The use of biologic response modifiers in polyarticular course juvenile idiopathic arthritis - a systematic review update

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Citation

Authors' objectives
As new biologics with indications for juvenile idiopathic arthritis (JIA) continue to be introduced, uncertainties regarding the long-term clinical benefits and safety outcomes persist. In recent years extensive findings from observational and long-term follow-up studies have been reported. These studies may lead to a further understanding of the long-term clinical benefit and safety of biologic drugs in JIA. The purpose of this report was to update the systematic review carried out in 2010 and summarize new clinical data which could be used to evaluate the efficacy and safety of biologic therapies used to treat polyarticular JIA.

Authors' conclusions
Findings from the update contribute greatly to our understanding of the long-term efficacy and safety of biologic treatments in polyarticular JIA; in particular etanercept. A number of large, ongoing open-label registries collecting data on patients treated with etanercept over the long-term report lower rates of discontinuation than the open-label extension phases. Findings from these registries confirm the long-term efficacy of etanercept in real-world clinical settings, and suggest that ongoing treatment may be safe over several years of continued treatment. More long-term safety data is however required to rule out concerns that biologics are associated with the development of malignancies and autoimmune disorders. More long-term data will also allow better predictions of long-term outcomes for those who can tolerate and respond to therapy, as well as a further understanding of the long-term consequences for patients that may not be able to continue the treatment for long periods due to loss of efficacy or intolerance. As the field moves forward, registries have the potential to greatly contribute to our understanding of how patients respond to biologic therapies over time - particularly when to discontinue treatment in patients who achieve disease remission on medication, and the best pathways of care for those who show intolerance or a lack of response.

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