OP0165

EULAR RECOMMENDATIONS FOR THE DIAGNOSIS AND THE MANAGEMENT OF RHEUMATIC IMMUNE-RELATED ADVERSE EVENTS DUE TO CANCER IMMUNOTHERAPY

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Background: Rheumatic immune-related adverse events (irAEs) are increasingly recognized musculoskeletal manifestations in cancer patients receiving immune checkpoint targeted immunotherapy (1). Since they represent a spectrum of new clinical entities and a robust evidence base is lacking, a task force was convened to harmonize expert consensus regarding their identification and management due to the lack of dedicated clinical trials.

Objectives: To develop EULAR recommendations for the diagnosis and the management of rheumatic irAEs due to cancer immunotherapy, based on literature and expert opinion.

Methods: Recommendations were developed according to the 2014 EULAR Standard Operating Procedures. The task force consisted of 19 clinical experts from Europe and North America (14 rheumatologists, 2 internists and 3 oncologists), 1 clinical epidemiologist, 1 allied health professional and 2 patient representatives. During the first meeting, the group defined the focus of the task force, the target population, and formulated research questions. A systematic literature research was performed by one fellow (MK) with the help of a librarian. Based on available evidence and using a consensus procedure, recommendations were developed during a second meeting. The level of agreement was determined by an anonymous voting process.

Results: 4 overarching principles and 10 recommendations were developed. The overarching principles define the role of rheumatologists and highlight the shared decision-making process between patients, oncologists and rheumatologists. One recommendation addresses the referral process, two address the diagnosis, and five address the therapeutic strategy of cancer patients experiencing rheumatic, musculoskeletal, and systemic signs or symptoms while receiving immunotherapy. An additional recommendation was included to address pre-existing rheumatic conditions and the last focuses on the diagnostic approach before immunotherapy.

Conclusion: These recommendations provide the basis of a EULAR consensus on the diagnosis and the management of rheumatic irAEs.

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OP0166

THE EFFICACY OF CALCINEURIN INHIBITORS IN PATIENTSWITH ADULT-ONSET STILL'S DISEASE: MULTI-CENTRE HISTORICAL COHORT STUDY

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Background: Adult-onset Still's disease (AOSD) is a systemic inflammatory disorder generally responsive to corticosteroid (CS) therapy, whereas cases not responding CS monotherapy are frequently found in clinical practice. In such cases, methotrexate and/or biologics including TNF- α , IL-1, or IL-6 inhibitors are used [1]. However, further treatment options are required for refractory AOSD patients who are intolerant to methotrexate and/or biologics. Calcineurin inhibitors (CNI) downregulate T cell activation through inhibiting IL-2 transcription and signal transduction. Therefore, they are reasonable therapeutic medication for AOSD considering T cells and subsequently activated macrophages play a pathophysiological role in AOSD [2]. Nevertheless, only a few case series have indicated effects of CNI for difficult AOSD.

Objectives: To evaluate the efficacy of CNI in patients with AOSD.

Methods: This is a multi-centre historical cohort study comprised the consecutive patients with AOSD in accordance with Yamaguchi classification criteria. The primary endpoint was set as the time from the initiation of treatment to event defined as death of any causes or relapse of AOSD requiring an increase of CS dose. Secondary endpoints were set as persistency rate of CNI and safety. Based on the recurrent event data analysis, these endpoints were evaluated for each event. We compared the frequency of events between two groups according to the treatment that included calcineurin inhibitors (CNI+) or conventional therapy without calcineurin inhibitors (CNI-).

Results: One hundred seventy-eight patients were enrolled in this study. Mean age was 46 year-old, and median follow-up period 36 months. Seventy-one events in 56 patients were treated with therapeutic regimen including CNI (CNI+, cyclosporine: 14, tacrolimus: 60), and 176 events in 138 patients were treated with the conventional therapy excluding CNI (CNI-). CNI were used in AOSD patients with recurrent history, high ferritin level, serositis, hemophagocytic syndrome (HPS) and/or disseminated intravascular coagulation (DIC). The CNI+ group had longer event-free survival than the CNI- group (83% versus 75% at 5th