

NEW 2011/2012 CRA Recommendations for the Pharmacological Management of RA with Traditional and Biologic DMARDs: **Part I Treatment**

Presenter:



- CRA recommendations were supported by the Canadian Institutes of Health Research (CIHR) and matched funds from the CRA.
- No pharmaceutical companies were involved in any phase of guideline development.

Commonly Used Abbreviations

ABAT = abatacept

Anti-CCP = anti-cyclic citrullinated peptide antibody

Anti-TNF = tumor necrosis factor inhibitor

CBC = complete blood count

CI = contraindicated

CRP = c-reactive protein

CXR = chest x-ray

DMARD = disease modifying anti-rheumatic drug

ESR = erythrocyte sedimentation rate

HBV = hepatitis B virus serology

HCV = hepatitis C virus serology

IA = intra-articular

IM = intra-muscular

LDA = low-disease activity

LTBI = latent tuberculosis infection

MTX = methotrexate

NSAIDs = non-steroidal anti-inflammatory drugs

RF = rheumatoid factor

RTX = rituximab

TCZ = tocilizumab

Learning Objectives

1. Understand what clinical practice guidelines are, and how they can be used to support clinical decision making.
2. Review how the New 2011/2012 CRA Recommendations for RA were developed.
1. Highlight New 2011/2012 CRA Treatment & Assessment algorithms for RA .

What are clinical practice guidelines?

- Clinical practice guidelines (CPG) are “systematically developed statements to **assist practitioner and patient decisions** about appropriate health care for specific clinical circumstances”. Institute of Medicine, 1990
- “Clinicians, policy makers, and payers see guidelines as a tool for making care more consistent and efficient and for closing the gap between what clinicians do and what scientific evidence supports.” Woolf et al, BMJ 1999

Why develop CRA Recommendations for RA?



- The pharmacologic management of RA has evolved significantly over the last decade.
- Canadian RA healthcare providers, decision makers and consumers need evidence-based guidance **developed in the context of the Canadian health system.**

Methods for Developing Recommendations

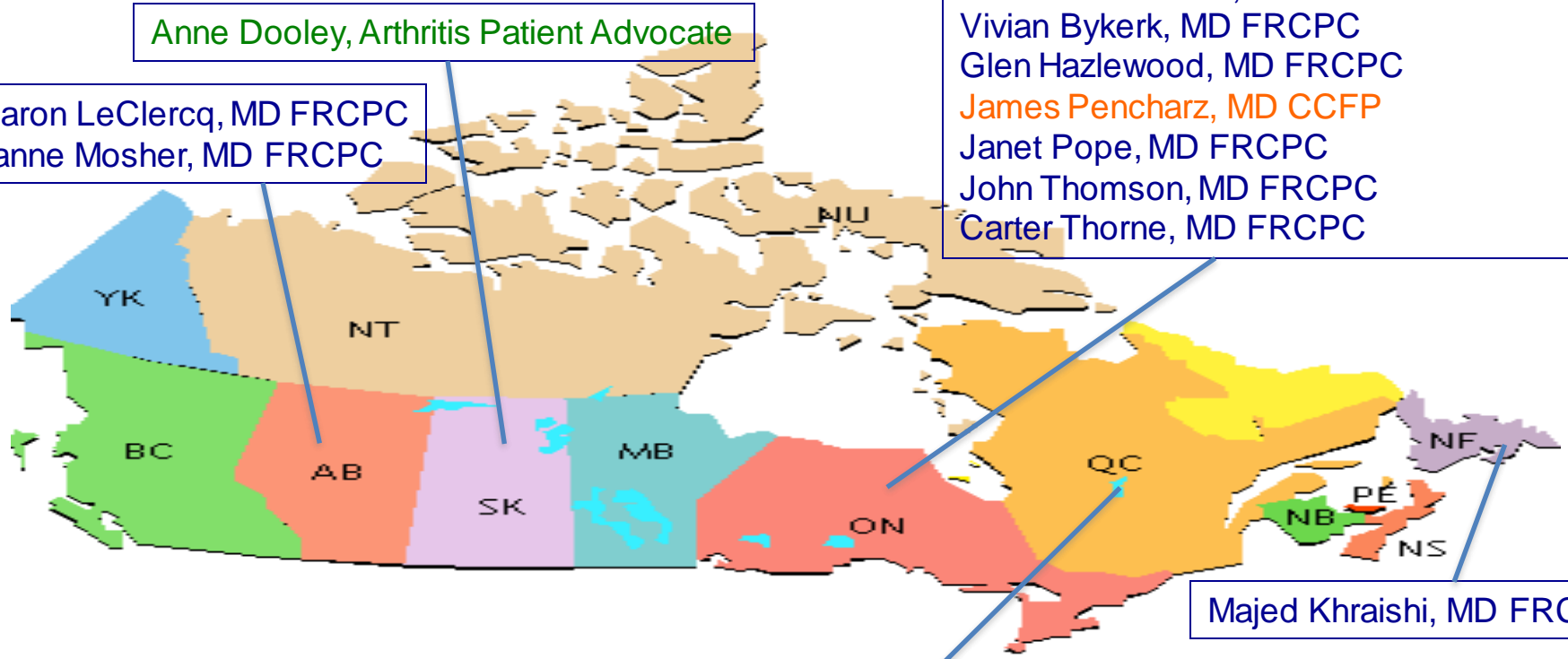
Multidisciplinary Working Group

- Rheumatologist expert
- Patient consumer
- Family physician
- Coordinator

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Guideline Adaptation: A Resource Toolkit



| Prepared by the ADAPTE Collaboration 2009
| (www.adapte.org)
| Version 2.0

Modified- ADAPTE Framework

1. Define Key Questions

A priori from results of a national needs assessment survey



2. Identification of Guidelines

Systematic review (2000-2010) + Grey literature (N=49)



3. Quality Appraisal of Guidelines

Guideline quality – Validated instrument (AGREE)



4. Synthesis of Guidelines

Evidence tables of recommendations with supporting evidence



5. Adapt/develop recommendations

Full working group voting and discussion



6. Extended Review & Endorsement

CRA executive + CRA membership (n = 86)



7. Dissemination

Educational meetings/ local workshops + support tools

Results Needs Assessment Survey: Link Journal of Rheumatology



J Rheumatol. 2012 Aug;39(8):1555-8. Epub 2011 Sep 1.

Emerging issues in pharmacological management of rheumatoid arthritis: results of a national needs assessment survey identifying practice variations for the development of Canadian Rheumatology Association clinical practice recommendations.

Bykerk VP, Schieir O, Akhavan P, Hazlewood GS, Cheng CK, Bombardier C.

Mount Sinai Hospital, Rebecca MacDonald Centre for Arthritis and Autoimmune Diseases, Toronto, ON M5T 3L9, Canada. vbykerk@mtsina.on.ca

<http://www.jrheum.org/content/39/8/1555.long>

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Strength of Evidence

Level of Evidence		Strength of Recommendation	
I	Meta-analyses/systematic reviews of RCTs, or individual RCTs	A	Strong Direct level I evidence
II	Meta-analyses, systematic reviews of case control/cohort studies or individual case control/ cohort studies OR RCT subgroup/post hoc analyses	B	Moderate Direct level II evidence or extrapolated level I evidence
III	Non-analytic studies, e.g. case reports, case series	C	Weak Direct level III evidence or extrapolated level II evidence
IV	Expert opinion	D	Consensus Expert opinion based on very limited evidence

Structure of CRA Recommendations

Each recommendations is supported with a detailed discussion structured as follows:

Summary of Guidelines

- Synthesis of existing guideline recommendations.

Summary of Evidence

- A summary of research evidence from source guidelines used for adaptation.

Evidence to Recommendation

- Guideline panel's interpretation of the evidence, values & clinical experience

Potential barriers for implementation

- Canadian system factors that may impact the applicability of the recommendation.

Recommendations

Disclaimer: Recommendations **should not be interpreted** as rigid or legal standards and should be used with the clinical judgement of the treating physician, acting according to the needs of the patient and the unique clinical circumstance.

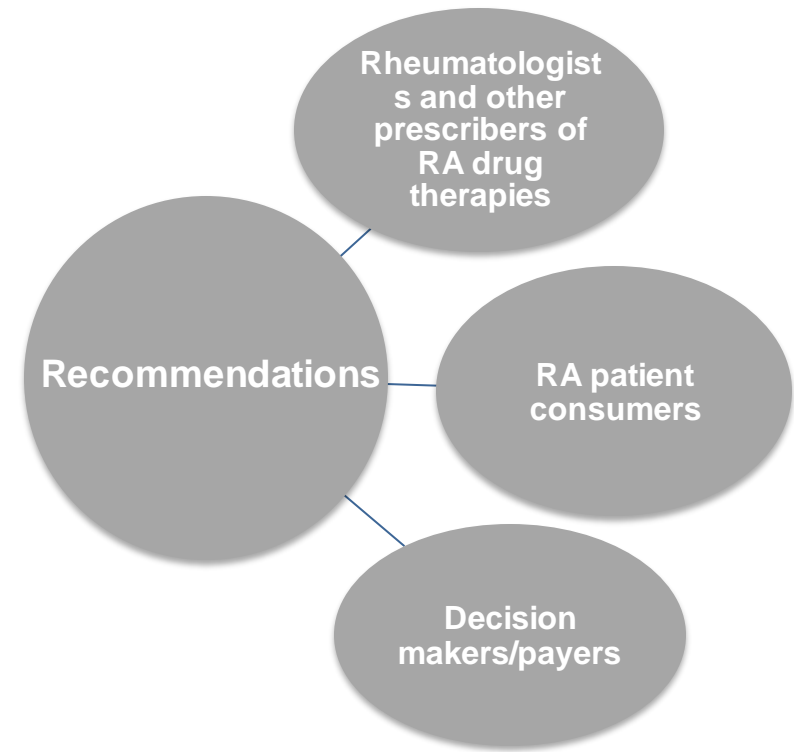
Who are these CRA Recommendations intended for?

Target patient population

Adult patients with RA



Target Users



CRA recommendations have been prepared in 2 parts.

- Part 1 provides focused pharmacologically based treatment guidance presented as 5 overarching principles and 26 recommendations.

J Rheumatol. 2012 Aug;39(8):1559-82. Epub 2011 Sep 15.

Canadian Rheumatology Association recommendations for pharmacological management of rheumatoid arthritis with traditional and biologic disease-modifying antirheumatic drugs.

Bykerk VP, Akhavan P, Hazlewood GS, Schieir O, Dooley A, Haraoui B, Khraishi M, Leclercq SA, Légaré J, Mosher DP, Pencharz J, Pope JE, Thomson J, Thorne C, Zimmer M, Bombardier C.

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<http://www.jrheum.org/content/39/8/1559.long>

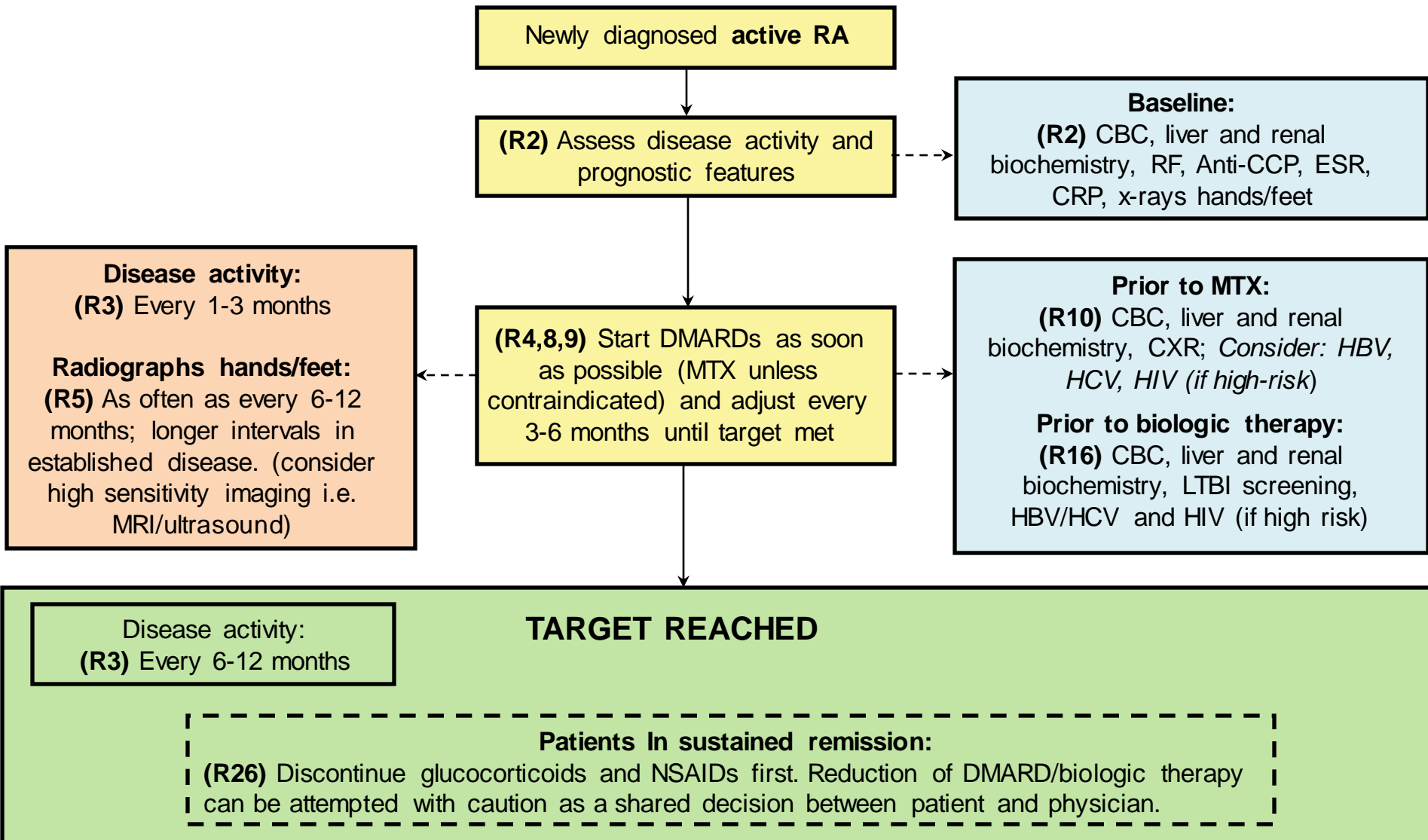
Overarching Principles in the Care of RA

- 1. *Cared for by a rheumatologist*** or by other trained healthcare professionals.
- 2. *Timely and equal access*** to appropriate rheumatologic care.
- 3. *Shared decision-making between the patient and physician.***
- 4. *Shared-care models***
 - Primary care physicians
 - Allied health professionals
- 5. *Opportunities for engaging patients in research***
 - e.g. As participants
 - As research partners/ consumer representatives

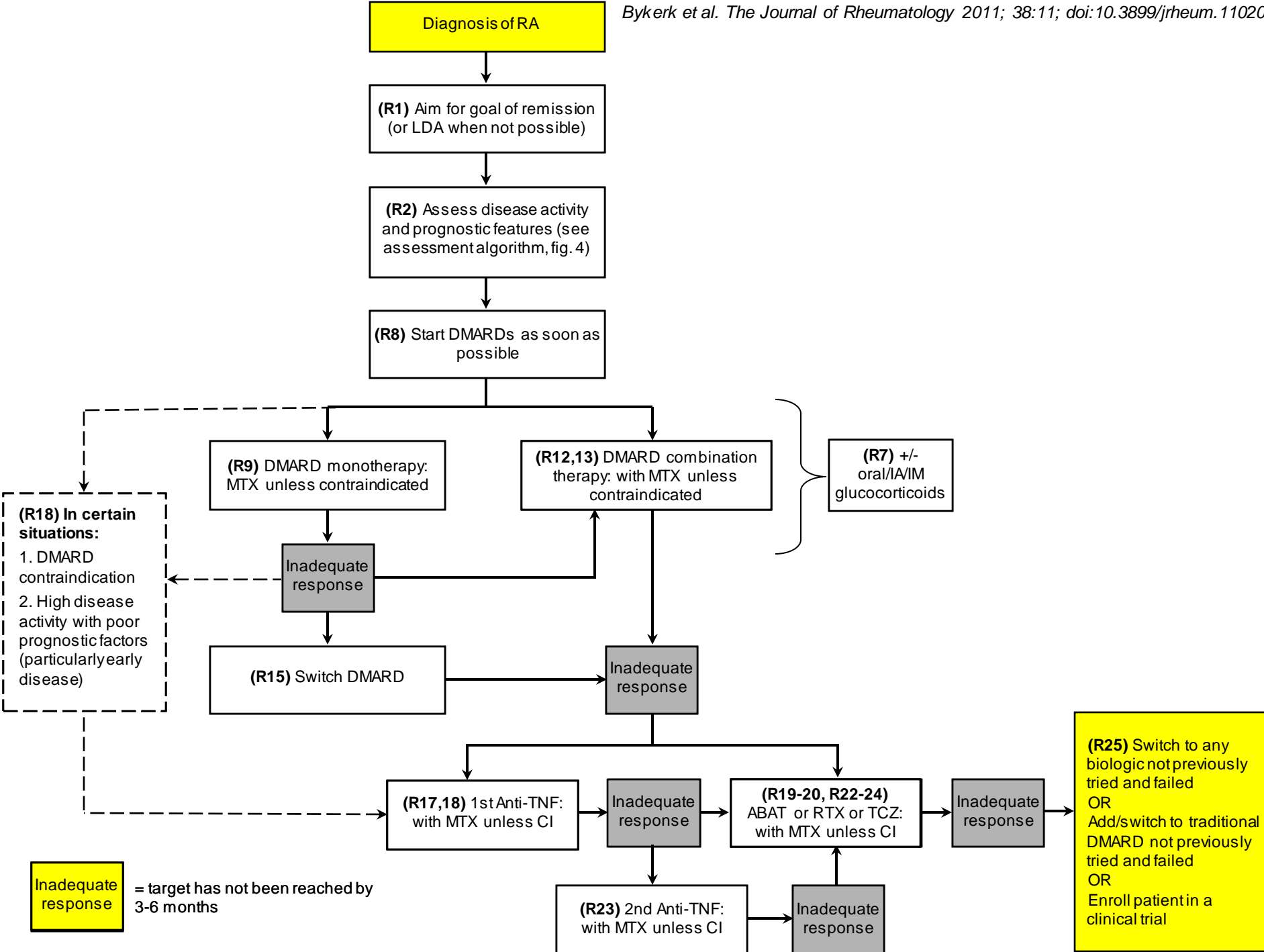
Algorithms and tools based on CRA recommendations:
ASSESSMENT of RA Patients

Frequency of assessment

Pre-treatment investigations



Algorithms and tools based on CRA recommendations:
TREATMENT of RA Patients



CRA Recommendations can be Accessed on the CRA Website

rheum.ca/en/publications/cra_ra_guidelines

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CRA Treatment Recommendations for RA

The CRA has developed NEW 2011/2012 recommendations for the pharmacological management of RA that take into consideration Canada's current healthcare system. The recommendations address treatment questions identified from a national needs assessment survey of Canadian rheumatology professionals and are published in 2 parts.

Highlights from the NEW 2011/ 2012 CRA Recommendations for RA

Part 1: RA Treatment Recommendations

- 5 overarching RA care principles
- 26 treatment recommendations addressing general RA treatment strategies as well as specific treatment strategies for the use of glucocorticoids and traditional and biologic DMARDs
- Summary RA assessment and treatment algorithms

Part 2: RA Safety Recommendation

- 13 recommendations addressing specific safety aspects of treatment with traditional and biologic DMARDs, including:

- Perioperative management
- Screening for latent tuberculosis infection (LTBI) and indications for initiating TB prophylaxis
- Optimal vaccination practices
- Management of patients with malignancy (active and past)
- Recommendations grouped in to user-friendly tables/ checklists

Downloads

Journal of Rheumatology Publications

[Editorial overview of 2011/2012 CRA Recommendation for RA \(open access\)](#)

[Part 1: 2011/2012 CRA Treatment Recommendations for RA \(open-access\)](#)

[Part 2: 2011/2012 CRA Safety Recommendations for RA \(open-access\)](#)

[Pre-Guideline National Needs Assessment Results \(open-access\)](#)

[Supporting Information \(PDF\)](#)

Acknowledgements

RA Guidelines Working Group

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Dr. Vivian Bykerk
Dr. Claire Bombardier
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CRA recommendations for RA,
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