MORTALITY ACROSS RITUXIMAB-TREATED PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: RESULTS FROM THE BRITISH ISLES LUPUS ASSESSMENT GROUP (BILAG) REGISTRY

Aysun Aksoy1,2, Stephen McDonald3,4, Eoghan McCarthy4, Ben Parker3,4, Ian McGettigan3,4, Aysun Aksoy1,2,

BACKGROUND: Mortality in Systemic Lupus Erythematosus (SLE) is elevated in comparison to the general population. Previously we have demonstrated improved disease control in response to Rituximab (RTX) therapy in a cohort of refractory SLE patients. Objectives: To investigate mortality in refractory SLE patients treated with RTX and identify risk factors that may be associated with death.

Methods: All patients recruited to the BILAG-BR (both RTX treated and standard care-SOC) were included from initial study visit to death or 3 years post last treatment change. Demographics, concurrent medication use, disease activity (BILAG/SLEDAI) and damage scores (SLICC-DI) were recorded. Information regarding mortality was collected from study centres and NHS digital national care-SOC (n =491)

Results: 830 patients were included (715 RTX-treated, 115 standard therapy). RTX-treated patients tended to have longer disease duration (10 vs 6.5 years respectively) and were more likely to have active musculoskeletal disease (% BILAG A or B: 39% vs 23%). Rates of renal (11% vs 6.5%) and neurological disease (12% vs 9%) were comparable between groups as were baseline SLICC-DI and SLEDAI scores. 33 deaths were reported. 28 (3.9%) RTX-treated patients (1.2 deaths/100 pt yrs follow up) and 5 (4.3%) non-RTX patients (1.5 deaths/100 pt yrs follow up).

Conclusion: Hypogammaglobulinaemia happens in a third of the patients who receive RTX, especially in those who have low previous IgG levels; therefore a follow up during the treatment should be encouraged. Low IgM and IgA levels during the treatment could also be associated with severe infections.

REFERENCES

Disclosure of Interests: Anders Fiore: None declared, Mariano Andres: None declared, Jenny de la Torre-Aboki: None declared, Paloma Vela-Arias: None declared, Andres Fierro: None declared, Mariano Andres: None declared, Eoghan McCarthy: None declared, Ben Parker: None declared, Ian McGettigan: None declared


AB0475

BELIMUMAB: EXPERIENCE IN CLINICAL PRACTICE SETTINGS AT A RHEUMATOLOGY DEPARTMENT IN A TERTIARY HOSPITAL

Carolina Menino Armagüeño1, Olga Rusinovich1, Consuelo Ramos Gráder2, Maria Espinoza3, Hilda Godoy1, Carmen Barbadiño Mateos1, Jose Campos Estevez1, Mercedes Jiménez Palop1, Jesus Sanz1, Luis Fernando Villa Alcaraz1, Carlos Isasi Zaragoza1, Monica Fernandez Castro1, José Luis Andrade Sánchez1,1 Hospital Puerta de Hierro, Majadahonda (Madrid), Spain, 2Valme Medicine, Division of Internal Medicine, Department of Rheumatology, Istanbul, Turkey, 2University of Manchester, Division of Musculoskeletal and Dermatological Sciences, Manchester, United Kingdom, 3University of Manchester, NIHR Manchester BRC, Manchester, United Kingdom, 4Manchester University Foundation Trust, The Kellgren Centre, Manchester, United Kingdom

Background: Belimumab is a human IgG1 monoclonal antibody directed against BAFF, a B lymphocyte survival factor. It is indicated as adjuvant treatment in adult patients with active systemic lupus erythematosus (SLE), with positive autoantibodies and with a high degree of activity of the disease despite standard treatment.

Objectives: This study aims to describe a sample of patients diagnosed with SLE who received treatment with belimumab in a tertiary hospital.

Table 1. Deceased and alive RTX treated patients

<table>
<thead>
<tr>
<th>Deceased (n=28)</th>
<th>Alive (n=687)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: M: F%</td>
<td>Median Age at Diagnosis: years</td>
</tr>
<tr>
<td>F: 77.27% Caucasian, 62.05% Caucasian (77.27% Caucasian, 23.95% Caucasian)</td>
<td>(n =713)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>17.5</td>
</tr>
<tr>
<td>(Caucasian: Non-Caucasian)</td>
<td>(77.27% Caucasian, 24% (n =491)</td>
</tr>
<tr>
<td>(Non-Caucasian)</td>
<td>Non-Caucasian</td>
</tr>
</tbody>
</table>

Disclosure of Interests: Aysun Aksoy: None declared, Stephen McDonald: None declared, Eoghan McCarthy: None declared, Ben Parker: None declared, Ian McGettigan: None declared