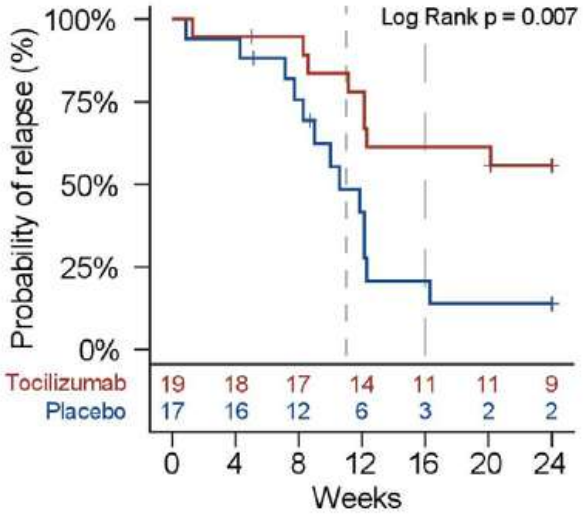
Est-ce possible de traiter sans corticoïdes?

Tocilizumab in patients with new onset polymyalgia rheumatica (PMR-SPARE): a phase 2/3 randomised controlled trial

Michael Bonelli,[1] Helga Radner,[1] Andreas Kerschbaumer,[1] Daniel Mrak,[1] Martina Durechova,[1] Jutta Stieger,[2] Rusmir Husic,[3] Peter Mandl,[1] Josef S Smolen,[1] Christian Dejaco,[3,4] Daniel Aletaha[1]

Study week	GC dose (mg) /day
0 (Baseline)	20
1	17.5
2	15
3	12.5
4	10
5	9
6	7
7	5
8	4
9	2
10	1
11*	0

*week 11 onwards, until end of study or relapse



Abatacept in early polymyalgia rheumatica (ALORS): a proof-of-concept, randomised, placebo-controlled, parallel-group trial

Alain Saraux, Catherine Le Henaff, Emmanuelle Dernis, Guillermo Carvajal-Alegria, Alice Tison, Baptiste Quere, Hélène Petit, Renaud Felten, Sandrine Jousse-Joulin, Dewi Guellec, Thierry Marhadour, Patrice Kervarrec, Divi Cornec, Solene Querellou, Emmanuel Nowak, Aghiles Souki, Valérie Devauchelle-Pensec

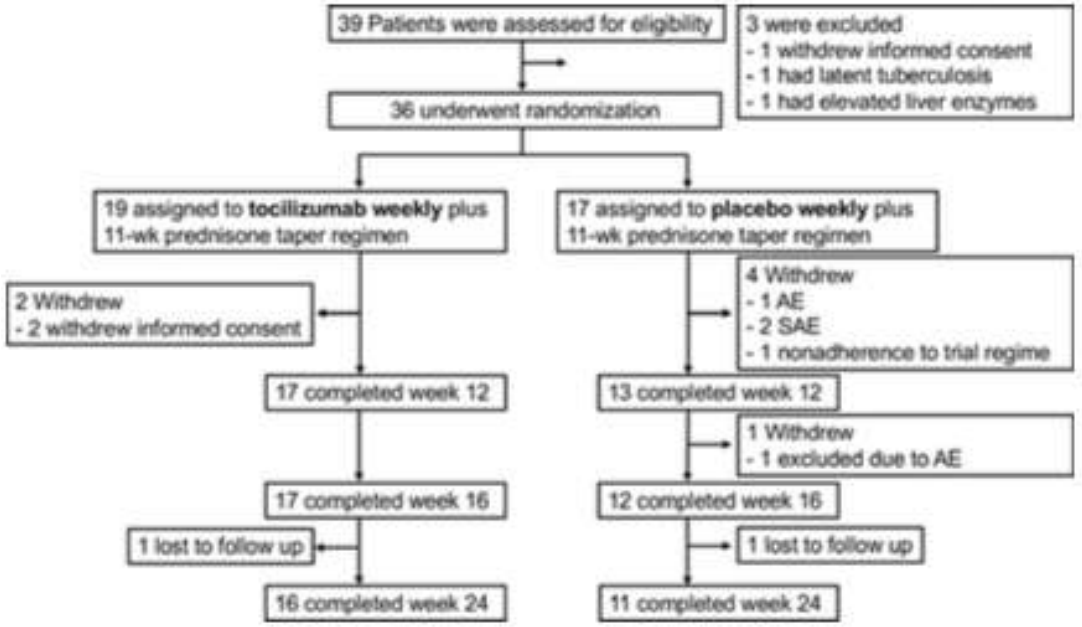
	End point			
	Week 12		Week 36	
	Aba	Pbo	Aba	Pbo
CRP PMR-AS ≤10 and no steroid treatment	**8 (50.0%)**	**4 (22.2%)**	6 (37.50%)	4 (22.2%)
CRP PMR-AS ≤10 and steroid treatment	3 (18.7%)	6 (33.3%)	9 (56.2%)	9 (50.0%)
CRP PMR-AS>10 and steroid treatment	1 (6.2%)	3 (16.7%)	1 (6.2%)	5 (27.8%)
CRP PMR-AS>10 and no steroid treatment	4 (25.0%)	5 (27.8%)	0 (0.0%)	0 (0.0%)

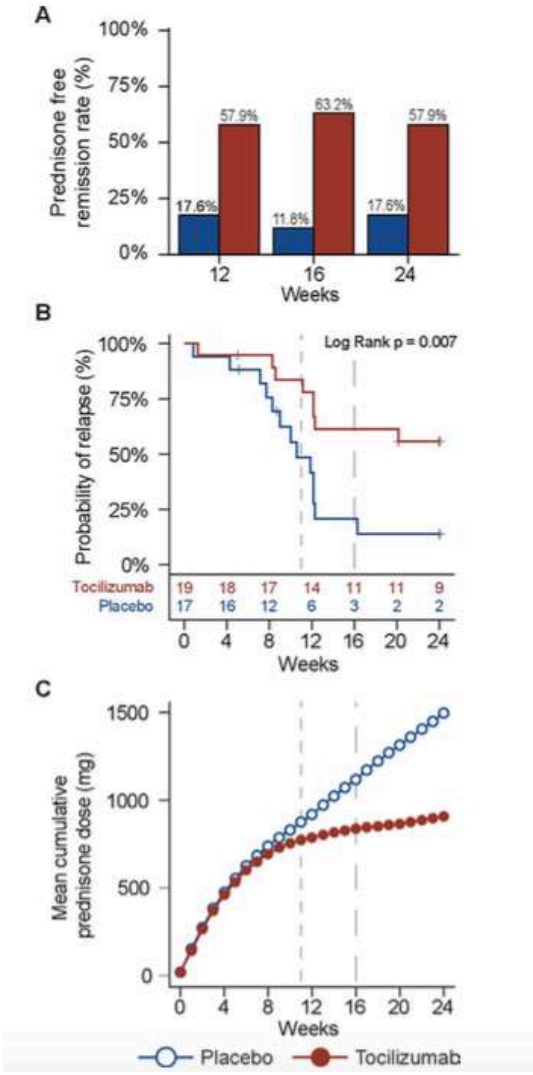
Bonelli M et al. Ann Rheum Dis (2022)
Saraux A et al, Lancet Rheumatol (2024)

Des études double aveugle avec corticoïdes de formes récentes: Tocilizumab

Tocilizumab in patients with new onset polymyalgia rheumatica (PMR-SPARE): a phase 2/3 randomised controlled trial

Michael Bonelli ,[1] Helga Radner,[1] Andreas Kerschbaumer ,[1] Daniel Mrak ,[1] Martina Durechova,[1] Jutta Stieger,[2] Rusmir Husic,[3] Peter Mandl ,[1] Josef S Smolen,[1] Christian Dejaco ,[3,4] Daniel Aletaha [1]

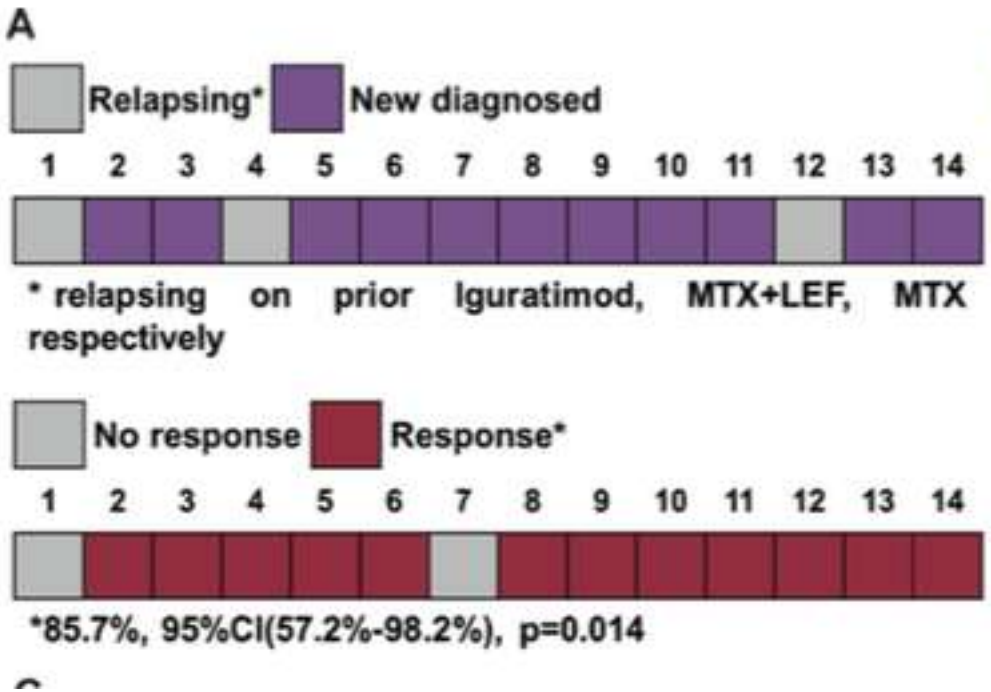




Boneli Ann Rheum Dis 2022, 81:838-844

Des études ouvertes avec corticoïdes de formes récentes: Tofacitinib

Le Zhang ,[1,2] Jun Li,[1] Hanlin Yin ,[1] Dandan Chen ,[1] Yuan Li,[1]
Liyang Gu,[1] Yakai Fu,[1] Jie Chen,[1] Zhiwei Chen,[1] Shaoying Yang ,[1]
Shuang Ye ,[1] Ting Li ,[1] Liangjing Lu [1]



B

	Grade 1-2
Participants, N(%)	5 (35.7%)
Upper respiratory tract infection	4 (28.6%)
Positive results of TSPOT	2 (14.3%)
Urinary tract infection	1 (7.1%)
Arthralgia	1 (7.1%)
Delayed wound healing	1 (7.1%)
Sore eyes	1 (7.1%)
Serum creatinine increased	1 (7.1%)
Alanine aminotransferase increased	1 (7.1%)

Figure 1 Enrolment and primary outcome (N=14) (A), summary of adverse events (N=14) (B) and changes of inflammatory cytokines in the 24-week study (N=9) (C). GM-CSF, granulocyte-macrophage colony-stimulating factor; IL, interleukin; LEF, leflunomide; MTX, methotrexate; TNF, tumour necrosis factor; VEGF, vascular endothelial growth factor.

Ann Rheum Dis Month 2023 Vol 0 No 0

Efficacy and safety of tofacitinib in patients with polymyalgia rheumatica: a phase 2 study

Table 1 Treatment and disease characteristics during the follow-up (N=14)

	Week 0	Week 2	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 48
PMR-AS	50.9 (25)	4.0 (2.6–11.3)*	4.3 (3.8)*	4.4 (3.2)*	2.2 (1.1)*	1.3 (0.6–2.8)*	2.2 (1.9)*	2.1 (1.4)*	1.9 (1.5)*
VAS-pain	71.8 (16)	30 (15.6)*	19.3 (14.9)*	11.5 (9.1)*	11.4 (9.9)*	7.9 (7.7)*	2.5 (0–10)*	5 (0–17.5)*	0 (0–0)*
MST (min)	55.9 (14.9)	0 (0–0)*	0 (0–0)*	0 (0)*	0 (0)*	0 (0)*	0 (0)*	0 (0)*	0 (0)*
EUL=0, N (%)	4 (28.6)	12 (85.7)†	14 (100)*	14 (100)*	14 (100)*	14 (100)*	14 (100)*	14 (100)*	14 (100)*
PtGA	7.5 (1.9)	2.5 (1.2)*	1.8 (1.4)*	1.0 (0–2)*	1.1 (1)*	1 (0–1.8)*	0.5 (0–1)*	0.5 (0–1)*	0 (0–1)*
PhGA	7.1 (1.3)	2.5 (1.2)*	1.6 (1.3)*	1.0 (0.9)*	1.1 (0.9)*	1 (0–1)*	0.5 (0–1)*	0 (0–1)*	0 (0–1)*
ESR (mm/hour)‡	66.0 (26.6)	26.9 (19.4)*	10.7 (7)*	15.4 (11.9)*	11.4 (5.7)*	12.3 (10.4)*	13.2 (10.1)*	11.9 (7.4)*	11.4 (7.4)*
CRP (mg/L)	36.5 (26.1)	2 (0.8–9)†	0.9 (0.5–5)†	3.4 (3.2)†	1.1 (0.8)*	0.7 (0.5–1)*	0.7 (0.5–1.5)*	0.8 (0.5–2.5)*	0.5 (0.5–1)*
LDA, N (%)	0	9 (64.3)†	9 (64.3)†	11 (78.6)*	14 (100)*	13 (92.9)*	13 (92.9)*	14 (100)*	14 (100)*
GC (mg/day)	15 (0)	10 (0)*	11.2 (1.2)*	7.9 (1.9)*	5.7 (11.7)*	3.8 (1.2)*	2.2 (0.7)*	2.2 (1.1)*	1.3 (1.2)*
Discontinuation, N (%)	0	0	0	0	0	0	0	0	6 (42.9%)†
Tofacitinib (mg/day)	10 (0)	10 (0)	10 (0)	10 (0)	10 (0)	10 (0)	9.6 (1.3)	9.6 (1.3)	5.7 (3.7)†
Discontinuation, N (%)	0	0	0	0	0	0	0	0	3 (21.4)
MHAQ	3 (1–3)	0.4 (0.2–0.8)*	0.3 (0.1–0.4)*	0.3 (0–0.5)*	0.3 (0–0.3)*	0.1 (0–0.3)*	0.1 (0–0.3)*	0 (0–0.3)*	0 (0–0.2)*
EQ-5D	0.3 (0.2)	0.7 (0.1)*	0.7 (0.1)*	0.8 (0.1)*	0.8 (0.1)*	0.8 (0.1)*	0.9 (0.1)*	0.9 (0.1)*	0.9 (0.1)*

Data are mean (SD) or median (IQR), unless stated otherwise. Significant differences were compared between the visit point and week 0.
*P<0.001.
†P<0.05.
‡The upper limit of normal value of ESR was 20 mm/hour and/or 8 mg/L for CRP.
CRP, C reactive protein; EQ-5D, EuroQol five-dimension questionnaire; ESR, erythrocyte sedimentation rate; EUL, elevation of upper limbs; GC, glucocorticoid; LDA, low disease activity; MHAQ, Modified Health Assessment Questionnaire; MST, morning stiffness; PhGA, Physician's Global Assessment of VAS for disease activity; PMR-AS, Polymyalgia Rheumatica Activity Scale; PtGA, Patient's Global Assessment of VAS for disease activity; VAS, Visual Analogue Scale.

Le Zhang ,[1,2] Jun Li,[1] Hanlin Yin ,[1] Dandan Chen ,[1] Yuan Li,[1] Liyang Gu,[1] Yakai Fu,[1] Jie Chen,[1] Zhiwei Chen,[1] Shaoying Yang ,[1] Shuang Ye ,[1] Ting Li ,[1] Liangjing Lu [1]

Des études double aveugle avec corticoïdes de formes récentes ou corticodépendante: Rituximab

	Rituximab group (n=23)	Placebo group (n=24)
Age, years	64 (8)	66 (10)
Sex		
Female	11 (48%)	13 (54%)
Male	12 (52%)	11 (46%)
Body-mass index, kg/m²	28 (4)	27 (4)
Newly diagnosed polymyalgia rheumatica	19 (83%)	19 (79%)
Relapsing polymyalgia rheumatica	4 (17%)	5 (21%)
Disease duration		
Newly diagnosed polymyalgia rheumatica, weeks*	12 (8–26)	12 (8–22)
Relapsing polymyalgia rheumatica, months†	9 (2–15)	9 (7–33)
Duration of morning stiffness, min	90 (30–180)	30 (25–120)
Systemic symptoms‡	4 (17%)	7 (29%)
CRP at diagnosis, mg/L	20 (15–41)	32 (22–55)
CRP at baseline visit, mg/L	4 (2–10)§	9 (5–20)
ESR at diagnosis, mm/h	28 (29)	44 (38)
ESR at baseline visit, mm/h	25 (21)	28 (25)¶
Polymyalgia rheumatica activity score‖	22 (14)§	18 (11)

Data are n (%), mean (SD), or median (IQR). CRP=C-reactive protein. ESR=erythrocyte sedimentation rate. VAS=visual analogue score. *Disease duration from onset of symptoms until diagnosis, in weeks. †Disease duration from diagnosis until study inclusion, in months. ‡Fever, cold chills, weight loss, night sweats, or fatigue. §n=22. ¶n=23. ‖Polymyalgia rheumatica activity score=CRP + VAS patient + VAS physician + (morning stiffness duration x 0·1) + elevation of upper limbs score.

Table 1: **Baseline characteristics**

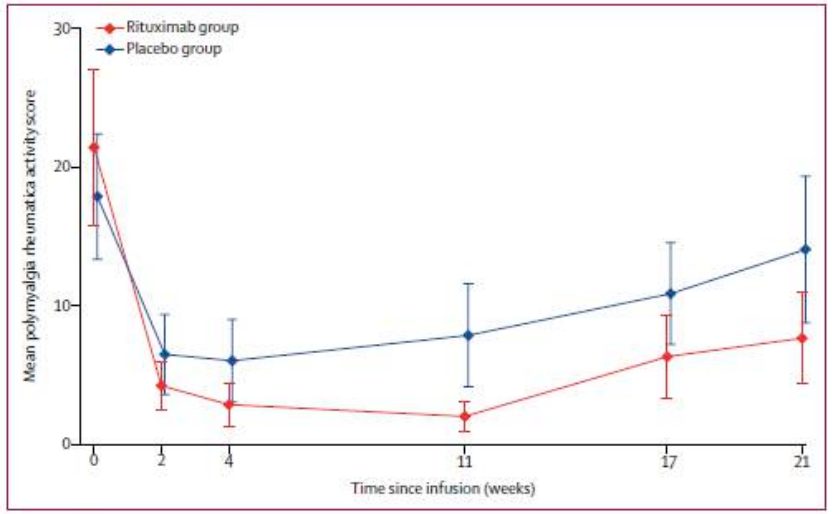


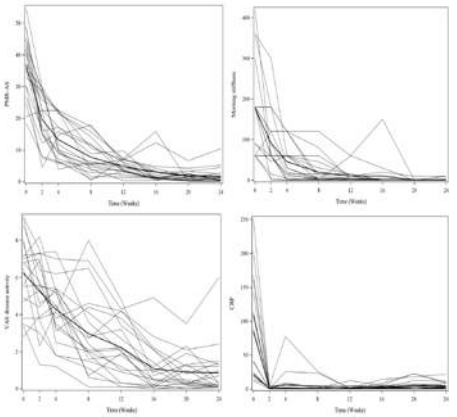
Figure 2: **Mean polymyalgia rheumatica activity score over time**
Error bars indicate 95% CI. This figure shows two-sided 95% CIs for each measurement at the specific timepoint, rather than for the differences, which is different to the one-sided 95% CIs for the differences between groups that are presented elsewhere in this Article.

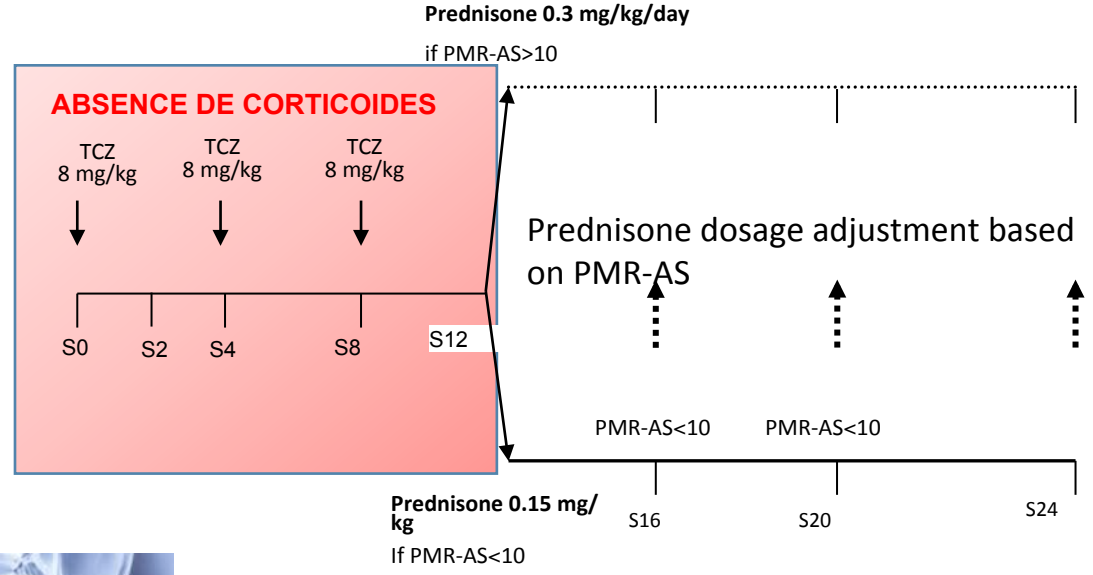
Marsman D et al., Lancet Rheumatol 2021

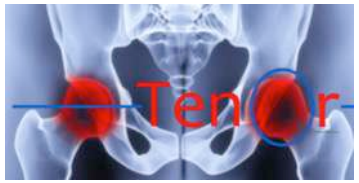
Une étude sans corticoïdes dans la PPR débutante avec tocilizumab

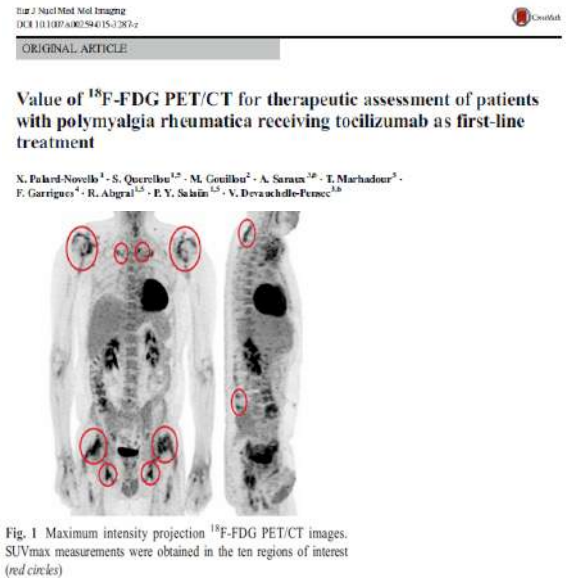
Efficacy of first-line tocilizumab therapy in early polymyalgia rheumatica: a prospective longitudinal study

Valérie Devauchelle-Pensec[1,3], Jean Marie Berthelot[2], Divi Cornec[1,3], Yves Renaudineau[3], Thierry Marhadour[1], Sandrine Jousse-Joulin[1,3], Solène Querellou[4], Florent Garrigues[5], Michel De Bandt[6], Maelenn Gouillou[7], Alain Saraux[1,3]









ORIGINAL ARTICLE

Value of ^{18}F-FDG PET/CT for therapeutic assessment of patients with polymyalgia rheumatica receiving tocilizumab as first-line treatment

X. Puéard-Novello[1] · S. Querellou[1,2] · M. Gouillou[2] · A. Saraux[3,6] · T. Marhadour[3] · F. Garrigues[4] · R. Abgral[1,5] · F. Y. Sahin[1,5] · V. Devauchelle-Pensec[3,6]

Fig. 1 Maximum intensity projection ^{18}F-FDG PET/CT images. SUVmax measurements were obtained in the ten regions of interest (*red circles*)

doi:10.1136/annrheumdis-2015-208742

Une étude sans corticoïdes dans la PPR débutante avec abatacept

Abatacept in early polymyalgia rheumatica (ALORS): a proof-of-concept, randomised, placebo-controlled, parallel-group trial

Alain Saraux, Catherine Le Henaff, Emmanuelle Dernis, Guillermo Carvajal-Alegria, Alice Tison, Baptiste Quere, Hélène Petit, Renaud Felten, Sandrine Jousse-Joulin, Dewi Guellec, Thierry Marhadour, Patrice Kervarrec, Divi Cornec, Solene Querellou, Emmanuel Nowak, Aghiles Souki, Valérie Devauchelle-Pensec

	Baricitinib ou placebo				Objectif principal	
	S0		S8		S12	
	Baricitinib	Placebo	Baricitinib	Placebo	Baricitinib	Placebo
DAS PPR CRP ≤10 sans corticoïdes	0 (0.0%)	0 (0.0%)	2 (12.5%)	4 (22.2%)	8 (50.0%)	4 (22.2 %)
DAS PPR CRP ≤10 mais corticoïdes	0 (0.0%)	0 (0.0%)	3 (18.7%)	6 (33.3%)	3 (18.7%)	6 (33.3%)
DAS CRP >10 et corticoides	0 (0.0%)	0 (0.0%)	1 (6.2%)	1 (5.6%)	1 (6.2%)	3 (16.7%)
DAS PPR CRP>10 sans corticoïdes	16 (100%)	18 (100%)	10 (62.5%)	7 (38.9%)	4 (25.0%)	5 (27.8%)

Beaucoup d'études en cours

	Drug	Mechanism of action	Administration route	Population
NCT04027101(BACHELOR)	Baricitinib	Pan-JAK	Oral	34 (récent)
NCT 2020–005081–34 (JAK SPARE1)	Baricitinib	Pan-JAK	Oral	46 (récent)
NCT06172361 (ITTGPMR)	Tofacitinib	JAK1 JAK2	Oral	98
NCT04972968 (AIM-PMR)	ABBV-154	anti-TNF et GC	SC Injection	200
NCT03576794 (PMRLEFRCT)	Leflunomide	DMARDs	Oral	94 (récent)
NCT04062006	IL-2	T-reg activation	SC Injection	15
NCT05436652	SPI-62	HSD-1 inhibiteur	Oral	48
NCT06281236	SPI-62	HSD-1 inhibiteur	Oral	24
NCT05533125 (REDUCE-PMR-1)	Rituximab	B-cell depletion	IV	114 (recent)
NCT05533164 (REDUCE-PMR-2)	Rituximab	B-cell depletion	IV	174
NCT05767034 (REPLENISH)	Secukinumab	anti-IL-17A	SC Injection	360
NCT06130540	Secukinumab	anti-IL-17A	IV	60

Lorio et al. Expert opin invest drugs (2024)

BACHELOR

Essai randomisé double insu (1:1) versus placebo évaluant le baricitinib (inhibiteur JAK 1/2) dans le but d'atteindre une remission sans corticoids autres que une ou deux infltrations

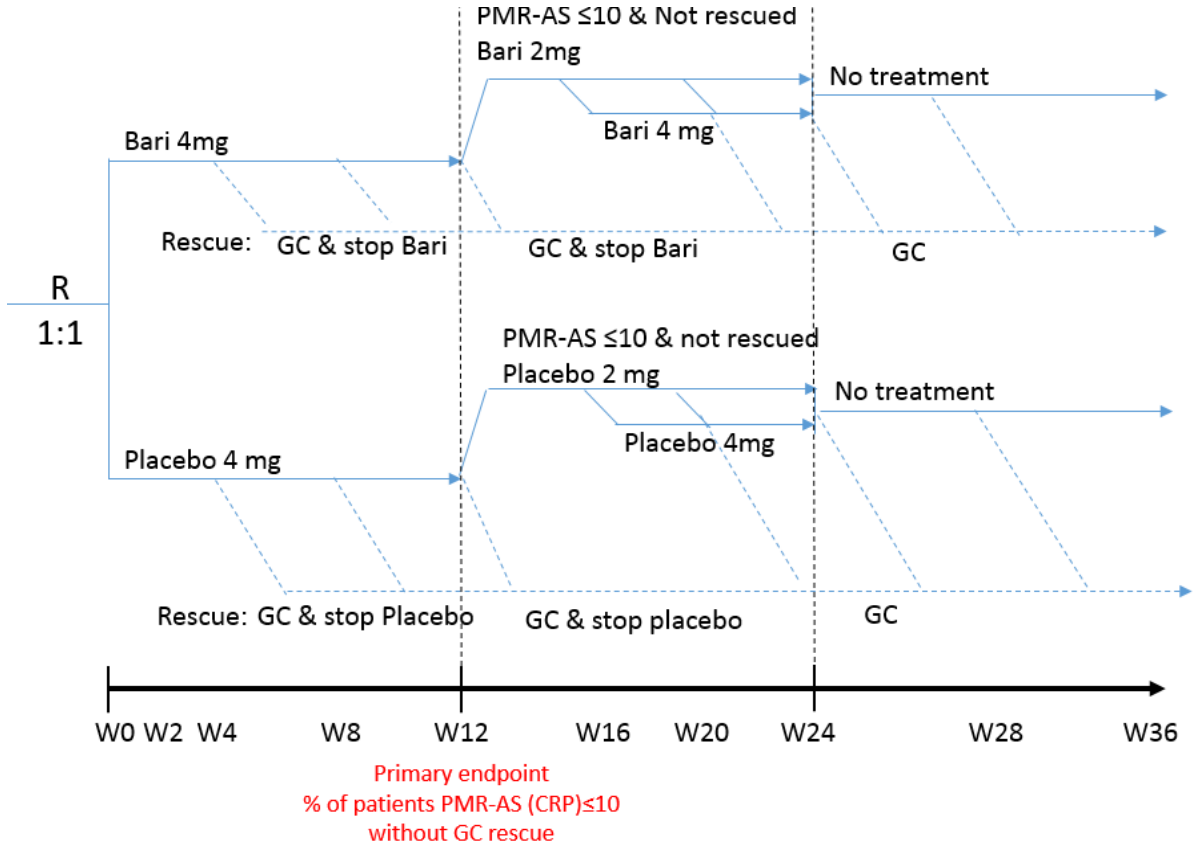
Critères déligibilité

Critères d'inclusion:

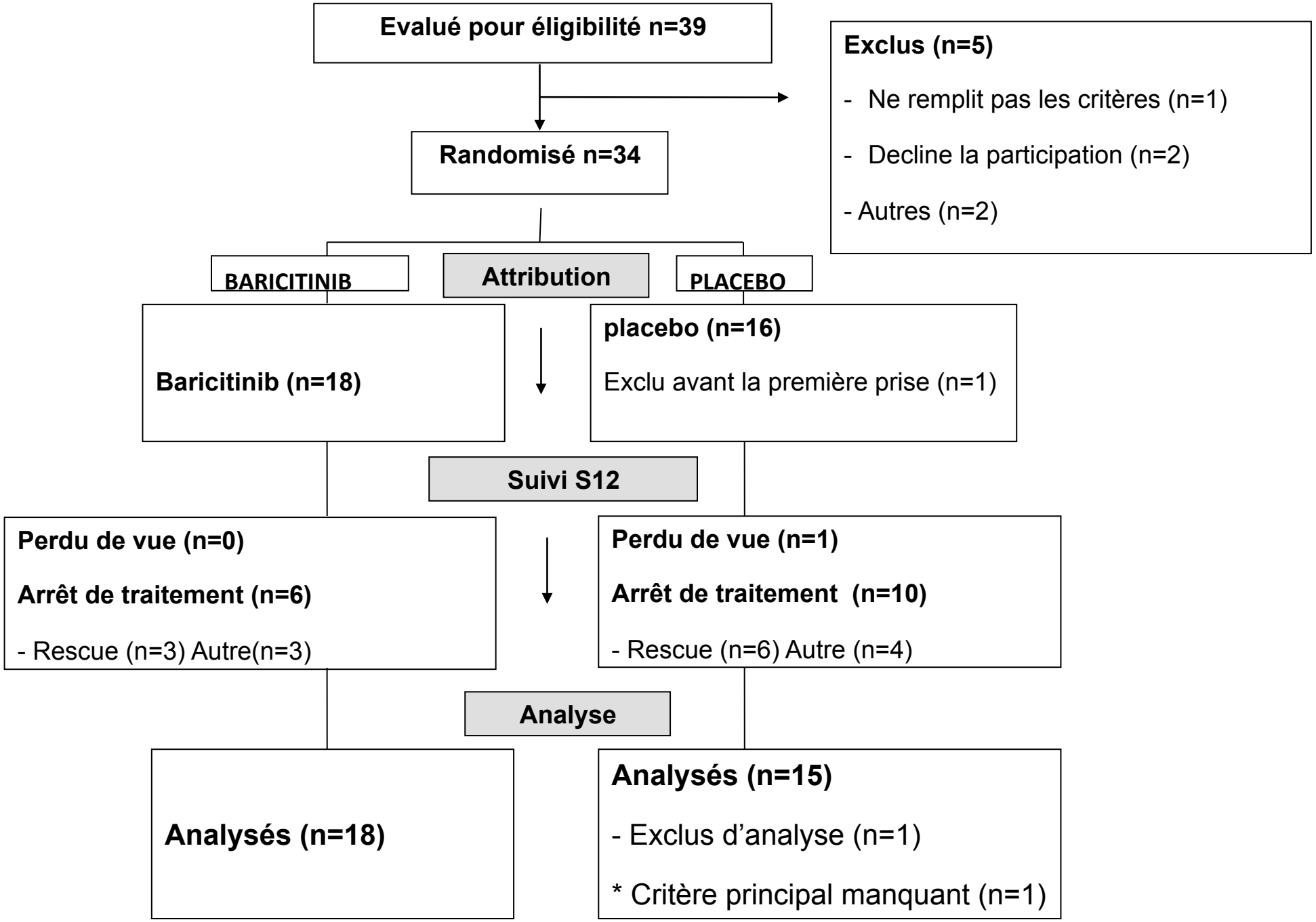
- ≥ 50 ans
- PPR récente (< 6 mois)
- Sans corticoides depuis au moins 4semaines
- PMR-AS> 17

Critères d'exclusion:

- ACG
- Evènement cardiovasculaire récent
- Cancer de moins de 5 ans



Calcul de la taille d'échantillon: 20% de succès dans le groupe placebo et 80% dans le groupe baricitinib


Evalué pour éligibilité n=39
Exclus (n=5)
- Ne remplit pas les critères (n=1)
- Decline la participation (n=2)
- Autres (n=2)
Randomisé n=34
BARICITINIB
Attribution
PLACEBO
Baricitinib (n=18)
placebo (n=16)
Exclu avant la première prise (n=1)
Suivi S12
Perdu de vue (n=0)
Arrêt de traitement (n=6)
- Rescue (n=3) Autre(n=3)
Perdu de vue (n=1)
Arrêt de traitement (n=10)
- Rescue (n=6) Autre (n=4)
Analyse
Analysés (n=18)
Analysés (n=15)
- Exclus d'analyse (n=1)
* Critère principal manquant (n=1)

		Baricitinib (n=18)	Placebo (n=16)
Age (ans)	Moyenne (SD)	70.6 +/- 5.34	67.4 +/- 8.80
	Médiane (IQR)	70.0 (65.0;73.0)	68.0 (61.5;71.5)
Femmes/Total	N (%)	13 (72.2%)	9 (56.3%)
Durée (j)	Moyenne (SD)	67.7 +/- 51.4	52.8 +/- 41.5
	Médiane (IQR)	51.0 (24.0;112.0)	42.5 (20.0;84.5)
BMI	Moyenne (SD)	26.7 +/- 7.46	26.1 +/- 4.6
	Médiane (IQR)	25.0 (23.0;29.0)	24.5 (23.0;29.0)
CRP DAS PPR	Moyenne (SD)	30.1 +/- 9.9	33.5 +/- 11.1
	Médiane (IQR)	28.8 (20.6;38.1)	31.9 (25.7;39.1)
EVA Patient	Moyenne (SD)	6.6 +/- 1.4	6.8 +/- 1.5
	Médiane (IQR)	6.9 (5.8;8.0)	7.0 (5.5;8.1)
EVA fatigue	Moyenne (SD)	5.9 +/- 1.6	6.8 +/- 2.1
	Médiane (IQR)	6.0 (5.0;6.0)	7.0 (5.4;8.4)
EVA Médecin	Moyenne (SD)	6.8 +/- 1.7	7.5 +/- 1.0
	Médiane (IQR)	6.6 (5.4;8.0)	7.3 (6.9;8.2)
Elevation des bras <90°	N (%)	5 (27.8%)	4 (25.0%)
Raideur matinale(min)[d]	Moyenne (SD)	127.2 +/- 86.2	129.4 +/- 75.5
	Médiane (IQR)	105.0 (60.0;240.0)	120.0 (60.0;210.0)
SF36 - PCS	Moyenne (SD)	31.7 +/- 8.7	32.7 +/- 7.1
	Médiane (IQR)	29.2 (26.6;37.8)	33.8 (29.3;37.7)
SF36 - MCS	Moyenne (SD)	41.8 +/- 11.8	36.86 +/- 8.7
	Médiane (IQR)	38.2 (34.8;46.4)	38.9 (27.9;44.1)
HAQ-DI	Moyenne (SD)	2.1 +/- 0.5	2.1 +/- 0.7
	Médiane (IQR)	2.0 (1.8;2.3)	2.1 (1.5;2.6)
EQ5D[h]	Moyenne (SD)	0.2 +/- 0.4	0.3 +/- 0.4
	Médiane (IQR)	0.3 (-0.1;0.5)	0.3 (0.0;0.6)
CRP (mg/dL)	Moyenne (SD)	32.0 +/- 33.1	58.9 +/- 77.8
	Médiane (IQR)	22.2 (13.0;30.9)	22.5 (16.5;69.0)
Echographie	N (%)	18 (100.0%)	15 (93.8%)

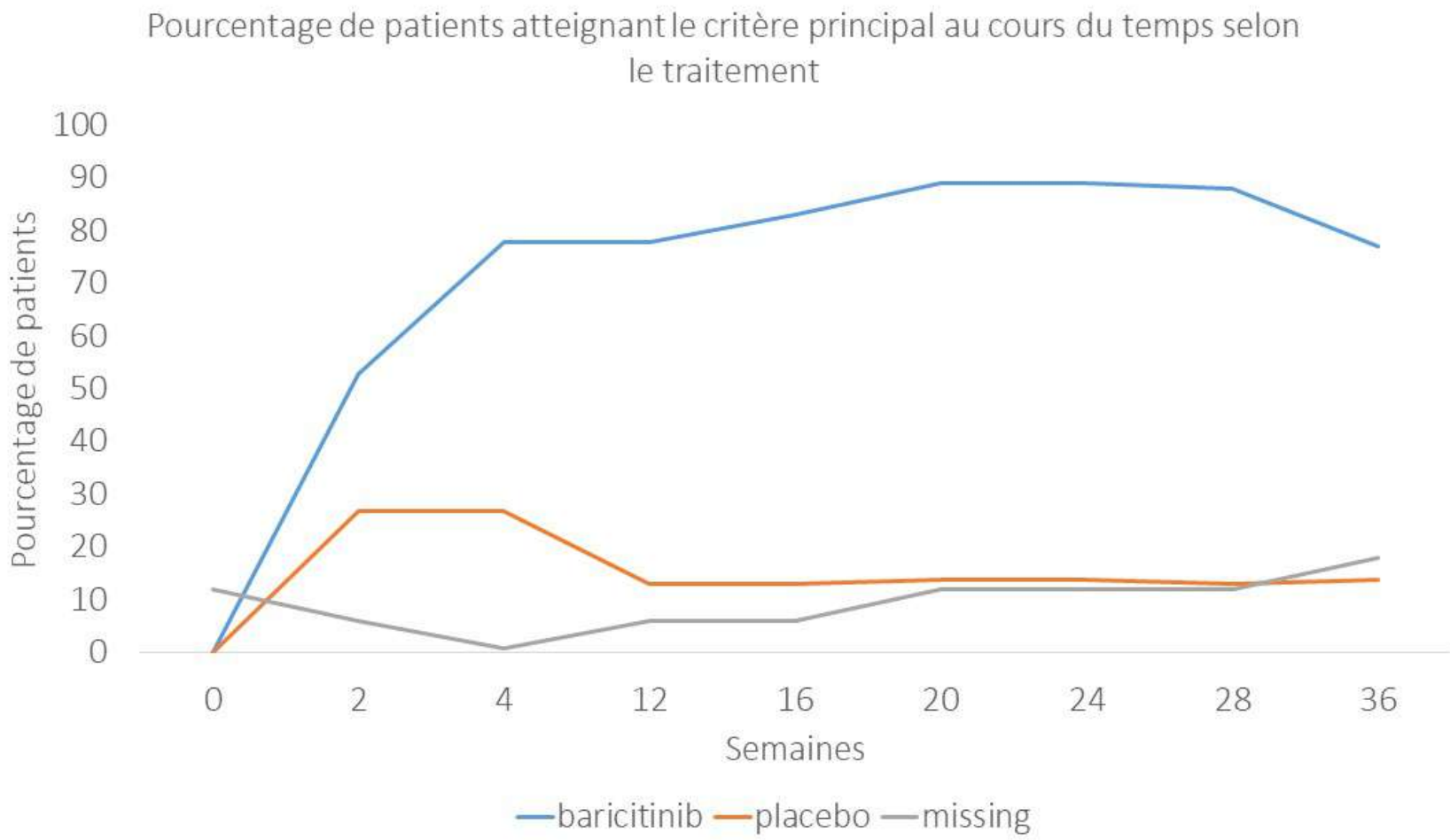
BACHELOR

	baricitinib 4 mg or placebo							
	Semaine 2		Semaine 4		Semaine 8		Semaine 12	
	Bar	Pbo	Bar	Pbo	Bar	Pbo	Bar	Pbo
CRP DAS PPR <= 10 sans corticostéroides	9 (52.9)	4 (26.7)	14 (77.8)	4 (26.7)	15 (100.0)	4 (50.0)	14 (77.8)	2 (13.3)
CRP DAS PPR <= 10 avec corticostéroides	0 (0.0)	0 (0.0)	0 (0.0)	1 (6.7)	0 (0.0)	3 (37.5)	1 (5.6)	8 (53.3)
CRP DAS PPR > 10 sans corticostéroides	8 (47.1)	10 (66.7)	4 (22.2)	9 (60.0)	0 (0.0)	0 (0.0)	3 (16.7)	4 (26.7)
CRP DAS PPR > 10 avec steroides	0 (0.0)	1 (6.7)	0 (0.0)	1 (6.7)	0 (0.0)	1 (12.5)	0 (0.0)	1 (6.7)
Manquant	1 (5.6)	1 (6.3)	0 (0.0)	1 (6.3)	3 (16.7)	8 (50.0)	0 (0.0)	1 (6.3)

BACHELOR

	baricitinib 2 mg ou placebo						Sans traitement			
	Semaine 16		Semaine 20		Semaine 24		Semaine 28		Semaine 36	
	Bar	Pbo	Bar	Pbo	Bar	Pbo	Bar	Pbo	Bar	Pbo
CRP DAS PPR <= 10 sans steroides	15 (83.3)	2 (13.3)	16 (88.9)	2 (14.3)	16 (88.9)	2 (14.3)	15 (88.2)	2 (13.3)	13 (76.5)	2 (14.3)
CRP DAS PPR <= 10 avec steroides	1 (5.6)	10 (66.7)	0 (0.0)	10 (71.4)	2 (11.1)	10 (71.4)	1 (5.9)	11 (77.3)	1 (5.9)	10 (71.4)
CRP DAS PPR > 10 sans steroides	1 (5.6)	1 (6.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.9)	0 (0.0)	3 (17.6)	0 (0.0)
CRP DAS PPR > 10 avec steroides	1 (5.6)	2 (13.3)	2 (11.1)	2 (14.3)	0 (0.0)	2 (14.3)	0 (0.0)	2 (13.3)	0 (0.0%)	2 (14.3)
Manquant	0 (0.0)	1 (6.3)	0 (0.0)	2 (12.5)	0 (0.0)	2 (12.5)	1 (5.6)	1 (6.3)	1 (5.6)	2 (12.5)

BACHELOR


Pourcentage de patients atteignant le critère principal au cours du temps selon le traitement
Pourcentage de patients
100
90
80
70
60
50
40
30
20
10
0
0
2
4
12
16
20
24
28
36
Semaines
baricitinib
placebo
missing

BACHELOR

	Semaine 12			
Moyenne or n (%)	Baricitinib (N=18)	Placebo (N=16)	Risque Relatif ou difference (95% CI) [ajusté sur le centre]	p
CRP PMR-AS	5.7 +/- 5.0	6.3 +/- 6.8	-0.6 (-5.4 ; 4.1)	
CRP PMR-AS≤ 10	15 (83.3%)	10 (66.7%)	1.2 (0.9 ; 1.8)	
VS PMR-AS	8.1 +/- 4.8	5.5 +/- 5.1	2.6 (1.0 ; 4.3)	0.008
VS (mm/h)	22.2 +/- 15.9	12.9 +/- 10.2	9.2 (1.4 ; 17.1)	0.015
CRP (mg/dL)	0.4 +/- 0.6	0.1 +/- 0.2	-0.1 (-0.2 ; 0.1)	
EVA douleur	3.3 +/- 2.7	1.6 +/- 1.7	1.6 (0.13 ; 3.14)	0.043
EVA fatigue	2.1 +/- 2.5	2.1 +/- 1.8	-0.0 (-1.9 ; 1.8)	
VAS globale patient	2.5 +/- 2.6	1.9 +/- 2.1	0.6 (-0.9 ; 2.1)	
VAS médecin	0.9 +/- 1.4	1.9 +/- 2.4	-1.0 (-2.0 ; 0.1)	
Raideur matinale	10.6 +/- 20.9	14.0 +/- 24.4	-3.4 (-12.6 ; 5.7)	
EUL >à 90°	17 (94.4%)	12 (80.0%)	1.2 (0.9 ; 1.6)	
PCS SF36	44.8 +/- 11.1	42.5 +/- 9.3	2.4 (-2.23 ; 7.0)	
MCS SF36	51.4 +/- 8.8	47.1 +/- 7.7	4.3 (1.3 ; 7.2)	0.005
HAQ	1.4 +/- 0.5	1.5 +/- 0.5	-0.1 (-0.3 ; 0.1)	
EQ5D	0.6 +/- 0.3	0.5 +/- 0.5	0.2 (0.0 ; 0.4)	0.041

BACHELOR

	Week 24			
Means or n (%)	Baricitinib (N=18)	Placebo (N=16)	Relative Risk or difference (95% CI) [adjusted on centre]	p value
CRP PMR-AS	2.0 +/- 2.5	4.5 +/- 5.2	-2.4 (-5.2 ; 0.3)	
CRP PMR-AS≤ 10	18 (100.0%)	12 (85.7%)	7.4 (0.30 ; 183.35)	
VS PMR-AS	3.8 +/- 3.1	3.38 +/- 2.5	0.4 (0.08 ; 0.74)	0.000
VS (mm/h)	22.7 +/- 13.7	13.3 +/- 8.7	9.5 (4.29 ; 14.67)	0.000
CRP (mg/dL)	0.3 +/- 0.4	0.8 +/- 1.0	-0.5 (-0.7 ; -0.47)	0.000
EVA douleur	1.1 +/- 1.7	1.2 +/- 1.4	-0.2 (-0.8 ; 0.4)	
EVA fatigue	1.5 +/- 1.7	2.7 +/- 2.5	-1.2 (-3.3 ; 1.0)	
VAS globale patient	1.2 +/- 1.7	1.6 +/- 1.7	-0.5 (-1.3 ; 0.4)	
VAS médecin	0.5 +/- 0.7	1.3 +/- 2.7	-0.8 (-2.5 ; 0.9)	
Raideur matinale	1.5 +/- 3.3	10.0 +/- 14.3	-8.5 (-12.8 ; -4.2)	0.000
EUL >à 90°	17 (94.4%)	13 (92.9%)	1.0 (1.0 ; 1.1)	
PCS SF36	48.6 +/- 10.3	44.1 +/- 9.8	4.4 (1.4 ; 7.4)	0.004
MCS SF36	48.6 +/- 9.8	44.1 +/- 11.6	4.5 (2.8 ; 6.1)	0.000
HAQ	1.3 +/- 0.3	1.4 +/- 0.3	-0.3 (-049 ; 0.3)	
EQ5D	0.7 +/- 0.3	0.6 +/- 0.4	029 (0.18 ; 0.0)	0.001

BACHELOR

	Week 36			
Means or n (%)	Baricitinib (N=18)	Placebo (N=16)	Relative Risk or difference (95% CI) [adjusted on centre]	p value
CRP PMR-AS	4.3 +/- 4.7	5.1 +/- 5.9	-0.8 (-2.1 ; 0.4)	
CRP PMR-AS≤ 10	14 (82.4%)	12 (85.7%)	1.0 (0.8 ; 1.2)	
VS PMR-AS	4.8 +/- 3.9	4.7 +/- 3.3	0.1 (-1.2 ; 1.5)	
VS (mm/h)	21.7 +/- 14.6	14.1 +/- 12.2	7.6 (1.7 ; 13.5)	0.035
CRP (mg/dL)	0.4 +/- 0.5	0.9 +/- 0.4	-0.4 (-0.9 ; 0.0)	
EVA douleur	1.7 +/- 1.8	1.7 +/- 2.1	-0.0 (-0.8 ; 0.8)	
EVA fatigue	2.3 +/- 2.0	2.2 +/- 2.4	0.05 (-0.6 ; 0.7)	
VAS globale patient	1.5 +/- 1.8	1.7 +/- 2.0	-0.19 (-0.8 ; 0.4)	
VAS médecin	1.1 +/- 1.3	1.3 +/- 1.8	-0.2 (-0.6 ; 0.1)	
Raideur matinale	9.5 +/- 19.6	10.0 +/- 15.2	-0.5 (-5.5 ; 4.5)	
EUL >à 90°	16 (94.1%)	12 (85.7%)	1.1 (0.9 ; 1.4)	
PCS SF36	47.7 +/- 10.4	44.5 +/- 10.6	3.2 (0.5 ; 6.0)	0.026
MCS SF36	50.3 +/- 8.38	42.1 +/- .11	8.1 (3.5 ; 12.1)	0.000
HAQ	1.0 +/- 0.6	1.5 +/- 0.5	-0.3 (-0.5 ; -0.2)	0.000
EQ5D	0.8 +/- 0.5	0.5 +/- 0.4	0.3 (-0.1 ; 0.3)	

BACHELOR

SOC	Groupe		
	Placebo	Baricitinib	Total
Evenement			
ENDOCRINE	1	0	1
OPHTALMOLOGIQUE	3	1	4
GASTROINTESTINAL	7	6	13
GENERAL	5	2	7
HEPATOBILIARE	1	0	1
IMMUNE	1	0	1
INFECTIONS	6	6	12
PROCEDURAL	3	2	5
INVESTIGATIONS	2	0	2
METABOLISME ET NUTRITION	2	2	4
MUSCULOSQUELETIQUE	4	13	17
NEOPLASIE BENIGNE, MALIGNE OU INDETERMINEE	1	3	4
SYSTÈME NERVEUX	3	3	6
PSYCHIATRIQUE	3	1	4
RENAL	0	2	2
RESPIRATOIRE	1	1	2
CUTANE	0	5	5
CHIRURGICAL	1	2	3
VASCULAIRE	4	1	5
TOTAL	48	50	98

BACHELOR

SOCNAME	Group		
	Placebo	Baricitinib	Total
Serious Adverse Events			
IMMUN	1	0	1
INFECTIONS	0	1	1
METABOLISME ET NUTRITION	1	0	1
MUSCULOSKELETIQUE	2	1	3
NEOPLASIE BENIGNE OU MALIGNE	1	1	2
PSYCHIATRIQUE	1	1	2
TOTAL	6	4	10
DECES			
TOTAL	0	0	0

JADORE-BARI

- Baricitinib 4 mg plus GCs 2 mois vs 2 mg plus GCs 2 mois vs placebo plus GCs 2 mois
- Evaluation sur DAS-PPR<10 sans GCs (prednisone or prednisolone) à 24 semaines

Conclusion

- Les diagnostics par excès sont fréquents et entrainent un risque d'utilisation abusive de corticoïdes au long cours
- justifiant de prescrire: Hémogramme, CRP, ionogramme plasmatique, créatininémie, bilan hépatique, électrophorèse des protéines sériques, CPK et TSH, bandelette urinaire, facteurs rhumatoïdes, anti-CCP/ ACPA et anticorps antinucléaires, la radiographie de thorax, du bassin et des épaules,
- Une ACG doit être cliniquement recherchée, puis confirmée par des examens complémentaires en cas de signe d'appel (échographie des vaisseaux, IRM ou une TEP-TDM au 18F-FDG)
- Le traitement médicamenteux repose sur la corticothérapie générale, débutée à 0,2 à 0,3 mg/kg/j de prednisone
- La durée de la corticothérapie est de 12 à 18 mois. Une posologie de 10 mg doit être atteinte en 4 à 8 semaines, puis être suivie d'une décroissance mensuelle de 1 mg jusqu'à un arrêt.
- Des moyens non-pharmacologiques doivent être associés au traitement médicamenteux.
- Le tocilizumab, le sarilumab, ou éventuellement le méthotrexate, peuvent être utilisés en cas de corticodépendance ou pour permettre un sevrage rapide des corticoïdes.
- Développement de traitement sans corticoïdes dans la PPR débutante