

Patient Outcomes in the Treatment of Rheumatoid Arthritis

Informing tapering decisions

1. Treatment de-escalation is possible in a large part of early RA patients in remission and may be safely commenced.
2. Patients with arthralgias without synovitis experience a similar burden of disease compared to patients with RA.
3. Dose reduction of TNF-blockers results in lower flare rates than stopping and may be non-inferior to continuing full-dose.
4. In DAS-steered treatment, psychosocial factors should be taken into consideration to prevent overtreatment.
5. Rheumatologists are not uniform in their decision which patients are eligible for treatment de-escalation.
6. Accurate prediction of treatment response in RA requires that clinical, genomic and biomarker data are combined.
7. To improve the quality of quantitative medical research, apart from peer-review assessment by colleagues, each manuscript should be reviewed by a statistician or epidemiologist to assess methodological aspects of the study.
8. Machine learning algorithms have large potential, but can be dangerous when carelessly applied in medical settings.
9. Value Based Healthcare has the potential to improve value to patients and simultaneously reduce healthcare costs.
10. Compared to MTX monotherapy, initial triple DMARD therapy leads to better functional outcomes in patients with newly diagnosed Rheumatoid Arthritis.
11. The best thing about being a statistician is that you get to play in everyone's backyard.
(John Tukey)