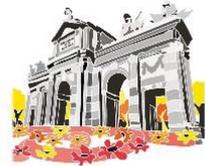




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Annual European Congress of Rheumatology (EULAR) 2017

Madrid, Spain, 14-17 June 2017

NEW DATA SUGGEST NO INCREASED CANCER RISK FOR RA PATIENTS PRESCRIBED BIOLOGICAL DMARDS

Reassuring findings may positively impact current clinical guidelines

Madrid, Spain, 14 June 2017: The results of two studies presented today at the Annual European Congress of Rheumatology (EULAR) 2017 press conference should reassure rheumatologists regarding the risk of cancer from the use of biological disease modifying anti-rheumatic drugs (bDMARDs), including anti-TNF treatment, in patients with rheumatoid arthritis (RA).^{1,2}

Although current clinical guidelines caution against the use of anti-TNF drugs in individuals with a recent history of cancer (in the last 5-10 years), the only evidence to date that there isn't any increased risk of cancer recurrence has been limited to women with breast cancer.^{3,4} New data has now shown that, among patients with RA and a previous history of solid, non-skin cancer, those selected to receive anti-TNF treatment did not experience any more cancer recurrences than RA patients treated with other classes of anti-rheumatic drug.¹

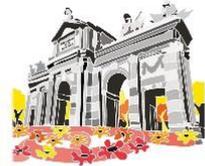
Also, the risk didn't vary depending on the timing of the start of anti-TNF in relation to the original cancer diagnosis.¹

Previous data concerning anti-TNF treatment of RA and the risk of developing a new cancer, rather than a recurrence, have been mostly reassuring.^{5,6,7,8,9} In a second new study, the overall cancer risk among RA patients starting treatment with other bDMARDs, including tocilizumab, abatacept and rituximab, as well as with a first- or second anti-TNF drug did not differ substantially from that of RA patients treated with conventional synthetic DMARDs.² Although additional research will be required to exclude an increased risk of tumours at specific sites, or with longer latency.²



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14-17 June 2017



RA patients with cancer history have no increased risk of recurrence with anti-TNF treatment

To investigate the risk of recurrence of solid non-skin cancer in RA patients receiving anti-TNF treatment, 446 patients with at least one diagnosis of solid cancer prior to the start of anti-TNF treatment, were compared with 1,278 matched controls with a history of equally recent cancer of the same type and stage who were not being prescribed biologic treatment.¹

Thirty individuals (7%) among these 446 anti-TNF treatment RA patients developed a cancer recurrence (crude incidence rate 14/1000 person-years), compared with 89 (7%) among the 1,278 matched biologics-naive controls (crude incidence rate 17/1000 person-years).¹

“Because TNF is one of the cytokines involved in the immunosurveillance of tumours, its inhibition may theoretically increase the risk of new tumour formation or cancer recurrence. However, current guidelines do not provide clear guidance regarding the use of anti-TNF treatment in patients with recent malignancies,” said lead author Professor Johan Askling from Karolinska Institute, Stockholm, Sweden. “Rheumatologists should find our data reassuring. However, it is not possible to extrapolate these new findings to individuals with a very recent cancer, or a poor prognosis,” he added.

Statistical analysis accounting for matching variables: sex, birth year, year of diagnosis of the index cancer and index cancer type and stage, and adjusting for education level and comorbidities indicated no increased risk associated with any specific cancer type with the possible exception of uterine cancer where the hazard ratio for recurrence was 14.8, but this was based on only 1 event among the anti-TNF treated patients.

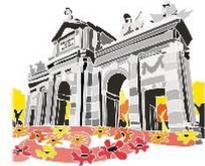
Study participants were required to be in cancer remission for a period of 6 months prior to start of follow-up. The primary outcome was first recurrence or second primary of the same cancer type, identified through the cancer registry up until December 2014.

The mean time from index cancer diagnosis until anti-TNF treatment / start of follow-up was 9.9 and 9.5 years among the anti-TNF treated patients and their matched biologic-naïve controls, respectively. The mean follow-up from the start of anti-TNF treatment was 4.9 and 4.1 years, respectively. The cancer stage distribution was similar between the two groups, apart from stage IV (0.6 % among the anti-TNF treated patients and 1.6% among the biologic-naïve controls).



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Madrid
14-17 June 2017



Cancer risk among RA patients similar between bDMARDs and conventional synthetic DMARDs

Using Swedish national and population-based registers, different cohorts of RA patients were assembled based on their initiation for the first time (between January 2006 and December 2014) treatment with one of the following bDMARDs: tocilizumab, abatacept, rituximab, or an anti-TNF treatment. There was also an additional cohort of patients initiating a second anti-TNF drug, and a cohort of biologic-naïve RA patients being treated with conventional synthetic DMARDs.²

Adjusting for age, sex, disease and treatment characteristics, and educational level, there were no statistically significant differences in the risk of developing a first solid or haematological malignancy between those RA patients initiated on tocilizumab, abatacept, rituximab, or a first- or second anti-TNF drug and RA patients treated with conventional synthetic DMARDs.

“Because immune suppression may lower a host’s surveillance against developing tumours, monitoring cancer incidence is an important aspect of the safety of biologics used in rheumatology,” said lead author Dr. Hjalmar Wadström from Karolinska Institute, Stockholm, Sweden. “Our data should be reassuring bearing in mind the widespread current use of anti-TNF drugs to treat RA. Although earlier reports concerning anti-TNF drugs and the risk of cancer in RA have been already mostly reassuring, previously we knew a lot less about the cancer risk with other bDMARDs,” he concluded.

Outcomes monitored through the Swedish cancer registry were defined as a first ever solid or haematological malignancy, excluding non-melanoma skin cancer during follow-up. Patients with a previous malignancy were excluded. Patients were followed from treatment start until death, emigration, outcome or the end of follow up (in December 2014).

Hazard ratios were calculated using a statistical model adjusted for age, sex, educational level, comorbidities, seropositivity, number of hospitalisations and days spent in inpatient care, use of prednisolone at baseline, use of non-steroidal anti-inflammatory drugs at baseline, number of prescription drugs at baseline, and sick leave and disability the year before entry into the cohort.

Abstract Number: OP0308 and OP0100

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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 congress Press Office in the Goya Room at the IFEMA, Madrid during EULAR 2017 or on:

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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.

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 Europe alone, over 120 million people are currently living with a rheumatic disease (RMD), with many cases undetected. 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 an umbrella organisation which represents scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases throughout Europe. EULAR aims to reduce the burden of rheumatic and musculoskeletal diseases on individuals and society and to improve the treatment, prevention and rehabilitation of rheumatic and musculoskeletal diseases. 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 musculoskeletal diseases by the governing bodies in Europe through advocacy action.



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