Methods: This was a double-blind, active control study. 244 healthy volunteers completed the study. Upper GI endoscopy was performed prior to and on day 14 after commencing treatment with naproxen (550 mg twice daily) or ATB-346 (250 mg once daily in the morning and placebo once daily in the evening). Whole blood thrombocyte synthesis (COX activity) and plasma hydrogen sulfide levels were also measured.

Results: For the primary endpoint, incidence of ulcers ≥3 mm in diameter, 53 subjects (42%) taking naproxen developed at least one ulcer, while only 3 subjects taking ATB-346 developed at least one ulcer (p=0.0001). The two drugs produced comparable suppression of systemic COX activity. Subjects in the naproxen group developed more ulcers per subject (an average of 4) than in the ATB-346 group (1.3 per subject), and a greater incidence of larger (>5.5 mm diameter) ulcers (125 vs. 0), respectively. The incidence of abdominal pain, gastro-esophageal reflux and nausea were markedly lower with ATB-346 than with naproxen. Systemic COX activity was inhibited by 95% in both groups, and plasma H2S levels were significantly elevated in subjects treated with ATB-346 (by ∼50%; p<0.001).

Conclusions: As in pre-clinical studies, this phase 2 clinical trial demonstrated a dramatic increase in the GI safety of ATB-346 versus one of the most commonly used NSAIDs, naproxen. ATB-346 produced equivalent suppression of COX and markedly reduced GI ulceration and abdominal symptoms compared to naproxen. The significant suppression of GI adverse events with ATB-346 should enable the drug to be used safely by patients with a history of ulcers and a previous intolerance to NSAIDs.

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GIANT CELL ARTERITIS. TREATMENT WITH TOCILIZUMAB
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Objectives: Tocilizumab (TCZ) has shown efficacy in clinical trials and in real-world data on giant cell arteritis (GCA). We describe our experience with TCZ in GCA in those patients with inefficacy to previous therapies in a tertiary hospital.

Methods: Search and review clinical data of patients diagnosed with GCA and treated with TCZ in the last 5 years.

Results: 23 patients (3 men); mean age 71.5 (7.8). 57% positive temporal artery biopsy: 74% received treatment with dMDARD. 26% started TCZ in combination with methotrexate. Before TCZ was started, the median methotrexate and steroids doses were 20 mg (10-23.75) and 12.5 mg (5-30), respectively. 5 patients had visual loss: 2 amaurosis and 3 optic neuritis.

TCZ was started after a median time from GCA diagnosis of 12 months (2-21).

This was a double-blind, active control study. 244 healthy volunteers completed the study. Whole blood thrombocyte synthesis (COX activity) and plasma hydrogen sulfide levels were also measured.

Results: For the primary endpoint, incidence of ulcers ≥3 mm in diameter, 53 subjects (42%) taking naproxen developed at least one ulcer, while only 3 subjects taking ATB-346 developed at least one ulcer (p=0.0001). The two drugs produced comparable suppression of systemic COX activity. Subjects in the naproxen group developed more ulcers per subject (an average of 4) than in the ATB-346 group (1.3 per subject), and a greater incidence of larger (>5.5 mm diameter) ulcers (125 vs. 0), respectively. The incidence of abdominal pain, gastro-esophageal reflux and nausea were markedly lower with ATB-346 than with naproxen. Systemic COX activity was inhibited by 95% in both groups, and plasma H2S levels were significantly elevated in subjects treated with ATB-346 (by ∼50%; p<0.001).

Conclusions: As in pre-clinical studies, this phase 2 clinical trial demonstrated a dramatic increase in the GI safety of ATB-346 versus one of the most commonly used NSAIDs, naproxen. ATB-346 produced equivalent suppression of COX and markedly reduced GI ulceration and abdominal symptoms compared to naproxen. The significant suppression of GI adverse events with ATB-346 should enable the drug to be used safely by patients with a history of ulcers and a previous intolerance to NSAIDs.

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