EFORT Abstract Submission

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Three-Year Recurrence Rates of Dupuytren's Contracture Following Successful Collagenase Clostridium Histolyticum Treatment

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INTRODUCTION: Collagenase clostridium histolyticum (CCH) is a recently approved treatment for patients with Dupuytren's contracture (DC) that has been shown to be well tolerated and effective.
OBJECTIVES: Patients with DC who achieved clinical success (contracture reduction of affected joint to within 5° of normal) after CCH treatment were enrolled in a prospective 5-year follow-up study (CORDLESS) to determine long-term safety and recurrence rates. We report the results after 3 years.
METHODS: Subjects who had received ≥1 CCH injection and had ≥1 post-treatment assessment during any of the five phase 3 CCH clinical studies were eligible to enroll in CORDLESS. Patients are evaluated yearly, including detailed history and examinations, to assess for evidence of disease recurrence or extension. Additional treatments received for DC and any complications are also recorded. In joints where clinical success was achieved in the phase 3 trial, recurrence was defined as (1) increase in contracture of ≥20° and finding of palpable cord, or (2) the joint receiving further medical/surgical treatment.
RESULTS: 643 subjects were evaluable in CORDLESS, corresponding to 924 effectively treated joints. Patients had a mean (standard deviation) age of 65.9 (9.4) years. 67% of joints (623/924) achieved clinical success (0-5° of normal). Of all joints achieving success, 35% (217/623) had recurrence by Year 3. Of proximal interphalangeal (PIP) joints, 56% (97/172) experienced recurrence, versus 27% (120/451) of metacarpophalangeal (MP) joints. By Year 3, successfully treated joints that were non-recurrent had mean fixed-flexion contracture (FFC) nearly the same as mean FFC at time of success (MP: 1.2°at time of success, 2.8° at Year 3; PIP: 1.7° at time of success, 7.8° at Year 3). For joints that recurred by Year 3, mean FFC had yet to return to pretreatment levels (MP, 36.5° at pretreatment, 32.8° at Year 3; PIP, 40.1° at pretreatment, 36.7° at Year 3). 93% (580/623) of successfully treated joints did not request or receive additional surgical or medical interventions by Year 3. To date, no adverse events related to previous CCH treatment have been observed in CORDLESS.
CONCLUSION: Three years of follow-up after initial treatment with CCH indicate that collagenase injection is an effective and well-tolerated treatment for DC. Overall, 65% of joints that were corrected to 0-5° maintained the correction through Year 3 (corresponding to a 35% recurrence rate), with only 7% of successfully treated joints requiring further intervention. Similar to results reported after fasciectomy, MP joints had a lower rate of recurrence than PIP joints 3 years after CCH injection.

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