

# Leflunomide-Rituximab Combo Effective in RA

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FROM THE ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY

Leflunomide is an effective concomitant treatment with rituximab in patients with rheumatoid arthritis, according to findings from a population-based study.

In fact, "a combination of leflunomide and rituximab is probably better than a combination of methotrexate and rituximab," said Dr. Cem Gabay of the University Hospitals of Geneva in an interview with RHEUMATOLOGY NEWS.

Ten European registries that are participating in the CERERRA collaboration submitted data sets for patients who were treated with rituximab, and more than 1,900 patients were analyzed for their response to treatment with one of three therapeutic approaches: rituximab

they received LEF (11% in the rituximab plus LEF group vs. 20% in the rituximab plus MTX group and 19% among those on rituximab monotherapy).

A univariate analysis adjusted for age and sex showed that patients who received LEF in combination with rituximab were 2.6 times more likely to have a good EULAR response at 6 months than were patients who received MTX plus rituximab. They were also three

times more likely to have a good EULAR response at 6 months than were patients who received rituximab monotherapy. At 12 months, patients who received LEF as a combination therapy were about twice as likely to have a good EULAR response as were patients in the other groups.

Combination therapy with LEF was still predictive of a good EULAR response in a multivariate analysis that took into account factors like disease

duration and the number of previous biologic agents used.

"This is a population-based study, so we need to be cautious about the conclusions we draw from the data," said Dr. Gabay. Among the study's limitations are the lack of randomization and control. The Food and Drug Administration recently required that the leflunomide label contain a Boxed Warning about severe liver injury. ■



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To see an interview with Dr. Cem Gabay, go to [www.youtube.com/elsglobalmedicalnews](http://www.youtube.com/elsglobalmedicalnews) and click on "Playlists," then Rheumatology News.

with either methotrexate (MTX) or leflunomide (LEF), or rituximab alone. Significantly more patients achieved a EULAR good response at 6 months when treated with rituximab and LEF (33%), compared with rituximab and MTX (21%) or with rituximab alone (20%).

A similar trend was observed at 12 months. Fewer patients, moreover, were retreated during the first 12 months when

## VITALS

**Major Finding:** More patients achieved a EULAR good response at 6 months and 12 months when treated with leflunomide along with rituximab (and also had a lower incidence of retreatment) than did patients who were treated with methotrexate plus rituximab, or rituximab alone.

**Data Source:** A population study based on analysis of data from 10 European registries.

**Disclosures:** Dr. Gabay said he has no conflicts of interest relevant to this study. The CERERRA collaboration (of which the European registries are a part) that was mentioned in the story is described by Dr. Gabay as an investigator-led, industry-supported initiative that was formed to evaluate the clinical aspects of rituximab use for RA. This analysis and study abstract were prepared, "without any influence from the supporting medical industry," Dr. Gabay said.

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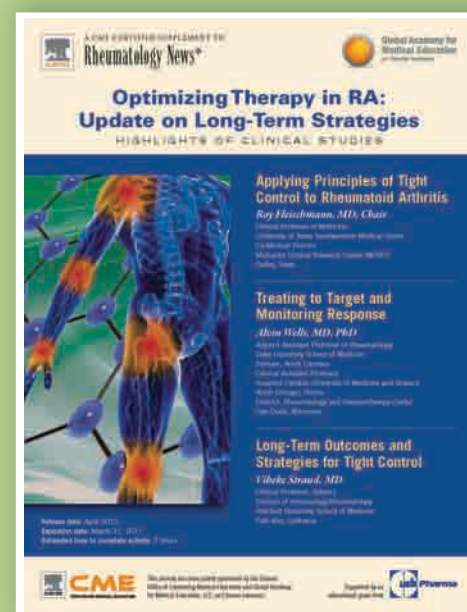
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