

Re: Rheumatoid Arthritis - Additional AnalysisFrom: [REDACTED]
[REDACTED]
Sent: 10 February 2008 09:40
To: Jeremy Powell
Cc: '[REDACTED]'; '[REDACTED]'; '[REDACTED]'; '[REDACTED]'
Subject: RE: Rheumatoid Arthritis - Additional Analysis

Jeremy

A couple of brief comments relating to additional modeling done by Pelham Barton.

1. Whilst different doses of infliximab are considered dose escalation of adalimumab is not. The initial dose of adalimumab is 40 mg per fortnight but the license allows for an increase to 40 mg per week. A proportion of patients in clinical practice have needed this dose, in my experience. This is relevant to any comparisons of etanercept versus adalimumab.

2. In clinical practice the role of rituximab is, as yet, not well defined. It may seem obvious on health economic grounds to model for use of rituximab after failure of one TNF inhibitor but this decision is not at all straightforward in practice especially if patients and clinicians feel that TNF inhibitors will subsequently be denied. Bear in mind that partial responses to TNF inhibitors are commonplace and patients in a difficult place are reluctant to lose the gain they have achieved especially if it is difficult to obtain funding for a return to a TNF inhibitor.

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