APREMILAST THERAPY IN REFRACTORY SKIN LUPUS LESIONS

J.L. Martin-Varillas1, J. Loricerá, S. Armesto1, E. Cuevéd, V. Calvo-Rio1, C. González-Vela1, B. Alenca-Mateo1, J.L. Hernández1, M.A. González-Gay1, R. Blanco1. 1Rheumatology, Dermatology, Internal Medicine and Pathology, Hospital Universitario Marqués de Valdecilla, IDIVAL, Santander, 2Rheumatology, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain

Background: Skin lesions of lupus may be refractory to standard therapy. Apremilast is an orally small molecule which inhibits phosphodiesterase-4 (PDE-4) that modulates some inflammatory pathways.

Objectives: Our aim was to assess the efficacy of apremilast in lupus rashes refractory to conventional treatment.

Methods: Retrospective study on 5 lupus patients treated with apremilast at standard dose of 30 mg twice daily. The outcome was improvement of lupus rashes.

Results: We described 5 patients (4 women and 1 male) with a mean age of 44.2 ± 8.5 years with extensive skin lesions due to lupus. Three patients had a discoid lupus and 2 patients had systemic lupus erythematosus (SLE) (one with panniculitis and the other with polycyclic ring lupus). The cutaneous lupus was confirmed in all patients by skin biopsy. Prior to apremilast all patients had received conventional treatment: topical corticosteroids (n=5), antimalariais (n=5), topical tacrolimus (n=2), oral corticosteroids (n=2), thalidomide (n=1), belimumab (n=1) and rituximab (n=1). After a mean follow-up of 6.2 ± 2.9 months, all the patients experienced improvement of the skin lesions (in two patients was complete). In one patient it was necessary to reduce the dose of apremilast to 30 mg/day because of digestive symptoms.

Conclusions: Apremilast can be useful in the treatment of refractory skin lesions of lupus.

Disclosure of Interest: None declared


IMMUNOSUPPRESSION FOR PRIMARY SJÖGREN’S SYNDROME: A SYSTEMATIC REVIEW AND META-ANALYSIS

L. Chu, K. Cui, J. Pope. LHSC, London, Canada

Background: The current focus of treatment in primary Sjögren’s Syndrome (pSS) is mainly symptom management. Since pSS is an autoimmune disease with multi-system involvement, there may be a role for systemic immunosuppression and/or biologic therapy. A wide variety of immune response targets have been examined in existing randomised controlled trials including inhibiting purine synthesis, blocking TNF-alpha, and depleting B lymphocytes. There is conflicting evidence as to whether immunomodulation alters disease progression.

Objectives: To assess the efficacy and safety of immunosuppressive therapy on pSS from clinical trials.

Methods: Five electronic databases (MEDLINE, EMBASE, CENTRAL, CLINICALTRIALS.GOV, WHO ICTRP) were searched to include randomised controlled trials of systemic immunosuppressive therapies in adults with pSS published in English prior to Oct 1, 2017. Efficacy measures included ocular dryness, oral dryness, fatigue, tear production, unstimulated and stimulated salivary flow, quality of life (QOL), ESSPRI, ESSDAI, ESR/CRP. Safety measures included serious adverse events (AEs) and withdrawals due to AEs.

Results: The searched yielded 32 trials evaluating 19 different medications. Twenty-two trials examined ocular and oral dryness, of which 2 and 3 revealed statistically significant improvements respectively (table 1). Only 1/4 trials found benefit for fatigue, none for tear production; 3/6 trials and 2/4 trials found increases in unstimulated and stimulated salivary flow respectively. Reductions in ESR were seen in 3/4 trials. Few studies examined QOL, ESSPRI, ESSDAI, CRP. Trials often noted non-statistically significant trends toward improvement, but no particular drug or drug class consistently showed discrete benefit in subjective or objective efficacy measures possibly due to low statistical power.

Conclusion: Reducing immune activity and inflammation potentially improves salivary gland function. Subjective measures may be less helpful as sicca symptoms likely have subtle progression if trials span less than 1 year. Given that most trials were small, beneficial treatment effects could be missed. Standardisation of objective, reliable, clinically meaningful outcome measures that are sensitive to change may allow for positive treatments in the future.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3008

RITUXIMAB IN PRIMARY SJÖGREN’S SYNDROME: A SYSTEMATIC REVIEW ON ITS EFFICACY

M. Greco1, J. Del Pino Montes2, P. Díaz del Campo3, M. Fernández Castro4, F. Francisco5, J.L. Andreu6. 1Rheumatology Department, Hospital Universitario de Gran Canaria Dr. Negrín, Las Palmas; 2Rheumatology Department, Hospital Universitario de Salamanca, Salamanca; 3Unidad de Investigación de la Sociedad Española de Reumatología; 4Rheumatology Department, Hospital Infantia Sofia; 5Rheumatology Department, Hospital Puerto de Hierro Majadahonda, Madrid, Spain

Background: Primary Sjögren’s syndrome (pSS) is a systemic autoimmune disease that produces a limpho-plasmocitary infiltrate of the exocrine glands. Considering the primary role attributed to B-lymphocytes in pSS pathophysiology, it has been suggested that Rituximab (RTX) may have certain role in controlling the disease.

Objectives: To evaluate RTX efficacy in the treatment of xerostomia, xerophthalmia and systemic manifestations (including fatigue) in patients with pSS.

Methods: In the framework of the preparation of a recommendations document of the Spanish Society of Rheumatology on the use of biologics in pSS, a systematic search of the literature was carried out (until May 2017). Were included adults older than 18 years who met the 2002 American European Consensus Criteria, treated with RTX, with desired comparison to groups treated with other drugs or...
with placebo and a follow-up time of 6 months. The quality of the studies was assessed through the levels of evidence (LOE) of SIGN scale.

Results: The search resulted in a total of 749 articles and only 9 of them were selected (figure 1). The best available evidence for each variable studied is summarised in chart 1. The most relevant results obtained in the studies with LOE 1+, showed significant differences comparing RTX with placebo (p<0.05). In 1) Souza 2016: Salivary flow rate at 24 w (0.09; 95% CI 0.02 to 0.16). 2) Meijer 2010: Ocular dryness VAS score at 24 (-2.70, 95% CI -4.28 to -1.12). 3) RTX with placebo (p=0.05). 36 and 48 w. Lissamine green test at 24 w (–2.00, 95% CI –3.52 to –0.48). Absolute number of B cells from 5 to 48 w (–0.23; IC 95%–0.31 to –0.15). Rheumatoid Factor at 12, 24 and 36 w. Tendomyalgia at 12 and 36 w. Vasculitis at 24 w. 3) Devauchelle-Pensec 2014: Lissamine green test at 24 w (-0.31 to 0.32) and CD69 +NK cells (p=0.02) increased. The studies with LOE 3 also report improvement in a percentage of patients in other systemic manifestations, but without demonstrating statistical significance.

Conclusions: The studies of high methodological quality that evaluate the efficacy of RTX in pSS do not find significant improvement in the primary outcome variables, such as ESSDAI, glandular involvement and other objective parameters of dryness. However, open and retrospective studies find significant improvement in activity parameters, systemic manifestations, glandular involvement and improvement of certain objective tests of dryness. Whether the immune profile may predict the treatment response deserves further investigation.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6914