



## **ACR Daily Diary Alert: Issue 2 November 14th 2006**

### **Positive Actemra results presented**

Actemra (tocilizumab, Roche & Chugai) rapidly improved symptoms in children with systemic juvenile idiopathic arthritis and looks set to become an important treatment option, according to a Japanese Phase III trial reported at the ACR. Tocilizumab administered 8mg/kg every other week, resulted in rapid and substantial improvement in signs and symptoms (JIA Core Set, 70% improvement achieved in 85% tocilizumab vs. 35% placebo patients) and was generally well tolerated over a period of up to 18 weeks. In a second study, tocilizumab improved symptoms in children with polyarticular or oligoarticular onset juvenile idiopathic arthritis and was generally well-tolerated. “While these data are preliminary and require further confirmation, they do suggest that this therapy may offer another important treatment option for children with juvenile idiopathic arthritis,” said Shumpei Yokota, MD, Yokohama City University School of Medicine and an investigator in both studies. He told a press conference that children treated with tocilizumab reported that their bodies felt ‘like a feather’.

### **Rituximab clearly inhibits joint damage**

Clear X-ray evidence showing that rituximab can inhibit structural joint damage in patients who have had an inadequate response to TNF inhibitors was reported by a research group headed by Dr Edward Keystone, University of Toronto, Canada. Furthermore, rituximab’s protective effect was independent of the achievement of an ACR20 response. The new data comes from the REFLEX study which investigated the effect of rituximab plus methotrexate on structural joint damage compared with methotrexate alone. At Week 56, there was clearly less joint erosion and joint space narrowing in rituximab vs. placebo patients (Genant-Sharp score) (Abstract #1307).

### **Massive interest in targeted treatments**

Attendees from the ACR congress in Washington, DC, heard how to integrate new targeted therapies into the rheumatoid arthritis (RA) armamentarium. Professor

Cornelia Weyand, Emory University School of Medicine, Atlanta, Georgia, underscored the importance of the B cells in driving RA lesions. Rituximab, said Professor Josef Smolen, Medical University of Vienna, Austria, has been shown to reduce inflammatory activity, increase functional ability, quality of life, and inhibit radiographic progression of RA. This CME accredited symposium was sponsored by Cornell University via an unrestricted educational grant from Genentech Inc., and Biogen Idec.

### **Rituximab boosts patient quality of life**

Mobility and quality of life are crucial concerns for patients with a debilitating illness such as rheumatoid arthritis (RA). Results presented by Professor Paul Peter Tak, University of Amsterdam, The Netherlands, showed that repeat rituximab treatment improved physical function and quality of life in RA (Abstract #926). The increase in SF-36 scores demonstrated improvements in both physical and mental components of patients' quality of life, with scores increasing from 4.8 to 8.7 (mental component) and 6.4 to 7.8 (physical component) following first and second courses respectively. "These results indicate that repeat treatment with rituximab in patients with active RA can lead to a continued improvement in physical function and an enhanced improvement in both mental and physical components of quality of life," he reported. "These findings support the rationale for rituximab as a key treatment option for RA patients who have an inadequate response or intolerance to one or more TNF inhibitors."

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