



# Long-Term Outcome of Tocilizumab for Patients With Giant Cell Arteritis: Results From Part 2 of the GiACTA Trial

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# DISCLOSURES

- JH Stone: research grants and consulting fees from Roche
- M Bao: employee of Genentech
- J Han: employee of Genentech
- M Aringer: consulting fees and speakers bureau for Roche and Chugai
- D Blockmans: nothing to disclose
- E Brouwer: nothing to disclose
- MC Cid: regional principal investigator in GiACTA trial, sponsored by Roche
- B Dasgupta: consulting fees from Roche, GSK, and Sanofi Aventis
- J Rech: nothing to disclose
- C Salvarani: nothing to disclose
- R Spiera: grants/research support from Roche/Genentech, GSK, BMS, Boehringer Ingelheim, Cytomri, Chemocentryx, and Corbus; consulting fees from Roche/Genentech, GSK, CSL Behring, and Sanofi
- SH Unizony: nothing to disclose



# GiACTA Part 2: Objectives

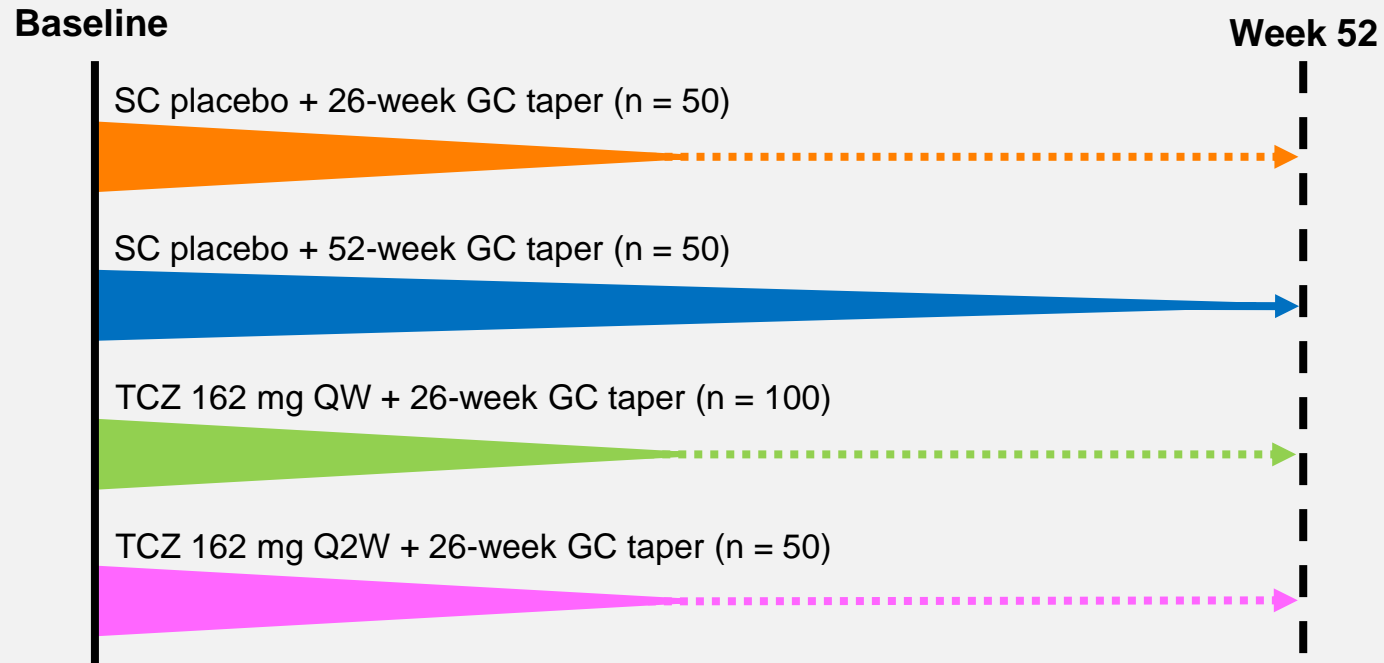


- To evaluate long-term safety of TCZ-treated GCA patients
- To explore maintenance of efficacy after TCZ discontinuation

# GiACTA Part 1: Randomized



## Part 1 52 Weeks Double-Blind\*<sup>1,2</sup>



GC, glucocorticoid; QW, every week; Q2W, every 2 weeks; SC, subcutaneous; TCZ, tocilizumab.  
\*Prednisone  $\leq 30$  vs  $>30$  mg per day.

1. Stone JH et al. *N Engl J Med.* 2017;377:317-328.  
2. Collinson N et al. *Int J Rheumatol.* 2015;2015:58984.

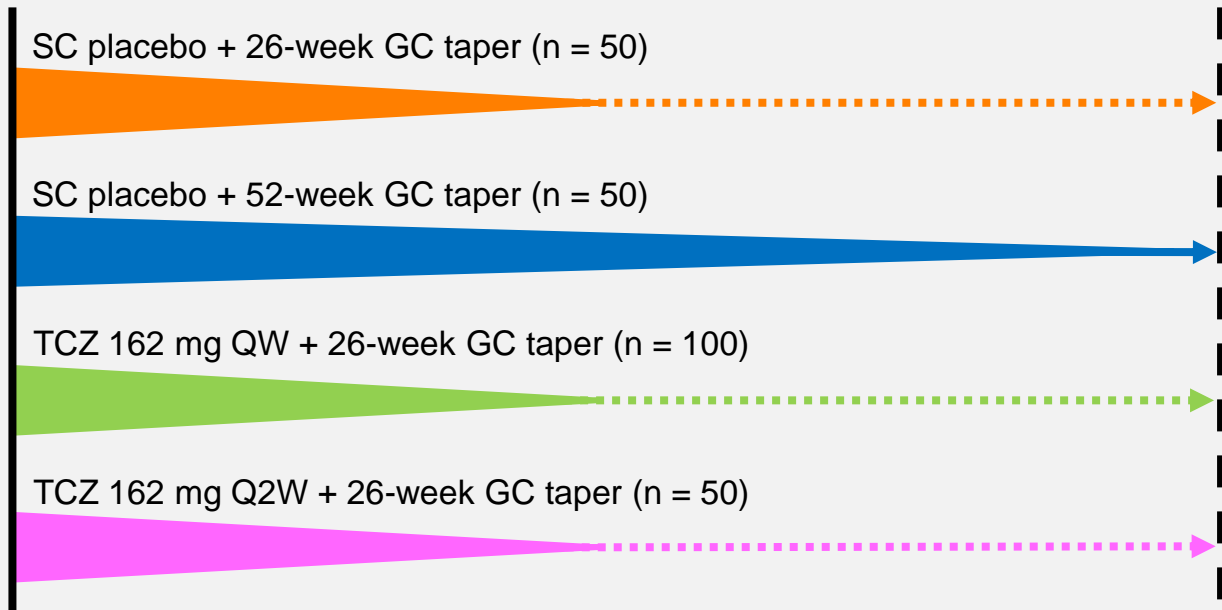
# GiACTA Part 2: Not Randomized



## Part 1 52 Weeks Double-Blind\*<sup>1,2</sup>

Baseline

Week 52



**Different categories  
at end of part 1:**

- **In remission, no treatment**
- **In remission, on treatment**
- **Recently active, on treatment**

\*Prednisone  $\leq 30$  vs  $>30$  mg per day.

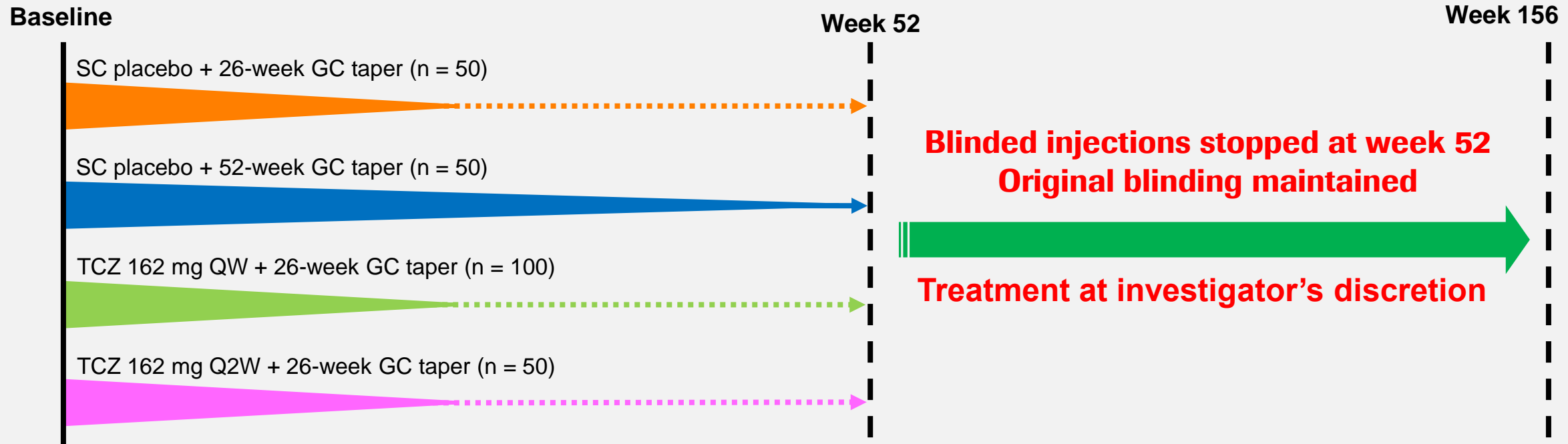
1. Stone JH et al. *N Engl J Med.* 2017;377:317-328.  
2. Collinson N et al. *Int J Rheumatol.* 2015;2015:58984.

# GiACTA Part 2: Not Randomized



**Part 1**  
52 Weeks Double-Blind\*<sup>1,2</sup>

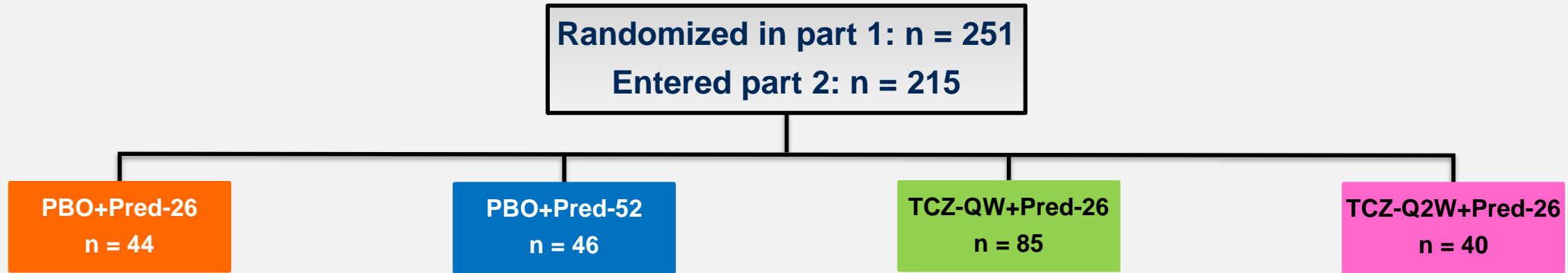
**Part 2**  
104 Weeks Long-Term Follow-Up



\*Prednisone  $\leq 30$  vs  $>30$  mg per day.

1. Stone JH et al. *N Engl J Med.* 2017;377:317-328.  
2. Collinson N et al. *Int J Rheumatol.* 2015;2015:58984.

# Patient Disposition by Disease Status in Part 2



**197 (92%) completed part 2**

# What Happened When Weekly TCZ Was Stopped?



- 81 patients were in clinical remission at the start of Part 2
- 59 received no treatment at the start of Part 2
- 25/59 (42%) completed Part 2 in clinical remission and receiving no treatment



# Context: What Happened When Prednisone Was Stopped?



- **Part 1**

- PBO+Pred-26 arm: 32% of patients did not experience flare during the first year
  - Most patients who experienced flare did so even before they stopped prednisone treatment
- PBO+Pred-52 arm: 51% of patients did not experience flare during the first year
  - Most patients who experienced flare did so even before they stopped prednisone treatment

# Original Assignment to TCZ Corresponded With Maintenance of Treatment-Free Remission



In Clinical Remission at Week 52	PBO+Pred-26 n = 33	PBO+Pred-52 n = 34	TCZ QW+Pred-26 n = 81	TCZ Q2W +Pred-26 n = 36
Maintained clinical remission in part 2 <sup>a</sup>	18	20	38	13
Treatment-free	7/18 (39%)	10/20 (50%)	25/38 (66%)	8/13 (62%)
	<b>17/38 (45%)</b>		<b>33/51 (65%)</b>	

<sup>a</sup>Regardless of treatment; included patients in part 2 for >1.75 years.

# What Treatments Had Patients Received Before Flares in Part 2?



In CR at Week 52	PBO+Pred-26 n = 33	PBO+Pred-52 n = 34	TCZ-QW+Pred-26 n = 81	TCZ-Q2W+Pred-26 n = 36	Total (%)
Experienced ≥1 flare regardless of treatment <sup>a</sup>	13	13	41	22	89
<b>Treatment received before first flare (patients who experienced flare)</b>					
Treatment-free	2 (15%)	4 (31%)	24 (59%)	17 (77%)	47 (53%)
GC only	10	6	14	4	33 (37%)
TCZ only	0	1	0	0	1 (1%)
GC + TCZ	1	2	3	1	8 (9%)

**Among the total of 89 patients who experienced flare in part 2, only 9 (10%) were receiving TCZ**

CR, clinical remission; GC, glucocorticoid.

Data are shown as number of patients (%).

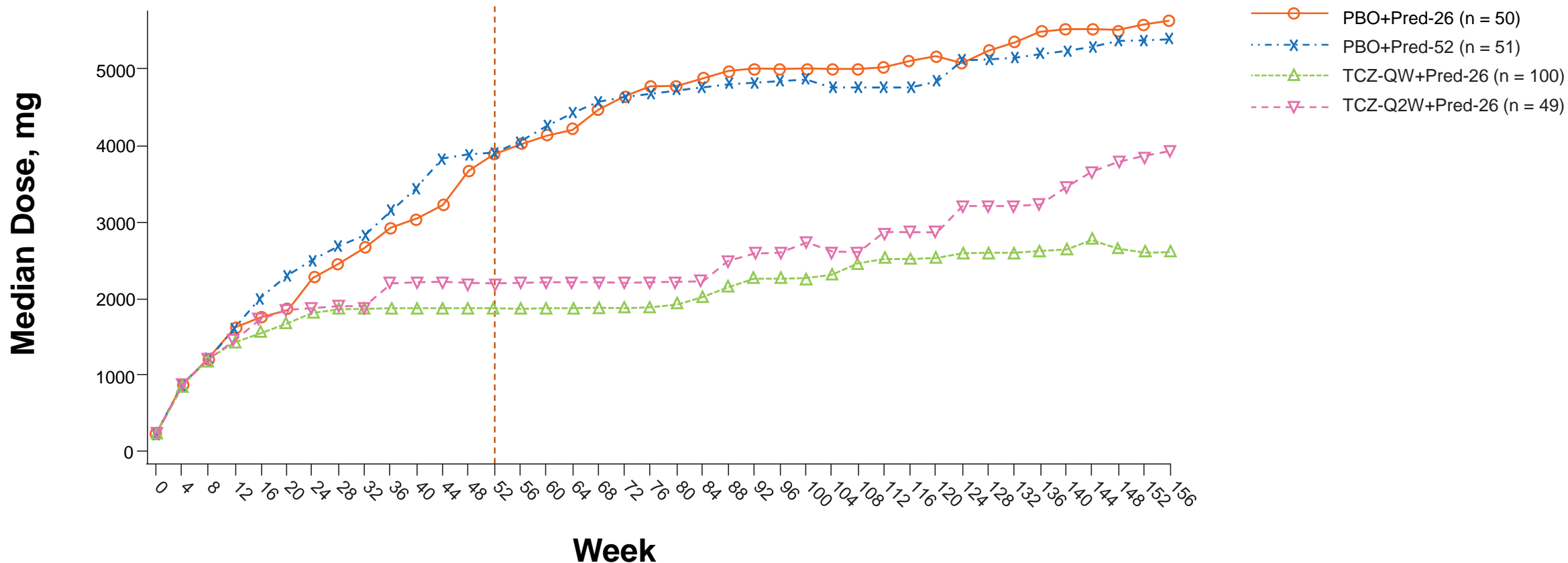
<sup>a</sup>Includes patients who were in part 2 for >1.75 years.

# Cumulative GC Dose Over 3 Years



Median Cumulative GC Dose, mg

PBO+Pred-26	PBO+Pred-52	TCZ-QW+Pred-26	TCZ-Q2W+Pred-26
5248	5323	2647	3782



# TCZ-Based Therapy Restored Clinical Remission After Flares



In CR at Week 52	PBO+Pred-26 n = 33	PBO+Pred-52 n = 34	TCZ-QW+Pred-26 n = 81	TCZ-Q2W +Pred-26 n = 36
<b>Treatment for flare</b>				
TCZ only, n	2	0	11	4
Median time to remission	70 days		15.0 days	7.5 days
TCZ + GC, n	8	7	13	9
Median time to remission	8.0 days	8.0 days	8.5 days	18.0 days
GC only, n	4	5	15	6
Median time to remission	53.5 days	74.0 days	37.5 days	69.5 days

n = number of patients who entered part 2, were in CR at week 52, and started TCZ treatment at least 4 weeks after their last treatment.

# Safety Over 3 Years: No New Safety Signals



	Part 1 + Part 2	
	Never on TCZ	Ever on TCZ
<b>Total PY</b>	193.8	492.7
<b>Rates per 100 PY</b>		
<b>AEs</b>	636.3	538.3
<b>SAEs</b>	23.2	25.4
<b>Infection</b>	121.8	120.2
<b>Serious infection</b>	4.6	3.5
<b>Malignancy</b>	2.1	1.8
<b>GI perforation</b>	0	0.2

# Conclusions



- 42% of patients in clinical remission and on no treatment after 1 year of weekly tocilizumab treatment maintained their treatment-free remission for another 2 years
- Cumulative glucocorticoid exposure over 3 years was lower in patients originally assigned to tocilizumab
- Restarting tocilizumab restored clinical remission
- No new safety signals were observed in GCA patients treated with tocilizumab