SAT0220 USE OF TOCILIZUMAB IN AORTITIS. A MULTICENTER STUDY OF 79 PATIENTS


Background: Aortitis can be idiopathic or associated with other conditions. It is frequently refractory to conventional immunosuppressive therapy. Tocilizumab (TCZ), an anti-IL-6 receptor antibody seems to be effective and safe.

Objectives: Our aim was to assess the efficacy and safety of TCZ at short and long follow-up in a series of patients with Aortitis.

Methods: Retrospective, multicenter study of 79 patients diagnosed of inflammatory aortitis based on imaging techniques (PET/CT, CT angiography and/or MR angiography).

Results: We study 79 patients (61 w/ 18 m), 59 (74.7%) cases were Auto seconed to Giant Cell Arteritis (GCA), while 20 (25.3%) were idiopathic. The mean age was 71±8.5 years vs 64.2±7.1 years, respectively (p=0.001). At time of disease diagnosis more than a half of patients (59.5%) presented as main symptom polymyalgia rheumatica (PMR). Aortitis was diagnosed with PET/CT (71 patients), angioRMN (12 patients) and angioCT (8 patients). Prior to TCZ treatment, 61 (77.2%) patients had received conventional immunosuppressive drugs, 59 (74.7%) of them received MTX. After 24 months of treatment with TCZ, more than 75% of patients reached a prolonged remission in both groups (p=0.527), with only 4% of relapses after the same follow-up period (p=1.000). 40 (50.6%) patients had a control image technique (PET/CT) throughout follow up. 4 (3 secondary to GCA and 1 idiopathic) patients reached a complete improvement in uptake after one year of treatment.

Conclusion: Our results show that idiopathic aortitis occurs in younger patients compared with aortitis secondary to GCA. TCZ proved to be effective in both pathologies, allowing clinical and analytical improvement, as well as a reduction of corticoid dose, without increasing the risk of relapse. However, the improvement in imaging techniques seems to be slower.

REFERENCE

Disclosure of Interests: Monica Calderón-Goecke: None declared, J. Loricera: None declared, D. Prieto-Pería: None declared, Vicente Aldasoro: None declared, Santos Castañeda Consultant for: Aimgen, BMS, Pfizer, Lilly, MSD, Roche, Sanofi, UCB, Ignacio Vila-Blanco: None declared, Alicia Humbría: None declared, Clara Moriano: None declared, Susana Romero-Yuste: None declared, J. Navráez Consultant for: Bristol-Myers Squibb, Catalina Gonzalez-Arango: None declared, Eva Perez-Pampín: None declared, Rafael Melero: None declared, Marcelino Revenga: None declared, Noelia Alvarez-Rivas: None declared, Francisca Sivera: None declared, Maria Alvarez del Bueno: None declared, Luisa Marena Rojas: None declared, Eva Galindez: None declared, Beatriz Arca: None declared, Roser Solans-Laqué: None declared, Carlos Vázquez: None declared, Pau Lluch: None declared, Eva Salgado-Pérez: None declared, Cristina Luna-Gomez: None declared, Francisco J. Toyo Sáenz de Miera: None declared, Nagore Fernández-Llano: None declared, Antonio García: None declared, Carmen Larena: None declared, Natalia Palmou-Fontana: None declared, Vanessa Calvo-Rio: None declared, Carmen González-Vela: None declared, Alfonso Corrales: None declared, María Varela-García: None declared, Elena Aurrecoechea: None declared, Raquel Dos-Santos: None declared, José Luis Martín-Varillas: None declared, Sabela Fernández: None declared, J. Luis Hernández: None declared, Miguel A. González-Gay Grant/research support from: Prof. MA Gonzalez-Gay received grants/research supports from Abbvie, MSD, Roche and Sanofi., Ricardo Blanco Grant/research support from: Prof. MA González-Gay.

SAT0221 OFF-LABEL USE OF BIOLOGICAL THERAPIES IN RELAPSING AND/OR REFRACTORY POLYARteritis NODOSA

Alice Canzian1, Omer Karadag2, Anne Contis3, Francois Mauri
er4, Silvia Sartorelli5, Laure Denis6, Sebastien Sanges7, Claire De Moreuil8, Cécile-Audrey Dureil9, Stephane Dunput9, Marie Jachet10, Diane Rouzaud10, Carla Salvarani11, Franco Schiavon12, Lorenzo Dagna2, Fabrizio Bonner1, David Jallot13, Loïc Guillivenesser4, Benjamin Terrier4-5. 1University of Parma, Parma, Italy; 2Hasselt University, Ankara, Tunisia; 3CHU de Bordeaux, bordeaux, France; 4Private Metz Hospital, Metz, France; 5IRCCS San Raffaele Hospital, Milan, Italy; 6CHU de Clermont-Ferrand, Clermont-Ferrand, France; 7CHU de Lille, Lille, France; 8CHU de Brest, Brest, France; 9CHU de Lyon, Lyon, France; 10Paris, Paris, France; 11Université de Modena e Reggio Emilia, Reggio Emilia, Italy; 12University of Padova, Padova, Italy; 13University of Cambridge, Cambridge, United Kingdom; 14Université Paris Descartes, Paris, France; 15Paris Descartes University, Paris, France

Background: Polyarteritis nodosa (PAN) is a rare systemic necrotizing vasculitis of medium- and small-sized arteries, not associated with anti-neutrophil cytoplasmic antibodies (ANCA). Conventional treatments include glucocorticoids (GCs) for non-severe disease and a combination of GCs and immunosuppressive agents for severe disease. Nevertheless, some patients have refractory and/or relapsing disease.

Objectives: We examined the use of off-label biological therapy for relapsing/refractory PAN.

Methods: This retrospective European collaborative study included patients with PAN meeting ACR criteria and/or Chapel Hill Consensus Conference 2013 definitions. Treatment efficacy and safety were recorded. Remission was defined as the absence of vasculitis manifestations (BVAS = 0) with a prednisone dose ≤5 mg/day. Partial response was defined as a BVAS = 0 with a prednisone dose between 6 and 10 mg/day.

Results: Fifty-one patients (24 men, 27 women; median age 51 years) were included. Eighteen (35%) patients received TNF-alpha blockers, 16 (31%) received rituximab, 18 (35%) received anakinra, 8 (16%) abatacept and 8 (16%) other biologics (including alemtuzumab in 3, anakinra in 2, interferon-alpha in 2 and abatacept in one). Previous treatments were: GCs in all cases, including methylprednisolone infusions (72%) and oral GCs (92%). Conventional treatments include glucocorticoids (GCs) for non-severe disease and a combination of GCs and immunosuppressive agents for severe disease. Nevertheless, some patients have refractory and/or relapsing disease.

Disclosure of Interests: None declared, Roser Solans-Laqué: None declared, Carlos Vázquez: None declared, Pau Lluch: None declared, Eva Salgado-Pérez: None declared, Cristina Luna-Gomez: None declared, Francisco J. Toyo Sáenz de Miera: None declared, Nagore Fernández-Llano: None declared, Antonio García: None declared, Carmen Larena: None declared, Natalia Palmou-Fontana: None declared, Vanessa Calvo-Rio: None declared, Carmen González-Vela: None declared, Alfonso Corrales: None declared, María Varela-García: None declared, Elena Aurrecoechea: None declared, Raquel Dos-Santos: None declared, José Luis Martín-Varillas: None declared, Sabela Fernández: None declared, J. Luis Hernández: None declared, Miguel A. González-Gay Grant/research support from: Prof. MA González-Gay received grants/research supports from Abbvie, MSD, Roche and Sanofi., Ricardo Blanco Grant/research support from: Prof. MA González-Gay.