Methods: Retrieved data including demographic characteristics, clinical manifestations and previous treatments were collected. All patients met the ISG and/or ICBD classification criteria for Behçet's Disease. In order to evaluate disease activity, the BD Current Activity Form (BDCAF) has been evaluated before starting biosimilar, at three, six and nine months after switching to CT-P13. The occurrence of adverse events was also recorded. Wilcoxon matched-pairs signed-ranks test was carried out to evaluate differences between BDCAF distributions pre-switch and either at three, at six and at nine months after switching.

Results: Thirteen caucasian adult BD patients (mean age 39.77 ± 7.46 years) with a mean disease duration of 12.54 ± 4.21 years, underwent IFX treatment at licensed dosage for a period of 117.66 ± 48.01 months. After 106.92 ± 46.37 months of treatment with originator IFX, all of them were switched to CT-P13 biosimilar IFX. At 3 months after switching, none of them had discontinued CT-P13 biosimilar IFX treatment. No significant difference was noticed between BDCAF mean score assessed at switch and 3 months after switching ($p=0.15$). At 6 months follow up, 2/13 patients (15.38%) discontinued CT-P13 biosimilar IFX treatment, both for recurrence of mucocutaneous involvement. One out of 2 patients who discontinued CT-P13 IFX had previously experienced a disease flare under originator IFX therapy, requiring a modification of ongoing therapy. BDCAF mean score assessed before and 6 months after switching were not significantly different ($p=0.81$). Nine months after switching 2 out of the remaining 11 patients were lost at follow up. Once more, no difference was shown between BDCAF mean score assessed at switch and at 9 months follow up ($p=0.85$). No adverse events occurred during the observed period.

Female n(%)	3 (23.08%)
Age at Onset (mean $\pm$ SD)	27.15 ± 10.02
Clinical Manifestations n(%)	
Uveitis	10 (76.92)
Oral Aphthosis	9 (69.23)
Genital Aphthosis	7 (53.85)
Cutaneous Involvement	7 (53.85)
Concomitant Treatment n(%)	
Colchicine	5 (38.46)
csDMARDs	4 (30.77)
Corticosteroids	1 (7.69)

Abstract AB0709 – Figure 1

Conclusions: Despite the short follow up period, these data suggest that switching BD patients from originator IFX to CT-P13 seems to be effective and safe; only a small percentage of patients experienced relapse of symptoms, whereas a significant modification of BDCAF pre-switch and post-switch was not noticed. Although encouraging, these results need to be confirmed over a longer follow up period and on larger cohorts of patients.

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AB0710

INTERFERON A2A FOR THE TREATMENT OF REFRACTORY BEHÇET'S DISEASE UVEITIS

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Background: Behçet's Disease uveitis (BDU) mostly involved bilateral panuveitis and retinal vasculitis, which are very challenging to treat. Interferon alfa-2a (IFN α 2a) has been shown to have comparable effectiveness and tolerance profiles for BDU as tumour necrosis factor (TNF) inhibitors in a number of studies with a much lower cost. IFN α -2a treatment combined with corticosteroids without immunosuppressants was common in previous studies. We herein report a cohort of highly refractory BDU patients who experienced recurrence despite aggressive treatment with multiple immunosuppressants at their therapeutic doses.

Objectives: To investigate the efficacy and safety of IFN α 2a treatment in combination with corticosteroids and immunosuppressants in patients with refractory BDU.

Methods: Clinical records of refractory BDU patients who underwent IFN α 2a treatment in our centre between 2015 and 2017 were retrospectively reviewed. IFN α 2a was initially given 3.0 million IU (MIU) subcutaneously daily for 4 weeks, on the basis of conventional corticosteroid and immunosuppressive therapy. The dosage was gradually tapered down to 3.0 MIU three times or even once per week for maintenance. Primary outcome measure was success rate and changes in ocular relapse rates before and after initiation of IFN α 2a treatment. Disease activity, corticosteroid- and immunosuppressive agent-sparing effects and potential side effects were considered to be secondary outcomes.

Results: A total of 26 patients (23 males and 3 females) were included, with a median disease course of 41 months (range 5–168) before IFN α 2a treatment. No major organ involvement except for ocular inflammation was noted. Concomitant medical conditions include chronic hepatitis B virus infection in 2 patients, pulmonary tuberculosis in 1 patient who was treated with antitubercular agents in the meanwhile. Prior to IFN α 2a therapy, the median minimum dosage of corticosteroids was 20 (range 15–45) mg/day prednisone or equivalent, and 17 patients (65.4%) were treated with at least two immunosuppressive agents. Four received short terms of TNF α inhibitor therapy but stopped due to economic burden. Severe side effects related to previous therapies including femoral head necrosis and secondary hypertension were observed in some patients. Treatment success of IFN α 2a was achieved in the majority of the patients (24/26, 92.3%). During a mean follow-up of IFN α 2a therapy for 13.6 ± 6.0 months, the median rate of uveitis relapse decreased notably from 8 per patient-year (range 2–12) to 0 per patient-year (range 0–6) ($p=0.000008$). Oral corticosteroids were successfully decreased in 20 cases (76.9%) and completely discontinued in 2 patients (7.7%), with the median minimum dosage reduced from 20 mg/day (range 15–45) to 15 mg/day (range 0–50) ($p=0.006221$). Moreover, immunosuppressive agents were cut down on types and dosage in 15 (57.7%) and 23 patients (88.5%), respectively, and were totally quitted in 5 cases (19.2%). Slight elevated liver and renal function parameters were detected in one and two patients, respectively. No other severe adverse events occurred. The serum autoantibodies were all negative during treatment with IFN α 2a.

Conclusions: IFN α 2a, in combination with corticosteroids and immunosuppressants, was effective and relatively safe in refractory BDU, with a potential steroid- and immunosuppressive agent-sparing effect.

Disclosure of Interest: None declared

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AB0711

TOCILIZUMAB FOR SEVERE/REFRACTORY VASCULAR BEHÇET'S DISEASE

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Background: Vascular Behçet's Disease (BD) is a common yet severe complication of BD. Despite aggressive conventional therapy, vascular BD remains as one of the leading causes of morbidity of BD. Tocilizumab (TCZ), an IL-6 receptor antagonist, is an emerging biological agents for neurologic BD or ocular BD, however, the efficacy of TCZ for vascular BD is unknown.

Objectives: To elucidate the efficacy and safety of TCZ for severe/refractory vascular BD.

Methods: We retrospectively analysed the clinical data of vascular BD patients treated with TCZ in our centre between 2014 and 2017.

Results: Seven patients (6 males and 1 female) were enrolled, with a mean age and median course of 32.9 ± 9.1 years old and 72 months (range 54 to 138), respectively. Multiple arterial lesions were documented in all patients, including arterial aneurysm (n=5), stenosis (n=4), occlusion (n=3), and multiple venous thrombosis were documented in two patients. Recurrent aneurysms together with