AB0606

LONG-TERM BIOLOGICAL TREATMENT IN LARGE VESSELS VASCULITIS: A RETROSPECTIVE SINGLE-CENTER STUDY ON 30 PATIENTS FROM 2011 TO 2018

¹Francesca Regola¹, Giovanni Bosio², Elisabetta Cerudelli², Angela Tincani¹, Paola Toniati¹. ¹U.O. Rheumatology and Clinical Immunology, ASST Spedali Civili di Brescia, Department of Clinical and Experimental Sciences, Brescia, Italy; ²Department of Nuclear Medicine, Spedali Civili di Brescia, Brescia, Italy

Background: Glucocorticoids (GC) are the mainstay in the treatment of large vessels vasculitis (LVV), while conventional immunosuppressants have modest GC-sparing effect. Recent studies show that biological drugs could represent a valid therapeutic option, especially in patients with severe and/or relapsing LVV. Their role in the treatment of LVV is expanding, but only few data are available on their long-term efficacy and safety [1,2].

Objectives: Our aim is to describe the 8 years' experience of a single Italian center in biological treatment of patients with large vessels vasculitis (LVV).

Methods: We collected retrospectively clinical data from 30 patients affected by LVV and treated with biological drugs. Data from 18F-FDG PET and CT or MRI associated with improvement of clinical and inflammatory index (ESR and CRP) were used as criteria of response to treatment.

Results: Between 2011 and 2018 we treated 30 LVV patients (22 women and 8 men) with biological drugs: 10 patients with Takayasu arteritis (TAK), 17 patients with large-vessel giant cell arteritis (LV-GCA) and 3 patients with aortitis. The median age (10th–90th percentile) at the diagnosis was 63 (21–79) years. Biological treatment was started right after the diagnosis in 15 patients, while 15 patients had a long-standing relapsed disease (time between diagnosis and biological therapy 6 (1–43) months). The mean follow-up time of patients was 26 (4–72) months.

Anti-TNF- α drugs (infliximab, adalimumab, golimumab) were used in 9 patients; while anti-IL6r (tocilizumab) was used in 30 patients. During the follow up, 9 patients (23%) switched to another biologic for relapse of the disease or for infusive adverse reactions; in 3 cases multiple switches were made.

Infliximab (IFX) was used in 7 patients for a median period of 12 (3–33) months: 3 patients achieved stable remission, 3 had an infusive adverse reaction, 1 had a relapse of the disease after 60 months of therapy. Adalimumab (ADA) was used in 3 patients and then suspended in all of them for relapse of the disease after 3, 12 and 93 months of therapy, respectively. Golimumab was used in 2 patients: one suspended therapy for developing follicular thyroid cancer, one switched to another biologic for persistent active disease.

Tocilizumab (TCZ) was used in all 30 patients for a median period of 20 (4–54) months: in 25 cases it was the first line therapy, in the other 5 cases it was used after an anti-TNF- α drug. 25 patients out of 30 (84%) achieved stable remission and in 6 of them a dose tapering was possible, with no sign of relapse.

Three patients in TCZ had an adverse reaction; one developed a uveitis and one had a relapse of TAK.

In our last examination 29 out of 30 patients in biological therapy demonstrated a good control of the disease with clinical improvement, also confirmed by PET, TC and/or MRI, and reduction of inflammatory index (ESR and CRP), compared to before starting treatment. Biologics also demonstrated an important steroid sparing effect: mean prednisone dose at the beginning of treatment was 25 mg/day (12–50), while at the last follow-up was 6 mg/day (1–15) ($p < 0.0001$; Wilcoxon test)

Conclusion: In our cohort of 30 patients biological treatments demonstrated long-term efficacy and acceptable safety profile and important steroid sparing effect.

REFERENCES

- [1] Pazzola G, et al. Rev Med Interne, 2016
- [2] Samson M, et al. Eur J Intern Med, 2018

Disclosure of Interests: Francesca Regola: None declared, Giovanni Bosio: None declared, Elisabetta Cerudelli: None declared, Angela Tincani Consultant for: UCB, Pfizer, Abbvie, BMS, Sanofi, Roche, GSK, Alpha-Sigma, Lilly, Janssen, Cellgene, Novartis, Paola Toniati: None declared

DOI: 10.1136/annrheumdis-2019-eular.4384

AB0607

SELF-MANAGEMENT BEHAVIOURS IN ANCA-ASSOCIATED VASCULITIS: SECONDARY ANALYSIS OF INTERVIEW DATA

¹Tim Reynolds¹, Emma Dures², Sue Ashdown³, Peter Cronholm⁴, Raashid Luqmani⁵, Peter Merkel⁶, Nataliya Milman⁷, Jacqueline Peck³, Joanna Robson². ¹University Hospitals Bristol NHS Foundation Trust, Bristol, United Kingdom; ²University of the West of England, Bristol, United Kingdom; ³Patient partner, Oxford, United Kingdom; ⁴University of Pennsylvania Perelman School of Medicine, Philadelphia, United States of America; ⁵University of Oxford, Oxford, United Kingdom; ⁶University of Pennsylvania, Philadelphia, United States of America; ⁷Division of Rheumatology, Department of Medicine in Ottawa, Ottawa, Canada

Background: ANCA-associated vasculitis (AAV) is a significant cause of morbidity and mortality. Meeting the challenges of AAV effectively requires patients to engage in self-management, including medical management, role management, and emotional management.¹ Self-management is recognised as a key aspect of chronic disease management and forms an important part of the National Health Service 5-year forward plan and the UK strategy for rare diseases.^{2,3} Nonetheless, there has been limited specific research into the role of self-management in the AAV literature.

Objectives: To explore experiences and views of self-management amongst AAV patients.

Methods: A secondary analysis of all interview transcripts from a previous project exploring health-related quality of life in relation to AAV was performed.⁴ Deductive analysis was used to map appropriate areas discussed by patients to the self-management framework proposed by Lorig and Holman.¹ Inductive analysis was used to identify emergent themes that did not fit into this framework.

Results: Interview data were collected from 50 patients with AAV (25 men), from the UK (n=18), USA (n=17) and Canada (n=15). Diagnoses included GPA (n=26), EGPA (n=17) and MPA (n=7). Thirty-four patients were diagnosed within the last 2 years and 16 were diagnosed more than 2 years ago.⁴

From the core tasks proposed in Lorig and Holman's framework, patients with AAV appear to attribute particular importance to maintaining life roles and to a lesser extent medication management and dealing with the emotions of chronic disease. Core skills necessary to self-manage in AAV include learning to take action as part of self-efficacy, forming productive health-care partnerships, learning about decision making (requiring disease and self-awareness), utilising resources effectively, and problem-solving.

Three themes emerged that were not included in Lorig and Holman's framework that respondents related to self-management abilities including: 1) support received from family, support groups, and religion; 2) the influence of pre-morbid personality factors; 3) the role patients attributed to developing a foundation of specific AAV knowledge in their subsequent ability to self-manage.

Conclusion: Patients with AAV self-manage in a variety of ways and their needs may change over time. Patients may benefit from support to help manage changing life roles and to deal with the challenges of having a chronic disease. Over time, support may need to shift focus onto core skills including recognising when to take action; forming effective partnerships with healthcare providers, family, and friends; adaptations to day-to-day changes in their condition; utilising resources appropriately; and strategies for problem-solving.

REFERENCES

- [1] Lorig, K.R. and Holman, H.R., 2003. Self-management education: history, definition, outcomes, and mechanisms. *Annals of behavioral medicine*, 26 (1), pp.1–7.
- [2] NHS England. Five year forward view. Oct 2014. Available from: <https://www.england.nhs.uk/ourwork/futurenhs/>
- [3] UK Strategy for Rare Diseases. Department of Health, 2013.
- [4] Robson, J.C., Dawson, J., Cronholm, P.F., Milman, N., Kellom, K.S., Ashdown, S., Easley, E., Farrar, J.T., Gebhart, D., Lanier, G. and McAlear, C. A., 2018. Health-related quality of life in ANCA-associated vasculitis and item generation for a disease-specific patient-reported outcome measure. *Patient related outcome measures*, 9, p.17.

Disclosure of Interests: Tim Reynolds: None declared, Emma Dures Grant/research support from: Has previously received an independent learning grant from Pfizer, however the work has been completed and