Rituximab effective for lupus-associated cytopenia

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(HealthDay)—Rituximab treatment seems effective for systemic lupus

erythematosus (SLE)-associated immune cytopenias, with an overall initial response rate of 86 percent, according to a study published online Dec. 16 in the *American Journal of Hematology*.

Alexandra Serris, M.D., from the Université Paris-Est Créteil, and colleagues conducted a retrospective cohort study involving 71 patients aged ≥18 years with a definite diagnosis of SLE treated with rituximab specifically for SLE-associated immune cytopenia.

The researchers found that the median duration of SLE at the time of first rituximab administration was 6.1 years. The reason for using rituximab was immune thrombocytopenia, autoimmune hemolytic anemia, Evans syndrome, and pure red cell aplasia for 44, 16, 10, and one patient, respectively. Patients had a mean of 3.1±1.3 treatments before receiving rituximab, including corticosteroids and hydroxychloroquine (100 and 88.5 percent, respectively). The overall initial response rate to rituximab was 86 percent, with a complete response for 60.5 percent. Of the 61 initial responders, 24 relapsed; rituximab re-treatment was successful for 16 of 18. Three patients had severe infections after rituximab, with no fatal outcomes. There were no cases of rituximab-induced neutropenia.

"In conclusion, rituximab seems effective and relatively safe for treating SLE-associated immune cytopenias," the authors write.

Several authors disclosed financial ties to Roche.

More information: Abstract
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