

# Tocilizumab treats rheumatoid arthritis after non-TNFi failure

March 30 2016

---



(HealthDay)—For patients with rheumatoid arthritis (RA) and a first

non-tumor necrosis factor inhibitor (TNFi) failure, treatment with tocilizumab seems more efficacious than abatacept or rituximab, according to a study published online March 27 in the *International Journal of Rheumatic Diseases*.

Tristan Pascart, M.D., from Lille University in Lomme, France, and colleagues conducted a retrospective, multicenter study involving patients treated for RA with abatacept, rituximab, or [tocilizumab](#) after a non-TNFi failure. Data were collected for 100 patients who started a second non-TNFi between 2006 and 2013 (15 treated with rituximab, 36 with tocilizumab, and 49 with abatacept).

The researchers found that the change in Disease Activity Index of 28 joints-erythrocyte sedimentation rate (DAS28-ESR) differed significantly between the groups ( $P = 0.001$ ). The decrease in DAS28-ESR was higher for patients treated with tocilizumab versus abatacept (median, 36 versus 0 percent;  $P = 0.002$ ). A similar difference was seen for tocilizumab and rituximab, although the difference was not significant (median decrease, 36 versus 0 percent;  $P = 0.07$ ). The results were similar for 12-month change in DAS28-C-reactive protein.

"This study suggests a better efficacy of tocilizumab compared with abatacept and [rituximab](#) in situations of non-TNFi failure," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical technology industries.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

Copyright © 2016 [HealthDay](#). All rights reserved.

Citation: Tocilizumab treats rheumatoid arthritis after non-TNFi failure (2016, March 30)  
retrieved 9 May 2024 from

<https://medicalxpress.com/news/2016-03-tocilizumab-rheumatoid-arthritis-non-tnfi-failure.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.