

**Annual European Congress of Rheumatology  
(EULAR 2018)**

Amsterdam, The Netherlands, 13-16 June 2018

**NO DIFFERENCE IN MALIGNANCY RATES SEEN BETWEEN TOCILIZUMAB AND TNF  
INHIBITORS IN PATIENTS WITH RHEUMATOID ARTHRITIS**

Patients with rheumatoid arthritis are known to have an increased risk of certain types of malignancy

**Amsterdam, The Netherlands, 13 June 2018:** The results of a study presented at the Annual European Congress of Rheumatology (EULAR 2018) examined rates of malignancy in patients with rheumatoid arthritis (RA), excluding non-melanoma skin cancer (NMSC), and found no difference between those newly treated with tocilizumab (TCZ) versus TNF inhibitors (TNFi).<sup>1</sup>

RA is a chronic inflammatory disease that affects a person's joints, causing pain and disability. It can also affect internal organs. RA is more common in older people, but there is also a high prevalence in young adults, adolescents and even children, and it affects women more frequently than men.

Patients with RA have been shown to be at increased risk of developing certain malignancies, thought to be due to the immune dysregulation and/or chronic inflammation in RA. Recently, biologic DMARDs (bDMARDs) have become available and there are some concerns regarding malignancy with their use, given their target-specific inhibition of the immune system. However, there has been conflicting data regarding the influence of bDMARDs on malignancy.<sup>2</sup>

"The risk of malignancy among patients with RA has been of ongoing interest," said Professor Robert Landewé, Chairperson of the Scientific Programme Committee, EULAR. "With more biologic treatment options available and earlier initiation of therapy, it is important to understand the risk of malignancies in patients with RA."

This study examined the rate of incident malignancy, excluding NMSC, in patients with RA who were newly treated with either TCZ or TNFi.<sup>1</sup>

"Our study is one of a few to investigate head-to-head comparisons of malignancy risk between different types of biologics in RA," said Seoyoung C. Kim, MD, ScD, Associate Professor of Medicine, Brigham and Women's Hospital/Harvard Medical School, Boston, USA (study author). "This study found no difference in the risk of malignancy, excluding NMSC, in patients with RA who newly switched to TCZ versus TNFi from a different TNFi, abatacept or tofacitinib."

The study included adult patients with RA who had newly started on TCZ or a TNFi after failing on abatacept, tofacitinib or another TNFi. Investigators used three healthcare claims databases (Medicare, IMS ParMetrics Plus and Truven MarketScan) from 2010-2015 to identify 10,393 TCZ initiators who were propensity score matched (1:3 variable ratio) to 26,357 TNFi initiators. This is a statistical matching technique that controls for over 60 potential baseline confounding variables. Individuals were followed up until treatment discontinuation, outcome occurrence, disenrollment, death or the end of the study period.<sup>1</sup>

The primary outcome was an incidence of malignancy (excluding NMSC) which were identified based on two diagnosis codes within two months. The incidence of malignancy per 100 person-years ranged from 0.83 to 2.32 in TCZ patients, and from 0.96 to 2.15 in TNFi patients between the different databases. Statistical analysis revealed no significant differences between the groups. In addition, there were no significant differences in the incidence of the ten most frequently occurring cancers and leukaemia or human papilloma virus-related cancer which were analysed as individual secondary endpoints.<sup>1</sup>

**Abstract number: OP0002**

**-ENDS-**

#### **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 affect any organ of the body. 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.<sup>3</sup>

#### **About 'Don't Delay, Connect Today!'**

'Don't Delay, Connect Today!' is a EULAR initiative that unites the voices of its three pillars, patient (PARE) organisations, scientific member societies and health professional associations - as well as its international network - with the goal of highlighting the importance of early diagnosis and access to treatment. In the European Union alone, over 120 million people are currently living with a rheumatic disease (RMD), with many cases undetected.<sup>4</sup> The 'Don't Delay, Connect Today!' campaign aims to highlight that early diagnosis of RMDs and access to treatment can prevent further damage, and also reduce the burden on individual life

and society as a whole.

### **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](http://www.eular.org).

### **References**

<sup>1</sup> Kim SC, Pawar A, Desai RJ, *et al*. No difference in the risk of malignancy in tocilizumab versus TNF inhibitor initiators in patients with rheumatoid arthritis: A multi-database cohort study. EULAR 2018; Amsterdam: Abstract OP0002.

<sup>2</sup> Cho SK, Lee J, Han M, *et al*. The risk of malignancy and its incidence in early rheumatoid arthritis patients treated with biologic DMARDs. *Arthritis Res Ther*. 2017;19(1):277.

<sup>3</sup> van der Heijde D, *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). *Annals of the Rheumatic Diseases*. 2018;doi:10.1136/annrheumdis-2017-212565. [Epub ahead of print].

<sup>4</sup> EULAR. 10 things you should know about rheumatic diseases fact sheet. Available at: <https://www.eular.org/myUploadData/files/10%20things%20on%20RD.pdf> [Last accessed April 2018].