Table 2.

	Patients diagnosed with sarcoidosis (N=381)
LABORATORY TESTS	
CRP (mg/dl), median [ICR]	0.2 [0.0-1.2]
ESR (mm/1h), median [RIC]	22.0 [10.0-38.0]
ACE, mean±SD	78.7 ± 46.2
Calcium, mean±SD	9.4 ± 0.9
Thrombocytosis, n (%)	9 (2.4)
Lymphopenia, n (%)	43 (11.3)
Hypercalciuria, n (%)	29 (7.6)
CD4/CD8 > 3.5, n (%)	122 (32.0)
IMAGING TESTS	
Patients with abnormal radiological patterns:	319 (83.7)
- Stage I, n/N (%)	156 (41.4)
- Stage II, n/N (%)	122 (32)
- Stage III, n/N (%)	29 (7.6)
- Stage IV, n/N (%)	14 (3.8)
Confirmed lymphadenopathy in CT, n (%)	300 (78.7)
Pathological scintigraphy, n (%)	114 (29.9)
Pathological PET, n (%)	40 (10.5)
Non-caseating granulomas in biopsy, n (%)	290 (75.7)
- Mediastinum, n (%)	166 (43.3)
- Lung, n (%)	67 (17.5)
- Liver, n (%)	9 (2.4)
- Skin, n (%)	45 (11.7)
- Lymphadenopathy, n (%)	3 (0.8)
TREATMENT	
Not treated, n (%)	122 (32.0)
Glucocorticoid treatment	
- Topical treatment, n (%)	39 (10.2)
- Prednisone, n (%) / mean dose (mg/day), mean±SD	206 (54.1) / 43.4±19.1
- Bolus MTP, n (%)	15 (3.9)
Conventional immunosuppressants	
- Methotrexate, n (%) / mean dosage (mg/week), mean±SD	53 (13.9) / 15.4±5.5
- Azathioprine, n (%) / mean dosage (mg/day), mean±SD	17 (4.5) / 91.6±32.2
- Cyclophosphamide, n (%)	2 (0.5)
- Mycophenolate mofetil, n (%)	2 (0.5)
Biological agents	
- Infliximab, n (%)	14 (3.7)
- Adalimumab, n (%)	19 (5.0)
- Etanercept, n (%)	1 (0.3)
- Golimumab, n (%)	2 (0.5)
- Tocilizumab, n (%)	3 (0.8)
- Rituximab, n (%)	3 (0.8)
- Secukinumab, n (%)	1 (0.3)

Conclusion: Results obtained were similar to other national and international series, with the exception of non-predominance of female sex and the highest percentage of ocular involvement in our study. Currently, biological treatment (especially anti-TNF-alpha) is used more frequently.

REFERENCES:

- Mañá et al. Multidisciplinary approach and long-term follow-up in a series of 640 consecutive patients with sarcoidosis: Cohort study of a 40-year clinical experience at a tertiary referral center in Barcelona, Spain. *Medicine* (Baltimore). 2017 Jul;96(29):e7595.

Disclosure of Interests: José Luis Martín-Varillas: None declared, Lara Sánchez Bilbao: None declared, Iñigo González-Mazón: None declared, Raúl Fernández Ramón: None declared, D. Prieto-Peña: None declared, David Martínez-Lopez: None declared, Eva Peña Sainz-Pardo: None declared, Belén Atienza-Mateo: None declared, Monica Calderón-Goercke: None declared, Rosalía Demetrio-Pablo: None declared, Vanesa Calvo-Río: 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.7711

FRI0605

EFFECTIVENESS AND SAFETY OF OFF-LABEL USE OF TOCILIZUMAB IN AUTOIMMUNE DISEASES : A MULTICENTER STUDY IN INTERNAL MEDICINE DEPARTMENTS

Martin Michaud¹, Thomas Sene², Pascal Chazeraï², Olivier Lidove², Geoffrey Urbanski³, Frederique Retomaz⁴, Boris Bienvenu⁵, Laurent Chiche⁴, Florian Catros¹, Laurent Sailer⁶, Laurent Alric⁶, Jean Thomas Giraud⁷, Léo Caudrelier⁸, Slim Lassoued³, Sophie Ancellin¹, Francis Gaches¹. ¹Joseph Ducuing Hospital, Internal Medicine, Toulouse, France; ²Croix Saint Simon Hospital, Paris, France; ³Angers University Hospital, Internal Medicine, Toulouse, France; ⁴Hopital Européen, Internal Medicine, Marseille, France; ⁵Saint Joseph Hospital, Internal Medicine, Marseille, France; ⁶Toulouse University hospital, Internal Medicine, Toulouse, France; ⁷Tarbes Hospital, Internal Medicine, Tarbes, France; ⁸Cahors Hospital, Internal Medicine, Cahors, France

Background: Tocilizumab (TCZ) is a recombinant humanized anti-interleukin-6 receptor monoclonal antibody. There is increasing evidence of TCZ efficacy in refractory auto-immune diseases.

Objectives: To describe off-label use, efficacy and tolerance of TCZ use in Internal Medicine Departments.

Methods: This is a retrospective, descriptive and multicenter study from 9 departments of Internal Medicine. Data were reported using a standardized case report file in January 2019.

Results: Fifty one patients were included (19 men, 32 women). Mean age was 55.6 ± 17 years (range 23 - 80). TCZ was used in:

- 12 connective tissue diseases (23.5%): relapsing polychondritis (n=6), systemic sclerosis (n=3), anti-synthetase syndrome (n=1), and unclassified connective tissue disease (n=3).
 - 10 vasculitis (19%): Takayasu arteritis (n=7), Cogan disease (n=1), pan-arteritis nodosa (n=1), unclassified vasculitis (n=1).
 - 10 ophthalmologic conditions (19%): non infectious posterior uveitis (n=8), sympathetic ophthalmia (n=1), Basedow orbitopathy (n=1).
 - 8 adult-onset Still's diseases (16%).
 - 5 cases of polymyalgia rheumatica (10%)
 - 3 miscellaneous diseases (6%): idiopathic AA amyloidosis, multicentric non HHV8 Castlemann disease, Erdheim Chester disease (1 case each).
- Mean disease duration was 7.5 ± 6.4 years. In 44 cases (86%) TCZ was administered for refractory disease to corticosteroids and immunosuppressive drugs. Previous therapies included corticosteroids (83%), methotrexate (66%), TNF inhibitor drug (44%), azathioprine (20.8%), mycophenolate (12%), cyclophosphamide (8%), rituximab (10%), hydroxy-chloroquine (6%), anakinra in 2 patients and interferon, dapsone, etoposide, leflunomide, abatacept, salazopyrin or intra-venous immunoglobulin in 1 patient each.

TCZ was initiated as first-line therapy (15.5%), second-line therapy (17.5%), third-line therapy (31%), fourth-line therapy (19%), fifth-line therapy (14%), sixth-line therapy (12%) or as seventh line therapy in one case. TCZ was associated with methotrexate in 3 cases (6%). Treatment route was intravenous (96%).

At the end of the follow up, 41 patients (80%) were still using TCZ, with a mean follow up period of 22 ± 23 months (range 1-90). In these patients, daily corticosteroid use significantly decrease from 16.5 ± 18 mg to 5.7 ± 13.7 mg (p<0.005, using paired T test). Considering the 28 patients using TCZ since more than 6 months, short term efficacy was 93% (2 cases of loss of efficacy).

TCZ was interrupted in 10 patients (19%), because of treatment failure (n=2), loss of efficacy (n=2) or side effect (=6). Side effects were infection (2 pneumonias, zona, sinus infection), pruritus (n=1), urticaria (n=1), dyslipidemia (n=1), high blood pressure (n=2), infusion-related reaction (n=1), bullous dermatitis (n=1), acute renal failure (n=1), angioedema (n=1), mouth ulcers (n=1).

Conclusion: TCZ is used in various autoimmune diseases. TCZ allowed a significant corticosteroids reduction and short term efficacy was 93% in patients using TCZ for more than 6 months. Nevertheless TCZ was interrupted in 19% of the patients. TCZ use will probably be more common in the future to treat refractory autoimmune diseases.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.959

FRI0606

AUTOIMMUNE MANIFESTATIONS IN A COHORT OF PATIENTS WITH TYPE 1 DIABETES MELLITUS

Andrea Monroy Calero. Tenerife, Reumatología, San Cristóbal De La Laguna, Spain

Background: Type 1 diabetes mellitus (T1D) is an organ-specific autoimmune disease characterized by the presence of circulating, islet-specific, pancreatic auto-antibodies against glutamic acid decarboxylase (GAD65) and the destruction of insulin-producing pancreatic beta cells. An increased risk of developing other serological manifestations and autoimmune diseases has been described, mainly of the thyroid (20% with antithyroid antibodies) and celiac disease (5%). In addition, it has also been described in association with Addison's disease, autoimmune polyglandular syndrome, psoriasis and other systemic autoimmune comorbidities diseases such as rheumatoid arthritis (RA), systemic juvenile idiopathic arthritis and Sjogren's syndrome. It also has been suggested that T1D might have a genetic factor, pathogenic pathways with pleiotropic effects, and cytokines such as interferon type I, among others.

Objectives: 1) Study the prevalence of autoimmune comorbidities in patients with T1D. 2) Describe the clinical-immunologic profiles of these patients.

Methods: A descriptive, retrospective study of a cohort of patients diagnosed with T1D, according to ADA (American Diabetes Association), follow-up by Endocrinology and Rheumatology Units of a 3rd level hospital from June 1975 to July 2018. Clinical and analytical-immunologic