Methods: PM/DM patients meeting the Bohan and Peter diagnostic criteria from the First Affiliated Hospital of Zhengzhou University were admitted between 2015 August to 2017 December. A retrospective analysis of the WBMRI imaging data, serum creatine kinase, electromyography and muscle biopsy were performed. The WBMRI images were estimated by semiquantitative score and the disease activity was estimated by MDAAT. SPSS 20.0 was utilised to analyse the statistical significance.

Results: This study includes 61 patients, including 41 DM cases and 20 PM cases, all of these shows typical pathological feature and inflammatory muscle in WBMRI. Significant statistical correlation was found between the grade of muscle oedema estimated by WBMRI and the clinical assessment through MDAAT for muscle disease activity (DM $r=0.57$, $p=0.006$; PM $r=0.84$, $p=0.001$). The positive rate of serum creatine kinase test was 63% (39/61). Besides muscular changes, we also detected 35 cases in interstitial lung disease, 2 cases in osteonecrosis, 1 case in bone marrow oedema.

Conclusions: WBMRI is a sensitive, noninvasive method to evaluate the disease activity, which is better than serum creatine kinase. And it is of great value to screen the complication or concomitant diseases such as ILD and osteonecrosis.

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THU0630

IMMUNE-RELATED ADVERSE EVENTS ASSOCIATED WITH IMMUNE CHECKPOINT INHIBITORS IN SPANISH PATIENTS

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Background: Immune checkpoint inhibitors (ICI), a type of immunotherapy which block negative co-stimulation of T-cells, have surfaced as an important alternative of treatment for advanced malignancies. Unfortunately, these agents have been associated with immune-related adverse events (irAE).

Objectives: To analyse the frequency, type and outcome of irAE in Spanish patients treated with ICI.

Methods: We carried out a retrospective, observational and longitudinal study, including adult patients diagnosed with cancer and treated with ICI followed in our centre (Spanish university hospital) from October 2012 to December 2017. Demographics, clinical, therapeutic and outcome data were collected from their medical records.

Results: We included 125 patients, 66.4% males, all them Caucasians, with a mean age at diagnosis 63 years (range:42-81). The most common types of cancers were lung carcinoma (61.6%) and melanoma (12.8%). The ICI most frequently used was nivolumab (29.6%), followed by pembrolizumab (8.8%) and atezolizumab (8.8%), as monotherapy. It was also common, combinations, or the use of consecutive way with different drugs. Occurrence of irAE was reported in 51 patients (table 1) and the systems more frequently involved were gastrointestinal tract, endocrine glands and skin. Most of these cases were treated steroids at high doses but a case of colitis required infliximab. Withdrawal of immunotherapy was required in almost half of the adverse events (45%). During the follow-up period there were 5 deaths associated with irAE.

Conclusions: The frequency and type of irAE associated ICI in our series were similar to those reported in previous studies, except for rheumatological events, being arthritis and sicca syndrome the most frequently reported in other series. These adverse events are not rare and may be a potential cause of morbidity in these patients, so it is important to recognise them early and treat properly, with the rheumatologist being one of the specialists involved.

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THU0631

REFRACTORY AND SEVERE UVEITIC CYSTOID MACULAR OEDEMA IMPROVES WITH TOCILIZUMAB IN DIFFERENT IMMUNE-MEDIATED INFLAMMATORY DISEASES

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Background: Cystoid macular oedema (CME) represents the leading cause of blindness in uveitis of different immune-mediated inflammatory diseases (IMIDs).

Objectives: Our aim was to evaluate the efficacy of Tocilizumab (TCZ) in different IMIDs with refractory CME.

Methods: Multicentre study of 24 patients with CME due to uveitis of different IMIDs refractory to traditional treatment with systemic corticosteroids and at least one conventional immunosuppressive drug including in most cases biological therapy (n=21). CME was defined by (OCT >300 µm). We studied CME with TCZ in 4 different IMID: juvenile idiopathic arthritis (JiA), Behçet's disease (BD), Birdshot retinochoroidopathy (BR) and idiopathic.

The main outcome was the improvement of macular thickness. Other variables assessed were inflammation of the anterior chamber and vitreous and best corrected visual acuity (BCVA)

Results: We studied 16 ♀/8 ♂, mean age 35.2±19.3 years. The associated diseases were: JiA (n=9), BD, ⁷BR⁴ and idiopathic.⁴ The ocular patterns were: panuveitis,⁹ anterior uveitis,⁶ posterior uveitis⁵ and intermediate uveitis.⁴ Most patients had bilateral involvement.²² The biological therapy used before the administration of TCZ were infliximab,⁸ adalimumab,¹⁸ etanercept,² golimumab,² rituximab,² abatacept,³ anakinra¹ and daclizumab.¹

TCZ administration schedule was 8 mg/kg/4 weeks iv.²³ or every 2 weeks.¹ TCZ was used in monotherapy¹² or combined with conventional immunosuppressive drugs.¹² OCT values improved considerably in 12 months: in JiA from 340.6±134.1 µm to 252.5±30 µm, in BD from 375.1±117 µm to 235±7.1 µm, in BR from 550.7±214.4 µm to 295.5±43.2 µm and in idiopathic from 515±219.6 µm to 208.3±46.7 µm (figure 1). Inflammation in anterior chamber and vitritis and BCVA also improved in the 4 subtypes. No minor side effects were observed, so no patient had to stop treatment.

Conclusions: TCZ seems a rapid effective treatment in severe and refractory uveitic CME, regardless of the underlying IMIDs.

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