NORTHERN (HIGH)LIGHTS

New CRA Treatment Recommendations for Rheumatoid Arthritis

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For the first time ever, Canada has comprehensive rheumatoid arthritis (RA) treatment guidance for physicians and patients.

Overview

The Canadian Rheumatology Association (CRA) has developed new 2011/2012 Recommendations for the Pharmacological Management of RA that take into consideration the current Canadian health system. The recommendations were developed by a multi-disciplinary working group to directly address a large number of treatment and safety questions facing Canadian rheumatologists. To facilitate implementation, each recommendation is graded and presented with a discussion of available evidence from international RA guidelines, randomized control trials and observational studies, panel values in the interpretation of evidence, and any potential health system barriers.

How Were CRA Recommendations for RA Developed?

The recommendations were the result of a collaborative effort of the CRA, and included a national working group of RA clinical experts, researchers, patient consumers, and a family physician. Additional expertise from external content experts in infectious diseases and cancer was sought in the development of the safety recommendations. Key questions were identified a priori based on results of a national needs assessment survey. We applied a novel framework for the development of CRA recommendations, through guideline adaptation whereby all international RA guidelines from other groups were identified in a systematic review and appraised for quality. This method allowed us to borrow the strengths of other guideline efforts to create evidence-based, timely recommendations that are applicable to the Canadian healthcare context. The recommendations and supporting evidence were presented to the guideline panel and recommendations were voted on through a modified Delphi consensus procedure. Draft recommendations were sent to CRA members for review, and the feedback received was used to finalize recommendations and inform supporting text discussions. Development of recommendations was funded through a grant from the Canadian Institutes of Health Research (CIHR) and matched funds from the CRA. No representatives of pharmaceutical companies were involved in any phase of guideline development.

What Do CRA Recommendations for RA Cover?

CRA recommendations for RA were developed in two parts. Part one, focusing on treatment, includes five overarching care principles and 26 recommendations addressing general RA treatment strategies as well as specific treatment strategies for the use of glucocorticoids, traditional and biologic disease-modifying anti-rheumatic drugs (DMARDs), and is available on-line with open-access though *The Journal of Rheumatology (www.jrheum.org/content/early/2011/09/12/jrheum.110207.full.pdf+html)*.

Part two, focusing on selected safety aspects of treatment, includes 13 recommendations addressing perioperative care, screening for latent tuberculosis infection (LTBI) prior to starting biologic therapy, optimal vaccination practices, and treatment of patients with current or a past history of malignancy. It is also available online with open-access through The Journal of Rheumatology (www.jrheum.org/content/early/2012/06/11/jrheum.120165. full.pdf+html). Included with the recommendations are several user-friendly algorithms (e.g., RA Treatment Algorithm, reprinted with permission as Figure 1) and tables designed to synthesize recommendations and aid in dissemination and implementation. All recommendation documents, including supplementary material, is available through the newly updated CRA website (www.rheum.ca/ en/publications/treatment_recommendations_for_ra).

Putting CRA Recommendations for RA into Practice

The recommendations have been endorsed by the CRA for a period of two years, after which they will be reviewed to determine if they remain current in the face of emerging evidence. The guideline working group and the CRA is actively involved in guideline dissemination through various channels including journal publications, targeted-user summaries, presentations at regional and international rheumatology educational meetings, local out-reach visits, and the development of tools. The working group welcomes

all comments and feedback on the recommendations including (but not limited to): the recommendations themselves, potential barriers to implementation, other topics or recommendations of interest not currently addressed, and suggestions for tools to aid in implementation. Comments can be sent to <code>raguidelines@rheum.ca</code>.

Figure 1. Algorithm Based on CRA Recommendations for the Pharmacological Treatment of RA with Traditional and Biologic DMARDs Diagnosis of RA Aim for goal of remission (or LDA when not possible) Assess disease activity and prognostic features Start DMARDs as soon as possible DMARD monotherapy: DMARD combination therapy: +/- oral/IA/IM with MTX unless contraindicated MTX unless contraindicated glucocorticoids In certain situations: 1. DMARD Inadequate contraindication response 2. High disease activity with poor Switch to any prognostic factors Inadequate biologic not (particularly early response previously disease) Switch DMARD tried and failed OR Add/switch to Inadequate Inadequate 1st anti-TNF: ABAT or RTX or traditional TCZ: with MTX response DMARD not with MTX unless CI response previously unless CI tried and failed OR 2nd anti-TNF: Inadequate Enroll patient with MTX unless CI response Inadequate = not reaching target in a clinical response by 3-6 months trial RA = rheumatoid arthritis; LDA = low-disease activity; DMARD = disease modifying anti-rheumatic drug; CI = contraindicated; IA = intra-articular; IM = intra-muscular; MTX = methotrexate; TNF = anti-tumor necrosis factor antibody; ABAT = abatacept; RTX = rituximab; TCZ = tocilizumab. From J Rheumatol 2012;39:1559-82; with permission.

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Box 1. Useful Guideline Links for Rheumatologists and Patients

Links to CRA Recommendations for RA

- CRA website (all guideline documents, supplementary material, tools)
 www.rheum.ca/en/publications/treatment_recommendations_for_ra
- Journal of Rheumatology Publication Part 1: Treatment (Open Access) www.jrheum.org/content/early/2011/09/12/jrheum.110207.full.pdf+html
- Journal of Rheumatology Publication Part 2: Safety (Open Access) www.jrheum.org/content/early/2012/06/11/jrheum.120165.full.pdf+html
- Journal of Rheumatology Publication: Brief Report Needs Assessment Survey
 www.jrheum.org/content/early/2011/08/30/jrheum.110208.full.pdf+html?sid=17d2176c-d356-43e3-ac0e-1802e92bcb5a

Links for Monitoring Drug Safety in RA

- Health Canada Drug Product Database www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php
- Health Canada MedEffect Homepage www.healthcanada.gc.ca/medeffect
- US FDA MedWatch Safety Alerts for Human Medical Products www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/default.htm
- Online TST/ IGRA Interpreter Tool (Version 3.0) www.tstin3d.com/en/calc.html

Links for Guideline Developers

- Institute of Medicine Standards for Developing Trustworthy Guidelines www.iom.edu/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust.aspx
- Canadian Medical Association Guideline Handbook www.cma.ca/index.php/ci_id/54316/la_id/1.htm
- Guideline Adaptation Toolkit (Formerly ADAPTE Collaboration Toolkit) www.g-i-n.net/document-store/adapte-resource-toolkit-guideline-adaptation-version-2
- Appraising Guideline Quality (AGREE Trust) www.agreetrust.org

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