



REVISTA BRASILEIRA DE REUMATOLOGIA

www.reumatologia.com.br



Letter to the editors

The use of ustekinumab in refractory treatment of psoriatic arthritis

Uso de ustequinumabe no tratamento refratário da artrite psoriásica

To the editors:

We had the opportunity to read the review article of Goldenstein-Schainberg et al.¹ about the most important aspects of psoriatic arthritis (PA) over the years. Related to the therapeutic aspects, it is concluded that biologic agents, especially TNF inhibitors (infliximab, etanercept, adalimumab and golimumab), are used as drugs of last line in refractory cases of the disease. Then, based on existing literature, we show our agreement in this last statement.^{2,3}

However, we consider important to mention alternative therapies. In the clinical trial of Griffiths et al., the authors studied 900 patients with PA who didn't respond to treatment with one biologic agent. In order to get a better clinical response, they compared two biologic agents: ustekinumab – last biologic agent (monoclonal antibody) approved in 2009 – and etanercept. As a result, they found that patients with ustekinumab had a better and faster clinical response, with both dermatological and joint improvement.⁴ Cuchacovich reported the same comparison in 2011 and reassured the findings of Griffiths with ustekinumab.² Furthermore, in the case report of Cuchacovich, the clinical improvement was demonstrated with the use of the combination of the two biologic agents mentioned earlier: ustekinumab and etanercept.³ Above all, to demonstrate the safety of ustekinumab, Cuchacovich reported its use in patients who were refractory to phototherapy, systemic corticosteroids and biologic therapy (including TNF inhibitors). The result not only was favorable but also improved the clinical response in the psoriasis area and in the severity index.²

Furthermore, another biologic agent recommended in this review, efalizumab, was withdrawn from the U.S market in June 2009 by the FDA because of potential risk to patients of developing progressive multifocal leukoencephalopathy (PML).⁵ This information is necessary to emphasize that this drug should not be recommended as a treatment for skin manifestations in PA patients as it was suggested in the study of Goldenstein-Schainberg et al.¹ In fact, PML is known as a serious life-threatening condi-

tion and a devastating neurological disease. It is usually caused by the JC virus but years ago it was emerged as a result of treatment with biologic agents in several rheumatic diseases.⁶

In conclusion, ustekinumab should be included in therapeutic protocols for PA treatment refractory to biological drugs. It is also important not to encourage the use of efalizumab for any kind of rheumatic disease. We need more studies to demonstrate the safety of new biological drugs different from ustekinumab.

Karen Vega-Villanueva, Nathaly Cortez-Bazán*,
Angela Alvarado-Molina

Faculty of Medicine, Universidad Peruana de Ciencias Aplicadas,
Lima, Peru

* Corresponding author.

E-mail: nathaly.cortezb@gmail.com (N. Cortez-Bazán).

© 2013 Elsevier Editora Ltda. All rights reserved.

REFERENCES

1. Goldenstein-Schainberg C, SampaioFavarato M, Ranza R. Current and relevant concepts in psoriatic arthritis. *Rev Bras Reumatol.* 2012;52(1):92-106.
2. Cuchacovich R, Garcia Valladares I, Espinoza L. Comparative assessment of biologics in treatment of psoriasis: drug design and clinical effectiveness of ustekinumab. *Drug Des DevelTher.* 2011;5:41-9.
3. Cuchacovich R, Garcia Valladares I, Espinoza L. Combination Biologic Treatment of Refractory Psoriasis and Psoriatic Arthritis. *J Rheumatol.* 2012;39:187-93.
4. Griffiths CE, Strober BE, van de Kerkhof P, Ho V, Fidelus-Gort R, Yeilding N, et al. Comparison of Ustekinumab and Etanercept for moderate to severe Psoriasis. *N Engl Med.* 2010;362(2):118-28.
5. Chappelle R. FDA Statement on the Voluntary Withdrawal of Raptiva From the U.S. Market [internet]; 2009 Apr 4. Available from: <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm143347.htm>.

-
6. Boren EJ, Cheema GS, Naguwa SM, Ansari AA, Gershwin ME. The emergence of progressive multifocal leukoencephalopathy (PML) in rheumatic diseases. *J Autoimmun.* 2008;30(1-2):90-8.