Circulation

FREE ACCESS | ARTICLE

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY
SESSION TITLE: EXPERIMENTAL AND THERAPEUTIC APPROACHES FOR CARDIOVASCULAR DISEASE

Abstract 12851: Efficacy and Safety of Rilonacept in Recurrent Pericarditis: A Multicenter Phase 2 Clinical Trial

Allan Klein, David Lin, Paul Cremer, Saifullah Nasir, S Allen Luis, Antonio Abbate, Asif Akhtar, Andrew Ertel, Martin M Lewinter, Anna Beutler, John F Paolini, Fang Fang, Steven Chang, Larisa Collins, Randy Perrin, Kasia Warchol, Sharon Crugnale1Cardiology, Cleveland Clinic, Cleveland, OH2Cardiology, Minneapolis Heart Institute, Minneapolis, MN3Cleveland Clinic, Cleveland, OH4Cardiology, Stat! Cardiology, Chicago, IL5Cardiovascular Medicine, Mayo Clinic, Rochester, MN6Cardiology, Virginia Commonwealth Univ, Richmond, VA7Cardiology, Rsch Consultants, Houston, TX8Cardiology, Heart and Vascular Institute of MedStar Washington Hosp Cntr., Washington, DC9Cardiology, Univ of VT Med Cntr, Burlington, VT10Clinical Development, Kiniksa Pharmaceuticals Corp., Lexington, MA11Cardiology, Kiniksa Pharmaceuticals Corp., Lexington, MA12Biostatistics, Kiniksa Pharmaceuticals Corp., Lexington, MA13Biostatistics, NJS, Bridgewater, NJ14Clinical, Kiniksa Pharmaceuticals Corp., Lexington, MA

Originally published 11 Nov 2019 | Circulation. 2019;140:A12851

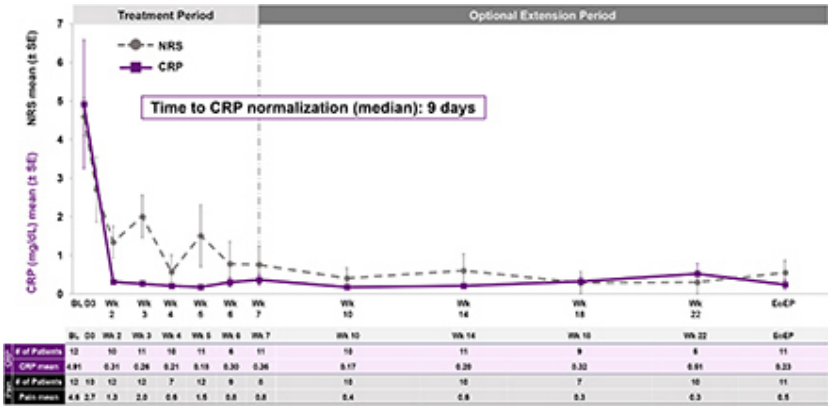
Abstract

Introduction: Interleukin-1 (IL-1) mediates innate autoinflammation and is implicated in recurrent pericarditis (RP). We report final data from a Phase 2 study of rilonacept (IL-1α/IL-1β inhibitor) in RP.

Methods: Symptomatic or corticosteroid (CS)-dependent asymptomatic pts with idiopathic or post-pericardiotomy RP received open-label rilonacept (320mg SC load; 160mg SC weekly) during a 6-wk treatment period (TP) and an optional 18-wk extension period (EP). Baseline NSAIDs, colchicine, and/or CS were continued during TP and weaned optionally during EP. Efficacy endpoints were change in pericardial pain (NRS) and CRP (symptomatic RP) and disease activity after CS taper (CS-dependent asymptomatic RP).

Results: Of 25 adults with RP (21 idiopathic, 4 post-pericardiotomy, mean age 42.8 y, mean 2.6 prior recurrences, 20/25 pts on > 2 pericarditis medications), 23 completed 6 months of rilonacept treatment. One pt chose not to continue into EP, and 1 discontinued TP due to a serious adverse event (SAE). In symptomatic RP pts with CRP >1mg/dL, lower pain and CRP levels were observed after the first injection and maintained to the end of study (Fig 1). Improvement/resolution of other pericarditis manifestations (pericardial effusion, ECG changes, pericardial rub) and improvements in global physical and mental health scores were observed. No subject had pericarditis recurrence in EP, and of 12 pts on CS at baseline completing EP, 1 reduced CS dose and 10 stopped CS during EP. Two SAEs were reported: skin abscess resulting in rilonacept discontinuation and atypical chest pain; both resolved. Most common adverse events were injection site reactions, all mild and none resulting in rilonacept discontinuation.

Conclusions: Patient-reported and clinical measures of RP improved after first rilonacept injection. CSs were dose-reduced or discontinued. Observed AEs were consistent with known rilonacept safety profile. RHAPSODY, a Phase 3 trial, is enrolling.



Download figure | Download PowerPoint

Footnotes

For author disclosure information, please visit the AHA Scientific Sessions 2019 Online Program Planner and search for the abstract title.

Back to top

Circulation Research
Hypertension
Stroke
Journal of the American Heart Association (JAHA)

Journal Information

About
Editorial Board
Reprints
Customer Service and Ordering Information
AHA Journals RSS Feeds
For International Users
Institutions/Librarians FAQ
For Subscribers
Subscriber Help
Wolters Kluwer Privacy Policy

Subjects

All Subjects
Arrhythmia and Electrophysiology
Basic, Translational, and Clinical Research
Critical Care and Resuscitation
Epidemiology, Lifestyle, and Prevention
Genetics
Heart Failure and Cardiac Disease
Hypertension
Imaging and Diagnostic Testing
Intervention, Surgery, Transplantation
Quality and Outcomes
Stroke
Vascular Disease

Features

Bridging Disciplines
Circulation at Major Meetings
Special Themed Issues
Global Impact of the 2017 ACC/AHA Hypertension Guidelines
Circulation Supplements
Cardiovascular Case Series
ECG Challenge
Hospitals of History
On My Mind
Podcast Archive

- Circulation on the Run
- Subscribe to Circulation on the Run
- #FITFAVES
Circulation Doodle

Resources & Education
AHA Guidelines and Statements
Circulation CME
Information for Advertisers

For Authors & Reviewers
Instructions for Authors
Submission Site
Author Reprints

American Heart Association®

National Center
7272 Greenville Ave.
Dallas, TX 75231

Customer Service
1-800-AHA-USA-1
1-800-242-8721
Local Info
Contact Us