RHEUMATOID ARTHRITIS

GO-FURTHER with intravenous golimumab for active RA

Results from the ongoing GO-FURTHER study—a phase III, randomised, placebo-controlled trial—show that the addition of intravenous golimumab improves signs and symptoms of rheumatoid arthritis in patients with active disease despite ongoing treatment with methotrexate.

A previous phase III trial of intravenous golimumab, which evaluated infusions every 12 weeks in a similar patient group, did not achieve its primary endpoint (American College of Rheumatology criteria for 50% improvement [ACR50] at week 14). The GO-FURTHER study used a different treatment strategy: induction infusions of 2 mg/kg golimumab at weeks 0 and 4, with subsequent infusions every 8 weeks. All patients ($n = 592$) continued to receive methotrexate at a stable dose of between 15 mg and 25 mg per week.

At week 14, substantially more patients achieved an ACR20 response in the golimumab group than in the placebo group (58.5% vs 24.9%); notably, ACR20

response rates differed significantly between the two groups as early as week 2 (33.2% vs 11.7%). Clinically meaningful improvements in functional status at week 14 were also achieved by more patients in the golimumab group than in the placebo group (68.4% vs 43.1%).

Overall, treatment with intravenous golimumab was well-tolerated and safety profiles were similar in the two groups through week 16, although serious adverse events were reported more frequently in golimumab-treated patients at week 24 (4.1% vs 2%).

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Original article Weinblatt, M. E. *et al.* Intravenous golimumab is effective in patients with active rheumatoid arthritis despite methotrexate therapy with responses as early as week 2: results of the phase 3, randomised, multicentre, double-blind, placebo-controlled GO-FURTHER trial. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-201411