with similar disease duration had comparable degree of ILD. Juvenile MCTD patients showed higher levels of anti-RNP, but lower ESR and CRP than patients with adult MCTD.

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THU0598

SAFETY OF TOCILIZUMAB IN PATIENTS AGED <2 YEARS WITH ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS TREATED FOR ONE YEAR

S. Wimalasundera¹, I. Calvo Penades², R. Cuttica³, H.-I. Huppertz⁴, R. Joos⁵, D. Milojevic⁶, M. Rosenkranz⁷, K. Schikler⁸, T. Constantin⁹, W. Douglass¹, C. Wells¹, Y. Kimura¹⁰, C. Wouters¹¹. ¹Roche Products Ltd, Welwyn Garden City, UK; ²Hosp Universitario y Politécnico La Fe, Valencia, Spain; ³Hosp General de Niños Pedro de Elizalde, Buenos Aires, Argentina; ⁴Professor Hess Children's Hosp, Bremen, Germany; ⁵ZNA, Antwerp, and UZ, Gent, Belgium; ⁶Tufts Med Ctr, Boston; ⁷Children's Hosp Pittsburgh UPMC, Pittsburgh; ⁸U Louisville Med School, Louisville, USA; ⁹Semmelweis University, Budapest, Hungary; ¹⁰Hackensack U Med Ctr, Hackensack, USA; ¹¹University Hosp Gasthuisberg, Leuven, Belgium

Background: Intravenous (IV) tocilizumab (TCZ) was approved in the, US (2011), EU (2013) and other countries for the treatment of systemic juvenile idiopathic arthritis (SJIA) patients (pts) ≥2 years of age, based on a phase 3 study WA18221.¹ US Food and Drug Administration approval resulted in postmarketing requirement to investigate TCZ in pts with SJIA <2 years of age (study NP25737; ClinicalTrials.gov, NCT01455701). Results from the 12 week main evaluation period (MEP) have been reported.²

Objectives: Report safety results after completion of the optional extension period (OEP) of NP25737 (until 52 weeks from baseline or 2 years of age, whichever was longer).

Methods: NP25737 was a multicenter, open-label, single-arm study to evaluate the pharmacokinetics and safety of IV TCZ, 12 mg/kg every 2 weeks, for 12 weeks in pts aged <2 years with active SJIA for ≥1 month who failed corticosteroid and nonsteroidal anti-inflammatory drug treatment and received stable background therapy during the MEP. After the 12 week MEP, pts could participate in the OEP and continue TCZ treatment (without requirement for stable background therapy). Cumulative adverse events (AEs) over the entire study period are reported.

Results: Seven of 11 pts enrolled in the MEP continued to the OEP and received ≥1 dose of TCZ. Over the entire study period (n=11), the median number of TCZ doses was 11 (range, 2–26) and the median duration of TCZ exposure was 22 weeks (range, 4–58). Most pts (10/11; 91%) had ≥1 AE; most were mild or moderate in intensity and unrelated to study drug. The most common AEs were upper respiratory tract infection (6/11 pts, 55%), hypersensitivity, neutropenia, rash, viral upper respiratory tract infection, and vomiting (each in 3/11 pts; 27%). Seven serious AEs occurred in 5 of 11 pts (46%): 2 in the OEP (transaminases increased and histiocytosis hematophagic), 3 in the MEP (3 hypersensitivity events), and 2 in the safety follow-up of the MEP (SJIA flare and hand-foot-and-mouth disease). AEs leading to dose modification occurred in 5 of 11 pts (1 in the MEP, 4 in the OEP) mostly because of infections, neutropenia, and elevated liver enzymes, all mild or moderate in intensity. AEs leading to withdrawal occurred in 5 of 11 pts (46%): 1 in the OEP because of serious increased transaminases, 3 in the MEP because of serious hypersensitivity reactions to TCZ, and 1 in the MEP because of thrombocytopenia. No deaths were reported during the study. AE rates per 100 pt-years of exposure are reported in the table 1.

Abstract THU0598 – Table 1. Rates of AEs

Table. Rates of AEs	TCZ 12 mg/kg IV Every 2 Weeks		
	Main Evaluation Period n = 11	Optional Extension Period n = 7	Entire Study Period n = 11
Total patient-years at risk	2.3	5.1	7.4
Number of events (AE rate per 100 patient-years at risk)			
All AE	32 (1386.4)	47 (926.5)	79 (1072.7)
Serious AE	5 (218.2)	2 (39.6)	7 (95.1)
AE with fatal outcome	0	0	0
AE leading to withdrawal	4 (174.6)	1 (19.7)	5 (67.9)
AE leading to dose interruption	1 (43.6)	12 (236.5)	13 (176.5)

Conclusions: During the OEP of the study, long-term treatment with TCZ was well tolerated in SJIA pts aged <2 years, and no additional safety signals were reported in the OEP beyond those reported in the MEP or observed previously for pts with SJIA aged ≥2 years.

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THU0599

EVALUATION OF EFFICACY AND SAFETY OF CANAKINUMAB IN JAPANESE PATIENTS WITH SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS IN PHASE III CLINICAL TRIAL, COMPOSED PREDOMINANTLY OF PATIENTS WITH PRIOR USE OF TOCILIZUMAB

S. Takei¹, R. Hara², H. Umebayashi³, N. Iwata⁴, T. Imagawa⁵, M. Shimizu⁶, M. Tomiita⁷, N. Seko⁸, T. Kitawaki⁹, G. Wang⁹, S. Yokota¹⁰. ¹Pediatrics, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima; ²Department of Pediatrics, Yokohama City University Hospital, Yokohama; ³Department of Rheumatology and Infectious disease, Miyagi Children's Hospital, Sendai; ⁴Department of Infection and Immunology, Aichi Children's Health and Medical Center, Obu; ⁵Department of Infection and Immunology, Kanagawa Children's Medical Center, Yokohama; ⁶Department of Pediatrics, Kanazawa University Hospital, Kanazawa; ⁷Department of Allergy and Collagen disease, Chiba Children's Hospital, Chiba; ⁸Novartis Pharma KK, Tokyo, Japan; ⁹Novartis Pharma AG, New Jersey, USA; ¹⁰Children's intractable disease rheumatism center, Fuji Toranomon Orthopedic Hospital, Gotemba, Japan

Background: Systemic juvenile idiopathic arthritis (SJIA) is a distinct form of juvenile idiopathic arthritis (JIA), accounting for approximately 4% to 17% of JIA¹. In Japan, a higher frequency of SJIA, 41.7% of JIA² has been reported compared to Europe and United States. Tocilizumab (TCZ) is the only approved biologic for SJIA treatment in Japan. However, some patients (pts) demonstrate persistently high disease activity and/or drug intolerance. Therefore, new treatment options are required. Here, we evaluated the efficacy and safety of canakinumab (CAN), a human anti-interleukin-1β monoclonal antibody, in Japanese SJIA pts.

Objectives: To report the results of a 28 week (Wk) interim whole analysis of Phase III data (NCT02396212) of CAN, and the subgroup analysis of pts with or without prior use of TCZ.

Methods: Patients (age ≥2–<20 years) received open-labelled CAN 4 mg/kg (max 300 mg) every 4Wks (q4w) subcutaneously (s.c.). The primary objective was to evaluate the proportion of pts who achieved 30% improvement from baseline of adapted ACR Paediatric criteria (aACR 30) at Wk8 and who achieved corticosteroid tapering at Wk28. Steroid reduction was allowed from Wk8. We also analysed the data with or without prior use of TCZ.

Results: The trial enrolled 19 pts who had insufficient response to prior treatment; the majority (15/19, 78.9%) had received TCZ (table 1). Of the 19 pts, 3 discontinued CAN due to lack of efficacy or adverse events (AE) by Wk28 and 16 completed the assessment of Wk28. All pts (19/19) achieved aACR 30/50/70 at Wk8 (figure 1). Overall, 73.7% (14/19) pts achieved corticosteroid tapering at Wk28 and 2 pts (10.5%) achieved "steroid free". Of 15 pts with prior use of TCZ, 12 pts (80.0%) achieved aACR 100 at Wk8 and 11 pts (73.7%) achieved corticosteroid tapering (26.3%, 5/19). Serious AE (SAE) was seen in 41.1% (8/19) pts, and the most frequent SAE was JIA (flare or worsening of SJIA, 21.1%, 4/19). One macrophage activation syndrome (MAS) but no death was reported.

Abstract THU0599 – Table 1. Patient Characteristics

Characteristic	G1301 trial n=19
Male (%)	6 (31.6)
Age (mean)	9.9
BMI (kg/m ²) (mean)	19.59
Time from SJIA diagnosis to study entry (years) (mean)	6.1
CRP at baseline (standardised in mg/L) (mean)	357.79
Oral prednisone equivalent dose (mg/kg/day) (mean)	0.309
Oral steroid use at baseline - n(%)	19 (100)
Number of active joints (mean)	6.3
Number of joints with limitation of motion (mean)	4.4
Prior use of tocilizumab (%)	15 (78.9)