Onychocryptosis Strikes RA Patients on Biologics

BY NANCY WALSH
New York Bureau

GLASGOW, SCOTLAND — Onychocryptosis poses a particular risk to patients with rheumatoid arthritis being treated with biologics, so vigilance should be practiced in the foot care of these patients, reported Heidi J. Davys.

Onychocryptosis can be accompanied by local sepsis, which is a serious concern in patients on anti-tumor necrosis factor-α therapy, Ms. Davys noted in a poster session at the annual meeting of the British Society for Rheumatology.

The full extent and impact of foot problems in these patients is not clear, but a retrospective 14-month audit in the rheumatology foot clinic at Leeds (England) General Infirmary, identified nine cases of onychocryptosis developing in rheumatoid arthritis (RA) patients on biologic therapy.

Five of the affected patients were female, mean age was 43 years, and mean disease duration was 10.9 years. Etanercept was the drug being used in seven cases, and infliximab and abatacept each were being used by one patient.

None of the patients had experienced previous episodes of onychocryptosis. The mean time between commencement of biologic therapy and symptom onset was 20 weeks, wrote Ms. Davys, who is a specialist in rheumatologic podiatry, Leeds Teaching Hospitals NHS Trust.

‘Therapy with the biologic was suspended in all patients prior to nail treatment for an average duration of 2 weeks, until healing was complete. Eight of the patients underwent partial or total nail avulsion, three with matrix phenolization to prevent regrowth. All patients also were treated with systemic antibiotics. The outcome was successful in all nine patients, allowing reinstitution of biologic therapy.’

Prompt referral to a podiatrist service is necessary if onychocryptosis develops in a patient. Podiatrists performing surgical procedures such as avulsion should be aware of current perioperative guidelines, and should work closely with the rheumatology team, wrote Ms. Davys.


Previous Cancer Ups Anti-TNF Risk

By Nancy Walsh

New York Bureau

Glasgow, Scotland — Data from a large cohort of patients with rheumatoid arthritis receiving anti-tumor necrosis factor-α therapy has determined that those with a history of malignancy are at heightened risk for additional cancers, and therefore such treatment should be used “with extreme caution” in these patients, according to Kath D. Watson, Ph.D.

Dr. Watson noted that analyses of the British Society for Rheumatology biologics registry is now beginning to clarify these concerns, as cancer incidence among 9,999 first-exposure anti-TNF-treated patients was compared with that of 1,877 biologic-naïve rheumatoid arthritis patients taking traditional disease-modifying antirheumatic drugs (DMARDs), according to Dr. Watson of the Arthritis Research Campaign’s epidemiology unit, University of Manchester, England.

Participants were followed from the date of their registration through September 2005, and reports on cancer cases were obtained from the Office for National Statistics or from 6-monthly physician questionnaires. Incidence rate ratios were adjusted for age, gender, disease severity, and smoking history.

The incidence of new malignancies among the anti-TNF-treated patients overall was not elevated, compared with that of the DMARD-treated group, with a relative risk of 0.7, Dr. Watson said.

But patients treated with biologics who had previous malignancies had an increased risk of developing a further malignancy after commencing therapy, with an incidence rate ratio of 2.3. This increased risk was higher than that for DMARD-treated patients who had previous cancers. (See box.)


Probabilities of serious infection with non-steroidal anti-inflammatory drugs (NSAIDs) were compared with those of patients taking anti-TNF therapy. The probability of a serious infection occurring was 1% in both groups.

CD4 T-cell populations were analyzed in patients taking anti-TNF therapy, and the probability of a serious infection occurring was 1% in both groups.

Previous Malignancy and Incident Cancer Rates

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<thead>
<tr>
<th>Cancer Type</th>
<th>Anti-TNF</th>
<th>DMARD</th>
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<tbody>
<tr>
<td>Malignancy</td>
<td>944</td>
<td>154</td>
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<tr>
<td>Previous Ca</td>
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<td>58</td>
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<tr>
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<td>9,844</td>
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<tr>
<td>No. of patients</td>
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