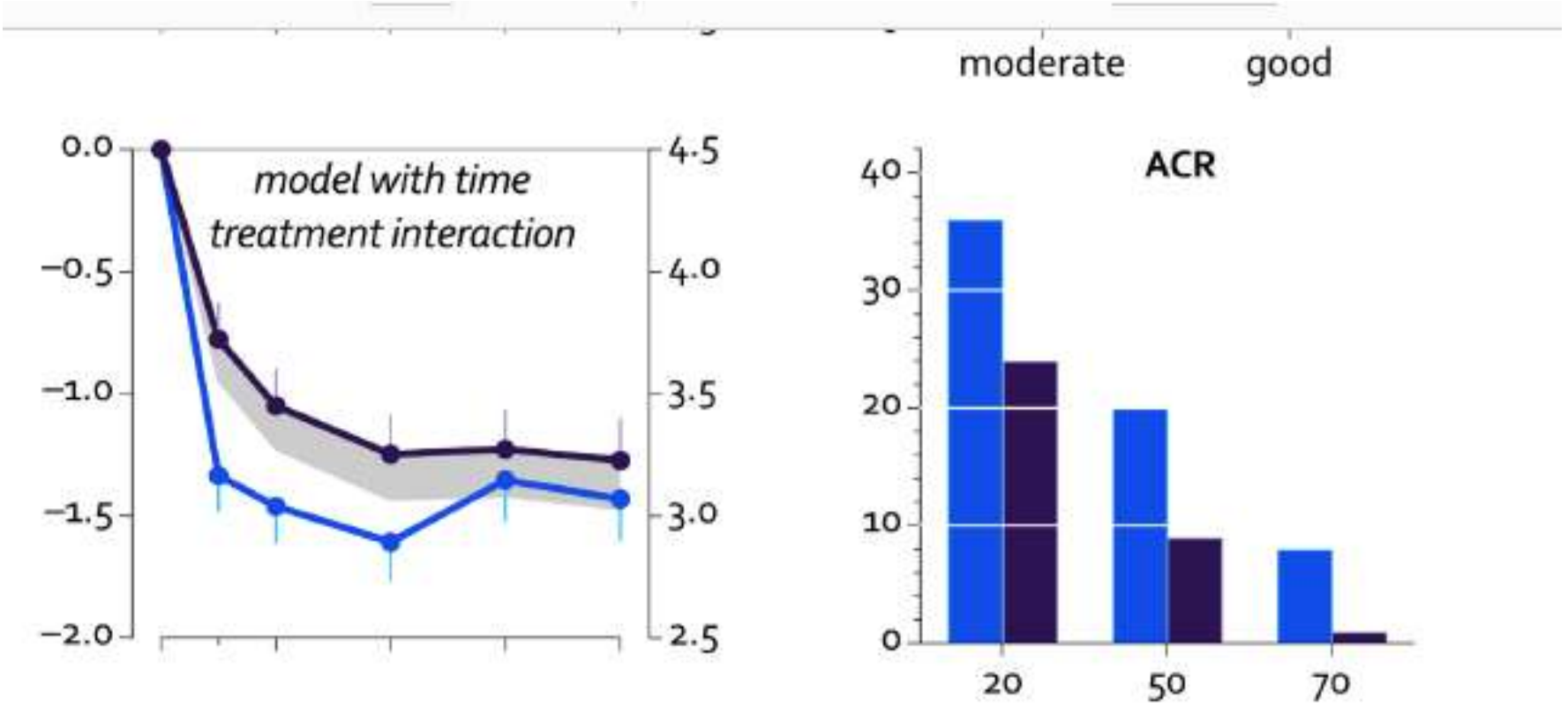
Rheumatoid arthritis

CLINICAL SCIENCE

Low dose, add-on prednisolone in patients with rheumatoid arthritis aged 65+: the pragmatic randomised, double-blind placebo-controlled GLORIA trial

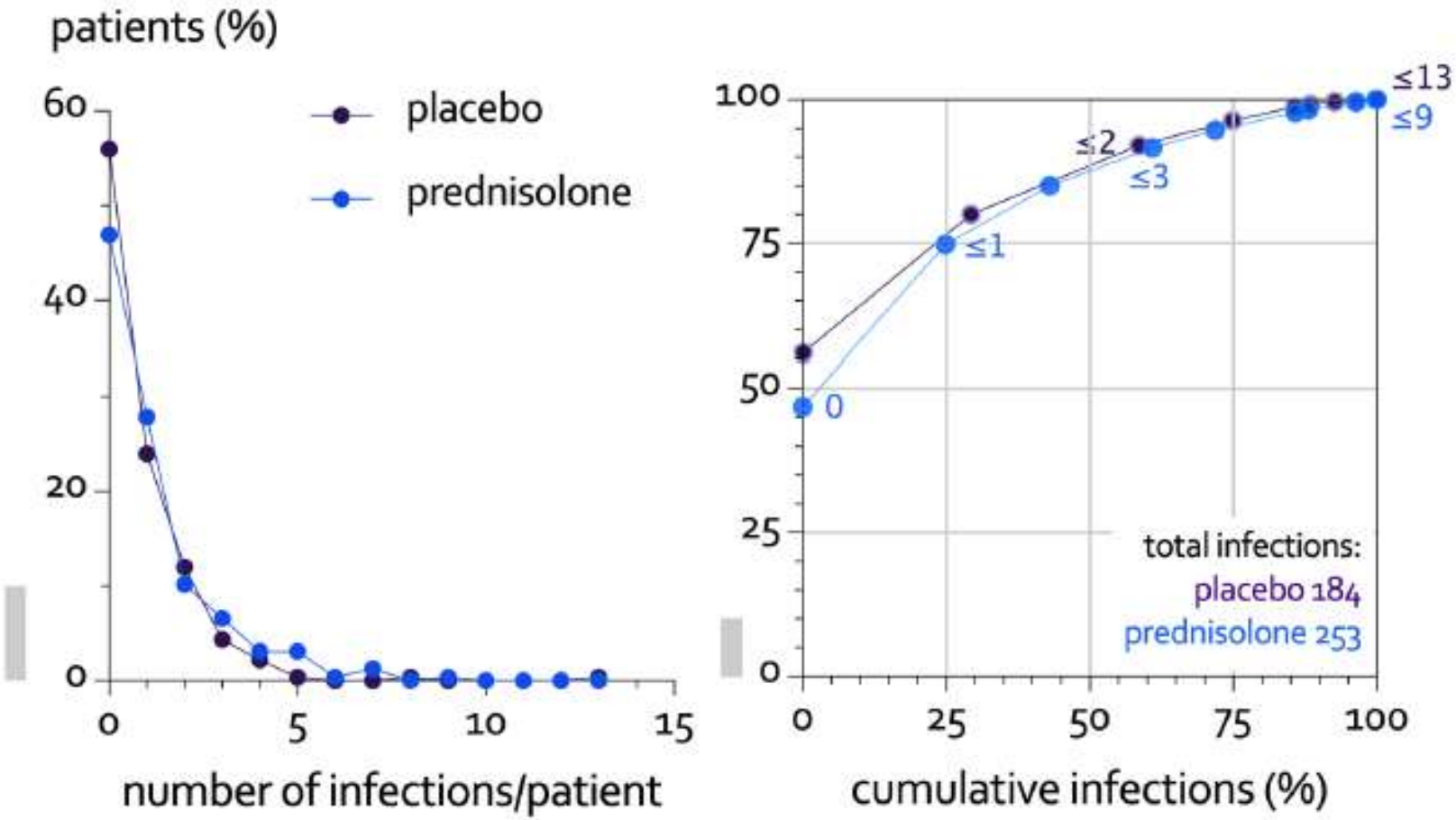
The2 years of add-on prednisolone (5 mg/d) or placebo
RA aged 65+,

Boers M, et al. Ann Rheum Dis 2022;**81**:925–936



Add-on low-dose prednisolone has substantial long-term effects in senior patients with RA patients on optimum treatment, with a favourable balance of benefit and harm.

Boers M, et al. Ann Rheum Dis 2022;**81**:925–936



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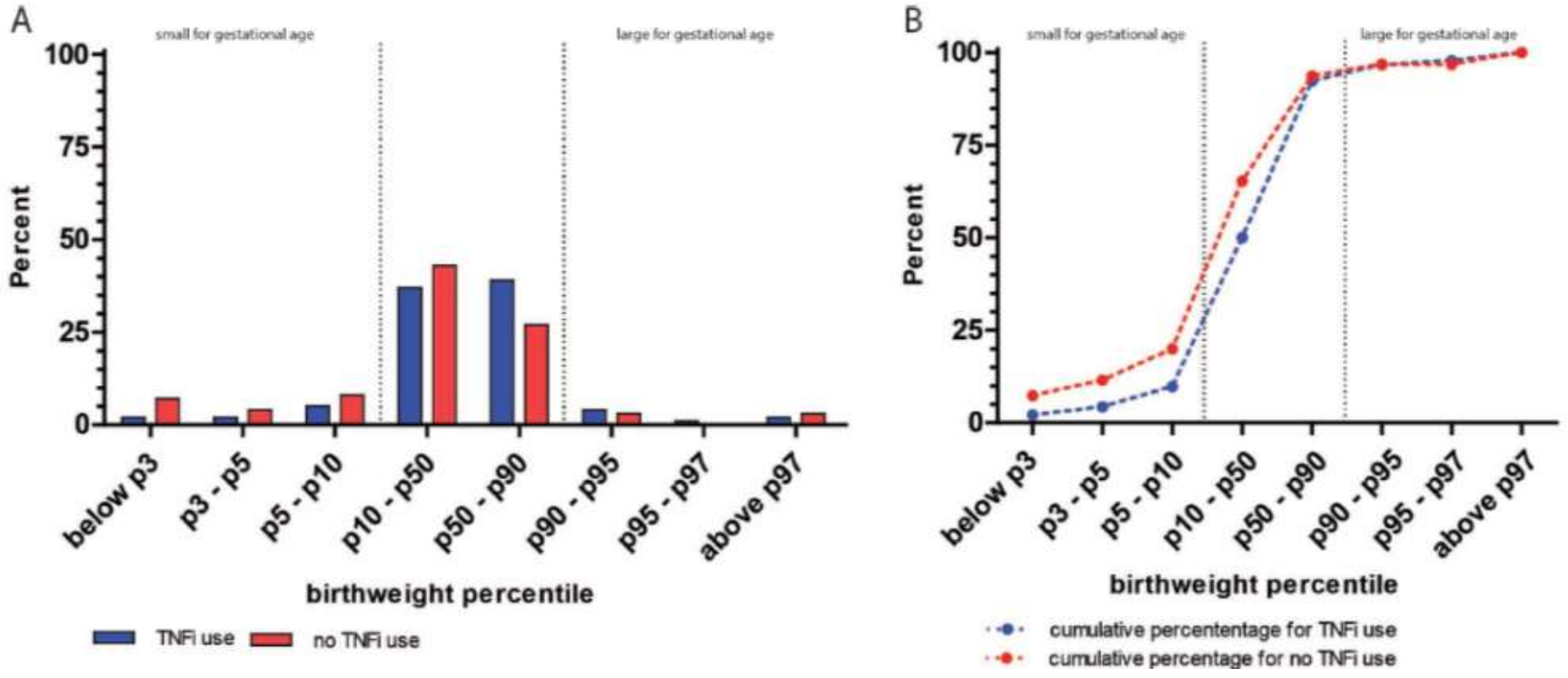
CLINICAL SCIENCE

Tumour necrosis factor inhibitor use during pregnancy is associated with increased birth weight of rheumatoid arthritis patients' offspring



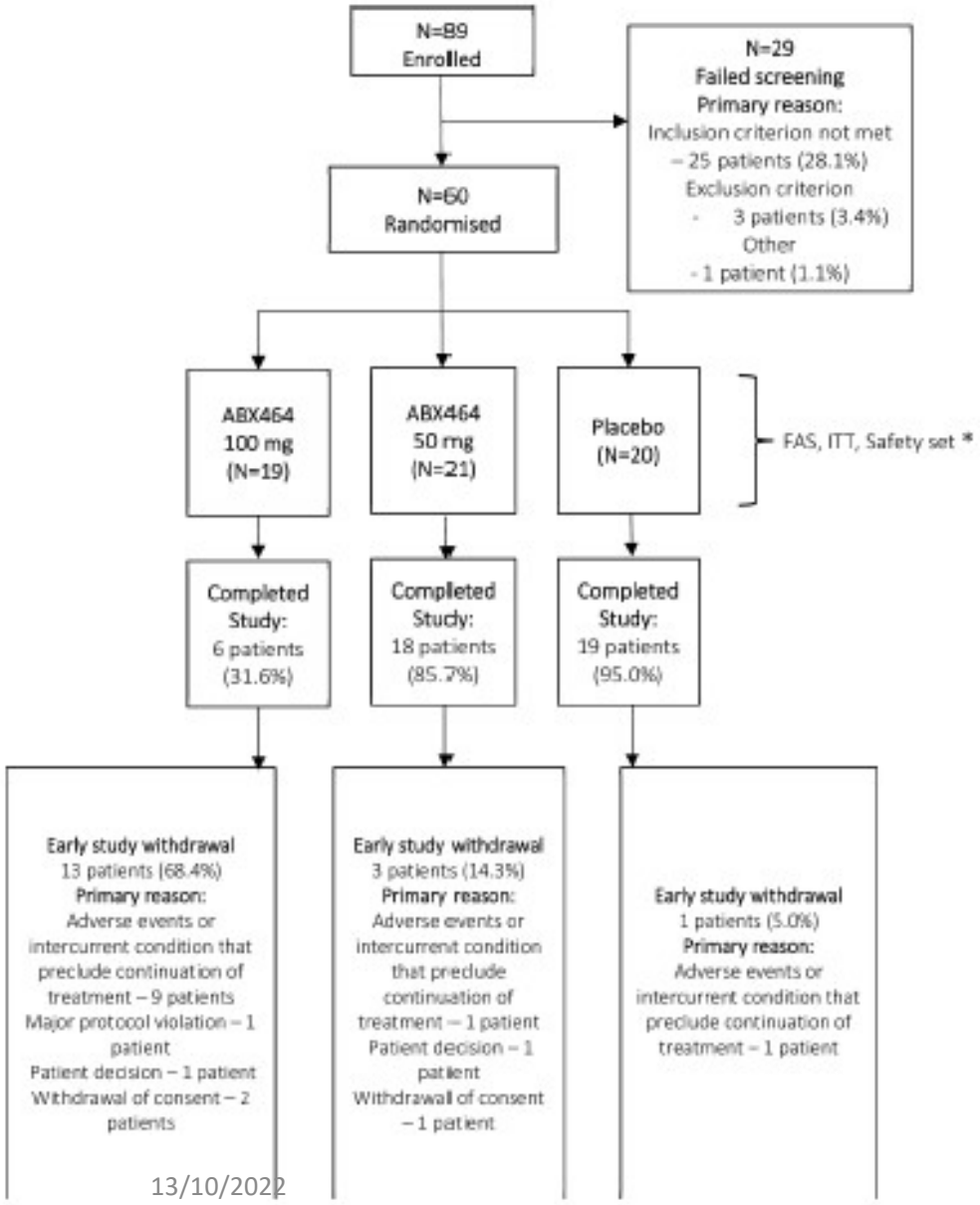
Rheumatoid arthritis

OPEN ACCESS

CLINICAL SCIENCE

Tumour necrosis factor inhibitor use during pregnancy is associated with increased birth weight of rheumatoid arthritis patients' offspring

TNFi use during pregnancy in women with RA does not increase the risk of adverse pregnancy outcomes such as prematurity, low birth weight, hypertensive disorders and emergency caesarean section.



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Rheumatoid arthritis

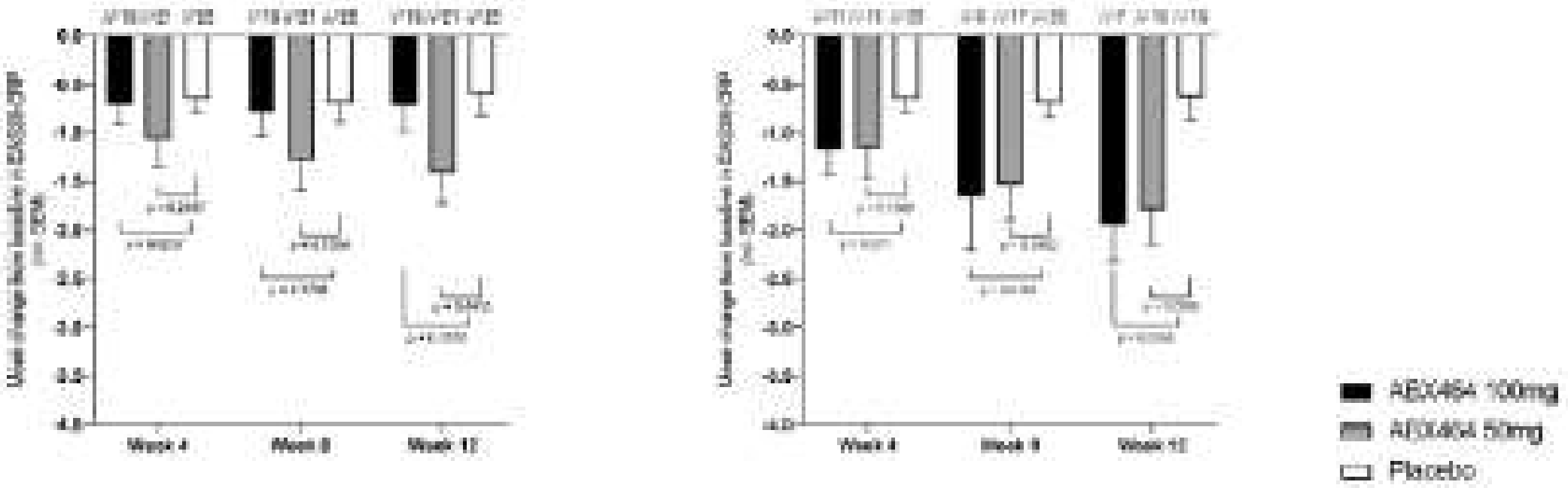
OPEN ACCESS

CLINICAL SCIENCE

Safety and efficacy of the miR-124 upregulator ABX464 (obefazimod, 50 and 100 mg per day) in patients with active rheumatoid arthritis and inadequate response to methotrexate and/or anti-TNFα therapy: a placebo-controlled phase II study

ABX464 upregulates the biogenesis of the mRNA inhibitor micro-RNA- 124 and can act as a natural brake on the production of various inflammatory mediators involved in inflammatory diseases.

Daien C, et al. Ann Rheum Dis 2022;**81**:1076–10



Findings warrant further exploration of ABX464 as a rheumatoid arthritis treatment, using 50 mg per day or lower doses.

Daien C, et al. Ann Rheum Dis 2022;**81**:1076–10

PsA/SpA

- - dactylitis
- - Spa first realative
- - radio prog TNFi
- - anomalie radio

CLINICAL SCIENCE

Factors predicting axial spondyloarthritis among first-degree relatives of probands with ankylosing spondylitis: a family study spanning 35 years

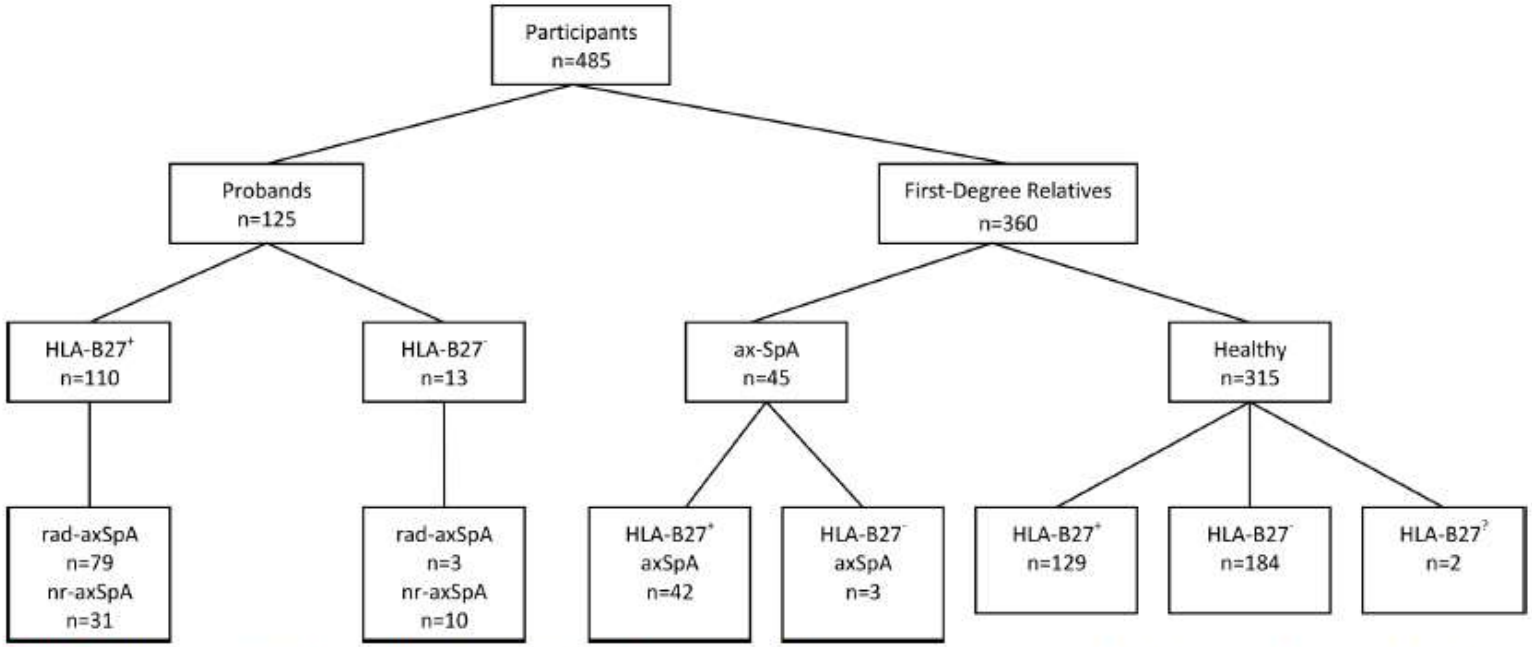
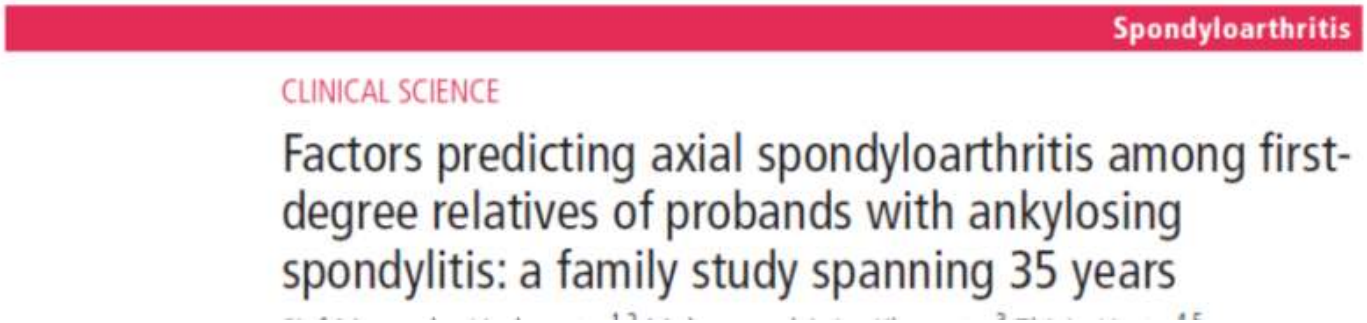


Figure 1 Flow chart of probands with axial spondyloarthritis (axSpA) by HLA-B27 and radiographic status. First-degree relatives are classified as axSpA or healthy and HLA-B27 status. axSpA, axial spondyloarthritis; HLA-B27+, HLA-B27 positive; HLA-B27-, HLA-B27 negative; HLA-B27?, HLA-B27 unknown; nr, -axSpA, non-radiographic axSpA.



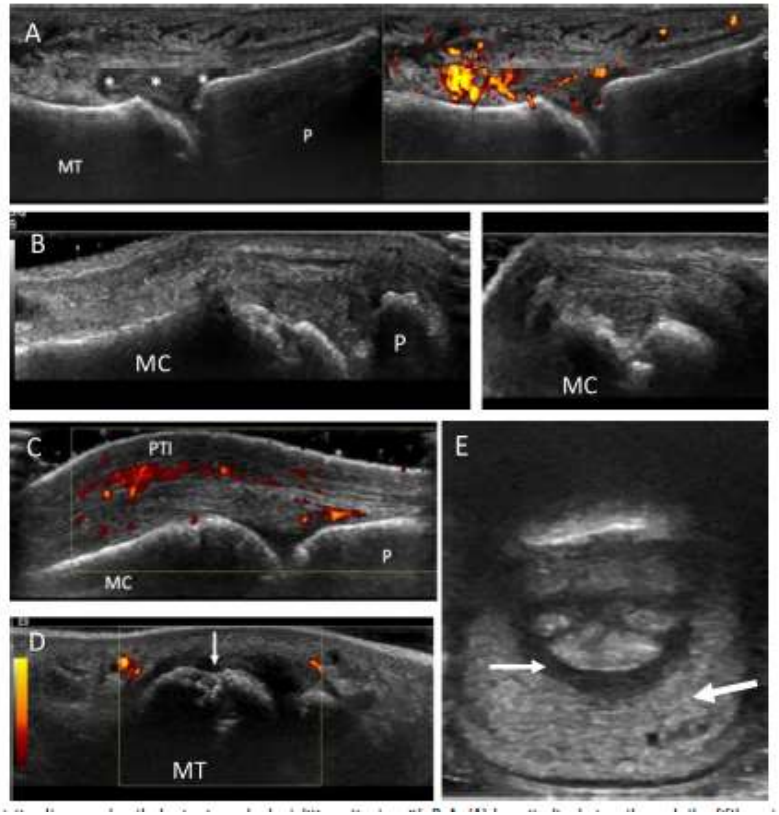
At baseline (1985) 84/125 (67.2%) probands met mNY criteria, 41 were categorised as nr-axSpA.

Occurrence of axSpA among FDR The risk to develop axSpA for HLA-B27(+)
FDR of HLA-B27(+) probands is considerable. At follow-up (2018–19) 42/162 HLA-B27(+) FDR had been diagnosed as having the disease, that is, an **incidence of 25.9%; 95%CI 19.2% to 32.6%.**

OPEN ACCESS

CLINICAL SCIENCE

Dactylitis is an indicator of a more severe phenotype independently associated with greater SJC, CRP, ultrasound synovitis and erosive damage in DMARD-naive early psoriatic arthritis



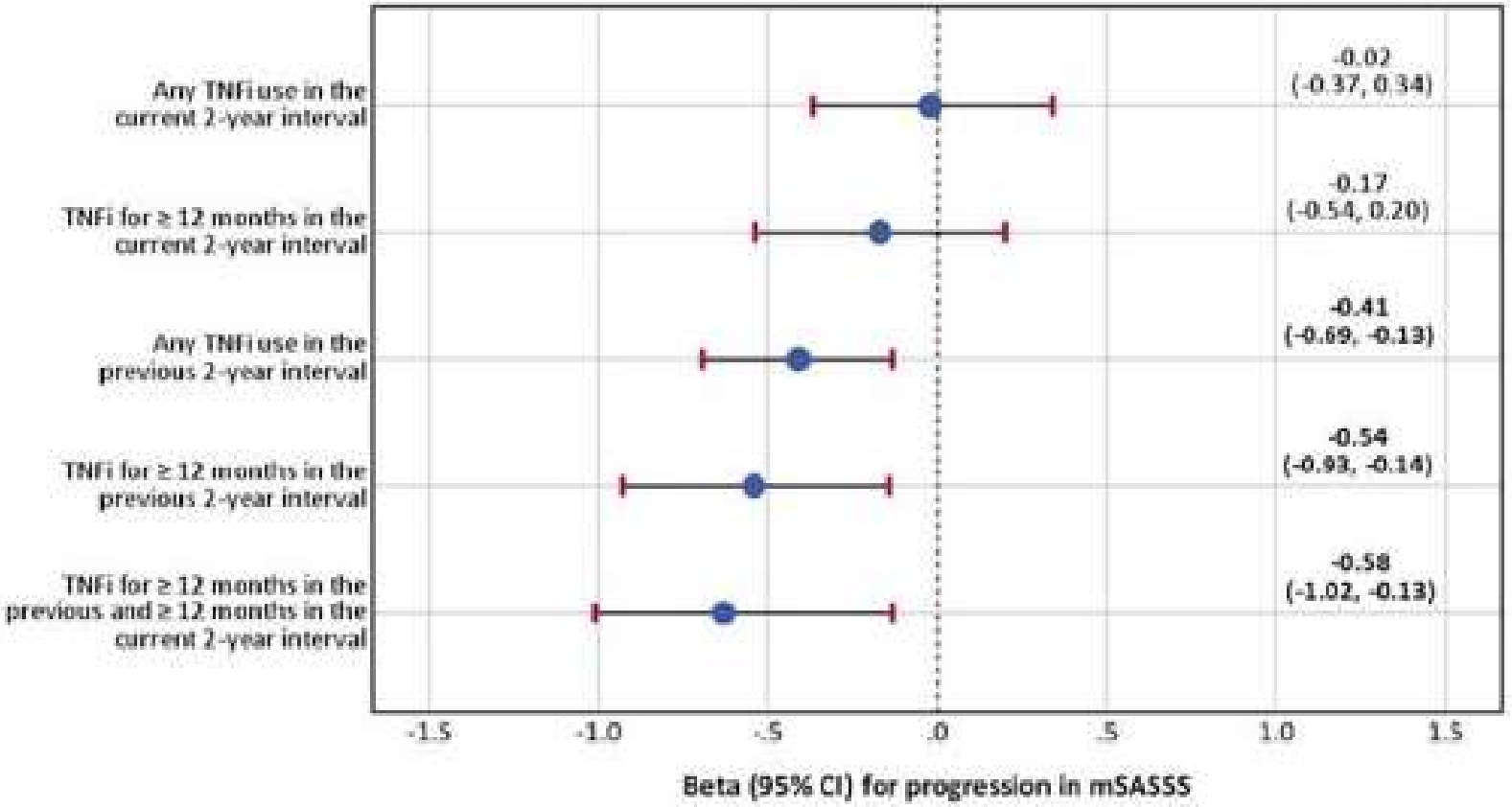
DMARD-naive patients with early PsA with dactylitis (dactylitic PsA) have a greater burden of disease than patients with PsA without dactylitis (non-dactylitic PsA.
In patients with early PsA, the presence of dactylitis identifies a more severe disease phenotype and may be an important discriminator for risk stratification in early arthritis clinics and clinical research trials

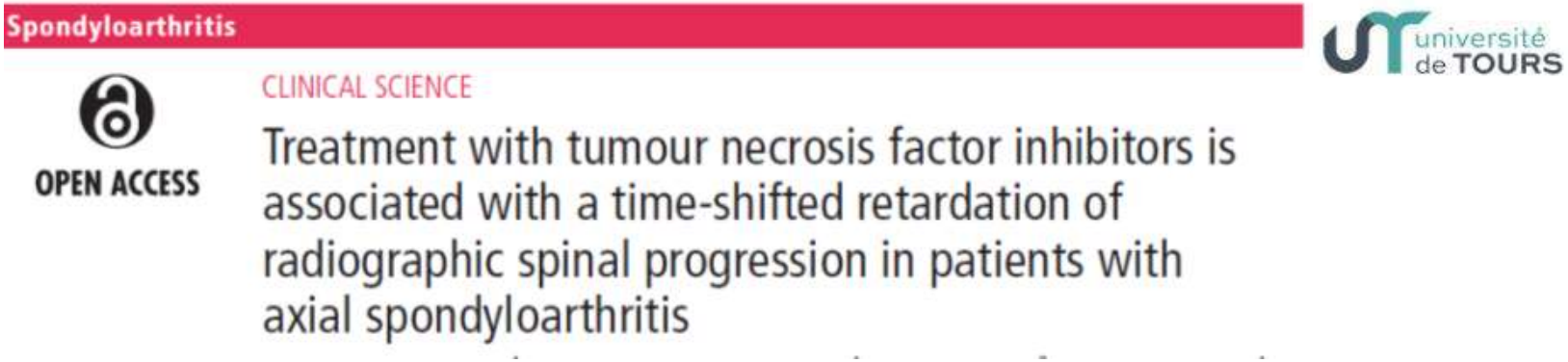
Dubash S, et al. Ann Rheum Dis 2022;**81**:490–495.

OPEN ACCESS

CLINICAL SCIENCE

Treatment with tumour necrosis factor inhibitors is associated with a time-shifted retardation of radiographic spinal progression in patients with axial spondyloarthritis





TNFi was significantly associated with a time-shifted retardation of radiographic spinal progression, which became evident between year 2 and 4 after treatment initiation.

This study suggests that continuous treatment with an effective anti-inflammatory drug such as TNFi has disease-modifying properties in axial spondyloarthritis.

Rhumatismes inflammatoires

Denis Mulleman