Background: LITHE was a 2-year, randomized, double-blind study of tocilizumab (TCZ) in patients (pts) with moderate to severe RA who were inadequate responders to MTX, with an additional 3 years of open-label (OL) extension.

Methods: 1190 pts were randomized (1:1:1) to TCZ (4 mg/kg [TCZ4] or 8 mg/kg [TCZ8]) or placebo every 4 weeks + MTX (10–25 mg/week). Pts could receive rescue TCZ from week 16; after week 52, pts could switch to OL TCZ8. Radiographs were analysed by Genant-modified Total Sharp Score (GmTSS). Data were pooled for all pts who received ≥1 dose of TCZ (All TCZ). The proportions of pts who maintained efficacy responses consecutively for ≥24 weeks are summarized (Table 1).

Results: 1149 pts received ≥1 dose of TCZ with 4379.6 patient-years (PY) of exposure, and 34% received 5 years of treatment (All TCZ). Mean duration in the All TCZ population was 3.81 years with half the pts participating for ≥4.69 years. The mean change in GmTSS over 5 years showed a 56% greater inhibition of joint damage in pts randomized to TCZ vs placebo, with greatest annualized progression rate (APR) in year 1. 53% of TCZ pts had no progression (GmTSS ≤ 0) during the 5 years vs 35% of placebo pts (placebo pts may have switched to TCZ as early as week 16). Clinical benefit was maintained, as measured by ACR response, DAS28-ESR remission and EULAR good/moderate response. Overall rates/100PY of serious adverse events and serious infections were 11.67 and 3.42, respectively.

Conclusion: During long-term treatment, TCZ + MTX continued to inhibit radiographic progression. Improvements in signs and symptoms and in physical function were maintained with continued TCZ treatment. The safety profile at 5 years was similar to that previously observed.

Disclosure statement: J.M.K. has received consultancy fees from Amgen, Abbott, BMS, Centocor, Genentech, Pfizer, Roche and UCB; and has received research support from Amgen, Abbott, BMS, Centocor, Genentech, Pfizer and Roche. A.H. has received honoraria from Roche, R.B.-V. has received consultancy fees from Abbott, Roche, Schering-Plough, Wyeth and Pfizer; and has been involved in a speakers’ bureau for Abbott, Roche, Schering-Plough, Wyeth and Pfizer. C.M.M. is an employee of Roche. E.V. is an employee of Roche. The other author has declared no conflicts of interest.

95 TOCILIZUMAB INHIBITS RADIOGRAPHIC PROGRESSION AND IMPROVES PHYSICAL FUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS AT 5 YEARS WITH MAINTENANCE OF CLINICAL EFFICACY OVER TIME

Joel M. Kremer1, Anne-Marie Halland2, Marek Brzosko3, Rubén Burgos-Vargas4, Christopher M. Melia5, Emma Vernon5 and Roy Fleischmann6

1Department of Rheumatology, Albany Medical College, Albany, NY
2Department of Rheumatology, King’s College, London, UK
3Department of Rheumatology, Metroplex Clinical Research Center, Dallas, TX, USA
4Department of Rheumatology, Roche Products Ltd, Welwyn Garden City, UK
5Department of Rheumatology, Hospital General de México, Mexico City, MEXICO, 6Department of Rheumatology, Metroplex Clinical Research Center, Dallas, TX, USA

Background: TOCILIZUMAB (TCZ) is a monoclonal antibody that binds to and blocks IL-6R, providing additional benefit for pts with moderate to severe RA (RA) who are inadequate responders to methotrexate (MTX). TCZ4 and TCZ8, with an additional 3 years of OL extension, were investigated in patients (pts) with RA who were inadequately controlled on MTX (10–25 mg/week). We evaluated the efficacy and safety of TCZ4 and TCZ8 for ≥24 weeks.

Methods: 1190 pts were randomized (1:1:1) to TCZ4 or TCZ8 or placebo (n = 545 each) + MTX (10–25 mg/week). Radiographs were assessed by Genant-modified Sharp Score. Clinical endpoints included ACR20/50/70, EULAR and HAQ-DI.

Results: 1149 pts received ≥1 dose of TCZ4 or TCZ8 with 4379.6 patient-years (PY) of exposure. Mean duration in the All TCZ4 population was 3.81 years with half the pts participating for ≥4.69 years. Significantly more pts treated with TCZ4 or TCZ8 had ≥24 weeks of ACR20 (71.7%, 71.7%, 60.4%, and 58.7% vs placebo; 43.9%, 44.0%, 39.2%, and 39.2%, p < 0.001). Similarly, significantly more pts treated with TCZ4 or TCZ8 had ≥24 weeks of ACR50/70, EULAR good/moderate response, MTX and HAQ-DI (p < 0.001).

Conclusion: TCZ4 and TCZ8 significantly improved the rate of ≥24 weeks of clinical efficacy compared to placebo. These results provide evidence to support the maintenance of efficacy over time with long-term treatment with TCZ in pts with RA.

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