Management of patients with past or present history of autoimmune disease

Evidence-based Medicine | Official Recommendations | Expert opinion

Steps to be taken before initiating abatacept therapy in patients with a history of autoimmune disease

In the current state of our knowledge, no specific autoimmune disease in the patient's history contraindicates the use of abatacept. On the contrary, experimental findings and preliminary clinical data suggest that abatacept may have beneficial effects in some autoimmune diseases. To date, however, such beneficial effects remain unproven (refer to "Current knowledge" section).

What are the alarm symptoms that suggest an autoimmune disease in patients receiving abatacept?

Many manifestations can suggest a diagnosis of autoimmune disease (e.g., constitutional symptoms or organ involvement). In the current state of our knowledge, no specific diagnosis should be considered preferentially, although cutaneous psoriasis seems slightly more common than other autoimmune diseases, RA disease can be associated with various systemic autoimmune disorders (Sjögren's Syndrome, systemic lupus erythematosus, scleroderma, …) and organ-specific autoimmune disorders (thyroiditis), independently from any inducing effect of abatacept.

Course of action in case of autoimmune disease development

The first step is to make sure that the manifestations reported by the patient are caused by an autoimmune disorder and not by any other cause such as infection. When an autoimmune disorder develops, several measures should be taken.

- Report the case to the pharmacovigilance center
- Evaluate the risk/benefit ratio of abatacept treatment
  - If the autoimmune manifestations are severe (vasculitis, systemic lupus erythematosus, demyelination), the wisest course of action is to discontinue abatacept therapy and to initiate an immunosuppressive treatment known to be effective against these manifestations
  - If the autoimmune manifestations are not severe (psoriasis, thyroid dysfunction), abatacept can be continued if it is effective in controlling RA disease activity. Symptomatic treatment for the autoimmune disease can be added if needed.

Current knowledge on the risk of autoimmune disease

- The introduction of a new immunomodulating agent requires close monitoring for the occurrence of induced autoimmune manifestations. During the abatacept development program, a few cases of cutaneous psoriasis were recorded. In contrast, no other autoimmune diseases developed, and neither were antinuclear or anti-dsDNA antibodies induced.

- Autoimmune manifestations have been studied in abatacept-treated patients. Based on pooled data available as of December 2009 in abatacept-treated RA patients, which correspond to 12 132 patient-years (with exposures ≥5 years in 28% of patients) (4), the risk is very low and is highest for psoriasis (0.57; 95%CI, 0.44-0.72) (Table 1).

Table 1 – Risk of development of autoimmune events in trials of abatacept

Pooled data* - 12 132 patient-years - 4149 patients	
	Risk of occurrence IR**(95%CI)
Psoriasis	0.57 (0.44-0.72)
Sjögren's Syndrome	0.19 (0.12-0.29)
Vasculitis	0.18 (0.11-0.28)

* Double-blind phases + long-term extensions

** IR: incidence rate

As confirmed by the EMA report on abatacept (5), these analyses found no increased risk of autoimmune disease during abatacept therapy. The incidence of autoimmune manifestations did not increase with the duration of abatacept exposure.