

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/rheumatoid-arthritis-addressing-unmet-needs/ra-pregnancy-special-considerations-disease-management/9807/>

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RA in Pregnancy: Special Considerations for Disease Management

Announcer:

This is ReachMD. Welcome to this special series, ***Rheumatoid Arthritis: Addressing Unmet Needs***, sponsored by Lilly.

On this episode, titled “*Managing RA in pregnancy*”, we will hear from Dr. Robin K. Dore, Clinical Professor of Medicine at David Geffen School of Medicine, UCLA.

Dr. Robin Dore:

We know patients with rheumatoid arthritis are often young and certainly in childbearing age, so there is always a concern as to if a young woman of childbearing potential develops rheumatoid arthritis, how should this person be treated? Data was presented at the past EULAR meeting that looked at the levels of a TNF-inhibitor in the cord blood of babies when they were born in mothers with rheumatoid arthritis, and then followed those babies for 4 and 8 weeks looking at measurements of the drug in their blood. And what was found is that with this one TNF-inhibitor, that 13 out of 14 of the newborns had no evidence of the TNF-inhibitor in their cord blood. None of the babies had any evidence of neutralizing antibodies in their blood at 4 or 8 weeks and no neutralizing antibodies. And so, it appears that we have data now with one TNF-inhibitor that there is no cross placental transmission of this TNF-inhibitor.

Therefore, when rheumatologists are treating women who want to become pregnant, I think it is important to sit down and have a discussion with the patient if they are considering biologic therapy, the significance of this information with regards to treatment.

There was also data that was discussed with a different TNF-inhibitor looking at major birth defects. Looking at women with rheumatoid arthritis not treated with biologic therapy and women with rheumatoid arthritis treated with this TNF-inhibitor. What was found is that there were actually more major birth defects in women with rheumatoid arthritis who were treated with this TNF-inhibitor than those pregnant rheumatoid patients who were not treated with this TNF-inhibitor. Nevertheless, there was not a pattern of a specific birth defect that was seen in these infants and, therefore, the FDA did not feel that there was a safety signal with regards to this specific TNF-inhibitor and the concern over any certain type of major birth defects.

So, two abstracts with two different TNF-inhibitor therapies, one looking at cross placental transfer, another looking at the effect of major birth defects. So more and more information that we now have to discuss with our young rheumatoid patients who are considering pregnancy.

Announcer:

The proceeding program was sponsored by Lilly. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/addressingRA. Thank you for listening.

This is ReachMD. Be Part of the knowledge.

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