TREAT-TO-TARGET IN RHEUMATOID ARTHRITIS: CLINICAL AND PHARMACOECONOMIC CONSIDERATIONS

Clinical and Experimental Rheumatology

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Target Audience
Rheumatologists

Course Description
The proposed supplement to the journal *Clinical and Experimental Rheumatology* is the 13th in an annual series entitled Contemporary Topics in Rheumatic Diseases.
The series presents articles written by thought leaders in the field, for wide distribution to rheumatologists as well as internists and family practitioners. The 2012 supplement will address the topic "Treat-to-Target in Rheumatoid Arthritis: Clinical and Pharmacoeconomic Considerations," with 28 proposed articles, each focusing on a specific aspect of treatment. "Treat-to-target" is currently the standard of care for rheumatoid arthritis (RA), the most common rheumatic disease, with early, aggressive treatment using weekly low-dose methotrexate, low-dose prednisone, and biological agents in patients with incomplete responses to methotrexate. However, many rheumatologists have not adopted "treat-to-target" in their clinical care. There are a number of reasons for this, including: complexity of quantitative measurement of RA, requiring indices; lack of familiarity of rheumatologists with RA indices; complexities of the therapies, with requirements for additional testing such as PPD for use of biological agents; and high costs of biological therapies, requiring prior approvals and complex administrative strategies.

Statement of Need
In order to implement a "treat-to-target" strategy in patients with rheumatoid arthritis (RA), it is necessary to be familiar with quantitative indices to provide the target, which is a largely unmet need in the rheumatology community. The superior efficacy of biological agents in incomplete responders to methotrexate has been demonstrated, but most rheumatologists do not use these agents in all patients in whom they would be indicated according to a "treat-to-target" strategy, in part because of high costs and administrative complexity.

Educational Objectives
- o incorporate quantitative indices, including the DAS28, CDAI and/or RAPID3 to assess patients with RA, and recognise moderate or high activity, for a 'treat-to-tar get' strategy toward low activity or remission.
- o formulate treatment plans for the use of biological thera pies with knowledge of pharmacoeconomic considera tions of cost *vs*. benefit ratio when seeking prior ap proval of biological agents.

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The NYU Post-Graduate Medical School designates this enduring material for a maximum of 10 AMA PRA Category 1 Credits TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity

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To receive up to 10 CME credits, read this supplement, which should take 10 hours of your time, complete the evaluation and post-test and submit to the NYU Post-Graduate Medical School (instructions enclosed). A minimum passing grade of 70% is required.

This activity is valid for credit from December 1, 2012 through February 28, 2013.

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