

Biolgoical Agents in Autoimmune Rheumatic Diseases

Essay

Submitted for Partial Fulfillment of Master Degree
in Physical Medicine, Rheumatology & Rehabilitation

By

Abeer Abd El-Fattah Sobhey

M.B.B.ch

Faculty of Medicine, Ain Shams University

Under Supervision of

Prof. Dr. Nadia Abd El-Salam El-Kadery

Professor of Physical Medicine, Rheumatology & Rehabilitation

Faculty of Medicine, Ain Shams University

Prof. Dr. Ahmed Mohamed El-Yassiky

Professor of Physical Medicine, Rheumatology & Rehabilitation

Faculty of Medicine, Ain Shams University

Assist. Prof. Dr. Nouran Moamed Abaza

*Assistant Professor of Physical Medicine, Rheumatology
& Rehabilitation*

Faculty of Medicine, Ain Shams University

Faculty of Medicine

Ain Shams University

2015

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

(... رَبِّ أَوْزِعْنِي أَنْ أَشْكُرَ نِعْمَتَكَ

الَّتِي أَنْعَمْتَ عَلَيَّ وَعَلَى وَالِدَيَّ

وَأَنْ أَقُولَ صَالِحاً تَرْضَاهُ

وَأَذْكُرَكَ بِرَحْمَتِكَ

فِي عِبَادَتِكَ الصَّالِحِينَ]

صدق الله العظيم



Acknowledgment

*I would like to start by thanking **God**, the most beneficent and the most merciful for his blessings throughout my life.*

*It is with sincere gratitude that I thank my supervisor, **Prof. Dr. Nadia Abd Elsalam El Kadry**, Professor of Physical Medicine, Rheumatology and Rehabilitation, Faculty of Medicine, Ain Shams University, for her guidance and helpful suggestions. Her cordial encouragement and generous support made everything easier throughout this work.*

*I am greatly indebted to **Prof. Dr. Ahmed Zaki El Yasaki**, Professor of Physical Medicine, Rheumatology and Rehabilitation, Faculty of Medicine, Ain Shams University, for being such an outstanding teacher who devoted much of his time, effort and experience in supervising this work. I really want to thank him for his meticulous guidance and creative comments made completion of this work.*

*Thanks are extended to **Prof. Dr. Nouran Moustafa Abaza**, Assistant Professor of Physical Medicine, Rheumatology and Rehabilitation, Faculty of Medicine, Ain Shams University, for her great effort, continuous help and guidance. It is such a great honor to work with such a nice person who is willing to give, help, support and guide her students.*

Last but not least, I would like to thank all my colleagues at Ain Shams University for their help and cooperation.

I also wish to express my love and gratitude to my beloved family especially my mother, father and my husband who held me up and supported me till the end of my work.

 **Abeer Abd El-Fattah Sobhey**

Contents

Subject	Page No.
List of Abbreviations	i
List of Tables	viii
List of Figures	ix
Introduction.....	1
Aim of the Work.....	3
Chapter (1): Autoimmune Diseases.....	4
Rheumatoid Arthritis	6
Sjögren Syndrome.....	13
Systemic Lupus Erythromatosus	18
Polymyositis and Dermatomyositis	23
Systemic Sclerosis.....	29
Ankylosing Spondylitis	61
Chapter (2): Biological Therapies.....	37
TNF Inhibitors.....	49
T-CELL Blocking Agents	60
B-CELL Blocking Agents	69
IL-1 blocking agents.....	80
IL-6 Receptor Antagonist	87
Other Receptor Agents.....	94
Summary.....	117
References	120
Arabic Summary.....	—

List of Abbreviations

<i>Abbrev.</i>	<i>Full term</i>
ABA	: Abatacept
ACCP	: Anti-cyclic citrullinated peptide
ACE	: Angiotensine converting enzyme
ACR	: American College of Rheumatology
ADA	: Adalimumab
ADCC	: Antibody dependent cytotoxicity
AEs	: Adverse effects
AICAR	: Amino imidazole carboxamide ribonucleotide
AIM	: Abatacept in inadequate responders to MTX
ALT	: Alanine transaminase
ANA	: Anakinra
ANA	: Antinuclear antibody test
ANCA	: Anti-neutrophil cytoplasmic antibodies
AOSD	: Adult-onset Still disease
APC	: Antigen presenting cell
APR	: Acute phase reactant
APRIL	: A proliferation-induced ligand
APS	: Antiphospholipid syndrome
AS	: Ankylosing spondylitis
ASAS	: Assessment of Ankylosing Spondylitis International society
AST	: Aspartate transaminase
ATTAIN	: Abatacept trial in treatment of anti-TNF inadequate responders

List of Abbreviations (Cont.)

<i>Abbrev.</i>	<i>Full term</i>
ATTEST	: Abatacept Trial for Tolerability, Efficacy and Safety in Treating RA
AZA	: Azathioprine
B0	: Naïve B cell
BAFF	: B-cell activating factor
BASDAI	: Bath Ankylosing Spondylitis Disease Activity Index
B-CLL	: B-cell chronic lymphocytic leukemia
BCMA	: B cell maturation
BCR	: B-cell antigen receptor
bDMARDs	: Biologic DMARDs
BLyS	: B-lymphocyte stimulator
BSA	: Body surface area
CAPS	: Cryopyrin-associated periodic syndrome
CB	: Cannabinoid
CCR	: Chemokine receptor
CDC	: Center for disease control and prevention
CDC	: Complement dependent cytotoxicity
CK	: Creatine kinase
COPD	: Congestive constructive pulmonary diseases
COX-2	: Cyclooxygenase-2
CPK	: Creatine phosphokinase
CRP	: C-reactive protein
csDMARDs	: Conventional synthetic DMARDs
CSF	: Cerebrospinal fluid
CSF	: Colony stimulating factor

List of Abbreviations (Cont.)

<i>Abbrev.</i>	<i>Full term</i>
CTLA	: Cytotoxic T-lymphocyte antigen
CTZ	: certolizumab
CYC	: Cyclophosphamide
DAS	: Disease activity Score
DC	: Dendritic cell
DHODH	: Dihydroorotate dehydrogenase
DM	: Dermatomyositis
DMAR	: Disease modifying anti-rheumatic drugs
dsDNA	: Double stranded DNA
EAE	: Experimental autoimmune encephalitis
EBV	: Epstein-Barr virus
ELISA	: Enzyme-linked immune-sorbent assay
EMA	: European Medical Agency
EMG	: Electromyography
ER	: Endoplasmic reticulum
ESR	: Erythrocyte sedimentation rate
ETN	: Etanercept
EULAR	: European League Against Rheumatism
Fc	: Fragment-crystallizable protein
FCAS	: Familial cold auto-inflammatory syndrome
FDA	: Food and Drug Administration
GC	: Germinal cell
GC	: Glucocorticoids
GI	: Gastrointestinal
GOL	: Golimumab

List of Abbreviations (Cont.)

<i>Abbrev.</i>	<i>Full term</i>
gp	: Glycoprotein
HCQ	: Hydroxychloroquine
HCV	: Hepatitis C
hIBM	: Hereditary IBM
HIV	: Human immunodeficiency virus
HLA	: Human leukocyte antigen
HTLV	: Human T-cell leukemia virus
IBD	: Inflammatory bowel disease
IBM	: Inclusion body myositis
ICAM	: Intracellular adhesion molecule
IFN	: Interferon
IFX	: Infliximab
Ig	: Immunoglobulin
IL	: Interleukin
ITP	: Idiopathic thrombocytopenic purpra
IVIG	: Intravenous immunoglobulin
JAK-STAT	: Janus kinase-signal transducer and activator of transcription
JRA	: Juvenile rheumatoid arthritis
LDA	: Low disease activity score
LDH	: Lactate dehydrogenase
LFA	: Leucocyte function associated antigen
LFTs	: Liver function tests
LN	: Lupus nephritis
LTA	: Long term extension

List of Abbreviations (Cont.)

<i>Abbrev.</i>	<i>Full term</i>
MAAs	: Myositis associated antibodies
MAC	: Membrane attack complex
MCP	: Metacarpophalanges/phalngeal
MHC	: Major histocompatibility complex
MI	: Myocardial infarction
MME	: Mycophenolate mofetil
MMP	: Matrix metalloproteinases
MS	: Multiple sclerosis
MSAs	: Myositis specific antibodies
MTP	: Metatarsophalanges/phalangeal
MTX	: Methotrexate
MWS	: Muckle-Wells syndrome
NF- κB	: Nuclear factor kappa-light-chain-enhancer of activated B cells
NICE	: National institute for health and clinical excellence
NK	: Natural killer cells
NSAIDs	: Non steroid anti-inflammatory drugs
PABA	: Para-aminobenzoic acid
P	: Placebo
PBO	: Placebo
pDC	: Plasmacytoid dendritic cell
PDGF	: Platelet derived growth factor
PEG	: Polyethylene glycol
PGE	: Prostaglandin

List of Abbreviations (Cont.)

<i>Abbrev.</i>	<i>Full term</i>
PIP	: Proximal interphalanges/phalangeal
PM	: Polymyositis
PML	: Progressive multifocal leuko-encephalopathy
PMN	: Polymorph nuclear
PsA	: Psoriatic arthritis
PSL	: Prednisolone
pSS	: Primary Sjögren's syndrome
PUVA	: Pulse Ultraviolet A
QOL	: Quality of life
RA	: Rheumatoid arthritis
RacP	: Receptor accessory protein
RANK	: Receptor activator nuclear factor
RANKL	: Receptor activator nuclear factor ligand
RCTs	: Randomized clinical trials
RF	: Rheumatoid factor
RNA	: Ribonuclear protein
ROR	: Retention-related orphan receptor
RTX	: Rituximab
SAA	: Serum amyloid A
SARD	: Systemic autoimmune rheumatic diseases
SDF	: Stromal derived factor
SEs	: Side effects
sIBM	: Sporadic IBM
s-IBM	: Sporadic inclusion body myositis
SJIA	: Systemic juvenile idiopathic arthritis

List of Abbreviations (Cont.)

Abbrev.	Full term
SjS	: Sjögren's syndrome
SLE	: Systemic lupus
SPF	: Sun protection factor
SSA	: Anti-Sjögren's syndrome-related antigen
SSc	: Systemic sclerosis
TACI	: Transmembrane activator
TB	: Tuberculosis
TCR	: T-cell receptor
TCZ	: Tocilizumab
TGF	: Transforming growth factor
Th	: T-helper
Th0	: Naïve T cell
TLR	: Toll-like receptors
TNF	: Tumor necrosis factor
TNF-R	: Tumor necrosis factor-receptor
Treg	: Regulatory T cell
TTT	: Treatment
TYK	: Tyrosine kinase
UC	: Ulcerative colitis
URI	: Ureteric infection
URTI	: Upper respiratory tract infection
UTI	: Urinary tract infection
WG	: Wegener's granulomatosis

List of Tables

<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
Table (1):	Tumour necrosis factor alpha inhibitors for the treatment of adult rheumatoid arthritis.....	55
Table (2):	A summary of clinical efficacy scores from clinical trials evaluating abatacept	65
Table (3):	Randomized clinical trials with rituximab in patients with RA	73
Table (4):	Update on biologic therapy in autoimmune diseases	102
Table (5):	US Food and Drug Administration pregnancy category	110

List of Figures

Figure No.	Title	Page No.
Figure (1):	B cell survival factors in the pathogenesis of RA.....	7
Figure (2):	Activation of effector cells by cytokines	10
Figure (3):	Polarization of T cells and B cells within the salivary gland inflammatory response. ...	15
Figure (4):	Common symptoms of SLE.....	19
Figure (5):	Pathogenesis of SLE.....	21
Figure (6):	Inflammation and degeneration in IBM	26
Figure (7):	Role of immunological mediators in the pathogenesis of SSc	30
Figure (8):	Role of epithelium in the pathogenesis of SSc	31
Figure (9):	Role of Th17 in AS	34
Figure (10):	Bilateral sacroiliac joint erosions X-ray	36
Figure (11):	Structures of anti-TNF agents.....	50
Figure (12):	Pathophysiological organization of RA.....	60
Figure (13):	Mechanism of action of abatacept	62
Figure (14):	B-cell differentiation and maturation.....	69
Figure (15):	Mechanisms of action of RTX.....	70
Figure (16):	B-cell/T-cell interaction	75
Figure (17):	Mechanisms of structural damage in RA	80
Figure (18):	Mechanism of action of IL-1Ra.....	81
Figure (19):	IL-6 producing cells.....	88

List of Figures *(Cont.)*

Figure No.	Title	Page No.
Figure (20):	Mode of action of tocilizumab.....	89
Figure (21):	IL-17 signaling.....	95
Figure (22):	Different JAK combinations.....	101
Figure (23):	Recommendations on RA management	107
Figure (24):	Biological treatments for SLE	113
Figure (25):	Recommendations for AS.....	114

Introduction

*A*utoimmune diseases are a group of disorders where the immune system malfunctions and attacks tissues. One aspect of these diseases is the formation of antibodies that are directed to self-antigens (autoantibodies). These diseases can be divided into two general groups: organ specific, where the autoantibodies attack a specific organ, such as diabetes mellitus type I, Hashimoto's thyroiditis, Addison's disease, vitiligo, haematologic autoimmune haemolytic anemia and idiopathic thrombocytopenic purpura (*Davidson and Diamond, 2006*). Non-organ specific (systemic), where the antibodies attack multiple organ systems. Systemic autoimmune rheumatic diseases (SARD) are a group of systemic autoimmune diseases, which include rheumatoid arthritis (RA), Sjogren's disease, systemic lupus erythematosus (SLE), polymyositis and dermatomyositis, systemic sclerosis and ankylosing spondylitis. RA is the most prevalent disease in this group (*Willcocks et al., 2010*).

The goal of treatment (TTT) in systemic autoimmune diseases is to minimize symptoms such as pain, swelling and to prevent bony deformity, improve quality of life (QOL), slowdown progress of the disease and other systems affection. This can often be achieved using the primary TTT, which are 2 main classes, analgesics such as non-steroidal anti-inflammatory