IMAGING 360°

ACR Opens the Vault Door on Its Image Bank

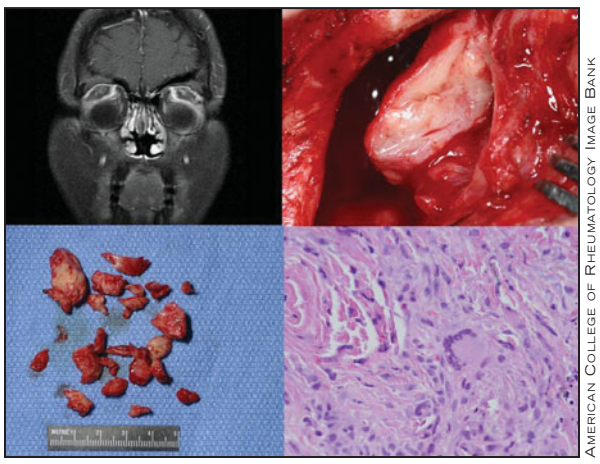
The American College of Rheumatology is billing its new online image bank as the "most comprehensive online collection of rheumatology-related images," running the alphabet from avascular necrosis to vasculitis.

The collection includes more than 1,500 clinical, pathological, and radiologic images of both common and rare rheumatic disorders. The primary purpose of the image bank is as a teaching tool. "It's a great teaching tool for people training in rheumatology," said Dr. Alan Baer, chair of the ACR's Audiovisual Aids Subcommittee, which is the arm of ACR that oversaw the development of the image bank.

In addition to their usefulness in training the next generation of rheumatologists, the images can also be used when rheumatologists "go out into the community to give talks to their colleagues or laypeople."

The images are arranged in sections by type of disorder—soft-tissue rheumatic syndromes, for example. Within a section, images are presented alphabetically by condition.

The image bank is the descendant of the college's slide collection, which got its start in 1958 with a collection of pathology slides. The collection has been revised and supplemented several times since then. "For many years, it was a 35-mm collection. But within the past decade, it became a CD-ROM collection," said Dr. Baer, who is both chief of rheumatology and director of the Johns Hopkins University Clinical Practice, both at Good Samaritan Hospital, Baltimore. "For a number of years, we have recognized the need to put the image bank online and make it Internet accessible. That's what we've accomplished in the last year."



AMERICAN COLLEGE OF RHEUMATOLOGY IMAGE BANK

These images from a patient with Wegener's granulomatosis illustrate what the ACR has on offer.

Certainly it's easy enough to find rheumatology images through search engines, such as Google. However, the committee makes "a very concerted effort to ensure that these are top-quality images that are carefully annotated." In fact, the images and any accompanying material are carefully scrutinized for accuracy, and additional information may be requested.

"It's a very reliable source of images," said Dr. Baer.

Over the years, the collection has grown from pathology, histology, clinical photos, and x-rays to include newer imaging modalities such as MRI, CT, and sonography.

Dr. Baer hopes to expand the online collection to include video in the future. "We want to move to some of the new imaging formats."

Video "opens up a whole new arena for us." For example, "you could watch someone examine a certain joint or watch procedures being performed."

Video would be particularly useful for including ultrasound imaging in the collection.

Ultrasound is dynamic by nature and it's hard to capture the diagnostic process with a static image, he noted.

"This is a great opportunity to create a whole new type of educational tool," said Dr. Baer.

The image bank can be found at www.rheumatology.org, and ACR members are entitled to free downloads. ■

By Kerri Wachter

Golimumab Reversed Joint Damage in PsA

BY MITCHEL L. ZOLER

PHILADELPHIA — Treatment with golimumab reversed structural joint damage in patients with psoriatic arthritis in a placebo-controlled, phase III study with about 400 patients.

The structural joint benefit from golimumab in this analysis complemented clinical improvements previously reported from the same study. Those benefits led the Food and Drug Administration to give marketing approval to golimumab for psoriatic arthritis (PsA) last April.

The results showed structural improvement with golimumab after 24 weeks of treatment (the primary end point of the radiographic assessment), independent of methotrexate co-treatment. The benefit continued through 52 weeks of follow-up, Dr. Arthur F. Kavanaugh said at the annual meeting of the American College of Rheumatology.

The GO-REVEAL (Golimumab—A Randomized Evaluation of Safety and Efficacy in Subjects With Psoriatic Arthritis Using a Human Anti-TNF Monoclonal Antibody) study enrolled patients at 58 sites in the United States, Canada, and Europe. It was the largest completed study of its kind (405 patients) with a biologic agent in patients with PsA. Subjects had active disease despite treatment with DMARDs or NSAIDs. Their average age was 47 years, their average duration of PsA was 8 years, 60% were men, 97% were white, and 48% were on methotrexate treatment.

Patients received subcutaneous injections of 50 mg golimumab (146 patients), 100 mg golimumab (146 patients), or placebo (113 patients) at week 0, and then every 4 weeks through week 20. Starting at week 24, all patients received golimumab.

The clinical outcomes published last April showed that treatment with golimumab led to an ACR 20 response in 51% of patients on the 50-mg dose and in 45% of those receiving a 100-mg dose at week 14, compared with 9% of placebo patients, which were statistically significant differences for the primary end point (Arthritis Rheum. 2009;60:976-86).

The results showed structural improvement with golimumab after 24 weeks of treatment, the primary end point.

DR. KAVANAUGH

Golimumab treatment also produced significant improvements, compared with placebo, on a psoriatic index and other measures of clinical response.

The new analysis used total Sharp/van der Heijde scores to measure structural joint damage. At baseline, average scores were 18 in placebo patients, 24 in the 50-mg group, and 23 in the 100-mg group. After 24 weeks, the scores changed by an average of +0.27 in the placebo patients (a worsening), –0.16 in patients getting 50-mg doses, and –0.02 in those on 100-mg doses. The difference between the 50-mg group and placebo patients was statistically significant.

The difference between the 100-mg and placebo group did not reach statistical significance, said Dr. Kavanaugh, a rheumatologist and professor of clinical medicine at the University of California, San Diego.

The difference in average Sharp/van der Heijde scores between the placebo patients and those in both golimumab groups continued through 52 weeks of treatment, even though the placebo patients switched to golimumab treatment after the first 24 weeks of the study.

Another radiographic outcome—the percentage of patients with clear progression on their Sharp/van der Heijde scores—tallied 8% in the placebo group and 2% in the 50-mg group, a statistically significant difference.

Centocor Ortho Biotech Products LP, the company that developed and markets golimumab (Simponi), sponsored the study. Dr. Kavanaugh said that he and five of his associates on the study were researcher investigators for Centocor. Another five associates are Centocor employees. ■

Was Rofecoxib CV Risk Evident in 2001?

The cardiovascular risks associated with rofecoxib (Vioxx) would have been apparent in 2001, more than 3 years before the drug was withdrawn from the market, had data from unpublished trials been disclosed, according to a report.

The data "have only now become available through litigation" against Merck & Co., the manufacturer of Vioxx, said Dr. Joseph S. Ross of Mount Sinai School of Medicine, New York, and his associates.

"These findings are particularly compelling because as early as the late 1990s there were concerns about cardiovascular risk that emerged in the drug development process," the investigators noted (Arch. Intern. Med. 2009;169:1976-85).

Merck & Co. disavowed the research. "We believe the analysis published in Archives used flawed methods and reached incorrect conclusions," Merck spokesman Ron Rogers said in an interview. The study notes that all of the study authors are or were consultants for plaintiffs in litigation against Merck regarding rofecoxib.

The researchers analyzed data from 30 randomized clinical trials that had already been completed by September 2004, when the APPROVe (Adenomatous Polyp Prevention on Vioxx) trial was terminated and rofecoxib was voluntarily withdrawn from the market, in response to reports of adverse cardiovascular effects.

Dr. Ross and his colleagues assessed only studies that compared a daily dose of 12.5 mg or more of rofecoxib with placebo in adults who were treated for at least 4 weeks. A total of 17,256 subjects were included.

Six of these trials were unpublished and came to light only as a result of litigation. "Therefore, data representing 36% of patients studied in placebo-controlled trials prior to APPROVe" had never been disclosed or included in safety analyses, the investigators said.

If all these data had been analyzed, the use of rofecoxib would have been seen to be associated with a 43% increase in risk of a cardiovascular thromboembolic event or death, according to the investigators.

—Mary Ann Moon