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SAT0523

EVOLUTION OF VISUAL AFFECTATION IN PATIENTS WITH GIANT CELL ARTERITIS TREATED WITH TOCILIZUMAB

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Background: Giant cell arteritis (GCA) is a large vessel vasculitis that has a special predilection for extracranial branches of the external carotid artery. Among its most fearsome complications is visual affectation. Tocilizumab (TCZ) is a monoclonal antibody directed against the interleukin 6 receptor that has shown utility in the treatment of GCA.

Objectives: Our aim was to assess the evolution of visual clinic in patients with GCA treated TCZ.

Methods: Retrospective multicentre study of 20 GCA patients with visual involvement treated with TCZ. The efficacy of this drug on visual symptoms was evaluated.

Results: We evaluated 20 patients (14 women and 6 men) with a mean age $\pm$ SD of 73.7 ± 10.1 years with GCA and visual symptoms. In total there were 23 affected eyes. The symptoms reported were: unilateral blindness (n=6), unilateral blurred vision (n=6), unilateral amaurosis fugax (n=3), unilateral hemianopsia (n=2), bilateral blindness (n=1), bilateral blurred vision (n=1), bilateral hemianopsia (n=1). Before starting treatment with TCZ all patients had received high doses of prednisone, with a mean $\pm$ SD of 54.2 ± 13.8 mg/day (range of doses: 40–80 mg/day). In addition, 9 of them also received intravenous corticosteroid boluses. In addition, 13 patients received traditional immunosuppressants: methotrexate (MTX) (n=12), cyclophosphamide (n=2), leflunomide (n=1) and azathioprine (n=1). Regardless of corticosteroids, TCZ was administered as monotherapy in 14 patients, while in 6 it was administered in combination with MTX. The TABLE shows the evolution of the visual affectation of these patients. Throughout a median follow-up [RIC] of 9⁴–18 months, none of the 7 patients who had a blindness regained vision. The 2 patients who presented unilateral hemianopsia recovered vision. The patient with bilateral hemianopsia and the patient with bilateral blurred vision experienced a partial improvement. The rest of the patients achieved a complete recovery.

	Month 1 n=20	Month 3 n=14	Month 6 n=10	Month 12 n=5
Visual improvement after starting TCZ, n (%)				
Complete improvement:	Complete improvement: 6 (30)	Complete improvement: 5 (35.7)	Complete improvement: 5 (50)	Complete improvement: 1 (25)
Partial improvement:	Partial improvement: 2 (10)	Partial improvement: 3 (21.4)	Partial improvement: 0 (0)	Partial improvement: 0 (0)
No improvement:	No improvement: 12 (60)	No improvement: 6 (42.8)	No improvement: 5 (50)	No improvement: 4 (75)

Conclusions: Although TCZ seems to be also useful in the treatment of visual manifestations of ACG, once blindness is established, it does not seem to be effective.

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SAT0524

THE ROLE OF POLYMORPHISMS OF HEMOSTASIS GENES IN VENOUS THROMBOEMBOLIC EVENTS IN ANCA-ASSOCIATED VASCULITIDES

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Background: The role of polymorphisms of hemostasis genes in venous thromboembolic events in ANCA-associated vasculitides.

Objectives: To evaluate the role of polymorphisms of hemostasis genes in the risk of VTEs in AAV patients and to the clinical features of AAV.

Methods: We studied 85 patients with AAV [69 with granulomatosis with polyangiitis (GPA), 11 with microscopic polyangiitis (MPA), 5 with eosinophilic granulomatosis with polyangiitis (EGPA)] diagnosed according to CHCC 2012 classification. There were 34 males and 51 females, aged of 55^{45;63} years. Duration of follow-up was 74.0 (36.5;120.3) months. Coagulation genes polymorphisms MTHFR 677 C/T (rs1801133), FV 1691 G/A (rs6025), FII 20120 G/A (rs1799963), FGB 455 G/A (rs1800790), PAI-1 675 5G/4G (rs1799889), ITGA2 807 C/T (rs1126643), ITGB3 1565 T/C (rs5918), FVII 10976 G/A (rs6046), FXIII 103 G/T (rs5985) were evaluated by real time polymerase chain reaction. VTEs (deep vein thrombosis, pulmonary embolism) were identified by ultrasonography and chest computed tomography, respectively. We used score system, according to which the presence of each minor allele was assigned one point.

Results: We retrospectively detected 12 (14.1%) VTEs in 85 patients with AAV, including 5 (7.2%) in GPA, 4 (36.4%) in MPA and 3 (60.0%) in EGPA. There were no significant differences in the prevalence of alleles of the each gene in patients with and without VTE (figure 1). However, the combination of integrin A2 (ITGA2 807 C/T), plasminogen activator inhibitor-1 (PAI-1 675 5 G/4G), fibrinogen (FGB 455 G/A) and FV^{FV 1691} G/A) polymorphisms was associated with a significantly higher occurrence of VTE in patients with AAV (p=0.007) (table 1).

Abstract SAT0524 – Table 1. The prevalence of minor alleles of ITGA2 807 C/T, PAI-1 675 5G/4G, F5 1691 G/A, FGB 455 G/A in patients with and without VTE

Minor allele sum score	VTE (n=12)	No VTE (n=73)
0	0 (0%)	4 (5.5%)
1	1 (8.3%)	17 (23.3%)
2	3 (25.0%)	34 (46.6%)
3	8 (66.7%)	18 (24.7%)
4	0 (0%)	0 (0%)
Median sum score*	3.0 (2.0;3.0)*	2.0 (1.0;2.5)*

*p=0.007

We observed a higher risk of lung involvement in carriers of methylenetetrahydrofolate reductase gene (MTHFR 677 C/T) polymorphism (p=0.007, OR 4.305 (95% CI 1.55 to 11.98), and an earlier AAV onset in patients with FXIII 103 G/T polymorphism (47.0 vs 50.0 years, p=0.049).

Abstract SAT0524 – Figure 1. Rates of minor alleles in patients with and without VTE

Conclusions: The combination of several genetic polymorphisms of hemostasis system is associated with an increased prevalence of VTE in AAV patients. The association between MTHFR 677 C/T and FXIII 103 G/T alleles and clinical features of AAV warrants further studies in the larger cohorts of patients.

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