Rilonacept Utilization in a Steroid-Sparing Paradigm for Pericarditis: Real-World Evidence for Treatment-Induced Increased Adoption

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doi: https://doi.org/10.1161/CIRCOUTCOMES.120.004642

ABSTRACT

The RESONANCE Study Group performed an interim analysis of the RESONANCE registry, a real-world observational registry designed to describe the natural history and treatment paradigm selection for patients with recurrent pericarditis (RP). The registry included patients with more than 3 RP episodes, treated with corticosteroids, anakinra, or rilonacept, and followed for at least 1 year (or until their last check-in visit). The primary outcomes were incidence of new RP episodes and total number of days of new or recurrent pericarditis treatment, measured from the date of their last check-in visit, during up to 5 years of follow-up. The results showed a decreased proportion of patients transitioning to corticosteroids and an increased proportion of patients transitioning to rilonacept as the initial treatment for their RP episodes, with a trend towards increased use of rilonacept as the first-line treatment in the year after rilonacept availability.

Keywords: Pericarditis, observational registry, rilonacept, corticosteroids, anakinra, medication use, real-world evidence

INTRODUCTION

Recurrence of pericarditis (RP) is a challenging and common clinical problem, with 3% of the general population affected over a number of years.1 While the European Society of Cardiology Guidelines position IL-1 pathway inhibition only after corticosteroids, complications associated with long-term steroid use underscore the importance of steroid-sparing strategies.2 Rilonacept, an IL-1 pathway blocker, was approved in the United States, Canada, and Europe in 2021.3

METHODS

The RESONANCE registry included patients with RP who were ≥18 years of age, treated with corticosteroids, anakinra, or rilonacept and followed for at least 1 year (or until their last check-in visit). The primary outcomes were incidence of new RP episodes and total number of days of new or recurrent pericarditis treatment, measured from the date of their last check-in visit, during up to 5 years of follow-up. The results showed a decreased proportion of patients transitioning to corticosteroids and an increased proportion of patients transitioning to rilonacept as the initial treatment for their RP episodes, with a trend towards increased use of rilonacept as the first-line treatment in the year after rilonacept availability.

RESULTS

The RESONANCE registry included patients with RP who were ≥18 years of age, treated with corticosteroids, anakinra, or rilonacept and followed for at least 1 year (or until their last check-in visit). The primary outcomes were incidence of new RP episodes and total number of days of new or recurrent pericarditis treatment, measured from the date of their last check-in visit, during up to 5 years of follow-up. The results showed a decreased proportion of patients transitioning to corticosteroids and an increased proportion of patients transitioning to rilonacept as the initial treatment for their RP episodes, with a trend towards increased use of rilonacept as the first-line treatment in the year after rilonacept availability.