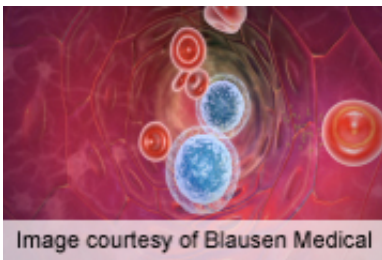


Long-term rituximab safe for patients with wegener's

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Repeated and prolonged use of rituximab for B-cell depletion to treat relapses or maintain remission is safe and effective in patients with refractory granulomatosis with polyangiitis (GPA; Wegener's), a primary systemic small vessel vasculitis, according to a study published online June 21 in *Arthritis & Rheumatism*.

(HealthDay) -- Repeated and prolonged use of rituximab for B-cell depletion to treat relapses or maintain remission is safe and effective in patients with refractory granulomatosis with polyangiitis (GPA; Wegener's), a primary systemic small vessel vasculitis, according to a study published online June 21 in *Arthritis & Rheumatism*.

Rodrigo Cartin-Ceba, M.D., from the Mayo Clinic in Rochester, Minn., and colleagues examined the efficacy and safety of B-cell depletion in 53 [patients](#) with refractory [GPA](#) who had received at least two courses of rituximab for relapses or to remain in remission. All patients except one had antineutrophil cytoplasmic antibodies (ANCA) against

proteinase 3 (PR3).

Patients received a median of four courses of rituximab treatment. The researchers found that B cells were depleted in all cases, returning after a median of 8.5 months. All relapses occurred after B cells were reconstituted, and all except one were accompanied or preceded by an increase in ANCA levels. There were infusion-related adverse events in 16 patients, and 30 infections required treatment when B cells were depleted.

"Rituximab [appears] effective and safe for induction and maintenance of remission in patients with relapsing GPA," Cartin-Ceba and colleagues conclude. "Preemptive retreatment decisions can be individualized based on serial B lymphocyte and PR3-ANCA monitoring."

Several authors disclosed being investigators on clinical trials supported by pharmaceutical companies, including Genentech, which manufactures [rituximab](#).

More information: [Abstract](#)
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