REFERENCES:

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AB0475
THE INFLUENCE OF SWITCHING FROM ETANERCEPT ORIGINATOR TO ITS BIOSIMILAR ON EFFECTIVENESS AND THE IMPACT OF/shared


AB0477
INHIBITION OF LARGE JOINT DESTRUCTION IN RHEUMATOID ARTHRITIS PATIENTS TREATED WITH TOCILIZUMAB

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Background: Rheumatoid arthritis (RA) causes not only inflammation of small joints, such as hands and feet, but also inflammation of large joints. Destruction of large joints is correlated with impairments of physical activity in RA patients more than destruction of small joints is (1). We experience strong inhibitory effect of inflammation in synovial joints, not only small joints but also large joints, by treatment with tocilizumab (TCZ), an antibody to IL-6 receptor in RA patients in daily clinical practice. Although inhibitory effects of small joint destruction by TCZ is well known, inhibitory effects of large joint destruction is unknown.

Objectives: This retrospective study investigated inhibitory effect of large joint destruction by TCZ treatment in RA patients.

Methods: Toyohashi RA database (TRAD) was used. TCZ was initiated in 65 RA patients in our institute. 31 cases (23 female and 8 male) who continued TCZ over 2 years were utilised in this study. Baseline characteristics and time course of disease activity were investigated. Delta-modified Sharp score (ΔmTSS) per year was used to evaluate small joint destruction. ARASHI score (2) was used to evaluate large joints destruction. Shoulders, elbows, hips, knees and ankles were evaluated using ARASHI score.

Results: Treatment continuation rate of TCZ was 86.3% at one year and 77.7% at two years in whole 65 cases (Kaplan-Meier methods). Baseline characteristics of 31 cases was as follows. Average age: 56 years old. Average RA duration: 6.6 years. Concomitant rate of MTX: 74.2%. Concomitant rate of prednisolone: (LDA) as soon as possible is an important way to improve their prognosis. We investigated the effectiveness of immunoadsorption therapy, a novel blood purification treatment, as a rapid and sustained disease-modifying therapy for active refractory RA.

Objectives: To evaluated the efficacy of additional immunoadsorption therapy (2 times) besides infliximab (IFX) on disease remission in patients with active refractory RA.

Methods: 90 patients with serve RA were included in this study. 40 patients were treated with basic IFX 3 mg/kg-methotrexate (MTX) therapy, and other different peri 47 patients, besides of basic therapy, were previous given 2 times additional immunoadsorption therapy. IFX 3 mg/kg was infused at weeks 0, 2, 6, 14, 22 and 30. Age, sex, ratio, mean disease duration and core index of disease activity in two treatment groups were collected at weeks 0, 2, 6 and 30 weeks to compare the efficacy and safety of combined immunosorbertent in the treatment of severe RA.

Results: The baseline age, sex ratio and core indexes of disease activity were comparable between the two treatment groups (p>0.05). After treatment, the core indexes of disease activity of all patients decreased significantly compared with their baseline levels (p<0.05). The degree of reduction in the combined therapy group was significantly better than that in the basic treatment group (p<0.05), and the proportion of ACR remission patients in the combined treatment group was higher than that in the basic treatment group at different stages after treatment.

Conclusions: Additional immunoadsorption therapy can rapidly relive the disease activity of serve RA patients, and the remission rate of 30 W was significantly higher than only IFX treatment. However, due to the limited sample size of this study, the efficacy of additional immunoadsorption needs further observations.