Conclusion: Results obtained were similar to other national and international series, with the exception of the 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:

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FR0605 EFFECTIVENESS AND SAFETY OF OFF-LABEL USE OF TOCILIZUMAB IN AUTOIMMUNE DISEASES: A MULTICENTER STUDY IN INTERNAL MEDICINE DEPARTMENTS

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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), juvenile idiopathic arthritis (n=3), and unclassified connective tissue disease (n=3),
- 10 vasculitides (19%): Takayasu arteritis (n=7), Cogan disease (n=1), panarteritis 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 disease (16%),
- 5 cases of polymyalgia rheumatica (10%),
- 3 miscellaneous diseases (6%): idiopathic AA amyloidosis, multicentric non HIV6 Castellman 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%), hydroxychloroquine (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=9) or toxicity of efficacy (n=2) or side effect (n=2). Side effects were infectious (17.5%), drug reaction (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%).

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We included 116 patients from which 55% were women, with a mean age at diagnosis of T1D 18.7 (± 12.3 SD) years. Average age at autoimmune disease diagnosis was 38.8 (± 12.2 SD) years. Average time of evolution between onset of T1D and autoimmune comorbidity was 10.1 (± 10.6 SD) years, except one patient with autoimmune thyroiditis 10 years before T1D. Autoimmune manifestations were showed by 19/116 patients (16.4%), with the following diagnoses: autoimmune hypothyroidism: 10 patients (8.6%); autoimmune polyglanular syndrome: 3 patients (2.6%); RA in 2 patients (1.8%). As well, 1 patient with celiac disease, 1 with cutaneous lupus erythematosus (CLE), 1 with psoriasis and another one with IgG4-related orbital inflammatory disease, (0.9% respectively). Three patients developed articular manifestations (2 rheumatoid polyarthritis and 1 with limited joint mobility or cheiroarthropathy). 4/19 patients (21%) showed cutaneous lesions (2 with vitiligo, 1 CLE and 1 with psoriasis). Hematological alterations type pernicious anemia in one patient. No visceral involvement was found. Antibodies were detected to be organ-specific: 7/17 antibodies to thyroid peroxidase (TPO) (+) and 3/17 antibodies to thyroglobulin (+) and one with anti-gladin IgA (+). ANA (+) was detected in four patients (two fine granular pattern, one nucleolar and one homogeneous) with negative specificities and 1 patient RF (+). No Anti-CCP antibodies were detected. Conclusion: 1) 16% of patients with T1D presented autoimmune comorbidity at 10 years after the onset of endocrinopathy, 2) Autoimmune hypothyroidism was the most prevalent autoimmune manifestation (8.6%), followed by autoimmune polyglanular syndrome and RA, similar to other studies. 3) We highlight the unusual finding of IgG4-related orbital inflammation as comorbidity of T1D. 4) The cutaneous lesions (21%) were the most common clinical manifestation in patients with T1D and autoimmunity. We emphasize the absence of visceral involvement.

REFERENCES:

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