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# Treat-to-target in rheumatoid arthritis: clinical and pharmacoeconomic considerations.

## Introduction

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The 13th annual supplement concerning “Contemporary Topics in Rheumatology” in *Clinical and Experimental Rheumatology* is entitled “Treat-to-Target in rheumatoid arthritis: Clinical and Pharmacoeconomic Considerations.”

The 12 previous volumes in this series are:

- 1999 – Combination DMARD therapy in rheumatoid arthritis
- 2000 – Bone mass in the rheumatic diseases
- 2001 – Controversies in COX-2 inhibitor therapy
- 2002 – Innovative therapies for spondyloarthritides
- 2003 – Early arthritis
- 2004 – Benefit/risk of new drugs for rheumatoid arthritis
- 2005 – Quantitative clinical assessment of rheumatic diseases
- 2006 – Remission in rheumatic diseases
- 2007 – Quality of care in rheumatology: opportunities and challenges
- 2008 – Mortality in rheumatic diseases
- 2009 – Rheumatoid arthritis and ankylosing spondylitis: similarities and differences
- 2010 – Methotrexate in rheumatic diseases
- 2011 – Low-dose glucocorticoids in rheumatic diseases

The supplement is divided into 4 sections:

### **A. Introduction**

Summary articles concerning treat-to-target in rheumatoid arthritis, including rationale and strategies, measurements, some concerns and caveats, and thoughts about guidelines to discontinue (in addition to initiate) therapies.

### **B. Specific clinical trials**

Review of clinical trials which provide the intellectual foundation for treat-to-target in rheumatoid arthritis, based on a focus to achieve specific targets, including the FIN-RACo trial, TICORA and TEAR studies, BeSt practice, CAMERA, CIMESTRA, patient self-report outcomes to guide treat-to-target, and an overview of these treat-to-target trials in rheumatoid arthritis

### **C. Pharmacoeconomic considerations in rheumatoid arthritis**

Articles to recognise cost-containment and development of policies concerning treatment with expensive biological therapies, so that all patients who might benefit from these

therapies might have access to appropriate agents (which is currently not possible in many patients in many countries), including analyses of cost-effectiveness and cost-benefit to identify patients who will benefit from specific therapies, including the rationale of pharmacoeconomic analysis in rheumatologic indications, a systematic literature review on economic implications and pharmacoeconomic issues of rheumatoid arthritis, an English perspective on payers’ views on “treating-to-target” in rheumatoid arthritis, a critical analysis of economic tools and economic measurement, a summary concerning biosimilars in Rheumatology, review of pharmacoeconomic modelling, and a clinician’s perspective on pharmacoeconomics and rheumatology.

### **D. Treat-to-target in diseases other than rheumatoid arthritis**

Summaries of available clinical and pharmacoeconomic perspectives concerning diseases other than rheumatoid arthritis for which therapy with biologic agents has been documented to provide substantial benefits for many patients, which incorporate perspectives of patients, physicians, pharmaceutical companies, payers, and society, including systemic lupus erythematosus, psoriatic arthritis, ankylosing spondylitis and spondyloarthropathies, vasculitis, and juvenile idiopathic arthritis.

These Supplements provide scholarly articles which synthesise information from the rheumatology literature by leading original clinical researchers.

This Supplement and previous Supplements in this series are available without charge at the Journal website:

<http://www.clinexprheumatol.org>

Credits for up to 10 hours of Continuing Medical Education for this Supplement are available through the NYU School of Medicine, as described. We thank the supporters, Abbott Laboratories, Amgen, Inc., Celgene International Sarl, Genentech, Inc., UCB, Inc., whose generosity has made possible production of this Supplement.

We hope readers will find the Supplement of interest and value to themselves, their colleagues, and their patients.