AB0577

TOCILIZUMAB IN GIANT CELL ARTERITIS. ROUTE OF ADMINISTRATION: INTRAVENOUS OR SUBCUTANEOUS

Monica Calderón-Goercke, J. Loricera, D. Prieto-Peña, Vicente Aldasoro, Santos Castañeda, Ignacio Villa-Blanco, Alicia Humbría, Clara Moriano, Susana Romero-Yuste, J. Narváez, Catalina Gomez-Arango, Eva Perez-Pampín, Rafael Melero, Elena Becerra-Fernández, Marcelino Revenga, Noelia Alvarez-Rivas, Carles Galisteo, Francisca Sivera, Alejandro Olive, María Álvarez del Buergo, Luisa Marena Rojas, Carlos Fernández-López, Francisco Navarro, Enrique Raya, Eva Galindez, Beatriz Arca, Roser Solans-Laqué, Arantxa Conesa, Cristina Hidalgo, Carlos Vázquez, Jose Andrés Román-Ivorra, Pau Lluch, Sara Manrique Arijá, Paloma Vela-Casasempere, Eugenio de Miguel, Carmen Torres-Martín, Juan Carlos Nieto, Carmen Ordas-Calvo, Eva Salgado-Pérez, Cristina Luna-Gomez, J. Francisco. Toyos Sáenz de Miera, Nagore Fernández-Llanio, Antonio García, Carmen Larena, Natalia Palmou-Fontana, Vanesa Calvo-Río, Carmen González-Vela, Alfonso Corrales, María Varela-García, Elena Aurecochea, Raquel Dos-Santos, Ángel García-Manzanares, Norberto Ortego, Sabela Fernández, Francisco Ortiz-Sanjuán, Montserrat Corteguera, J. Luis Hernández, Miguel A. González-Gay, Ricardo Blanco. *Rheumatology, Internal Medicine and Pathology Units, Santander, Navarra, Madrid, Torrelavega, León, Pontevedra, Barcelona, Mondragón, Santiago de Compostela, Vigo, Alicante, Lugo, Badalona, Palencia, Alcázar de San Juan, A Coruña, Granada, Bilbao, Avilés, Castellón, Salamanca, Zaragoza, Valencia, Menorca, Málaga, Ávila, Gijón, Ourense, Tenerife, Sevilla, Lérída, Spain*

Background: Recently, based on the GACTA trial results, weekly subcutaneous Tocilizumab (TCZ) has been approved for the treatment of Giant Cell Arteritis (GCA). It has showed to be effective and safety.

Objectives: Our aim was to compare the efficacy of TCZ according the route of administration.

Methods: Multicenter study of 134 GCA patients in treatment with TCZ. It was performed a comparative study between 2 groups according the route of administration of TCZ, intravenous (IV) or subcutaneous (SC).

Results: We study 134 patients divided in 2 groups: a) IV TCZ, 104 cases and, b) SC TCZ, 30 cases, with a mean age 73.4±8.2 years vs 71.9±10.6 years, respectively (p=0.501). Disease duration, clinical manifestations and acute phase reactants at TCZ onset were similar in both groups with non-statistical difference. 91.7% patients who received SC TCZ achieved prolonged remission after 12 months of treatment (p=0.043). And the glucocorticoid sparing effect of TCZ was greater in the same group, reaching a statistical difference at 3 and 24 months (p=0.017 and p=0.021). Patients under IV TCZ treatment suffered more adverse event during follow up (p=0.043). **TABLE 1** and **2** summarizes the comparative study.

Conclusion: Patients in treatment with SC TCZ, reached prolonged remission after 12 months of treatment and were able to discontinue prednisone dose after 24 months of follow up. The incidence of adverse events was more frequent in the IV TCZ group, without difference in relation to infections.

REFERENCES

- Stone JH, Tuckwell K, Dimonaco S, Kleerman M, Aringer M, Blockmans D, et al. Trial of Tocilizumab in Giant-Cell Arteritis. *N Engl J Med*. 2017; 377:317-28.
- Calderón-Goercke M. Tocilizumab in giant cell arteritis. Observational, open-label multicenter study of 134 patients in clinical practice. *Semin Arthritis Rheum*. 2019 Jan 5. pii: S0049-0172(18)30571-7. doi: 10.1016/j.semarthrit.2019.01.003. [Epub ahead of print]

TABLE 1

	TCZ IV (n=104)	TCZ SC (n=30)	P
BASAL FEATURES AT TCZ ONSET			
GENERAL FEATURES			
Age, years, mean (SD)	73.4 ± 8.2	71.9 ± 10.6	0.501
Sex, female/male n (%)	77/27	24/6	0.504
Time from GCA diagnosis to TCZ onset (months), median (IQR)	14.5 [5-35]	11.5 [5-25.5]	0.447
ADDITIONAL AND OTHER LVV INVOLVEMENT, n (%)	49 (47.1)	9 (30)	0.096
ACUTE PHASE REACTANTS			
ESR, mm/1 st hour, mean (SD)	41.8 ± 31.2	35.9 ± 31.7	0.301
CRP, mg/dL, mean (SD)	3.3 ± 5.8	2.1 ± 3.1	0.191
Hemoglobin, g/dL, mean (SD)	12.1 ± 1.4	12.7 ± 1.6	0.145
CORTICOSTEROIDS AT TCZ ONSET			
Prednisone dose, mg/d mean (SD)	16.9 ± 13.2	13.6 ± 11.2	0.457

TABLE 2

	TCZ IV (n=104)	TCZ SC (n=30)	P
EFFICACY AND SAFETY AFTER TCZ			
Prolonged remission n (%)			
Month 6	45 (56.3)	13 (65)	0.712
Month 12	35 (61.4)	11 (91.7)	0.043
Month 24	21 (63.6)	6 (85.7)	0.257
Relapses n (%)			
Month 1	2 (2.0)	2 (8.9)	0.184
Month 3	3 (3.1)	4 (15.4)	0.017
Month 6	5 (6.3)	0	0.251
Month 12	9 (15.8)	0	0.140
Month 24	7 (21.2)	0	0.180
Corticosteroids sparing effects, median (IQR)			
Month 1	16.9 [7.5-23.8]	13.6 [7.5-15]	0.257
Month 3	10.6 [5-12.5]	9.2 [5-10.6]	0.359
Month 6	6.9 [2.5-7.6]	3.8 [1-5]	0.032
Month 12	3.7 [0-5]	1.7 [0-4.4]	0.085
Month 24	2.4 [0-5]	0 [0-0]	0.021
Side effects, n (%)			
Relevant adverse events	29 (27.9)	3 (10)	0.043
Serious infections	14 (13.5)	2 (6.6)	0.544

Disclosure of Interests: Monica Calderón-Goercke: None declared, J. Loricera: None declared, D. Prieto-Peña: None declared, Vicente Aldasoro: None declared, Santos Castañeda Consultant for: Amgen, BMS, Pfizer, Lilly, MSD, Roche, Sanofi, UCB, Ignacio Villa-Blanco: None declared, Alicia Humbría: None declared, Clara Moriano: None declared, Susana Romero-Yuste: None declared, J. Narváez Consultant for: Bristol-Myers Squibb, Catalina Gomez-Arango: None declared, Eva Perez-Pampín: None declared, Rafael Melero: None declared, Elena Becerra-Fernández: None declared, Marcelino Revenga: None declared, Noelia Alvarez-Rivas: None declared, Carles Galisteo: None declared, Francisca Sivera: None declared, Alejandro Olive: None declared, María Álvarez del Buergo: None declared, Luisa Marena Rojas: None declared, Carlos Fernández-López: None declared, Francisco Navarro: None declared, Enrique Raya: None declared, Eva Galindez: None declared, Beatriz Arca: None declared, Roser Solans-Laqué: None declared, Arantxa Conesa: None declared, Cristina Hidalgo: None declared, Carlos Vázquez: None declared, Jose Andrés Román-Ivorra: None declared, Pau Lluch: None declared, Sara Manrique Arijá Speakers bureau: Abbvie, MSD, Janssen, Lilly, Roche, Pfizer, Novartis., Paloma Vela-Casasempere Grant/research support from: UCB, Abbvie, Pfizer, Roche, Bristol-Myer-Squibb (another research, not BIOBADASER related), Consultant for: UCB, Lilly, Pfizer, Roche, Bristol-Myer-Squibb, Speakers bureau: Roche, UCB, MSD, Pfizer, GSK, BMS, Lilly, Eugenio de Miguel: None declared, Carmen Torres-Martín: None declared, Juan Carlos Nieto: None declared, Carmen Ordas-Calvo: None declared, Eva Salgado-Pérez: None declared, Cristina Luna-Gomez: None declared, Francisco J. Toyos Sáenz de Miera: None declared, Nagore Fernández-Llanio: None declared, Antonio García: None declared, Carmen Larena: None declared, Natalia Palmou-Fontana: None declared, Vanesa Calvo-Río: None declared, Carmen González-Vela: None declared, Alfonso Corrales: None declared, María Varela-García: None declared, Elena Aurecochea: None declared, Raquel Dos-Santos: None declared, Ángel García-Manzanares: None declared, Norberto Ortego: None declared, Sabela Fernández: None declared, Francisco Ortiz-Sanjuán: None declared, Montserrat Corteguera: 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, Jansen and Roche., Speakers bureau: Consultation fees/participation in company sponsored speaker's bureau from Pfizer, Lilly, Sobi, Celgene, Novartis, Roche and Sanofi., Ricardo Blanco Grant/research support from: Abbvie, MSD, and Roche, Consultant for: Abbvie, Pfizer, Roche, Bristol-Myers, Janssen, Speakers bureau: Abbvie, Pfizer, Roche, Bristol-Myers, Janssen

DOI: 10.1136/annrheumdis-2019-eular.2226

AB0578

DIFFERENCES AND CHARACTERISTICS OF PRIMARY LARGE VESSEL VASCULITIS AND LARGE VESSEL VASCULITIS ASSOCIATED WITH GIANT CELL ARTERITIS. STUDY OF 28 CASES FROM THE SAME CENTER

I. Calvo¹, O. Ibaranguioit¹, D. Montero¹, L. Vega¹, L. María¹, M. E. Ruiz¹, I. Torre¹, O. Fernandez¹, J. M. Blanco¹, A. R. Inchaurre¹, Clara Pérez¹, Eduardo Cuende¹, Natalia Rivera¹, María Jesús Allande¹, Helena Ugarte¹, Iñigo Gorostiza², E. Galindez¹. ¹Basurto University Hospital, Rheumatology, Bilbao, Spain; ²Basurto University Hospital, Research Unit, Bilbao, Spain

Background: Large vessel vasculitis (LVV) is a severe entity with non-specific clinical symptoms, which contributes to a delay in diagnosis and sometimes to serious complications. LVV can be primary or secondary, with giant cell arteritis (GCA) being the most common association.