

**Annual European Congress of Rheumatology
(EULAR 2019)**

Madrid, Spain, 12-15 June 2019

**STUDY SUPPORTS GLUCOCORTICOID TAPERING IN PATIENTS ACHIEVING
DISEASE CONTROL ON TOCILIZUMAB**

Approximately two thirds of patients experience treatment success following glucocorticoid tapering¹

Madrid, Spain, 12 June 2019: The results of a randomised controlled trial presented today at the Annual European Congress of Rheumatology (EULAR 2019) demonstrate high levels of treatment success in approximately two thirds of patients despite tapered glucocorticoid (GC) discontinuation, while a small loss of disease control was observed at the total study population level.¹

“On the basis of our results, we believe that all patients achieving low disease activity or remission with tocilizumab should be offered glucocorticoid tapering,” said Professor Gerd R. Burmester, Department of Rheumatology and Clinical Immunology, Charité – University Medicine Berlin, Germany.

Results demonstrate, after 24 weeks, a small but significant difference in disease activity following GC tapering with a between arm difference of 0.6 DAS28-ESR* units (95% confidence interval (CI):0.3-0.9; $p<0.001$). However, most patients in both arms achieved treatment success at the end of the study (77% of continued GC and 65% of GC taper, $p=0.021$). Flares were experienced in 26% of GC taper patients and 11% of those on continued GC, although only one patient in the study (continued GC group) discontinued blinded treatment due to insufficient flare control. Serious adverse events (no deaths) were reported for 5% of the continued GC group and 3% of the GC taper group. No patients had symptomatic adrenal insufficiency.

“The risk to benefit profile of glucocorticoid therapy in rheumatoid arthritis is very controversial,” said Professor John D. Isaacs, Chairperson of the Abstract Selection Committee, EULAR. “We welcome these data to inform our understanding in this area and ultimately the better management of patients suffering with this disease.”

Rheumatoid arthritis is a chronic inflammatory disease that affects the joints, causing pain and disability. It can also affect internal organs. The efficacy of GC therapy in these patients is well established. However, it is recommended that it should be gradually reduced and ultimately stopped, ideally within three to six months.² This is due to many potential risks including osteoporosis, infections, diabetes, and cardiovascular disease.

* DAS28-ESR, Disease Activity Score 28-joint count erythrocyte sedimentation rate

The study included 259 patients with rheumatoid arthritis taking GC therapy (prednisone 5mg/day) as well tocilizumab with or without a conventional synthetic disease modifying anti-rheumatic drug (csDMARD) for 24 weeks or more. At randomisation, they had to be in remission or have low disease activity (DAS28-ESR* \leq 3.2) for at least four weeks. They were randomised to continue the prednisone 5mg/day or undergo blinded tapering (from 4mg/day with a 1mg reduction every 4 weeks to 0mg/day at weeks 16-24) whilst receiving stable tocilizumab and csDMARD doses. Patients who had a flare were given open-label rescue prednisone at 5mg for two weeks and continued blinded treatment.

Abstract number: OP0030

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NOTES TO EDITORS

For further information on this study, or to request an interview with the study lead, please do not hesitate to contact the EULAR Press Office:

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About Rheumatic and Musculoskeletal Diseases

Rheumatic and musculoskeletal diseases (RMDs) are a diverse group of diseases that commonly affect the joints, but can also affect the muscles, other tissues and internal organs. There are more than 200 different RMDs, affecting both children and adults. They are usually caused by problems of the immune system, inflammation, infections or gradual deterioration of joints, muscle and bones. Many of these diseases are long term and worsen over time. They are typically painful and limit function. In severe cases, RMDs can result in significant disability, having a major impact on both quality of life and life expectancy.³

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with RMDs. EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

To find out more about the activities of EULAR, visit: www.eular.org

References

- ¹ Buttgereit F, Bernasconi C, Alvaro-Gracia JM, *et al.* Randomized controlled 24-week trial evaluating the safety and efficacy of blinded tapering versus continuation of long-term prednisone (5 mg/d) in patients with rheumatoid arthritis who achieved low disease activity or remission on tocilizumab. EULAR 2019; Madrid: Abstract OP0030.
- ² Smolen JS, Landewé R, Bijlsma J, *et al.* EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis.* 2017;76(6):960-977.
- ³ van der Heijde D, Daikh DI, Betteridge N, *et al.* Common language description of the term rheumatic and musculoskeletal diseases (RMDs) for use in communication with the lay public, healthcare providers and other stakeholders endorsed by the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR). *Ann Rheum Dis.* 2018 Jun;77(6):829-832.