

# Early Rheumatoid Arthritis (RA)

Chairs: Dr. Andrew Thompson (CRA) and Dr. Fedra Irazoque Palazuelos (MCR)

## Prognostic and Diagnostic Markers and New Criteria for Early Arthritis

Speaker: Dr. Hani El-Gabalawy

### Learning objectives:

1. To review new clinical criteria for the diagnosis of early inflammatory arthritis (EIA).
2. To explore biomarkers that are of potential value in the diagnosis of EIA.
3. To explore biomarkers that are of potential value as prognostic markers for EIA.

### Abstract:

Early inflammatory arthritis (EIA) frequently poses a diagnostic and prognostic challenge to clinicians. Although a wide number of disorders are considered, rheumatoid arthritis (RA) is typically high on the differential diagnosis. The 1987

American College of Rheumatology (ACR) criteria for RA have recently been replaced by a new set of criteria through a combined ACR/European League Against Rheumatism (EULAR) initiative. Formal testing of these criteria in a variety of clinical and research settings will be required to determine their value to clinicians and investigators.

There has been widespread interest in the identification of biomarkers that would be of additional value to clinicians in determining diagnosis, and in particular, prognosis in EIA. Candidate biomarkers have emerged from studies of autoantibody profiles and from studies using broadly based genomic, transcriptomic and proteomic techniques applied to peripheral blood, synovial fluid and tissue. Although, to date, few of these candidate biomarkers have reached the stage of widespread clinical testing, there are a number of promising approaches and candidates, which will be discussed in this presentation.

## Early Management

Speaker: Dr. Vivian Bykerk

### Learning objectives:

1. To understand the rationale for treating within the window of opportunity for patients with new onset rheumatoid arthritis (RA).
2. To enable the physician to choose treatment strategies for patients with early RA that will optimize their long-term outcome.
3. To appreciate what guidelines are saying about the early treatment of RA in regards to the goals of therapy.

### Abstract:

Several studies have shown that joint damage can occur as early as four months in patients presenting with symptoms of RA. Early treatment with disease-modifying anti-rheumatic drugs (DMARDs) can improve the signs and symptoms of RA, as well as lessen radiographic progression in patients with early RA compared with delayed treatment. Recent evidence suggests that there may be a "window of opportunity" to treat RA, and when treatment is initiated within this time the course of the disease can be modified leading to a higher probability of remission. The initial choice of therapy should be based on the patient's prognosis. Most often this includes methotrexate

in combination with other DMARDs and, if needed, short-term use of steroids. Data from the Swedish Pharmacotherapy (SWEFOT) study suggests that there are patients who will experience radiographic progression while taking methotrexate monotherapy even though they are in a low disease activity state. Another means to optimize outcomes for patients with early RA is to use a treatment to target (TTT) strategy. TTT refers to a strategy of treating RA to obtain a target level of minimal disease activity. Six randomized trials of TTT have been performed in RA. All TTT trials have been conducted outside of the U.S., and the largest of these trials had 384 subjects. Four of these trials have demanded that subjects in the intervention arm be treated with specific treatment algorithms, and two of these trials have allowed treating physicians to decide without giving specific options. The treatment target for patients in these trials is either a low disease activity state or remission. Patients treated to a target achieve significantly better control of their disease without an increase in adverse events.

*Conclusion.* Early assessment and treatment with close monitoring of patients with early RA, targeting remission where possible, is important to optimize long-term outcomes. Specific treatment strategies can be selected from the many proven options to obtain the best results for the individual patient.