

---

# **PAkistan RI**tuximab **S**tudy

## **The PARIS** Study

**Abid Farooqi, FRCPI**

**Pakistan Institute of Medical Sciences**

**Islamabad**





## PARIS in Pakistan !

A study of the effects of Rituximab in Pakistani patients with rheumatoid arthritis non-responsive to standard DMARD therapies.


# Main Investigators

---

- **Prof. Abid Farooqi**  
Pakistan Institute of Medical Sciences, Islamabad
- **Dr. Azra Arif Ali,**  
Aga Khan University Hospital, Karachi
- **Prof. Nighat Mir Ahmad**  
Fatima Memorial Hospital, Lahore
- **Dr. Javaid Mahmood Malik**  
Fauji Foundation Hospital, Rawalpindi
- **Dr. Syed Mehfooz Alam**  
Aga Khan University Hospital, Lahore

# Disclosures

---

- **This study was carried out with help of a research grant to all investigators by Roche Pharmaceutical Company (Pakistan) Ltd.**
  - **All treatment-related expenses were borne by patients themselves**
- 

# The Natural History of RA

---

- **Outcome After 40 Years with Rheumatoid Arthritis: A Prospective Study of Function, Disease Activity, and Mortality**

NICOLA J. MINAUR, RICHARD K. JACOBY, JOHN A. COSH,  
GORDON TAYLOR, and [JOHANNES J. RASKER](#)

- Journal of Rheumatology 2004

# RA Outcome at 40 Years --- Starting 1957


---

- **86% had died ..... Mainly from cardiovascular disease**
  - 13% deaths directly attributed to RA
  - 47% had severe physical disability before death

**Of the remaining 14%, half had severe physical disability whereas at the beginning only 11% of these had severe disability**

# Rituximab

---

- **A designed monoclonal antibody acting to prevent the action of B lymphocytes bearing the CD20 molecule**
  - **First used in 1993 against B-cell lymphoma**
  - **Now used to treat various other autoimmune diseases also**
- 

## Primary Objective

---

To determine the percentage of RA patients achieving improvement in their disease activity level post-treatment with rituximab at 6 months using DAS-28 as an index.



# Secondary Objectives

---

- To determine the percentage of RA patients achieving improvement in their disease activity level post treatment at 12 months interval using DAS-28
- To determine the safety profile of rituximab in Pakistani RA population
- Evaluation of response at 6 and 12 months using ACR 20/50/70 and EULAR response criteria

# Efficacy Measures Used

---

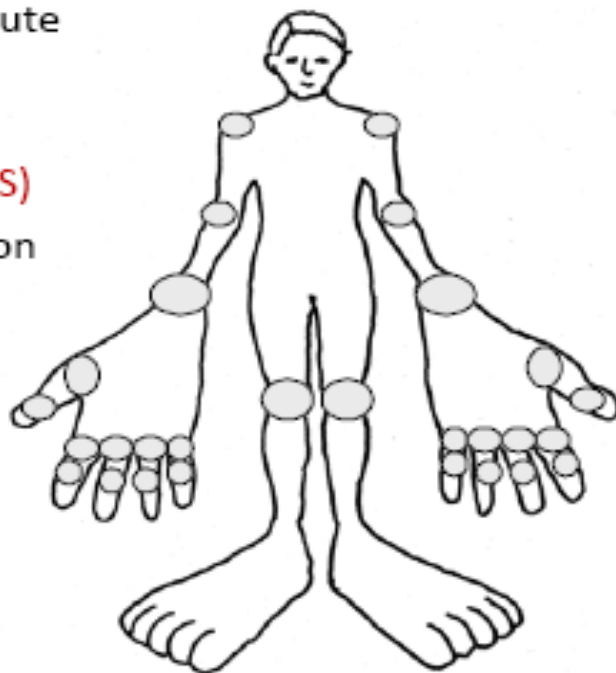
- Disease Activity Score 28 (DAS 28) measuring the clinically detectable inflammation at 28 selected joints.
- EULAR criteria for measuring RA disease activity.
- American College of Rheumatology criteria for level of improvement from base line (ACR 20/50/70)

# DAS28: A Simplified Disease Activity Score

- Simplified disease activity score using 28-joint count
  - Integrates measures of physical examination, acute phase response, and patient self-assessment

$$\text{DAS28} = 0.56 \sqrt{\text{Tender 28}} + 0.28 \sqrt{\text{Swollen 28}} + 0.70 \ln(\text{ESR}) + 0.014 (\text{Global Health on VAS})$$

- Provides absolute indication of RA disease activity on a scale of 0.49 to 9.07
  - DAS28 >5.1 = *high* disease activity
  - DAS28 3.2-5.1 = *moderate* disease activity
  - DAS28 2.6-3.2 = *low* disease activity
  - DAS28 <2.6 = *remission*



# Efficacy Criteria

---

- Disease remission:  
DAS 28 score  $< 2.6$
- Low disease activity:  
DAS 28 score between 2.6 and 3.2

# EULAR Response Criteria for RA: Continuous Variable to Dichotomous Benchmark

DAS28 at endpoint	Improvement in DAS28 from baseline		
	>1.2	>0.6 and <1.2	<0.6
<3.2	Good	Moderate	None
3.2-5.1	Moderate	Moderate	None
>5.1	Moderate	Moderate	None


AM van Gestel et al. *Arthritis Rheum.* 1996; 39:34-40.

# ACR Response Criteria: The Traditional Dichotomous Benchmark

- Reported as % improvement, comparing disease activity at two discrete time points
  - ACR20 is  $\geq 20\%$  improvement
  - ACR50 is  $\geq 50\%$  improvement
    - ACR50 responders include ACR20 responders
  - ACR70 is  $\geq 70\%$  improvement
    - ACR70 responders include ACR20 & ACR50 responders
- Used to maximally discriminate effective treatment from placebo treatment in clinical trials
- Not directly applicable to clinical practice


# Study Design & Patient Population

---

- Phase IV
  - Open label
  - Single arm
  - Multicentre trial
  - Planned enrolment of 80 patients
  - 5 centers across Pakistan
- 

## Study Timelines

---

- Start date: January 2010
  - Finish date: June 2011
  - 75 patients successfully recruited
  - Final analysis derived from data of 74 patients that have completed the 12-month assessment
  - Submission for publication is expected in Q4 2012
- 



# Patient Selection

---

## Inclusion Criteria

- Able and willing to give written informed consent
- Men and women aged 18-80 years
- Patients with a diagnosis of at least 6 months duration with presence of 4 features as per ACR criteria
- DAS-28 score  $\geq 3.70$  at baseline
- Inadequate response to MTX taken for at least 12 weeks with at least 4 weeks of having been on a stable dose of 15 mg/week prior to enrolment

# Patient Selection

---


## Inclusion Criteria

- A stable dose of glucocorticosteroids ( $\leq 10$  mg/day prednisone or equivalent) permitted
- Use of NSAIDs permitted if stable dose for at least 2 weeks prior to baseline
- Patients of reproductive potential (males and females) willing to use a reliable method of contraception (e.g. contraceptive pill, IUD, physical barrier) during the study and for 12 months after last Rituximab administration
- If female and of childbearing potential, a negative serum pregnancy test within 2 weeks prior to baseline

# Patient Selection

---

## Exclusion Criteria Related to RA

- Bed bound or wheelchair bound patients
  - Rheumatic autoimmune disease other than RA, or significant systemic involvement secondary to RA
  - Diagnosis of juvenile idiopathic arthritis (JIA), also known as juvenile rheumatoid arthritis (JRA)
- 

# Patient Selection

---

## Exclusion Criteria Related to Medications

- History of severe allergic or anaphylactic reactions to a biological agent or known hypersensitivity to any component of rituximab or to murine proteins
- Previous treatment with any approved or investigational biologic agent for RA
- Concurrent treatment with any biologic agent for any indication
- Receipt of any vaccine within 4 weeks prior to baseline
- Contraindications of parenteral glucocorticoids and drugs required for the treatment of adverse event secondary to rituximab therapy
- Intra-articular or parenteral glucocorticoids within 4 weeks prior to baseline

# Patient Selection

---

## Exclusion Criteria Related to General Health

- Known active and/or severe infection or any major episode of infection requiring hospitalization or treatment with IV anti-infectives within 4 weeks prior to baseline
- History of serious recurrent or chronic infection
- Primary or secondary immunodeficiency
- Pregnancy or breast feeding
- Known history of active cancer during the past 5 years
- Currently active alcohol or drug abuse or history of alcohol or drug abuse within 24 weeks prior to baseline

# Patient Selection

---

## Exclusion Criteria Related to Lab Findings

- Positive serum human chorionic gonadotropin measured prior to the first infusion of study drug
- Positive test for hepatitis B or C serology
- Positive HBcAb associated with positive HBV detection ( $> 29$  IU/L or  $> 169$  copies/mL)
- Hemoglobin  $< 8.0$  g/dL
- Absolute neutrophil count  $< 1.5 \times 10^3/\mu\text{L}$
- Concentration of serum IgG and/or IgM below 5.0 and 0.40 mg/mL, respectively

## Demography (N=74)

Variables	Mean $\pm$ S.D	
Age (years)	43.3 $\pm$ 10.9	
Gender	n	(%)
Male	15	20.3
Female	59	79.7
RF / anti-CCP Positive	67	90.5

# RA Features

---

<b>Variable</b>	<b>n</b>	<b>(%)</b>
<b>Morning stiffness</b>	<b>60</b>	<b>81.1</b>
<b>Wrist and finger joint inflammation</b>	<b>72</b>	<b>97.3</b>
<b>Large joint inflammation</b>	<b>71</b>	<b>95.9</b>
<b>Characteristic Distribution for IJD</b>	<b>72</b>	<b>97.3</b>
<b>First degree relative with IJD</b>	<b>1</b>	<b>1.4</b>
<b>Clinical evidence of synovitis</b>	<b>71</b>	<b>95.9</b>
<b>Malaise / Fatigue</b>	<b>66</b>	<b>89.2</b>
<b>Occasional Fever</b>	<b>1</b>	<b>1.4</b>

---



# Results at 6 months

Variables	Baseline	Six Month	Mean Difference	P-value	95% C-I
	Mean ± S.E.M	Mean ± S.E.M			
ESR	43.8 ± 28.9	30.35 ± 19.1	13.4	<0.01	6.9 – 20.0
VAS	71.1 ± 20.3	36.9 ± 24.6	34.2	<0.01	27.9 – 40.5
SJC	11.2 ± 8.6	2.4 ± 2.9	8.5	<0.01	6.9 – 10.5
TJC	17.6 ± 8.2	6.0 ± 6.4	11.6	<0.01	9.6 – 13.5
DAS 28	<b>6.6 ± 1.2</b>	<b>4.3 ± 1.7</b>	<b>2.3</b>	<0.01	1.9 – 2.7

## Results at 6 months (Cont....)

---

Variables	Baseline	Six Month	Mean Difference	P-value	95% C-I
	Mean ± S.E.M	Mean ± S.E.M			
Pain	71.1 ± 19.3	35.8 ± 24.9	35.3	<0.01	29.6 – 40.9
Health Assessment Questionnaire	9.6 ± 4.9	3.8 ± 4.6	5.8	<0.01	4.2 – 7.4

# Results at 12 Months


Variables	Baseline	12 Month	Mean Difference	P-value	95% C-I
	Mean $\pm$ S.E.M	Mean $\pm$ S.E.M			
ESR	43.8 $\pm$ 28.9	26.38 $\pm$ 17.6	17.4	<0.01	11.5 – 24.6
VAS	71.1 $\pm$ 20.3	32.2 $\pm$ 24.1	38.9	<0.01	33.8 – 46.9
SJC	11.2 $\pm$ 8.6	1.7 $\pm$ 2.8	9.4	<0.01	7.2 – 11.6
TJC	17.6 $\pm$ 8.2	4.3 $\pm$ 5.7	13.4	<0.01	11.5 – 15.4
DAS 28	<b>6.6 <math>\pm</math> 1.2</b>	<b>3.7 <math>\pm</math> 1.4</b>	<b>2.9</b>	<0.01	2.5 – 3.3

# Results at 12 Months

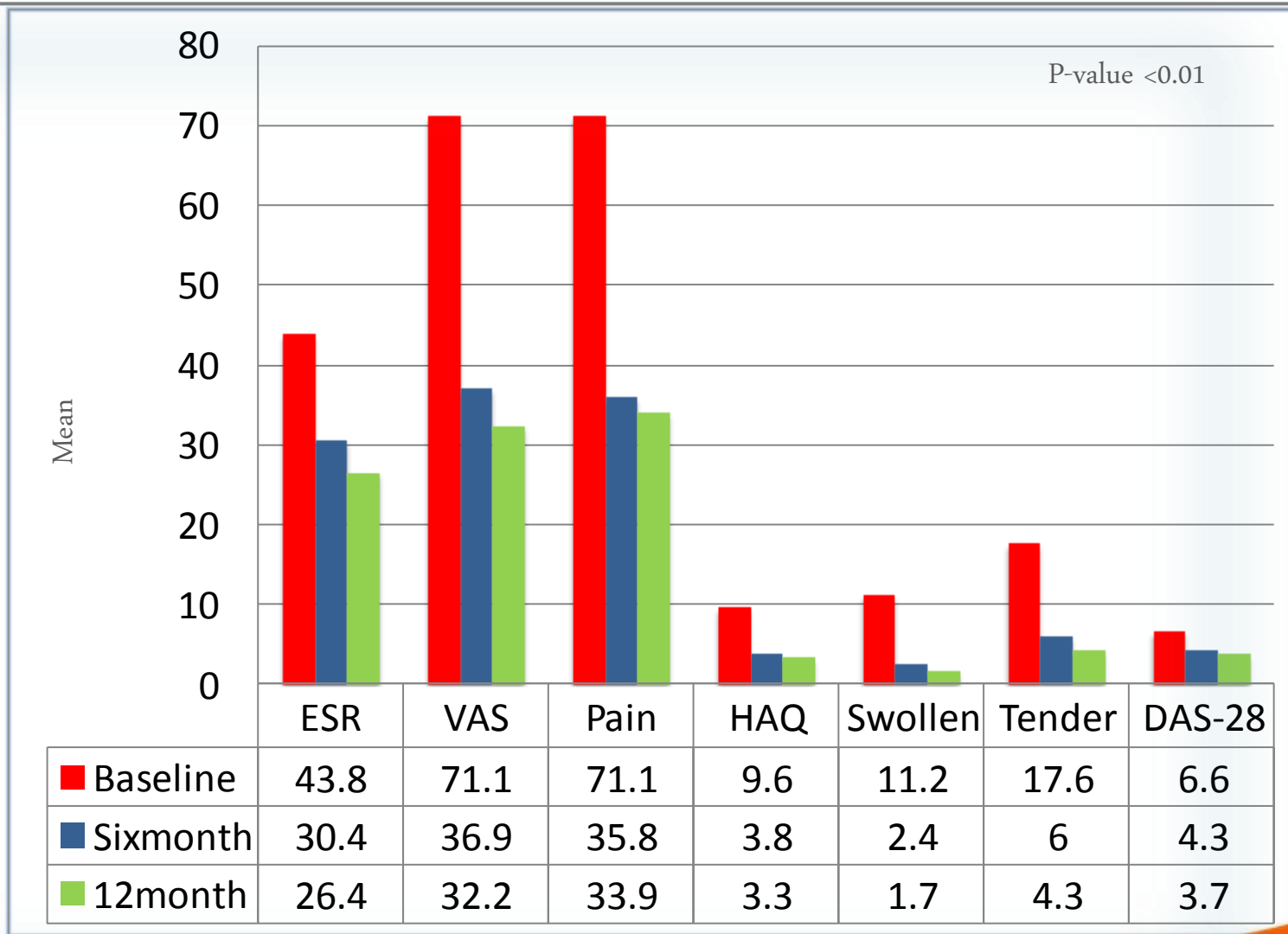
---

---

Variables	Baseline	12- Month	Mean Difference	P-value	95% C-I
	Mean $\pm$ S.E.M	Mean $\pm$ S.E.M			
Pain	71.1 $\pm$ 19.3	33.9 $\pm$ 23.1	37.2	<0.01	30.8 – 43.6
Health Assessment Questionnaire	9.6 $\pm$ 4.9	3.3 $\pm$ 3.5	6.3	<0.01	4.9 – 7.9



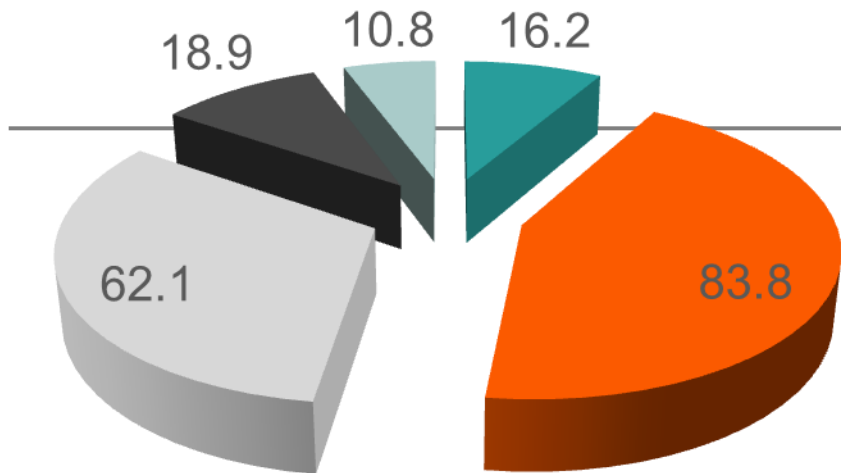
# Comparison at 0, 6 & 12 Months



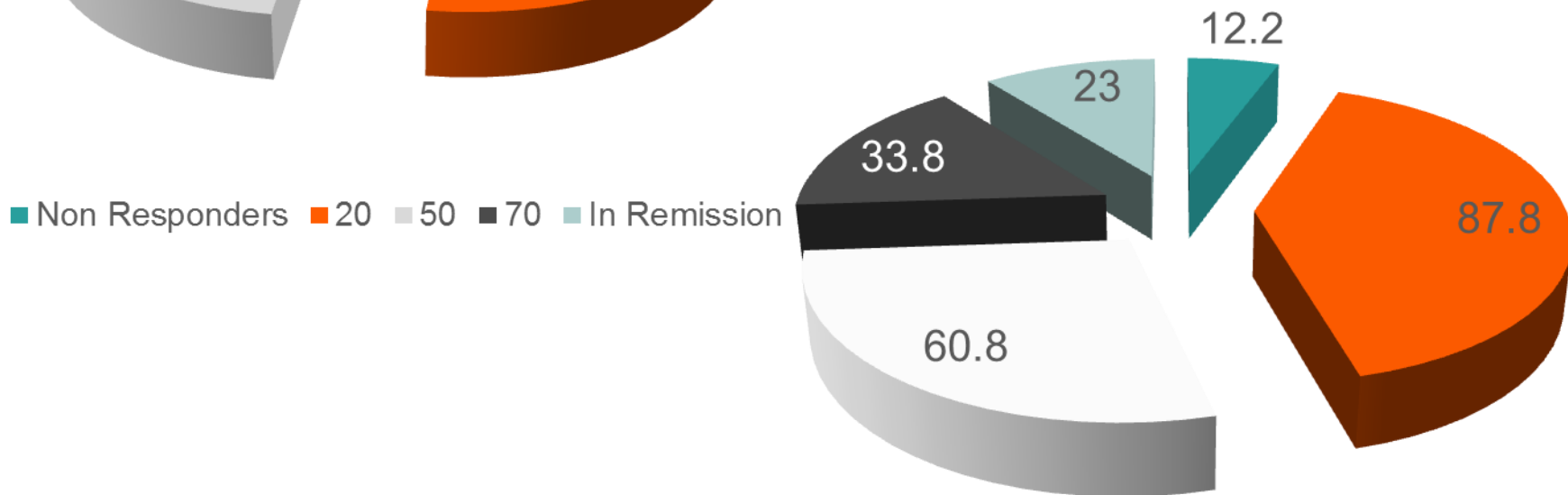
# ACR Criteria Response

Level	6 months		12 months	
	n	(%)	n	(%)
Non Responders	12	16.2	9	12.2
20	62	83.8	65	87.8
50	46	62.1	45	60.8
70	14	18.9	25	33.8
In Remission	10	10.8	18	23.0

# 6 month



# 12 month



■ Non Responders ■ 20 ■ 50 ■ 70 ■ In Remission

## EULAR Response Criteria – Baseline

---

### DAS-28

---

**>5.1**

**≤5.1 and >3.7**

**64 (86.5%)**

**10 (13.5%)**

---



# EULAR Response Criteria – 6 Months

---

---

## DAS-28

---

<b>Change in DAS-28</b>	<b>&gt;5.1</b>	<b><math>\leq 5.1</math> and <math>&gt;3.7</math></b>
<b>&gt;1.2</b>	<b>50 (Good)</b>	<b>7 (Good)</b>
<b>&gt;0.6 and <math>\leq 1.2</math></b>	<b>12 (Moderate)</b>	<b>2 (moderate)</b>
<b><math>\leq 0.6</math></b>	<b>2 (None)</b>	<b>1 (None)</b>

---

# EULAR Response Criteria – 12 Months

---

---

## DAS 28

---


Change in DAS-28	>5.1	$\leq 5.1$ and $>3.7$
>1.2	52 (Good)	4 (Good)
>0.6 and $\leq 1.2$	6 (Moderate)	4 (Moderate)
$\leq 0.6$	6 (None)	2 (None)

---

# DAS at 0, 6 & 12 Months

---

	$\leq 2.6$	$> 2.6$
<b>Base Line</b>	<b>0</b>	<b>74</b>
<b>6 Month</b>	<b>10</b>	<b>64</b>
<b>12 Month</b>	<b>18</b>	<b>56</b>



## ESR at 6 and 12 Months

ESR	Baseline	6 <sup>th</sup> month	12 <sup>th</sup> month
<b>Male</b>			
0 - 14	4	9	11
> 14	11	6	4
<b>Female</b>			
0 - 20	39	49	52
>20	20	10	07

## Safety

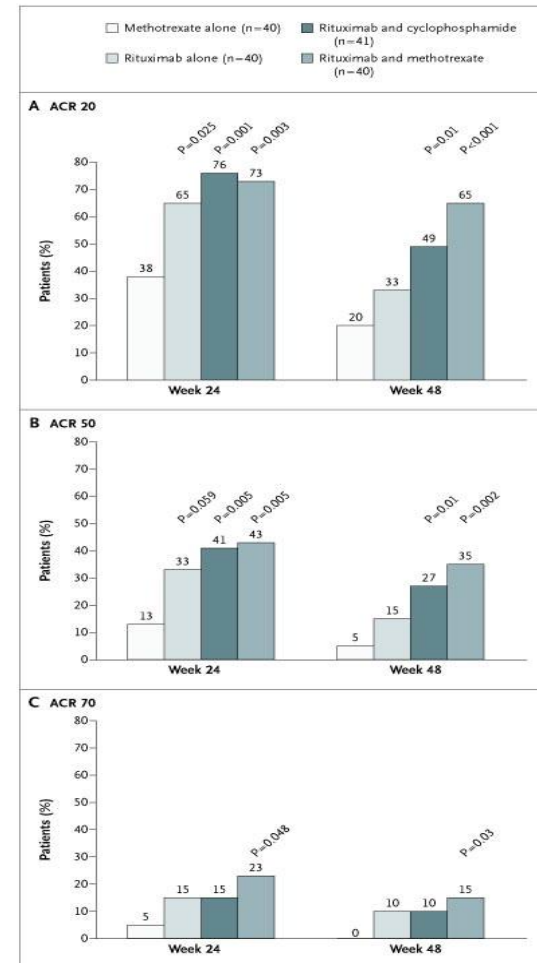
<b>Adverse Events</b>	<b>No. of patients</b>
Fever	4
Headache	2
Cough	1
Runny nose	2
Indigestion	1
Diarrhea	2
Itching	1
Fever+Breathing difficulty	11
Chills	1
Anorexia	3
Dizziness	4
Shivering	1
Fever+vomiting	2
Fever+Runny nose	1

No **Serious Adverse Event** was reported during the course of the study

*Mild-Moderate with Probability*

# Efficacy of B-Cell–Targeted Therapy with Rituximab in Patients with Rheumatoid Arthritis; Edwards JCW et al; NEJM; June 2004

Response	24 wks	48 wks
ACR 20	73% (84)	65%
ACR 50	43% (62)	35%
ACR 70	23% (19)	15%




# Comparative Results at 6 Months

Criteria	PARIS – 2011 %	REFLEX – 2006 %	DANCER – 2006 %
ACR 20	84	51	54
ACR 50	62	27	34
ACR 70	19	12	20

# Conclusions


---

- **Better than expected efficacy of rituximab in Pakistani patients with RA not responding to standard DMARD therapy.**
  - **Results at 12 months even better than at 6 months.**
  - **No serious adverse events .**
  - **Easily tolerated by all patients**
- 



# Critique

---

- **Sample size much smaller than previously conducted studies hence validity of results open to discussion.**
  - **Psychological profile of Pakistani patients perhaps contributed to significant improvement in VAS score and hence final DAS 28 score.**
- 



**Serene as the Seine in Paris with Rituximab  
in Pakistan**

**THANK YOU**

---

## Back-up Slides



# Concomitant Illness & Medication

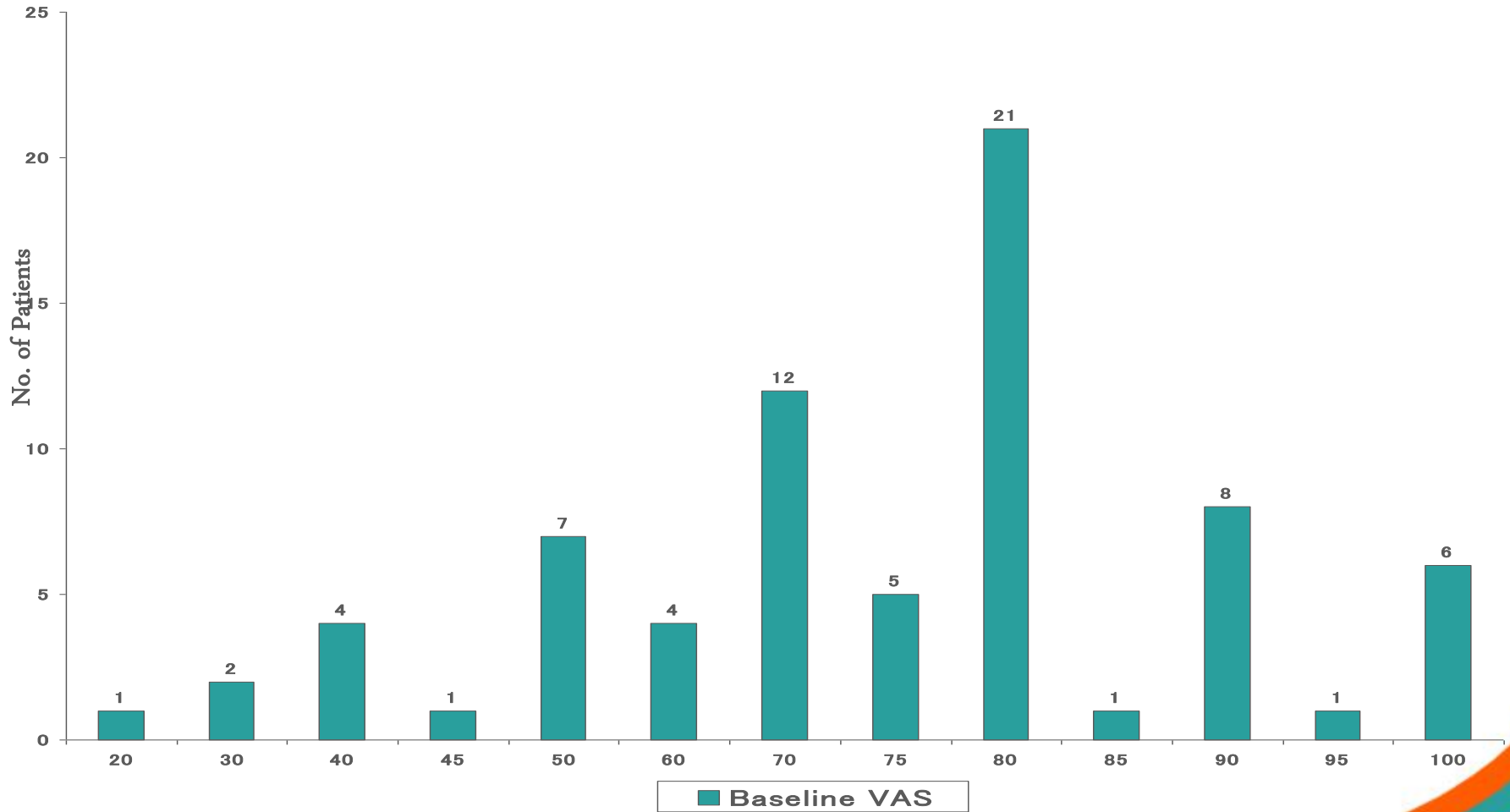
<b>Variables</b>	<b>n</b>	<b>(%)</b>
Diabetes	4	5.4
Diabetes+HTN	2	2.7
Hypertension	11	14.9
HTN+Osteoporosis	1	1.4
HTN+Osteoporosis+Osteoarthritis	1	1.4
HTN+Blood disorder	3	4.1
Osteoporosis	6	8.1
Osteoporosis+Osteoarthritis	1	1.4
Osteoarthritis	2	2.7
Concomitant illness	31	41.9
Concomitant Medication	44	59.5

# Concomitant Illness & Medication (Back up Slide)

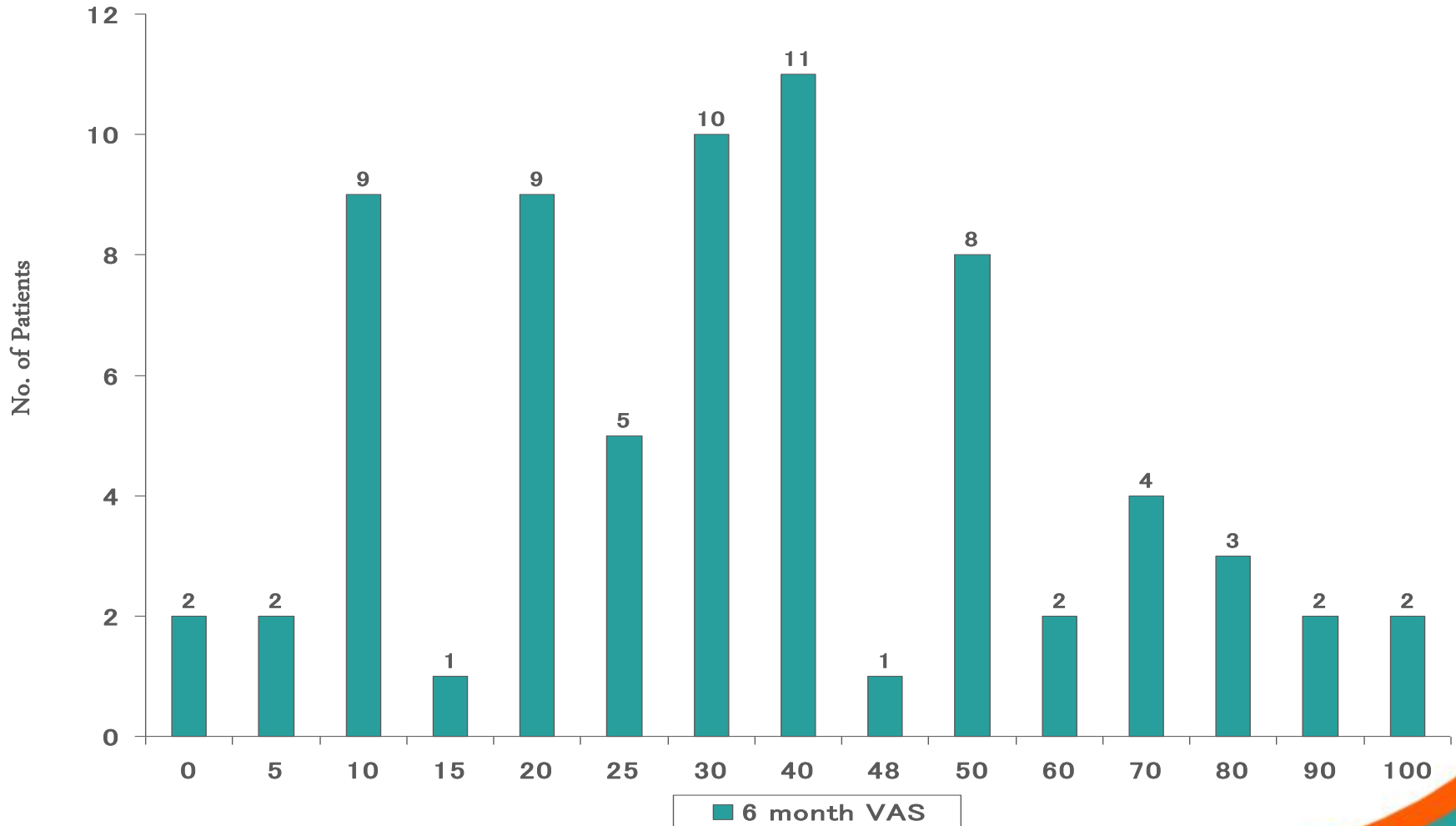
<b>Variables</b>	<b>n</b>	<b>(%)</b>
Diabetes	6	8.1
Hypertension	18	24.3
Blood disorder	3	4.1
Osteoporosis	9	12.2
Osteoarthritis	4	5.4
Concomitant illness	40	54.1
No Concomitant illness	34	45.9
Concomitant Medication	44	59.5

# Baseline VAS

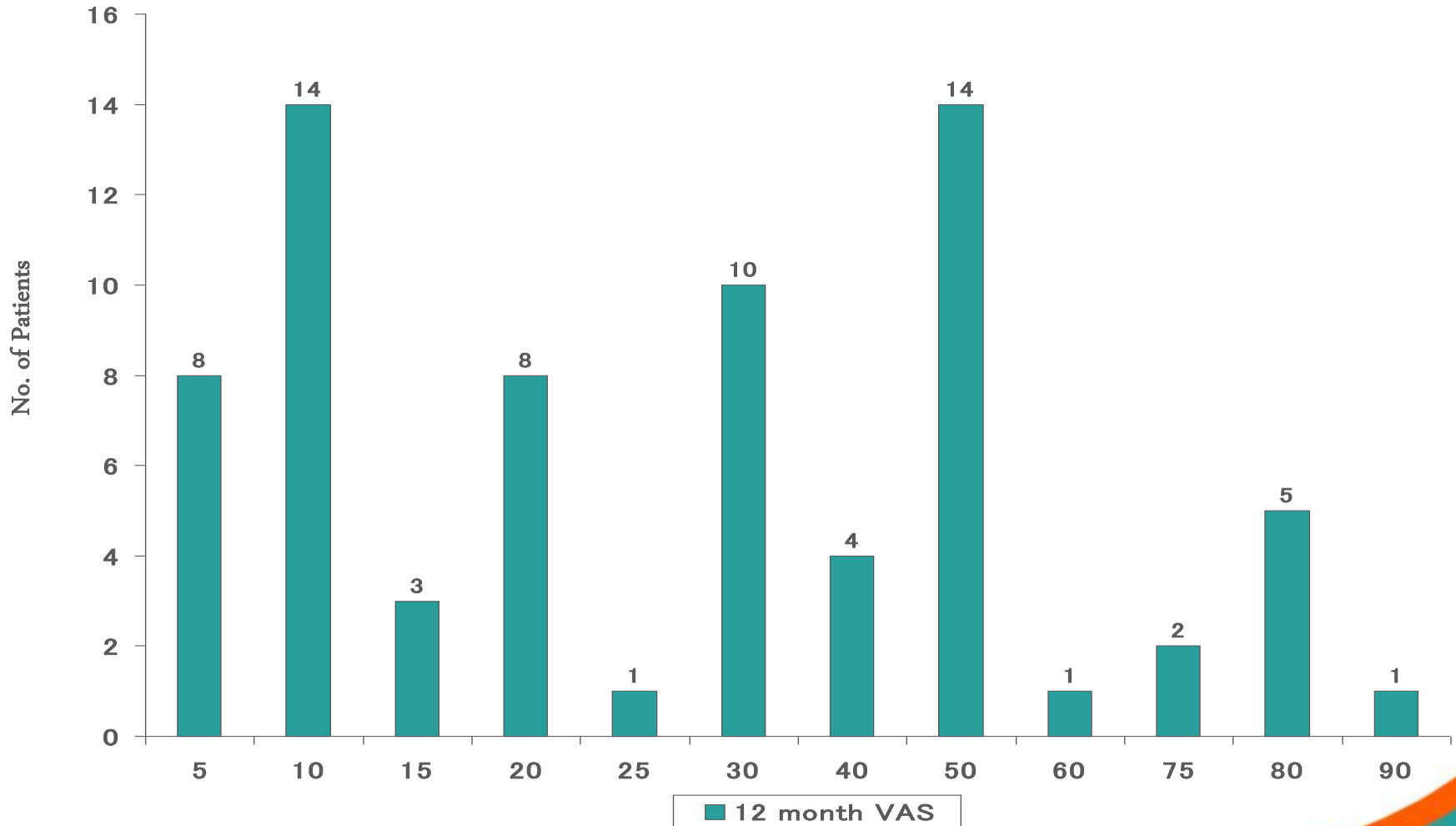
---



# 6<sup>th</sup> month VAS

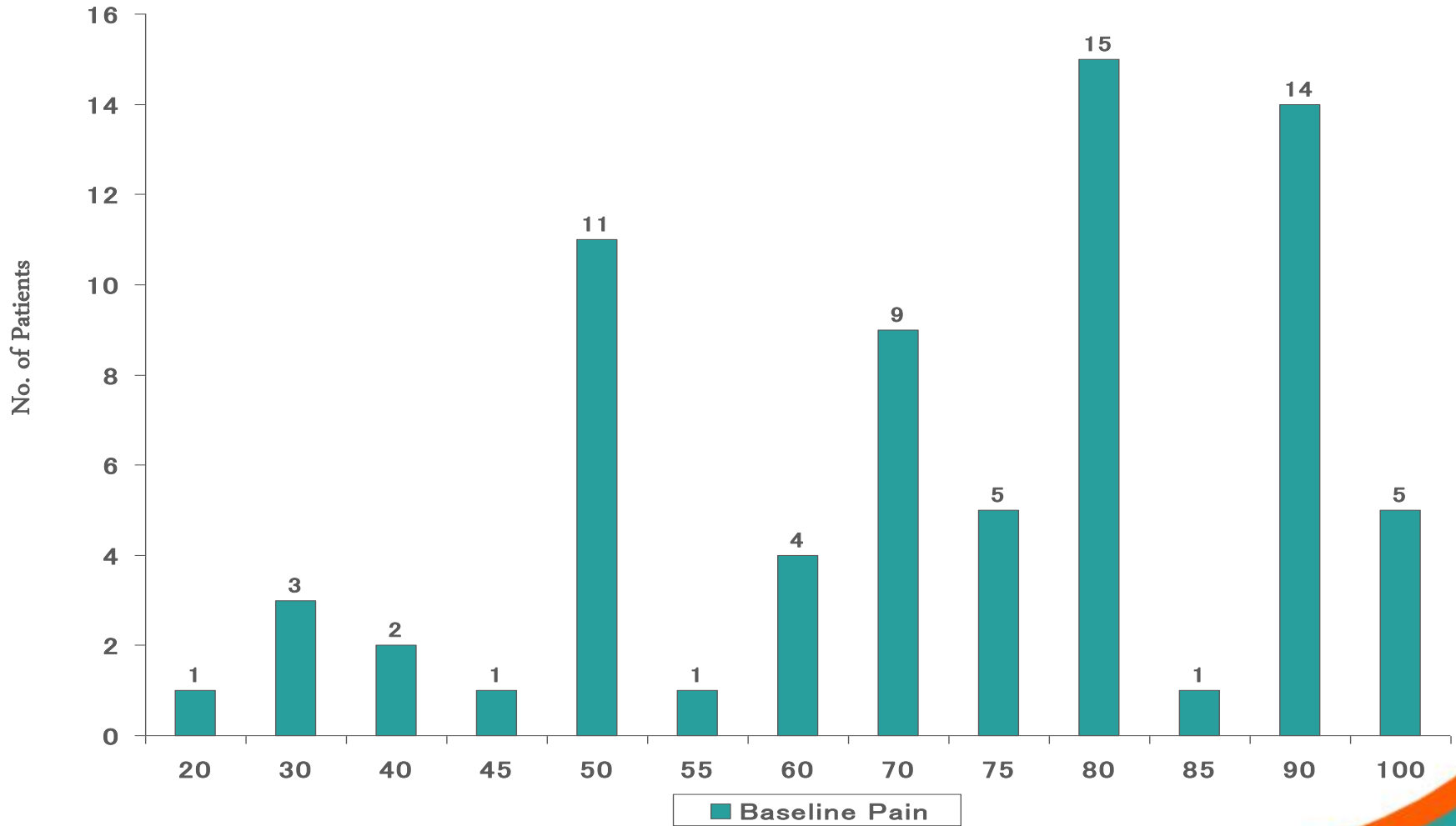


# 12<sup>th</sup> month VAS

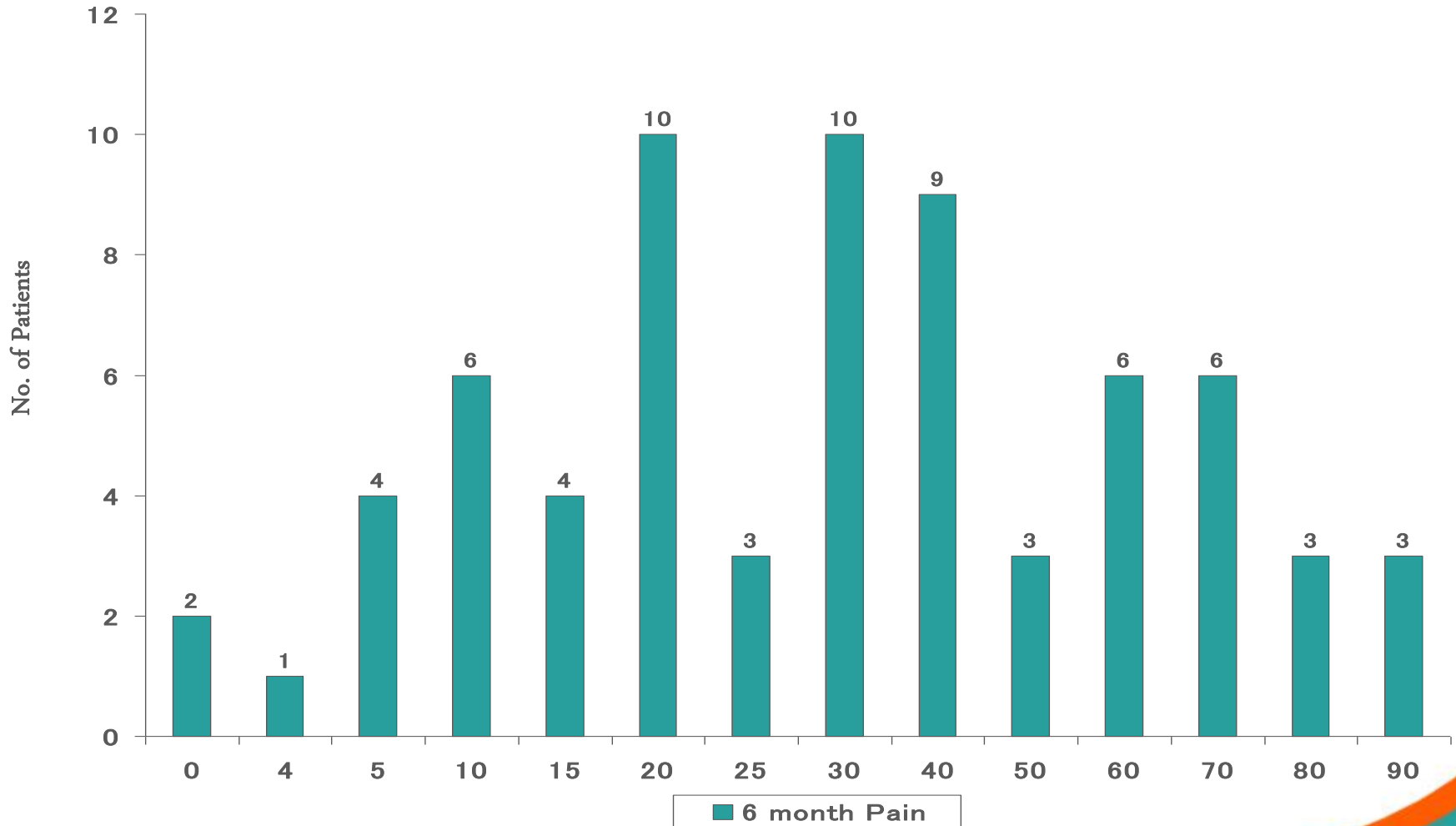




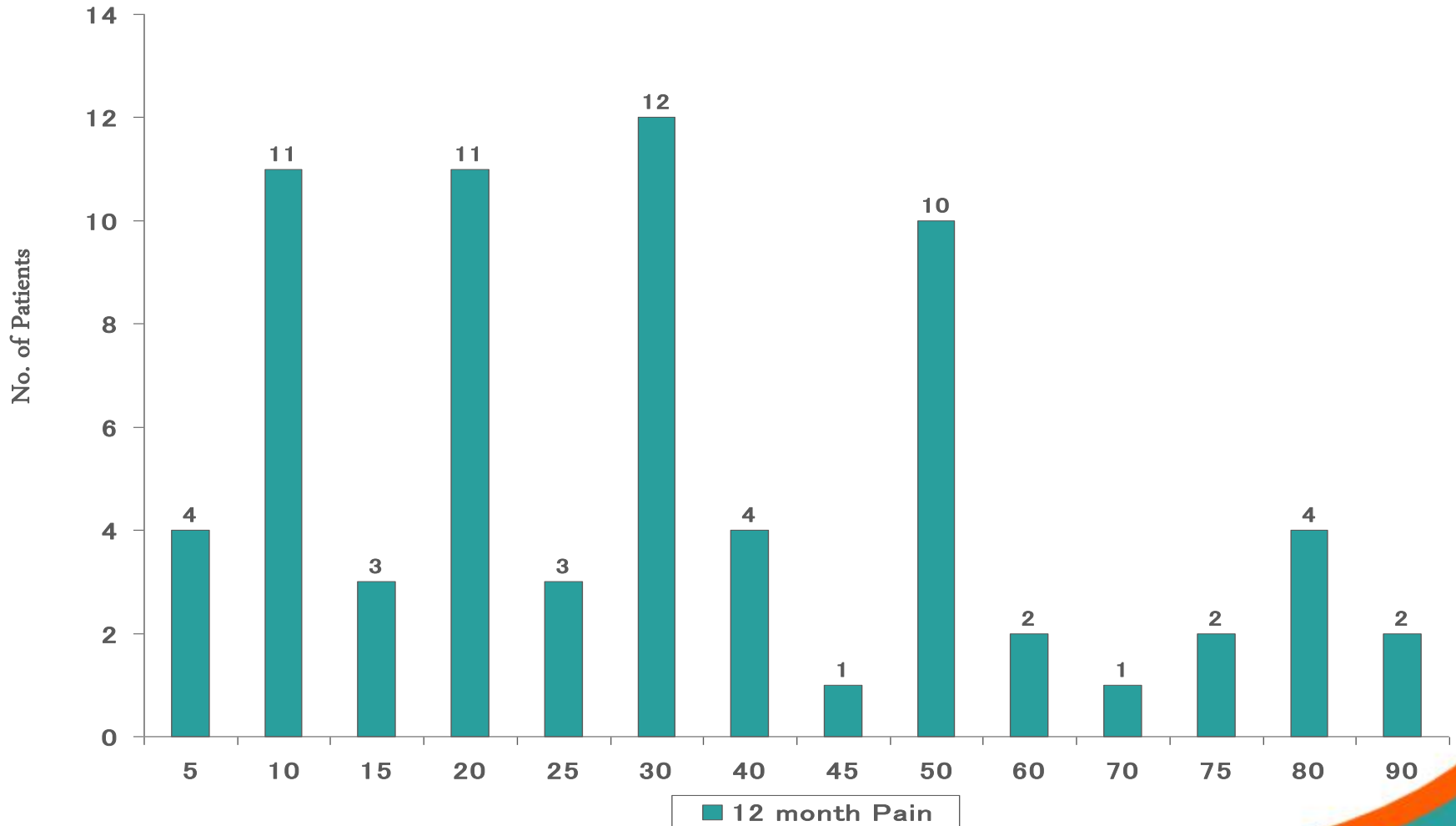
# Baseline Pain



# 6 month Pain



# 12 month Pain



---

