To assess the efficacy and safety of TCZ mono-therapy for PMR, methods: 13 PMR patients (male 3, female 10) who had been diagnosed by 2012 ACR/EULAR classification criteria from Jan 2013 to Feb 2015 were enrolled in our single-centre, prospective study (IRB application No. 638, UMIN 000008812) after obtaining the written informed consent. TCZ (8 mg/kg) was administered by visual analogue scale (VAS), PMR activity score 4) were evaluated every 4 week prospectively. Primary endpoint was remission rate at week 52. Remission was defined as PMR activity score less than 1.54). Patients were followed up at week 104. Two patients discontinued TCZ because of no response at week 6 (No.1) and week 16 (No. 8) respectively. One patient (No.2), who was in clinical remission of PMR, dropped out from this study due to pephlgoid at week 50 and received GC therapy. Patient No. 12 abandoned TCZ at week 12 because of lung infiltrates although she was treated successfully with TCZ mono-therapy, and she had been in remission without any treatment until week 104. The other 3 patients could obtain remission with GC therapy at week 52. There were no serious adverse events during 104 week treatment period.

Conclusions: TCZ mono-therapy was effective in most (9 out of 13) PMR patients although response was not so rapid as compared to GC. TCZ mono-therapy may be a good alternative therapy instead of GC for elderly patients with various comorbidities.

REFERENCES:


Disclosure of Interest: K. Amano Grant/research support from: Chugai Pharmaceutical Co. Ltd., Speakers bureau: Chugai, Daiichi-Sankyo, Pfizer Japan, Tanabe-Mitsubishi, K. Chino: None declared, Y. Okada: None declared, A. Shibata: None declared, S. Saito: None declared, T. Kurasawa: None declared, A. Okuyama: None declared, H. Takei: None declared, R. Sakai: None declared, T. Kondo: None declared

CAUSES OF DEATH IN CONNECTIVE TISSUE DISEASE

SULFASALAZINE AS A POTENTIAL TREATMENT FOR

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REFERENCES:

Disclosure of Interest: None declared


Abstract FRI0481 – Figure 1. Interactions between GCA, IBD and covariates

Conclusions: The probability that GCA patients may also suffer from IBD is increased in comparison with age- and gender-matched controls. Our findings indicate that this association is most prominent in younger patients (<70). Screening for IBD amongst GCA patients in this age group may be warranted.

REFERENCES:

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2031

CAUSES OF DEATH IN CONNECTIVE TISSUE DISEASE (CTD’S) AND VASCULITIDES; DATA FROM THE NORWEGIAN CONNECTIVE TISSUE DISEASES AND VASCULITIDES REGISTRY (NOSVAR)

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Background: Mortality as an outcome of disease’s severity and causes of death can give extended insight into the nature of each specific diagnose and highlight distinct needs for monitoring. In connective tissue diseases (CTD) and systemic vasculitides, mortality and causes of death have been studied within most single diagnoses, but with heterogeneity of the studies and widely varying results. Studies applying similar methods across the diagnoses are lacking. Consequently, it is difficult to compare causes of death between the different diagnoses.

Objectives: To identify the causes of death within different CTDs and systemic vasculitides.

Methods: We performed a prospective, observational, controlled study between 1999 and 2017 of adult patients (at least 18 years of age) with diagnosis of CTD or vasculitides. All patients were included in the Norwegian connective tissue disease and vasculitis Registry (NOSVAR). In total, 2140 patients were diagnosed and followed up until death or study end by April 31th 2017. To avoid bias by selection, we included only incident cases, excluding patients with diagnoses set prior to 1999. Moreover, cases with a disease course not consistent with the initial diagnoses were excluded. Causes of death were identified by linking NOSVAR to the Norwegian Causes of Death Registry and by reviewing hospital charts. We divided the causes of death into the main groups of cardiovascular diseases (CVD), neoplasms, chronic respiratory disease (CRD), infections and other (gastrointestinal, renal insufficiency and trauma. To compare causes of death to the general population we used data from WHO Mortality Database, Causes of death.

Results: During a mean (SD) follow-up time of 9.2 years (4.7), 279 patients (13%) deceased. The major causes of death were, in descending order of frequency; CVD (27%), neoplasms (25%), CRD (16%), infections (11%), renal manifestations (4%), renal insufficiency (2%). Data from the general population, adjusted for age and gender, showed that deaths by CVD, CRD and infections were more prevalent among the patients. The leading causes of death are shown in figure 1. In Takayasu arteritis and lSSc, CVD was the most frequent cause of death; (56%) and (41%), respectively. More than half of the patients (53%) with antisyntethase syndrome died of CRD. Those with dermatomyositis died most frequently of neoplasms (50%).

Conclusions: Compared to general population, patients with CTD and vasculitides died more often of CVD, CRD and infections. CVD as a cause of death was most prevalent in patients with Takayasu arteritis, giant cell arteritis and systemic sclerosis, while neoplasm was the major cause of death in dermatomyositis. In antisynthetase syndrome, both CRD was the major causes of death. The study gives the clinician valuable information on how to monitoring the different CTDs and vasculitides regarding serious outcome.

BACKGROUND PRIMARY IGA-VASCULITIS AND INFLAMMATORY BOWEL DISEASES (IBD) SHARE MANY CLINICAL, ENDOSCOPIC, AND RADILOGICAL SIGNS. IT MAY SUGGEST A COMMON PATHOGENETIC BACKGROUND FOR BOTH PATHOLOGICAL CONDITIONS. WHILE SULFASALAZINE (SASP) IS ONE OF THE WELL-KNOWN POTENTIAL AGENTS ABLE TO IMPROVE SYMPTOMS IN IBD, THE USEFULNESS OF SASP IN TREATMENT OF THE PRIMARY IGA-VASCULITIS REMAINS UNCLEAR.

OBJECTIVES: RETROSPECTIVE STUDY TO ASSESS A THERAPEUTIC VALUE OF THE SASP IN PRIMARY IGA-VASCULITIS.

METHODS: TOTALLY 78 ADULT PATIENTS WITH PRIMARY IGA-VASCULITIS WERE ENROLLED IN THIS STUDY. DIAGNOSIS WAS MADE ON THE BASIS OF EULAR/PRES CRITERIA 1. AFTERTHRough SCREENING TO EXCLUDE A SECONDARY NATURE OF THE DISEASE, INCLUDING COLONOSCOPY, PUPURA/PETECHIA WAS PRESENT IN ALL PATIENTS BEING MANDATORY DIAGNOSTIC CRITERION.

RESULTS: COMPLETE CLINICAL REMISSION OF THE SKIN RASH WAS ACHIEVED IN 48 PATIENTS (58.9%). IN 27 PATIENTS (35%), THERE WAS PARTIAL IMPROVEMENT OF THE SKIN ERUPTIONS, CHARACTERISED WITH LESS QUANTITY OF THE SKIN PURPURA OR LONGER PERIODS FREE OF