

Poster presentation

## **Etanercept discontinuation in a cohort of juvenile idiopathic arthritis patients: etanercept inefficacy but not intolerance is associated with oral corticosteroid use**

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The British Society for Paediatric and Adolescent Rheumatology (BSPAR) Biologics Register monitors JIA patients treated with etanercept +/- methotrexate. We report duration of etanercept use and reasons for discontinuation, defined as cessation due to disease control or treatment failure; not including precautionary or temporary drug discontinuation for transient adverse events. Kaplan-Meier survival analysis was conducted with remaining patients censored at five years follow-up.

### **Results**

From 2004–8, 434 etanercept treated JIA patients were enrolled; 68% female, 15.7% systemic arthritis, mean age at starting etanercept 11 years (2–21 years). At initiation of etanercept, 173 (40%) were also being treated with oral corticosteroids (the "steroid+" group). In 846 patient years of follow up, 83/434 patients (19.1%) discontinued etanercept for recorded reasons, 46 of whom (55%) were in the steroid+ group (table 1).

Discontinuations were due to treatment inefficacy rather than treatment intolerance in the steroid+ group ( $p = 0.01$ ). Of the 5 discontinuations due to infection related adverse events, 4 were in the steroid+ group. Using 5 year Kaplan-Meier analysis, 55% of all etanercept treated patients (95% confidence intervals 44.4% – 65.6%) had not experienced treatment failure. Discontinuation at 5 years was not associated with initial disease severity by physicians global assessment, systemic arthritis subtype,

starting etanercept before age 10, disease onset before age 5, concurrent methotrexate use or chronic anterior uveitis.

**Table 1: Reasons for stopping Etanercept**

Pt Group	Inefficacy	Intolerance	Non-compliance	Disease control
Steroid+	30 (65.2%)	6 (13%)	6 (13%)	4 (8.7%)
Steroid-	14 (37.8%)	14 (37.8%)	4 (10.8%)	5 (13.5%)
	44	20	10	9

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