

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/rheumatoid-arthritis-care-examining-the-current-landscape-and-emerging-research/18108/>

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## Rheumatoid Arthritis Care: Examining the Current Landscape and Emerging Research

### Announcer:

You're listening to *Living Rheum* on ReachMD. On this episode, we'll hear about future therapies and management recommendations for rheumatoid arthritis patients with Dr. Robin Dore. She's a board-certified rheumatologist and an Invited Lecturer at the University of California, Irvine in the Division of Rheumatology. Let's hear from Dr. Dore now.

### Dr. Dore:

Looking at the near future of treatment in rheumatoid arthritis, there is no new medicine that's going to immediately be available. There's the BTK inhibitors, a different class of medicine. As you know, we have JAK inhibitors, so this is a different immunological path, but that's probably two years or so away. I think what's important is that when we're treating the patients, we make certain that if they have difficult-to-treat RA, we've used a medicine that's in each different class and that we give them some hope that there are medicines for the future. I do clinical trials. If I have a patient that's failed things, I will call one of my friends or go to clinicaltrials dot gov and try to find a place for them to enter into a clinical trial.

But the newest update was very helpful to me, and that was from EULAR, which looked at the treatment of rheumatoid arthritis in patients who've had cancer in the past. And before, the recommendation was everyone gets rituximab because we know that that's useful in treating a type of cancer—lymphoma. Well, the EULAR group looked at data again and found 14 articles that looked at the use of TNF inhibitors in patients with rheumatoid arthritis and a history of cancer and recommended that over rituximab, except in patients with lymphoma, and they recommended against JAK inhibitors because those have a box warning for cancer. But one thing that I didn't know is they also recommended against using abatacept in patients with a history of cancer because some B-cells—the abatacept can interfere with their function—can actually be protected against certain types of cancer.

So patients are living longer. Their cancer can be in remission. Their oncologist might have retired or moved away, and I want to get the blessing of their oncologist to make certain that my recommendations are what the oncologist agrees with. But at least now I have some data when I'm talking to these patients that I can say, "This is the preferred drug for you." So it really gives me some confidence in treating these patients that we're just seeing more and more. The RA patients are living longer and people are getting cancer, so it's very helpful to have that update because we, for the last 10 years, have been told just to use rituximab.

My main recommendation to rheumatologists is to measure. We cannot determine how our patients are doing if we don't do a tender and swollen joint count, if we don't ask them how they think they're doing, and if we don't figure out how we think they're doing. So I do a CDAI on every single patient so I know what their number was last time, I know that their number is this time, and so if they tell me, "Oh, Dr. Dore, I'm doing terribly," but I examine them and see that their tender, swollen joints are better, their SED rate or C-reactive protein is better, then I know there's something else going on. I'm going to be talking about other causes of pain. Is there any stress in the family? Only about half of rheumatologists measure, so if we don't measure, I don't know how we're going to aggressively treat our patients with the best medicine but also the safest one.

### Announcer:

That was Dr. Robin Dore talking about future therapies and management recommendations for rheumatoid arthritis patients. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!