

Poster presentation

## **Efficacy of a second TNF blocker, when the first one failed, in patients with juvenile idiopathic arthritis (JIA)**

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### **Objectives**

To determine the efficacy of a second treatment with a different TNF blocker in JIA when the first one failed.

### **Methods**

All JIA patients prospectively followed at our Centre, who failed a first TNF blocker and switched to a second one were enrolled. For each patient the DAS, ACR Ped30, ACR20, ACR50 and ACR70 responses were evaluated at baseline and after a period ranging from 3 to 6 months of each treatment.

### **Results**

Out of 60 JIA patients enrolled, 40 (37 f, 3 m) were evaluated: 10 systemic arthritis, 2 persistent oligoarthritis, 11 extended oligoarthritis, 9 RF negative polyarthritis, 4 RF positive polyarthritis, 1 ERA (enthesitis related arthritis), 3 psoriatic arthritis. With a standard Chi square model, we didn't find a significant difference in the ACR and DAS response rates between the first and the second anti TNF treatment ( $p > 0.1$ ). Stratifying the population for the type of the shift (Etanercept to Infliximab/Adalimumab, Infliximab to Etanercept/Adalimumab) we didn't find a significant difference in the ACR and DAS response rates between the first and the second anti TNF treatment ( $p > 0.1$ ). Our data show that failure of an anti-TNF therapy in patients with JIA does not preclude a response to a second anti-TNF agent of a different class.