

The Impact of Cancer on the Management of Rheumatoid Arthritis: Insights from the ARCA Registry

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- Objective
- To investigate the pattern of DMARDs use in RA patients with prior cancer, as well as the risk of cancer recurrence associated with the use of b/tsDMARDs compared to csDMARDs in this population.

- Methods
- The ARCA registry is a national multicenter retrospective study.
 - Phase I of the registry includes RA patients recruited during one year.
 - Patients must fulfil the 2010 ACR/EULAR classification criteria for RA and have a history of cancer. Indolent cancers, carcinoma in situ, or basal cell carcinoma were excluded.
 - Baseline variables included RA characteristics and DMARDs received, cancer type and treatment, and demographics. The occurrence and treatment of recurrent cancer (progression, metastasis or new cancer) were collected at follow-up.
 - The incidence rates (IR) and 95% CI of cancer recurrence per 1000 patients-year (PY) were estimated and compared between groups.

	Total n = 502
Female	352 (70.1)
Age at inclusion	69.6 (11.5)
Disease duration (years)	16.9 (11.5)
Cancer characteristics	
Time from RA diagnosis to cancer (years)	14 (10.4)
Time from cancer diagnosis to (re)initiation of csDMARD (months), median (IQR)	9 (49)
Time from cancer diagnosis to (re)initiation of b/tsDMARD (months), median (IQR)	25 (73)
Type of cancer	
Breast cancer	129 (25.7)
Colorectal cancer	52 (10.4)
Lung cancer	48 (9.6)
Prostate cancer	31 (6.2)
Non-Hodgkin lymphoma	29 (5.8)
Other	195 (38.8)

Table 1. Demographic, RA and cancer characteristics of the patients included in the ARCA registry

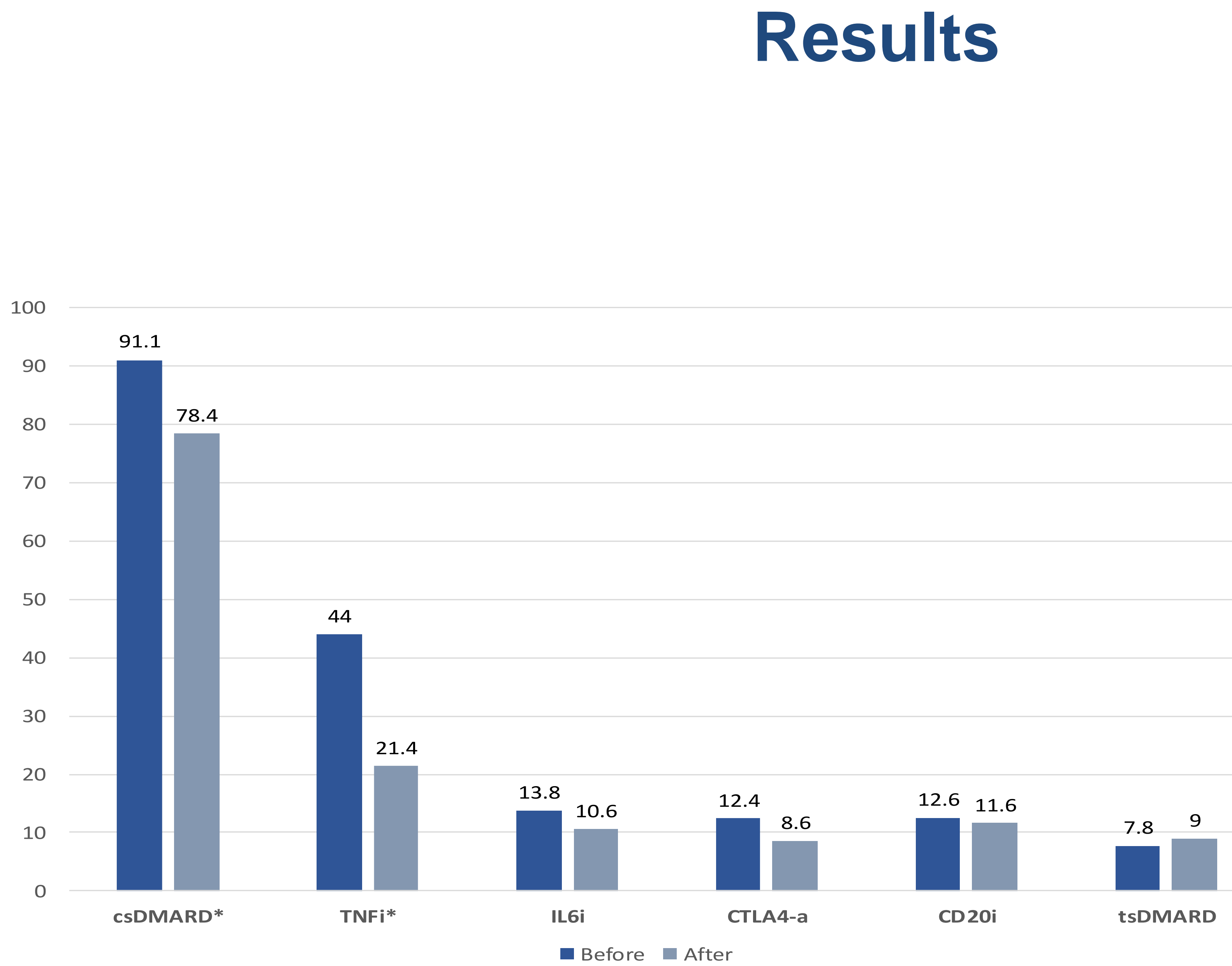


Figure 1. Comparison of use of each DMARD before and after cancer diagnosis. *p<0.001

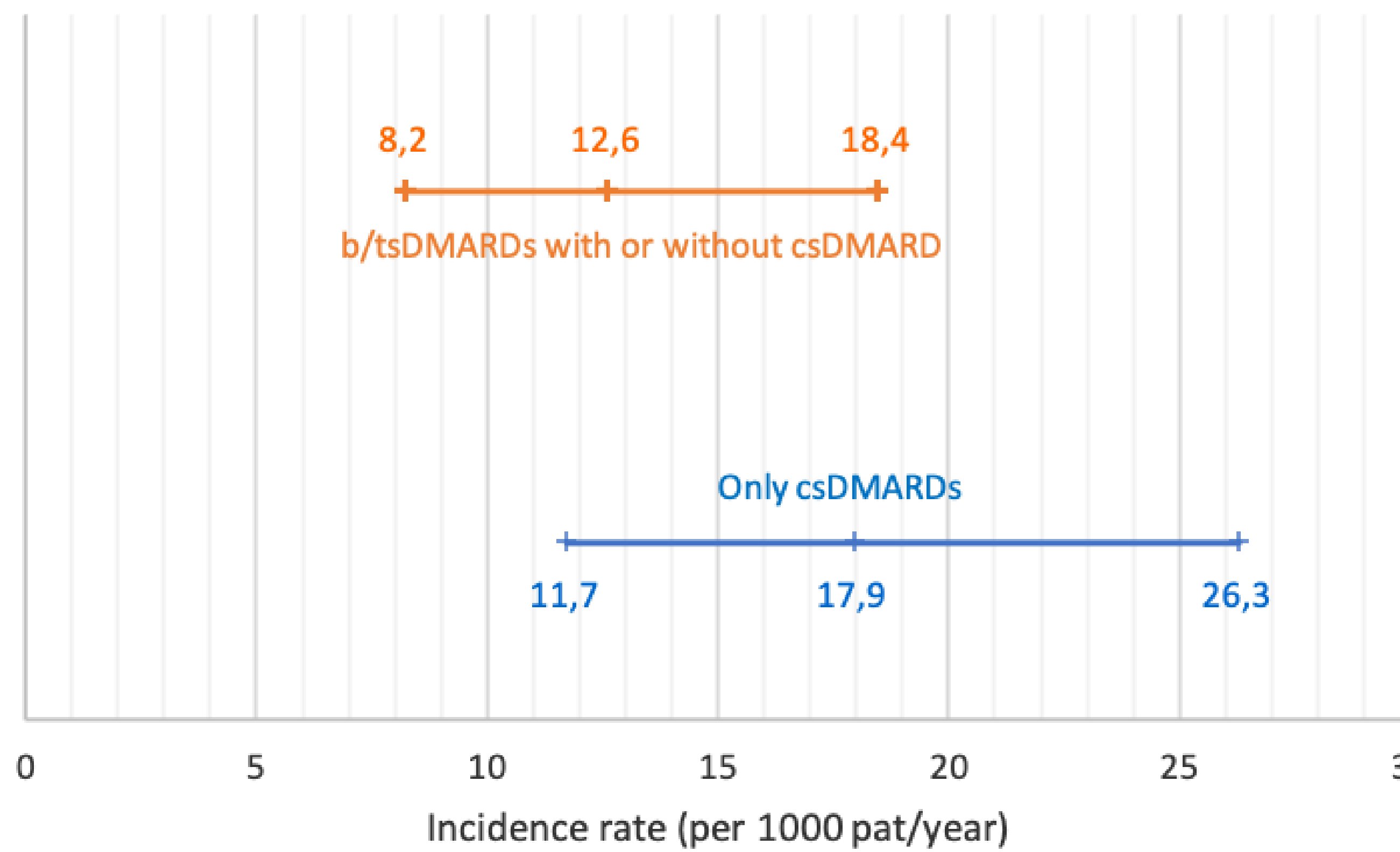


Figure 2. Incidence rate of cancer recurrence based on the type of DMARD received after the cancer diagnosis

- Conclusions
- Patients with RA and prior cancer experience a delay in the re/initiation of DMARDs, with lower use of csDMARDs and TNFi after cancer.
 - We have not detected an increased risk of cancer recurrence associated with the use of b/tsDMARDs compared to csDMARDs.