Our data reflect real-life clinical practice, where a physician would not actively re-treat nonresponders or those with an insufficient therapeutic response, but would treat patients demonstrating response to previous treatment. This is particularly true of RTX where a course of treatment has an effect over the subsequent 6-month period.

Acknowledging the limitations inherent in a retrospective efficacy analysis of an open-label study, these data confirm RTX as an effective longterm treatment option in a refractory RA population and are helpful to clinicians.

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REFERENCES


Table 1. Mean change in DAS28-ESR by course and by re-treatment status.

<table>
<thead>
<tr>
<th>Course 2, n = 317</th>
<th>Course 3, n = 259</th>
<th>Course 4, n = 195</th>
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<tbody>
<tr>
<td>W O/W</td>
<td>W O/W</td>
<td>W O/W</td>
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<tr>
<td>Change in DAS28-ESR at Week 24*</td>
<td>2.68 (1.39)</td>
<td>2.87 (1.07)</td>
</tr>
</tbody>
</table>

* Relative to baseline value at the initial rituximab treatment. DAS28-ESR: Disease Activity Score in 28 joints-erythrocyte sedimentation rate; W: with (received subsequent treatment course); O/W: without (did not receive subsequent treatment course).


J Rheumatol 2013;40:5; doi:10.3899/jrheum.130175