Seropositivity and response to rituximab: data from the CERERRA collaboration

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References


Methods

- Ten European registries submitted anonymized datasets from RA patients who had started RTX, and datasets were pooled and analysed.

- Chi-square test for comparison of categorical variables and t-test for continuous data were used. Predictors of response were identified by logistic regression analysis.

Results

- 3266 patients included in the cohort

- 718 patients were double positive (DP), 147 patients were double negative (DN)

- 2200 patients were RF+ and/or ACPA+
**Predictors analysis**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Coefficient</th>
<th>OR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF+ (vs. -)</td>
<td>0.43</td>
<td>1.53 (0.97-2.41)</td>
<td>0.07</td>
</tr>
<tr>
<td>ACPA+ (vs. -)</td>
<td>0.72</td>
<td>2.03 (1.14-3.60)</td>
<td>0.02</td>
</tr>
<tr>
<td>DP (vs. DN)</td>
<td>0.89</td>
<td>2.43 (1.05-5.64)</td>
<td>0.04</td>
</tr>
<tr>
<td>RF and/or ACPA+ (vs. -)</td>
<td>0.71</td>
<td>2.03 (0.92-4.47)</td>
<td>0.07</td>
</tr>
</tbody>
</table>

*Adjusted univariate analysis* *adjusted for age and sex

*Multivariate logistic regression analysis: ACPA+ remained predictive [OR (95% CI) = 1.8 (1.1-3.3), p=0.05] as well as the lower number of prior biologics [OR (95% CI) = 0.5 (0.3-0.8), p=0.007]*
Conclusions

• In this large observational cohort of RA patients treated with RTX, seropositive patients achieved significantly greater reductions in DAS28 at 6 months compared to seronegative patients.

• Baseline ACPA positivity may be a better predictor for EULAR Good response to RTX than RF positivity.