

REBECCA

Hello. My name is Dr. Rebecca Bahn, and I'm an endocrinologist at the Mayo Clinic. I specialize in treating patients with thyroid disease and particularly patients with Grave's disease and the associated eye condition, Graves' ophthalmopathy.

BAHN:

Treatment options for Graves' ophthalmopathy are somewhat limited. When I see a patient with this condition and think about appropriate treatment, I first decide whether the patient has fairly mild or more severe disease and whether the disease is active or inactive. Patients with relatively mild disease sometimes don't require any kind of treatment, because often the mild signs and symptoms of the disease resolve spontaneously.

Patients with more moderate or moderately severe disease have significant impact on their quality of life. And it's these patients that really often require some kind of treatment. In patients with severe disease requiring treatment, I distinguish between those who have inactive versus active disease.

Patients with inactive disease tend to have quiet white eyes without a lot of erythema or eye pain. These patients may still have significant proptosis and double vision, but they really don't have inflammatory signs or symptoms. These patients usually do well with orbital decompression surgery, if they have excessive proptosis or eyelid surgery.

Patients who have active disease usually have quite a bit of eye pain, redness, swelling around the eyes. And it's in these patients that I consider using immunosuppressive agents. Generally, this means corticosteroids, which may be given either orally or intravenously over the course of several weeks.

In general, patients with more severe inflammatory disease respond better to intravenous steroids than they do to oral steroids with about 80% of these patients showing good response to IV steroids and only about 50% responding well to the oral steroids. And some patients who even have good response to begin with to oral steroids really can't tolerate a full course because of the side effects that are associated with longer term steroid use. It's for these reasons that we decided to do a study at the Mayo Clinic looking at rituximab for the treatment of severe active Graves' ophthalmopathy.

Rituximab is used with benefit for other diseases, including rheumatoid arthritis. Rituximab is an anti-inflammatory agent. And so we are recruiting into our trial patients who have severe and inflammatory disease.