

Should I take abatacept (Orencia®) for rheumatoid arthritis?

A Cochrane decision aid to discuss options with your doctor

This decision aid is for you if:

- You are 16 or older.
- Your doctor has told you that you have active rheumatoid arthritis (RA).

What is Rheumatoid Arthritis (RA)?

When you have rheumatoid arthritis, your immune system, which normally fights infection, attacks the lining of your joints making them inflamed. This inflammation causes your joints to be hot, swollen, stiff, and painful. The small joints of your hands and feet are usually affected first. If the inflammation goes on without treatment, it can lead to damaged joints. Once the joint is damaged it cannot be repaired, so treating rheumatoid arthritis early is important.

What is abatacept (Orencia®)?

Abatacept is sometimes called a “biologic drug”. The brand name is Orencia®. It is given to decrease pain and swelling and slow the progress of RA. Abatacept is in a class of medications called ‘selective costimulation modulators’ which block the activity of T-cells. When T-cells are active, they signal other cells to cause inflammation, pain and joint damage. Abatacept blocks this activity, which reduces the signs and symptoms of rheumatoid arthritis. It is usually prescribed when other DMARDs (disease modifying anti-rheumatic drugs) or other biologics do not work well, but it can be expensive.

What are your options?

- Abatacept: this is given intravenously (into a vein) once a month, in a clinic.
- Other medications: you can discuss other treatment options with your doctor.

What other health factors may affect your choice?

If the answer is yes, check and discuss your concerns with your doctor.

- Have you had a previous severe side-effect to a biologic (Adalimumab (Humira®), Infliximab (Remicade®), Etanercept (Enbrel®), Abatacept (Orencia®), or Rituximab (Rituxan®)?
- Have you ever or do you currently have cancer?
- Have you ever had congestive heart failure?
- Have you or anyone in your family ever been diagnosed with multiple sclerosis?
- Do you have a current infection?
- Do you have a history of recurring infections such as chest infections (pneumonia), bladder infections, skin infections (including shingles), bowel infections, tooth infections, or any other type of infections?
- Have you ever been diagnosed with tuberculosis (Tb)?
- Do you know or have you ever lived with anyone with Tb?
- Have you ever had a positive skin test for Tb?
- Have you ever been vaccinated for Tb – BCG vaccine?
- Are you currently pregnant or breast feeding?
- Are you planning on becoming pregnant?
- Do you have any drug allergies?
- Do you have an allergy to Latex?

Checklist developed by Andy Thompson MD FRCPC (Revised November, 2007), ©2007 Available at www.RheumInfo.com

Working through the 4 steps of this decision aid may help you decide.

Step 1: What are the benefits and side effects of each option?

Blocks of 100 faces show a 'best estimate' of what happens to 100 people who take abatacept for 1 year. Each face (☺) stands for one person. The shaded areas show the number of people affected. There is no way of knowing in advance if you will be affected.

Benefits +++

People who had a 50% improvement in the number of tender or swollen joints and other outcomes such as pain and disability (ACR 50) up to 12 months.

NNT=5*



Abatacept plus usual drugs

20 more people who took abatacept had at least 50% reduction in the number of tender and swollen joints and other outcomes such as pain and disability (ACR 50).

63 Do not have a 50% improvement

37 Improve



Placebo plus usual drugs

83 Do not have a 50% improvement

17 Improve



Side effects +++

Serious Adverse Events up to 12 months

1 more person who took abatacept stopped treatment due to side effects.

We do not have precise information about side effects and complications. Possible rare side effects may include a serious infection or upper respiratory infection such as pneumonia. Other rare complications may include certain types of cancer. It is important to keep medical appointments to catch any serious adverse events early.

The difference between people who took abatacept and people who did not might have happened by chance.

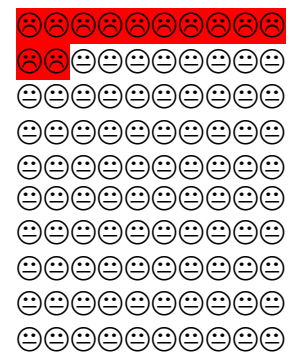
87 avoid side effects

13 stop treatment



88 avoid side effects

12 stop treatment



Note: The options include 'estimates' of what happens to groups of people based on the available research. The quality of these estimates is summarized using the GRADE system as follows:

- ++++ **High** quality – further research is **very unlikely to change** the estimate.
- +++ **Moderate** quality – further research **may change** the estimate.
- ++ **Low** quality – further research is **likely to change** the estimate.
- + **Very low** quality – further research is **very likely to change** the estimate.

*NNT stands for Number Needed to Treat. It is a way of showing how many people must take a drug for one person to benefit.

Step 2: Which reasons to choose each option matter most to you?

Common reasons to choose each option are listed below. Check ✓ how much each reason matters to you on a scale from 0 to 5. '0' means it is **not** important to you. '5' means it is **very** important to you.

How important is it to you...

	not important						very important	
	←—————→							
...to have 50% improvement in the number of tender and swollen joints and other outcomes such as pain and disability in your RA?	No abatacept	0	1	2	3	4	5	abatacept
...to avoid adverse events or side effects?	abatacept	0	1	2	3	4	5	No abatacept
...to avoid taking medicine by the intravenous route?	abatacept	0	1	2	3	4	5	No abatacept
...to avoid the high cost of biologics?	abatacept	0	1	2	3	4	5	No abatacept
List other reasons that are important:								
_____	0	1	2	3	4	5		
_____	0	1	2	3	4	5		
_____	0	1	2	3	4	5		

Now, think about which option has the reasons that are most important to you.

Which option do you prefer? Check one.

- Abatacept
- I will discuss the other treatment options with my doctor

Step 3: What else do you need to prepare for decision making?



Knowledge

Find out how well this decision aid helped you learn the key facts.

Check the best answer.

- | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|--------------|--------------------------|----|--------------------------|------------|
| 1. Which option has the higher chance of improving symptoms of rheumatoid arthritis? | <input type="checkbox"/> | abatacept | <input type="checkbox"/> | No abatacept | | | | |
| 2. Abatacept is taken as an pill. | <input type="checkbox"/> | True | <input type="checkbox"/> | False | | | | |
| 3. If 100 people take abatacept, how many more people will have a 50% improvement in the number of tender and swollen joints and other outcomes such as pain and disability? | <input type="checkbox"/> | 10 | <input type="checkbox"/> | 20 | <input type="checkbox"/> | 50 | <input type="checkbox"/> | Don't know |
| 4. If 100 people take abatacept, how many more people will stop treatment because of side effects? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 10 | <input type="checkbox"/> | 40 | <input type="checkbox"/> | Don't know |

Check your answers at the bottom of the page.

Do you know enough about the benefits and side effects of taking abatacept?

Yes

No



Values

Are you clear about which benefits and side effects matter most to you?



Support

Do you have enough support and advice from others to make a choice?



Uncertainty

Do you feel sure about the best choice for you?

Step 4: What are the next steps?

- I will take abatacept
- I need more information and I will discuss the options with my doctor

This information is not intended to replace the advice of a health care provider.

Answers for key facts: 1. Abatacept 2. False 3. 20 4. 1

This decision aid was developed by Rader, T. Maxwell, L. Ghogomu, E. Tugwell, P. Welch, V. Conflict of interest available from trader@uottawa.ca. Funded in part by the Canadian Institutes of Health Research. Format based on the Ottawa Personal Decision Guide © 2000, A O'Connor, D Stacey, University of Ottawa, Canada. Last reviewed: February 2011.

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