DISCONTINUATION RATE OF THE 1ST AND 2ND ANTI-TUMOR NECROSIS FACTOR THERAPIES IN PATIENTS WITH RHEUMATOID ARTHRITIS IN ITALY

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BACKGROUND: Anti-TNF therapies are efficacious in clinical trials for the treatment of RA. However, their long-term efficacy in daily practice in relation to the specific diagnosis or the use of concomitant DMARD therapy remains to be confirmed. OBJECTIVES: To estimate the proportion of patients with RA, treated with at least one anti-TNF therapy (infliximab [IFX], etanercept [ETN], or adalimumab [ADA]), who were still on the same biologic agent after 3 yrs (36 mths) of follow-up. To estimate the discontinuation rate of patients with RA, treated with the second anti-TNF therapy, after discontinuing the first one. METHODS: Patients attending participating centers who received their first anti-TNF treatment between July 1, 2002 and March 31, 2004, and who gave their consent, were invited to participate to the study. Pts were required to be ≥18 yrs old, with a diagnosis of RA (as defined by the ACR criteria). A total of 711 patients were enrolled in this retrospective cohort study involving a national representative sample of 23 rheumatology centers in Italy, selected according to both geography and treatment setting characteristics. A patient chart review was conducted to collect data on treatment duration, and a diary of therapies was completed. A Kaplan–Meier curve was calculated for each biologic anti-TNF therapy; the event was discontinuation of the drug due to inefficacy or toxicity. RESULTS: Pts’ baseline characteristics were: female 80.8%, mean age 53.3 yrs (range 18–84 yrs), mean duration of disease 9.4 yrs. Of 703 pts who met the inclusion criteria, 248 (35.3%) were treated with IFX, 259 (36.8%) with ETN and 196 (27.9%) with ADA. After a follow-up of 36 months, the discontinuation rate was 43.2% with IFX, 25.8% with ETN and 28.0% with ADA. The discontinuation rate of IFX compared with ETN and ADA was statistically higher (p = 0.0001 and p = 0.0002, respectively). The difference between ADA and ETN was not statistically significant (p = 0.826). Patients who discontinued the first agent and started the second one were 149: ETN 112, INF 12, ADA 25. After 24 months of follow up 78% patients on ETN, 46% on ADA and 25% on INF were still on the same agent. The RR of stopping the second agent increased by 31% (IC 95% 0.96–1.83). CONCLUSIONS: Our results show a higher discontinuation rate of anti-TNF therapies in daily practice in Italy compared with clinical trials. IFX was associated with a significantly higher rate of drug discontinuation than other anti-TNFs. Patients who stopped the first agent and switched to the second one had a discontinuation risk increase of of 31%. This results should be taken into account when first agent fails.