

Do people with rheumatoid arthritis benefit from cycling through repeated trials of biologic or targeted therapies?

Effectiveness of sequential biologic and targeted disease modifying anti-rheumatic drugs for rheumatoid arthritis

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What was already known?

Some patients with rheumatoid arthritis (RA) do not respond satisfactorily to their first biologic or targeted therapy and require further trials to find an effective treatment. There is little evidence to support trying more drugs after the first three have not been effective, leading some healthcare providers to limit the number of high-cost drugs that any individual may have. We aimed to describe treatment outcomes with each sequential line of biologic or targeted therapy in patients with RA.

What was discovered?

Using the British Society for Rheumatology Biologics Register for RA, we studied treatment outcomes up to the sixth line of therapy. Although response was the highest for first-line treatment, good responses were still observed across all lines of therapy and were similar across third to sixth.

Approximately 1 in 5 participants on fifth- or sixth-line therapy achieved low disease activity or good EULAR response, while 1 in 10 achieved remission, which were comparable to response observed for third- and even second-line drugs.

Why is this important / what is the benefit to patients?

Many patients with RA will eventually benefit after repeated trials of biologic or targeted therapies. These results support clinical decisions and funding for trials up to the sixth line. As the number of available therapies increase, more research will be needed to examine the benefit of therapy beyond the sixth line.

Should you wish to read this scientific paper in full, the text can be found online here:

<https://academic.oup.com/rheumatology/advance-article/doi/10.1093/rheumatology/keac190/6561554>

