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

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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 Aortitis secondary 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

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TABLE

	Idiopathic aortitis (n=20)	Aortitis secondary to GCA (n=59)	p
EFFICACY OF TCZ			
Prolonged remission, n (%)			
Month 6	5 (41.7)	23 (45.1)	0.830
Month 12	5 (45.5)	14 (41.2)	0.803
Month 24	3 (75)	18 (85.7)	0.527
Relapses, n (%)			
Month 1	2 (15.4)	1 (3.3)	0.213
Month 3	2 (16.7)	5 (10.4)	0.546
Month 6	1 (9.1)	8 (16.3)	0.544
Month 12	1 (9.1)	4 (11.8)	1.000
Month 24	0	1 (4.8)	1.000

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

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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 2012 definitions. Treatment efficacy and safety are 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 (RTX), 9 (18%) tocilizumab (TCZ), 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%), cyclophosphamide (61%), azathioprine (53%), methotrexate (45%) and mycophenolate mofetil (47%). At inclusion, median BVAS was 5 (range 0-18), including 5 (2-12) in the TNF-alpha blockers group, 5 (2-12) in the RTX group and 4 (0-6) in the TCZ group.

After median follow-up of 34.4 months (IQR 21.5-59.5), remissions, partial responses and treatment failure, respectively, were noted in 41%, 6% and 53% for TNF-alpha blockers recipients, 25%, 12% and 63% for RTX recipients, and 57%, 0% and 43% for TCZ recipients. No remission was noted in patients treated with anakinra, alemtuzumab and abatacept. Median BVAS dropped to 3 at 6 months, 0 at 12 months and 0 at last follow-up in the TNF-alpha blockers group, to 3.5, 0 and 2 in the RTX group, respectively, and 0, 0 and 0 in the TCZ group. A GC-sparing effect seemed more important with TNF-alpha blockers and TCZ. Median GCs dose decreased from the baseline 15 mg/day to 10 at 6 months, 5 at 12 months and 5 at last follow-up in the TNF-alpha blockers group, from 15 mg/day to 10 at 6 months, 5 at 12 months and 10 at last follow-up in the RTX group, and from 15 mg/day to 7 at 6 months, 5 at 12 months and 5 at last follow-up in the TCZ group.

Four (22%) patients stopped TNF-alpha blockers because of allergic reaction in one and refractory disease in 3. Six (38%) stopped RTX because of refractory disease. Finally, 4 (44%) stopped TCZ because of adverse