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Remarkable efficacy on RA therapy with interleukin 6 (IL-6) blocking agent, Tocilizumab

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It has been known that the anti-IL-6 receptor antibody, tocilizumab, is one of the most effective biologics for the treatment of patients with rheumatoid arthritis (RA). Recently, the head to head clinical study without methotrexate between tocilizumab and adalimumab clearly showed the superiority of tocilizumab on the signs and symptoms of RA (ADACTA trial). It was reported that tocilizumab induced the decrease of CRP and SAA levels in serum better than TNF-α blockade, and improved chronic inflammatory anemia via inhibition of hepcidin better than TNF-α blockade. Moreover, tocilizumab therapy showed remarkable clinical efficacy without combination of methotrexate. Not only clinical efficacy, but also most of laboratory findings were getting better and normalized, such as CRP, SAA, Fib, Hb, CH50, and MMP-3. These data suggested that tocilizumab, an IL-6 blockade inhibits the inflammatory status better than TNF-α blockade. Now, we are trying to use tocilizumab for the treatment of most of chronic inflammatory disease rather than RA, Castleman's disease, juvenile inflammatory arthritis, such as inflammatory autoimmune disease, auto-inflammatory disease, Crohn's disease, multiple sclerosis, Still's disease, vasculitis syndrome, and cachexia caused by malignancy.

Biography

Kazuyuki Yoshizaki found BCDF (1981), former Interleukin 6 (IL-6) in 1986. He analyzed IL-6 in the pathogenesis of immunological disorders, such as Castleman's disease (CD) in 1989 and rheumatoid arthritis (RA) in 1990. After humanized anti-IL-6 receptor antibody (named tocilizumab) in 1992, he engaged in the establishment of IL-6 blocking therapy with tocilizumab for CD, RA and juvenile idiopathic arthritis (sJIA) from 1993.

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