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

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

Methods: We enrolled 31 patients (26 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 BVAS3. 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 cryoglobulenic 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.

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 10 (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 mg to 25 mg to 10 mg, 5 mg, 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 reactions, urinary tract and bronchopulmonary infections which required intravenous antibiotics (median 4 months after infusions), hypogammaglobulinemia 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

ACUTE PHASE REACTANT LEVELS AND PREDNISONE DOSSES AT DISEASE FLARE IN PATIENTS WITH GIANT CELL ARTERITIS: PROSPECTIVE DATA FROM THE GIACTA TRIAL


Background: The recurrent oral ulcer frequently occur as a first clinical manifestation of Behcet’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 and HLA-B51 antigens (B27, B51) in Korean patients of Behcet’s disease. But BD is also observed in HLA B27 positive patients. Most investigators have found that HLA-B51 genotype with Behcet’s disease in spondyloarthropathy patients is also needed. The study about clinical features associated with HLA-B allele in the patients diagnosed with BD is also needed. Hence, the study about clinical features associated with HLA-B allele in BD patients is also needed. The most recent study in the susceptibility and specific clinical features of Behcet’s disease in Tunisian healthy subjects and patients with suspected anklylosing spondylitis and Behcet’s disease. Ann N Y Acad Sci 2009;1172:564–9.

Methods: The clinical feature was assessed according to HLA B allele in the patients diagnosed with BD. HLA genotyping was performed using 66 sets of sequence specific DNA probe (PCR-SSP).

Results: Among the HLA B27 +BD patients (n=17), genital ulcer and skin lesions were more observed. Among the HLA-B51 +BD patients (n=19), genital ulcer and skin lesions were observed. The study about clinical features associated with HLA-B allele (B27, B51) in spondyloarthropathy patients is also needed.

Disclosure of Interest: None declared

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


Background: The recurrent oral ulcer frequently occur as a first clinical manifestation of Behcet’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 and HLA-B51 antigens (B27, B51) in Korean patients of Behcet’s disease. But BD is also observed in HLA B27 positive patients. Most investigators have found that HLA-B51 genotype with Behcet’s disease in spondyloarthropathy patients is also needed. Hence, the study about clinical features associated with HLA-B allele in the patients diagnosed with BD is also needed. The most recent study in the susceptibility and specific clinical features of Behcet’s disease in Tunisian healthy subjects and patients with suspected anklylosing spondylitis and Behcet’s disease. Ann N Y Acad Sci 2009;1172:564–9.

Methods: 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=49), 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 +B51+BD patient was one and clinical features were genital ulcer, skin lesions and arthritis.

Discussion: 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

REFERENCES: