

Poster presentation

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When and how to stop etanercept after successful treatment of patients with juvenile idiopathic arthritis

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Objective

The aim of etanercept therapy in juvenile idiopathic arthritis (JIA) is to achieve disease remission. However, little is known about when or how to stop etanercept when this aim is reached. Our objective was to describe characteristics and disease course of JIA patients who discontinued etanercept because of a sustained good clinical response.

Methods

The "Arthritis and Biologicals in Children" (ABC)-project is the Dutch national register on biologicals in JIA, in which data are collected prospectively. All patients from this register who discontinued etanercept because of a good clinical response were selected. For evaluation of the disease course we used the criteria for clinical remission on medication and off medication by Wallace et al.

Results

Of the 210 patients in the ABC-register, 17 patients discontinued etanercept because of a good clinical response. After discontinuation nine patients (53%), with a mean follow-up of 1.4 years, did not develop a disease flare. They showed a longer mean period of clinical remission on medication (1.9 vs. 0.3 years, $p < 0.01$) and used etanercept longer (3.7 vs. 2.4 years, $p = 0.16$) compared to

patients who flared. Three out of the 17 patients discontinued etanercept instantaneously and flared within one year, all other patients tapered the etanercept dose before discontinuation. All seven patients who resumed etanercept use after flaring recovered soon.

Conclusion

Patients who meet the clinical remission criteria on etanercept for a longer period have a better chance of retaining remission after etanercept discontinuation. Tapering of etanercept dose before discontinuation is favourable.