Background
Today, the main objectives in the treatment of rheumatoid arthritis (RA) are to induce sustained remission, to prevent joint destruction and to enable the patient to lead a full life. By means of the data of the German biologic s register RABBIT (rheumatoid arthritis – observation of biologic therapy) we were able to show that biologics increase the chance of remission in RA significantly (odds ratio=2.0). However, the overall remission rates remain low (< 20%; sustained remission >6 months < 10%). In the following we used data of this German prospective cohort study RABBIT to determine the time to relapse in RA patients withdrawn from anti-TNF treatment because of remission.

Patients and methods

Patients
• enrolled into RABBIT between May 2001 and December 2005
• new prescription of etanercept (ETA), adalimumab (ADA) or infliximab (INF) at enrollment to this prospective cohort study of RA patients in routine care

Assessments
• start/end of treatment with biologics or DMARDs
• reasons for withdrawal of anti-TNF therapy
• clinical status including disease activity score DAS28

Outcome
• frequency of treatment termination because of remission
• time to new start of an anti-TNF treatment
• time to relapse (new start of anti-TNF or DMARD treatment, or to exceed DAS28 > 3.8, or to increase in the DAS28 > 1.2)

Statistical method
Kaplan Meier method

Results
Among 2651 patients enrolled, 1087 received ETA, 996 ADA and 568 received INF (Tab. 1).

The cumulative relapse rates at 3, 6 and 12 months were 30.2%, 57.7% (95%CI: 39% - 78%) and 67.1% (48%-85%) (Fig.1).

Conclusion:
In this group of RA patients with severe, long-standing disease and a considerable number of previous DMARD failures, withdrawal of anti-TNF agents because of remission was rare. Nevertheless, our data suggest, there is an appreciable proportion of this small subgroup of patients who do rather well without any new anti-TNF treatment for at least 6 or 12 months of follow up.

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