SLE, Sjögren’s and APS – treatment

AB0503

THERAPEUTIC STRATEGY AND SHORT-TERM OUTCOME IN NEUROPSYCHIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS


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Methods: We have retrospectively analysed the track records of RA patients to whom tofacitinib was prescribed between June 2014 to December 2017. Descriptive analysis includes sex, duration of disease, autoantibody association, smoking, major trauma exposure, initiation in DMARD/Anti-TNF resistant patients, monotherapy/use in combination with DMARD. According to the duration of the disease, the patients were grouped as early (0–4 years), established (5–10 years), and late RA (>10 years).

Drug survival was estimated using Kaplan-Meier survival analysis, and the independent variables that may affect the discontinuation were investigated by log-rank test and modelled by Backward Stepwise Cox regression analysis. Tofacitinib was prescribed to patients who were resistant to at least three different types of csDMARDs. Low-dose Steroid (below 10 mg) and NSAIDs drugs were used as needed.

Results: During the study period, 192 (163 F, 85%) patients were prescribed tofacitinib in our clinic. Median age was 56.1–61 years, the median age at onset was 45–72 years, and median disease duration was 10–46 years. In this study, the ratio of RF and anti-CCP positivity was 63% and 60%, respectively. 33% of patients were seronegative. The patients with a smoking history were 26%, and exposure to major trauma was 48%. The patients were female, mean (SD) age 35.4 ± 13.6 years. 19.7% (91) of events were reported as Odds Ratio (OR) and 95% confidence intervals (95% CI).

Acknowledgements: One of the theories of autoimmunity is that Damage-Associated Molecular Patterns (DAMPs) may give rise to autoimmune inflammation. We were curious about how many of patients suffered from major trauma, which was defined as accidents terminated with fractures and dislocations or falls from a height of at least three metres.

Disclosure of Interest: None declared

AB0504

EFFECTIVENESS OF PROLONGED MAINTENANCE MONOTHERAPY WITH RITUXIMAB IN PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME: THREE-YEAR FOLLOW-UP


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Background: There are currently no effective systemic therapies of primary Sjögren’s syndrome (pSS); however, open label series have suggested that rituximab may be beneficial for systemic and glandular manifestations.

Objectives: To estimate clinical efficacy and safety of prolonged maintenance B-cell targeted monotherapy for pSS.

Methods: 25 with pSS ACR-EULAR criteria, 2016 were included in this research. Indications for treatment were significant immunological activity (high titres of rheumatoid factor (RF)) and anti-nuclear antibodies and/or hypergammaglobulinemia in 20 patients, parotid enlargement (lymphoma was excluded) – 5, arthritis – 3, lymphadenopathy – 3, severe keratoconjunctivitis sicca in 7 of them concomitantly.

Objectives: To describe the therapeutic approach and the short-term outcome of a multi-centre cohort of patients with NPSLE, enrolled at the time of the first NP event.

Methods: This is a retrospective cohort study. All NP events were defined according to American College of Rheumatology (ACR) case definition and divided into 3 clusters: central/diffuse (C/D), central/local (C/F) and peripheral (P). A validated attribution algorithm was used to determine the attribution of all NP events. Demographic variables, global SLE disease activity (SDAI), cumulative organ damage (SLICC/ACR Damage Index (SDI)), and treatment adopted for NP manifestations were collected. The clinical outcome of all NP events was determined by a physician-completed seven-point Likert scale (1=patient demise, 2=much worse, 3=less worse, 4=no change, 5=improved, 6=much improved, 7=resolved). The relationship between the variables of interest and the outcome was analysed by crude and adjusted logistic models and reported as Odds Ratio (OR) and 95% confidence intervals (95% CI).

Results: 461 SLE patients with at least one NP event were included. 91.8% of patients were female, mean (SD) age 35.4 (13.6) years. 19% (91) of events were observed at diagnosis of SLE, 13.4% (82) before and 66.8% (308) after the diagnosis. 111 events (24.1%) were C/F, 286 (62%) C/D and 64 (13.9%) P. 198 (42.9%) of all NP events were attributed to SLE. The overall probability of immunosuppressive therapy was 28.4% (95% CI 24.3–32.8), 38.7% (95% CI 29.6–48.5) in C/F, 21.3% (95%CI 16.7–26.5) in C/D and 42.2% (95%CI 16.7–26.5) in P manifestations. The probability of immunosuppressive therapy was 47.9% (95% CI 40.8–55.2) in attributed events. The one-year outcome was available in 355 patients. Physician assessment indicated resolution (76 patients) or improvement (150 patients) in 49% (226/461) of cases. The crude and adjusted OR of attributed NP events and immunosuppressants on a favourable outcome is illustrated in Figure 1. The multivariable regression analysis was done adjusting for age at diagnosis of SLE [OR 0.96, 0.94–0.98] p=0.001, female gender [OR 0.97, 0.33–2.7] p=0.959, SLEDAI [0.85, 0.68–1.08] p=0.202, SLEDAI-2K [1.06, 1.01–1.11] p=0.008 and type of event (C/F [REF], C/D [0.37, 0.16–0.83] p=0.016, P [0.54, 0.21–1.42] p=0.215).

Abstract AB0503 – Figure 1. Crude and adjusted OR of attributed NP events and induction immunosuppression (IS, Figure 1A) or start/increase IS (Figure 1B) on a favourable outcome.

Endothelial dysfunction

Endothelial dysfunction

Disclosure of Interest: None declared


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AB0503

SLE, Sjögren’s and APS – treatment
Results: All patients were women with a mean age at diagnosis of 49 years [29–70] and median duration of disease was 6 years (1–20). The average cumulative dose of rituximab was 10000 mg (7000–12000 mg). The median European Sjögren’s Syndrome disease activity index (ESSDAI) decreased from 2.5 (2–3) to 0 (0–1) (p=0.01) by the end of the study. The increase in salivation and lacrimation according to Schirmer test and tear break-up time was insufficient, however, in 3 patients the size of the salivary glands normalised and the recurrent parotitis stopped. Furthermore, 7 patients with severe keratoconjunctivitis sicca improved the course of the disease. The healing of corneal ulceration in all patients was observed one year after the initiation of therapy. A significant decrease in the RF level (from 198 IU/ml (51–442) to 71 IU/ml (10–263), p<0.002) and gammaglobulins (from 28%±5% to 19.3%±3.5%, p=0.001) was observed one year after this study beginning. Unrelated decrease of gammaglobulins was noted in 23% of patients by the end of the follow-up, that did not increase the risk of secondary infections. We observed good tolerability of therapy, only 4 patients had mild infusion reactions.

Conclusions: Rituximab therapy is highly effective, well tolerated and helps to avoid long-term use of glucocorticoids/cytotoxic agents in pSS.

Disclosure of Interest: None declared

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AB0506 HYDROXYCHLOROQUINE HAS NO PROTECTIVE EFFECT ON THE DEVELOPMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS IN 704 PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME: A NATIONALWIDE POPULATION-BASED STUDY

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Background: Hydroxychloroquine (HCQ) has been proposed to be associated with later onset of systemic lupus erythematosus (SLE)1 and is widely used in patients with primary Sjögren’s syndrome (pSS) which may evolve to SLE.2 We want to explore the potentially protective role of HCQ in the development of SLE among patients with pSS.

Objectives: This study was conducted to assess whether exposure to HCQ in pSS patients is associated with a reduction in the development of SLE.

Methods: This retrospective cohort used claims data from the National Health Insurance Registry Database (NHIRD) in Taiwan. Patients with incident Sjögren’s syndrome (SS) from 2000 to 2010 in the Registry of Catastrophic Illness Database (RCIPD) of the NHIRD, which was certified by two rheumatologists, were identified. The date when SS was diagnosed in the RCIPD was defined as the index date. Those who were diagnosed as having SLE, rheumatoid arthritis, polymyositis, dermatomyositis, or systemic sclerosis in the RCIPD before the index date were excluded. Other exclusion criteria included3 patients who were diagnosed as having SLE in the RCIPD within one year after the index date, patients who withdrew from the NHIRD within one year after the index date, and patients who used oral, intramuscular, or intravenous corticosteroids, methotrexate, azathioprine, leflunomide, sulfasalazine, cyclosporine, tacrolimus, mycophenolate, mercaptopurine, or cyclophosphamide for more than or equal to 90 days within one year before or after the index date. The included SS patients who used HCQ for more than or equal to 90 days within one year after the index date were eligible to HCG group. The study endpoint was defined as newly-diagnosed SLE in RCIPD or withdraw from NHIRD during the 14 year follow-up period (January 1st, 2000 to December 31st, 2013).

Results: A total of 7004 pSS patients were identified. The mean follow-up time was 6.9 years in the HCG group (n=4282) and 7.0 years in the non-HCG group (n=2722). There were 22 newly-diagnosed SLE (0.5%) in the HCG group and 16 (0.6%) in the non-HCG group. The overall event rate of SLE was 8.78/10,000 person-years in the HCG group and 9.83/10,000 person-years in the non-HCG group (adjusted hazard ratio 0.97, 95% confidence interval 0.50–1.88, in a Cox proportional hazard model).

Conclusions: There is no protective effect of HCQ on the development of SLE in patients with pSS.

REFERENCES:

Disclosure of Interest: None declared