A French multicenter retrospective study on the efficacy and safety of Infliximab in association with DMARDs other than Methotrexate

A Perdriger [1], B Combe [2], J.L Kuntz [3], O Brocq [4], K. Terki [5], X Le Loet [6], A Cantagrel [7], S Pavy [8], C Job-Deslandre [8], X Mariette [8]and the CRI*.
[1]Rheumatology, Rennes, France [2]Rheumatology, Montpellier, France [3]Rheumatology, Strasbourg, France [4]Rheumatology, Nice, France [5]Rheumatology, Grenoble, France [6]Rheumatology, Rouen, France [7]Rheumatology, Toulouse, France [8]Rheumatology, Paris France and *the Club Rhumatismes et Inflammation, France.

Objective: To analyze the efficacy and safety of disease-modifying anti-rheumatic drugs (DMARD) different from methotrexate (MTX), administered in combination with Infliximab (INF).

Method: A standardized questionnaire was used to collect data on patient demographics, disease condition and DMARD (other than MTX) used in combination with INF. Safety and efficacy of the combinations were evaluated using a 4-grade scale from very good, good, medium to poor. The questionnaire was sent to rheumatologists and Internal Medicine consultants on March 6th, 2003, by mailing and by the Web site of the CRI*. Data were collected until April 22nd, 2003.

Results: 186 treatment combinations administered to 184 patients from 48 hospitals were analyzed. Rheumatoid arthritis (RA) was observed in 158 patients, spondylarthropathy (SpA) in 21 patients and diseases other than RA and SpA in 5 patients. MTX was previously used in 153 patients and stopped 2.5 years before the first INF perfusion, predominantly for intolerance (66 %). The following DMARD were used in combination with INF: Leflunomide (LEF): 132 cases; Azathioprine (AZA): 50 cases and Sulfasalazine (SLZ): 4 cases. The average doses of LEF and AZA were 19 mg/kg and 109 mg/kg, respectively. Disease duration at the first INF perfusion was 12 years (RA: 12.2 years, SpA: 10.7 years). The average dose of INF was 3.2 mg/kg (RA: 3.1 mg/kg; SpA: 4 mg/kg). A combination of INF with LEF was predominantly administered to RA patients (79 %) whereas SpA patients were rather treated with INF associated with AZA (71 %). Efficacy was evaluated as very good or good for 67 % out of the 186 combinations analyzed and medium and poor for 24 % and 9 % of the cases, respectively. No difference in efficacy was observed regarding the various combinations and diseases. Tolerance was rated as very good or good for 80.6 % of the combinations (76.8% for LEF and 89 % for AZA), medium for 8 % (8.8 % for LEF and 6.5% for AZA), and poor for 11.4 % (14.4 % for LEF and 4.4 % for AZA). 49 out of the 186 combinations analyzed were discontinued (LEF: 36; AZA: 12; SLP 1), mostly related to adverse event (46.9%) or lack of efficacy (18.4%). Four serious adverse events were reported: pulmonary tuberculosis, pulmonary emboli, ovarian cancer and prosthesis infection.

Conclusion: Results from this study indicate that the association of INF with a DMARD other than MTX is used in clinical practice, such combinations being efficient and well tolerated in the majority of the cases. However, large size prospective studies are required to confirm the efficacy and safety of these combinations.