Rapid Rituximab Infusion May Be Practical

VITALS

Major Finding: An accelerated rituximab infusion protocol was safe and well tolerated among patients with rheumatoid arthritis.

Data Source: A 10-patient prospective, open-label study designed to assess the practicality of a rapid-infusion protocol for rituximab in RA patients in a single community setting.

Disclosures: Dr. Faraawi reported that he had no relevant financial disclosures.

BY DIANA MAHONEY

FROM THE ANNUAL MEETING OF THE CANADIAN RHEUMATOLOGY ASSOCIATION

CANCUN, MEXICO – An accelerated rituximab infusion for rheumatoid arthritis is safe and well tolerated in the community setting, a study has shown.

Moreover, the rapid infusion protocol "optimizes resources in busy rheumatology practices," Dr. Rafat Faraawi said at the meeting.

As a chimeric monoclonal antibody, rituximab (Rituxan) is often associated with infusion toxicities, particularly during the initial 30-120 minutes of the first infusion, said Dr. Faraawi, a rheumatologist at St. Mary's General Hospital in Kitchener, Ont.

To minimize the potential for infusion-related events, the drug manufacturers recommend that it be infused slowly, over the course of 4-5 hours – a long duration that is highly resource intensive, particularly in this era of intense competition for "chair time" and nursing attention, he said.

Small pilot studies in the oncology setting have shown that rapid ritux-

imab infusion protocols of 60-90 minutes can be administered safely without increasing the risk of infusion-related reactions.

To evaluate the practicality, safety, and tolerability of an accelerated-infusion protocol in the rheumatology setting, Dr. Faraawi and his colleagues recruited 10 patients who were prescribed rituximab for their rheumatoid arthritis to participate in the investigation. The protocol comprised two courses of 1,000-mg infusions given 2 weeks apart. The first infusion followed the recommended 225-minute infusion schedule, while the subsequent infusions were administered over a period of 120 minutes as follows: 100 mg over 0-30 minutes; 200 mg over 30-60 minutes; 300 mg over 60-90 minutes; and 400 mg over 90-120 minutes, he said.

Prior to the infusions, patients were premedicated with 1,000 mg acetaminophen, 50 mg diphenhydramine, and 100 mg intravenous methylprednisolone. Vital signs were recorded at baseline and at 15, 30, 60, 90, and 120 minutes, said Dr. Faraawi.

The mean age and disease duration of the 10 patients was 50.6 years and 11.4 years, and the mean disease activity score at the first rituximab infusion was 5.9, he reported.

At the time of the presentation, a total of 40 infusions had been administered, 30 of which followed the accelerated-infusion protocol, said Dr. Faraawi. "To date, the rapid infusion of rituximab has been well tolerated by all of the patients, with only one mild infusion reaction, which resolved during the infusion," he said. "In that case, the patient had refused premedication before the third infusion and experienced itching in her throat and ears, sore shoulders, and tremors, all of which resolved following treatment with intravenous diphenhydramine and methylprednisolone and oral acetaminophen." The patient premedicated prior to subsequent infusions and had no further reactions, Dr. Faraawi said.

Based on the positive findings of this small study, "rapid rituximab infusion is a practical option in a community setting," he said.

"All of the patients were satisfied with the short infusion duration, it was safe and well tolerated, and it optimized patient, nurse, and physician time." ■

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