SAT0529 SHORT-TERM EFFICACY AND SAFETY OF BIOSIMILAR RITUXIMAB IN PATIENTS WITH SYSTEMIC VASCUITIDES

J. Smirnova1, P. Novikov2, S. Moiseev2, A. Zykov3, T. Shevtsova3. 1Medical center K+3; 2Sechenov Moscow State Medical University; 3Lomonosov Moscow State University, Moscow, Russian Federation

Objectives: To study efficacy and safety of biosimilar (intended copy) rituximab (Actelbia, BIOCAD) in patients with systemic vasculitides.

Methods: We enrolled in our case series all consecutive patients with systemic vasculitides diagnosed according to CHCC2012 and ACR criteria (if applicable) who were treated with biosimilar rituximab since 2015. Activity of vasculitis was evaluated using BVAS. CD19+ B-cells count was measured by standard method. Patients received intravenous rituximab at a 500 mg dose (four weekly infusions for remission induction or two weekly every 6 months infusions for maintenance treatment).

Results: In total, 45 patients were treated with biosimilar rituximab (29 GPA, 12 MPA, 1 EGPA, 2 cryoglobulinemic vasculitis, 1 rheumatoid vasculitis). In 12 patients (7 GPA, 3 MPA, 1 CRYOvas, 1 RheumVas), rituximab was administered for induction of remission due to high activity and relapsing course of vasculitis and low efficacy of previous treatment. 33 patients (22 GPA, 9 MPA, 1 EGPA, 1 CRYOvas) received rituximab for maintenance of remission. Median duration of follow-up was 12 months.6–26

At 1 and 3 months, all patients achieved B-cell depletion. At 6 months, B-cell population was shown in 9 patients (20%). Remission induction therapy with rituximab resulted in decrease of median BVAS from 16 to 24 to 1 (0–4) at 3 months and to 0 (0–2) at 6 months. At 3 and 6 months, median prednisone dose was tapered from 50 mg35–80 to 25 mg15–40 and 10 mg, 5–20 respectively. In patients who received rituximab for maintenance treatment, median BVAS showed no disease activity (0–1) both at baseline and at 3 or 6 months. At baseline and at 3 months median doses of prednisone were 5 mg (0–7.5) and 5 mg (0–5). At 6 months, it was reduced to 2.5 mg (0–5). Biosimilar rituximab had acceptable safety profile. Adverse events included mild infusion reaction, urinary32 and bronchopulmonary infections which required intravenous antibiotics (median 4 months after infusions), hypogammaglobulinemia31 that persisted for at least 12 months and 1 case of late-onset neutropenia in 8 months.

Conclusions: Biosimilar rituximab showed high efficacy and acceptable safety in patients with systemic vasculitides.

Disclosure of Interest: None declared

SAT0530 CLINICAL FEATURES ASSOCIATION WITH HLA-B ALLELIC TYPES (B27, B51) IN KOREAN PATIENTS OF BEHÇET’S DISEASE


Background: The recurrent oral ulcer frequently occurs as a first clinical manifestation of Behçet’s disease (BD), but BD is characterised by considerable phenotypic variation, comprising a myriad of manifestations, e.g. recurrent genital ulcers and skin, joint, eye, vascular and/or CNS involvement. BD is well known to be associated with HLA-B27 antigen. HLA-B27 antigen is famous for association with spondyloarthropathy. But BD is also observed in HLA-B27 positive patients. It is associated with HLA-B51 antigen. HLA-B27 antigen is famous for association with Behçet’s disease: a multicentric study in the Spanish population. Arthritis Res Ther 2013;15(5):R145.

Methods: We genotyped HLA-B alleles in 433 patients who showed recurrent oral ulcer. The diagnosis of BD was determined according to revised international study group criteria. Among them, 126 patients of BD were included. The genotyping was performed using 66 sets of specific DNA probe (PCR-SSP). The clinical feature was assessed according to HLA B allele in the patients diagnosed with BD.

Results: HLA-B27 allele frequency was more frequent in both BD patients and 433 total patients and the frequency was 40 (31.7%) and 110 (25.4%) respectively. Among the HLA B27+BD patients (n=40), similar gender ratio was observed (Male 52.5%, Female 47.5%) and clinical features of diagnostic criteria were dominant. Among the HLA B27+BD patients (n=17), genital ulcer and skin lesions were dominant. HLA B27+BD patient was one and clinical features were genital ulcer, skin lesion and arthritis.

Conclusions: The specific clinical features of BD were observed in HLA-B27+BD patients. In HLA B27+BD patients, genital ulcer and skin lesions were more observed. The study about clinical features associated with HLA-B allele (B27, B51) in spondyloarthropathy patients is also needed.

Disclosure of Interest: None declared