In this retrospective analysis, in the group of patients (n=79) who reached rilonacept monotherapy, we evaluated therapies at baseline. In patients being treated with both colchicine and CS, patients were divided into subgroups depending on tapering approach. Definition of Clinical Response: Methods: HYPOTHESIS: Rilonacept allows faster tapering of therapies while reducing risk of recurrence.

BACKGROUND

Recurrent Pericarditis (RP): • Developing recurrent peri- carditis often requiring months to years of treatment. • Many patients will experience additional episodes, or recurrent peri- carditis. • Monitoring is necessary (3-6) to be considered or monitored for recurrence.

Rilonacept: • Once-weekly IL-1α cytokine trap. • Demonstrated efficacy and safety of rilonacept in patients with RP.10
• Randomized, double-blind, placebo-controlled, Randomized Withdrawal Phase 3

RESULTS

Colchicine and CS Tapering Approach During Run-In Period

- Similar numbers of patients were tapered sequentially (colchicine taper initiated only after CS tapered) as were tapered concurrently (colchicine taper initiated during CS taper).
- Patients who were tapered sequentially or concurrently all successfully reached rilonacept monotherapy within a median of 7.4-8.3 weeks without pericarditis recurrence.

CONCLUSIONS

- In RHAPSODY, initiation of rilonacept in patients presenting with an acute recurrence despite standard therapy resulted in rapid resolution of pericarditis, with an average time to treatment response of 5 days.
- In RHAPSODY, patients on rilonacept rapidly and successfully tapered off commonly used therapies, including long-term CS, in a median of 7.9 weeks or less, which is faster than recommended by ESC guidelines.
- ESC guidelines recommend gradual tapering of CS, decreasing by 1-2 mg/day every 2-4 weeks over 1-2 years.
- ESC guidelines also recommend stopping a single class of drugs at a time. Patients in RHAPSODY were tapered faster than the 10-week period allowed by the study protocol.
- The clinical trial design provided a 10-week structure for tapering.
- While this could be seen as a limitation of interpretation of this data, the observed successful tapering of 7.9 weeks (which may not indicate that the observed rapid tapering response may have increased in investigator confidence; tapering more rapidly than in clinical practice or these findings suggest that rilonacept can facilitate the rapid tapering of commonly used therapies to achieve rilonacept monotherapy could be feasible without recurrence. This may help lessen the side effects of prolonged CS exposure compared to ESC guidelines.

REFERENCES


DISCLOSURES

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