From: [redacted] [[redacted]@arthritisresearchuk.org] on behalf of [redacted] [[redacted]@arthritisresearchuk.org]

Sent: 18 March 2010 10:26

To: Jennifer Heaton

Subject:RE: Rheumatoid arthritis - drugs for treatment after failure of a TNF inhibitor - Appraisal Consultation Document

Comments by Arthritis Research UK on Rheumatoid arthritis - drugs for treatment after failure of a TNF inhibitor

Having read this I find the health economic arguments difficult to follow.

However, from the academic perspective the main comment I have is that they have not referred to the 'GO-AFTER' study or ATTEST study (both attached).

GO-AFTER was an RCT in which patients who had 'failed' MTX were randomised to either placebo or one of two doses of golimumab. Although golimumab is not NICE approved, I think the results of this study could be extrapolated to other mAb TNF inhibitors.

39,.19 and 11% of patients achieved ACR 20, 50 and 70 at 24 weeks compared to 17, 5 and 3% of PBO patients. Although these numbers look quite low, patients did not need to be taking MTX and acute phase response could be normal at baseline. I guess this makes the study difficult to compare to the RTX and ABA studies after ant-TNF. (incidentally, I cannot understand how this paper made it into the Lancet).

The other arguably relevant paper is the ATTEST study (also attached). This was a study of abatacept or infliximab vs PBO. It was not a head-to-head of abatacept vs infliximab but patients

were randomised to either drug or PBO (3:3:2). At one year both drugs were superior to PBO. Abatacept patients fared numerically better than INF patients (across all domains, including HAQ-DI) and had fewer AEs and SAEs. Although these were MTX IRs, one could argue that the INF arm would have performed relatively worse if this had been a TNF-IR study. Thus, whilst not a head-to-head, the therapeutic ratio looked somewhat better for abatacept.

Whilst neither of these papers address exacty the appropriate populations I would argue that they are

of relevance to the consultation and should at least have been referred to.

I hope this is helpful

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