Abstract FRI0118 – Figure 1. ACR responses after 4 and after 8 weeks of Dekavil treatment in the phase 1 study population including all dose levels (6 – 600µg/kg)

Conclusions: The data obtained in the population studied to date suggest that Dekavil may be a safe and well tolerated novel therapeutic for the potential treatment of RA.

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FRI0119 EFFECT OF DISCONTINUING TNF INHIBITORS DURING PREGNANCY ON THE COURSE OF RHEUMATOID ARTHRITIS AND JUVENILE IDIOPATHIC ARTHRITIS

E. Förger¹, G. Bandoli², Y. Luo², L. Robinson², D.L. Johnson², C.D. Chambers².

¹Rheumatology, Immunology, Allergology, Inselspital Universitätsspital Bern, Bern, Switzerland; ²Department of Pediatrics, Medicine, and Family and Preventive Medicine, University of California San Diego, San Diego, USA

Background: Treatment changes at early pregnancy can be followed by a disease worsening.¹

Objectives: To investigate whether the discontinuation of tumour necrosis factor inhibitors (TNFi) use during pregnancy is associated with any changes of disease activity at the third trimester in women with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA).

Methods: A prospective cohort study was conducted using the Organisation of Teratology Information Specialists (OTIS) Autoimmune Diseases in Pregnancy Project in the U.S. and Canada. Pregnant women with RA and JIA were enrolled between 2005 and 2017. Information about medication and disease activity were collected by telephone-based interviews prior to gestational week 20 and at gestational week 32. Disease activity was assessed by the Health Assessment Questionnaire Disability Index (HAQ-DI), the patient's pain scale and the patient's global scale. The composite tool Patient Activity Scale (PAS) was calculated in retrospect.

Results: In the OTIS cohort, data were available for 490 women of whom 397 had RA and 93 had JIA. Of all patients, 323 (65.9%) used TNFi during pregnancy of whom 122 (24.9%) patients discontinued TNFi before gestational week 20 (the mean time of discontinuation was gestational week 6 (SD ±5.03)) and 201 (41.0%) used TNFi beyond week 20. There were 167 (34.1%) patients not taking TNFi during pregnancy. At the time of enrollment, disease activity was low to minimal in 357 (72.9%) patients as defined by PAS scores below 3.7.

From the first to the third trimester, women using TNFi beyond week 20 showed a decrease of the PAS scores ($p=0.02$, figure 1) whereas women not using TNFi and those discontinuing TNFi before gestational week remained stable.

The univariate regression analysis, but not the adjusted model, revealed that TNFi use beyond week 20 was associated with improved HAQ scores at the third trimester (coefficient B -0.142, 95% CI -0.258 to -0.026) and with improved PAS scores (coefficient B -0.423, 95% CI -0.843 to -0.002). However, the various TNFi treatment modes during pregnancy were not associated with any minimum clinically important difference at the third trimester.

When selecting for 58 patients with active disease (PAS score ≥ 3.71) at the first trimester, the discontinuation of TNFi before gestational week 20 was not associated with any clinically important worsening of the disease at the third trimester.

Conclusions: In patients with RA and JIA who enter pregnancy with well controlled disease, the discontinuation of TNFi before gestational week 20 is possible without a risk of disease flares at the third trimester.

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FRI0120 EVALUATION OF RITUXIMAB, TOCILIZUMAB AND ABATACEPT IN A FRENCH MULTICENTER RHUPUS COHORT

G. Laustriat¹, O. Fogel², D. Wendling³, S. Ottaviani⁴, S. Guignard⁵, J. Morel⁶, J. E. Gotteberg⁷, A. Cantagrel⁸, on behalf of CRI (Club Rhumatisme Inflammation). ¹Rheumatology Department, Chu Toulouse Purpan, Toulouse; ²Hopital COCHIN, PARIS; ³Rheumatology Department, CHRU de Besançon, Besançon; ⁴AP-HP, Hôpital Bichat-Claude Bernard, Service de Rhumatologie, Paris; ⁵Rheumatology Department, AP-HP, Hôpital Henri Mondor, Creteil; ⁶Rheumatology Department, Chu Montpellier, Montpellier; ⁷Rheumatology Department, CHU Strasbourg, STRASBOURG; ⁸Chu Toulouse Purpan, Toulouse, France

Background: Rhupus, a combination of Rheumatoid Arthritis (RA) and Systemic Lupus Erythematosus, is a rare entity. Existing epidemiological and therapeutic data are limited.

Objectives: The aim of this study was to describe the therapeutic impact and safety of three biologic therapies: Rituximab, Tocilizumab and Abatacept in a french Rhupus cohort.

Methods: We have set up a transverse observational retrospective and multicentric study. To be included in the cohort, patients had to present an overlap syndrome fulfilling criterias for rheumatoid arthritis and lupus, and to be treated at least by one of these three therapies. Enrollment has been made with a file available on the CRI website and the analysis of the French RA registers (AIR, REGATE and ORA). Primary endpoint was the median time in therapeutic maintenance for each biological agent.

Results: Forty patients from fifteen rheumatologic centres were included. The main demographic data for these patients are given in table 1. Thirty of them received a treatment with Rituximab, twelve with Tocilizumab and seven with Abatacept. Nine patients received 2 biologics at two different times of the disease. The medians of therapeutic maintenance were 82 months with Rituximab, 48 with Tocilizumab and 55 with Abatacept. The detailed analysis of clinical and biologic parameters revealed differences in effectiveness between therapies: corticosteroid doses decreased more in Rituximab group, VAS activity decreased more in Abatacept group, CRP decreased more in Tocilizumab group. Safety of biologics was similar to the data in literature for RA patients.