RILONACEPT REDUCES PERICARDITIS RECURRENCE RISK, HOSPITALIZATIONS, AND ED VISITS: OUTCOMES FROM THE RESONANCE PATIENT REGISTRY

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Background: Recurrent pericarditis (RP) is an IL-1-mediated chronic autoinflammatory disease. Based on clinical trial evidence, the 2025 ACC Concise Clinical Guidance (ACC CCG) on RP management elevated IL-1 pathway inhibition to 2nd line as the preferred option over corticosteroids (CS) after NSAIDs/colchicine.

Methods: Annualized recurrence rate (ARR) and healthcare resource utilization (HCRU) data were extracted by chart review from pts who had 1 yr minimum follow-up in RESONANCE, a multicenter US RP pt registry, and were compared by RP treatment regimen.

Results: As of 15 Aug 2025, of the 154 pts (77% idiopathic; median disease duration: 5.2 yrs; median [IQR] observation: 3.8 [1.4] yrs) analyzed, 59.7% (92/154) intensified treatment from NSAIDs ± colchicine to 2nd line therapy. 2nd line rilonacept significantly reduced ARR (0.086) versus prior NSAIDs ± colchicine (1.26), P<0.001, whereas 2nd line CS significantly increased ARR (3.04) versus prior NSAIDs ± colchicine

(1.38), P=0.012; almost all recurrences on CS (94.1%) occurred while tapering. Outcomes from 2nd line rilonacept were significantly superior to 2nd line CS in both recurrence risk and HCRU (ARR: 0.086 vs. 3.04, P<0.001; hospitalizations: 0 vs. 14.5, P<0.001; ED visits: 0 vs. 43.4, P<0.001).

Conclusion: Real-world data from RESONANCE demonstrate that second-line IL-1 pathway inhibition with rilonacept provides superior clinical outcomes and reduced hospitalizations/ED visits versus corticosteroid-based management strategies. In pts failing NSAIDs/Colchicine, 2nd line rilonacept provided superior recurrence rate and disease burden reductions versus 2nd line CS, affirming the evidence-based corticosteroid-sparing paradigm shift recommended by the 2025 ACC CCG.

Keywords: autoinflammatory disease; interleukin-1; recurrent pericarditis; rilonacept

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