GIANT CELL ARTERITIS: IS ROUTINE CLINICAL PRACTICE COMPREHENSIVE ENOUGH?

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Background: Recommendations to collect the most relevant information on disease course, treatment and outcomes in giant cell arteritis (GCA) has been proposed by EULAR to facilitate clinical research and to improve clinical care.

Objectives: To assess the quality of data collection in routine clinical practice according to EULAR recommendations and to describe baseline and follow-up characteristics of a retrospective cohort of patients with GCA.

Methods: We reviewed medical records of patients diagnosed with GCA in a tertiary academic center between 2004-2018. We included patients with available data at diagnosis and one year of follow-up. Data extraction included: demographics, GCA-related signs and symptoms, laboratory, imaging modalities, comorbidities and treatment. Data in the chart was then compared with the core set of parameters proposed for GCA registries and databases by EULAR.

Results: 58 patients were identified, 39 met predefined inclusion criteria with 151 visits during first-year follow-up. Headache (100%; 80.4%), ocular symptoms (89.7%; 81.2%), constitutional symptoms (89.7%; 80.4%), polymyalgia rheumatica (89.7%; 82%) and jaw claudication (87%; 81.2%) were the most frequently collected items at baseline and follow-up. Weight and height (2.6%; 2.6%), peripheral pulses (8%; 4.5%), smoking status (41%; 21%), and blood pressure (61.5%; 4.5%) were the less frequently collected. Most patients lacked differential pressure measurement. Myocardial infarction, malignancy, serious infections, arterial hypertension, diabetes and osteoporosis were collected in every patient (39, 100%). Only 2 mayor relapses were identified (5%). Two (2) patients died during the one-year follow-up period. Table 1 provides information on GCA-related signs and symptoms, laboratory and therapeutic data.

Conclusion: Although data collection in routine care is usually comprehensive enough according to EULAR proposed data set, key components in physical exam mostly those aiming to detect large vessel involvement, should be addressed more carefully.

References:

Disclosure of Interests: Julia Martinez-Barrio Consultant of: UCB Pharma. Belén Serrano Benavente: None declared, Alfonso Ariza: None declared, Juan Ovalles: None declared, Juan Molina Collada: None declared, Teresa Gonzalez: None declared, Carlos Gonzalez Consultant of: Gilead, Janssen, Novartis, Speakers bureau: Abbvie, Celgene, Gilead, Janssen, Novartis, Pfizer, Roche, Isabel Castrejon: None declared, Jose Maria Alvaro Gracia: None declared

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INVASIVE ASPERGILLOSIS IN ADULT RHEUMATOID PATIENTS IN SAINT PETERSBURG, RUSSIA.

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Background: Invasive aspergillosis (IA) is a severe opportunistic infection that is not well understood in rheumatological patients.

Objectives: To study risk factors, etiology, clinical manifestations and results of treatment of IA in adult rheumatological patients.

Methods: Retrospective analysis of 830 patients (1998-2019) with ‘proven’ and ‘probable’ IA (EORTC / MSG, 2019), adults - 699 (84%). The main group included 18 (3%) adult rheumatological patients with IA, a control group included 610 (87%) adult hematological patients. Rheumatological patients were older, the average age was 59 years (21–75) vs 45 years (18–79), p = 0.005, and among them there were more women – 56% vs 42%, p = 0.01.

Results: In rheumatological patients with IA, underlying diseases were ANCA-associated vasculitis (28%), granulomatosis with polyangiitis (22%), periarteritis (11%), systemic lupus erythematosus (22%), rheumatic heart disease (11%) and ankylosing spondylitis (6%). In the control group, underlying diseases were acute leukemia (45%), lymphomas (34%), chronic leukemia (9%), multiple myeloma (7%), myelodyplastic syndrome (3%), and other hematological diseases (2%).

The main risk factors for IA development in rheumatological patients were: systemic steroids use (89% vs 69%), prolonged lymphocytopenia (78% vs 65%, median - 14 vs 12 days), treatment in ICU (44% vs 16%, p = 0.01), acute or chronic renal failure (39% vs 1%, p = 0.0008) and immunosuppressive therapy (28% vs 25%). Severe neutropenia was noted significantly less frequently (18% vs 83%, p = 0.0001). Additional risk factors were decompensated diabetes mellitus (17% vs 2%, p = 0.004), previous surgery (17% vs 1%, p = 0.001) and organ transplantation (6% vs 0%). In rheumatological patients, lung (83% vs 98%, p = 0.0001) and ≥2 organs (6% vs 8%) involvement were less common. Heart (11% vs 0%), sinuses (6% vs 5%) and central nervous system (6% vs 4%) involvement more often developed. In rheumatological patients, respiratory failure (61 vs 37%, p = 0.03), hemoptysis (28% vs 7%, p = 0.0001) and chest pain (17% vs 7%, p = 0, 04) were noted more often, less often - fever ≥38°C (67% vs 85%,
Efficacy and Safety of TNF-α Antagonists and Tocilizumab in Takayasu Arteritis: Multicenter European Retrospective Study of 203 Patients.

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Background: Takayasu arteritis (TA) is a chronic inflammatory large-vessel vasculitis, predominantly affecting the aorta and its main branches.

Objectives: To assess safety and efficacy of biologics (i.e., TNF-α antagonists and tocilizumab) in patients with Takayasu arteritis (TA).

Methods: We conducted a retrospective multicenter study in referral centers from Europe and several countries in the world about biological-targeted therapies in Takayasu arteritis during the period from January 2017 to September 2019.

Results: Retrospective multicenter study of characteristics and outcome of 49 TA patients [80% of females; median age 42 [20-55] years] treated by TNF-α antagonists (80%) or tocilizumab (20%) and fulfilling ACR and/or ISHAK criteria. Factors associated with complete response were assessed. Eighty-eight percent of TA patients were inadequately controlled with, or intolerant to, conventional immunosuppressive therapy [median number of 3 (1-5)]. Overall response (i.e. complete and partial) to biologics-targeted treatments at 6 and 12 months was of 75% and 83%, respectively. There were a lower immunosuppressants use, prolonged lymphocytopenia, ICU stay, and renal failure. The main causative agents were A. fumigatus, A. niger, and A. flavus. The main localization of infection were lungs. Respiratory failure, hemoptysis and heart involvement were typical. The overall 12-week survival of rheumatological patients with invasive aspergillus was 69%.

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SUSPENSIVE EFFICACY OF TOCILIZUMAB IN TREATMENT-NAÏVE PATIENTS WITH TAKAYASU ARTERITIS: TOCITAKA FRENCH PROSPECTIVE MULTICENTER OPEN-LABELLED TRIAL.


Objectives: To assess long term efficacy of tocilizumab in treatment-naïve patients with Takayasu arteritis (TAK).

Methods: In this multicenter, prospective, open-labelled trial, we aim to evaluate the benefit of adding tocilizumab to steroids in treatment-naïve patients with TAK, on discontinuation of steroids after 6 months of tocilizumab treatment, and to assess relapse-free survival following tocilizumab discontinuation.

Results: Thirteen patients with TAK were included, with a median age of 32 years [19-45] and 12 (92%) females. Six (54%) patients met the primary endpoint. Among 11 (85%) patients which achieved remission at 6 months, 6 (54%) have reached primary endpoint. Among the 5 remaining patients which continued steroids, 3 had a prednisone-equivalent dosage < 5mg/day. A significant decrease of disease activity was observed after 6 months of tocilizumab therapy: decrease of median NIIH scale [3-3-4] at baseline, versus [1-0-2] after 6 months; p <0.001, ITAS-2010 score [5-2-7] versus [3-0-8]; p = 0.002, and ITAS-A score [7-4-10] versus [4-1-5]; p = 0.0001). All patients discontinued tocilizumab after 7 infusions, and no other immunosuppressive drugs was introduced, except for 1 patient which received methotrexate. After 9 and 12 months, respectively 7 (54%) and 6 (50%) patients achieved remission with less than 75 mg/day of prednisone, and 9 (69%) and 9 (75%) with doses <10 mg/day.

During the 12 months follow-up after tocilizumab discontinuation, a relapse occurred among 5 patients (45%) out of 11 in which achieved remission after 6 months of tocilizumab.

No severe AEs were considered related to study treatment and none required tocilizumab interruption or dose reduction. No deaths have occurred during the study period.

Conclusion: Tocilizumab seems an effective steroid sparing therapy in TAK but its effect appears to be suspensive.

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INFLIXIMAB IS AN EFFECTIVE GLUCOCORTICOID-SPARING TREATMENT FOR TAKAYASU ARTERITIS: RESULTS OF A MULTICENTER OPEN-LABEL PROSPECTIVE STUDY.


Background: Approximately half of patients with Takayasu Arteritis (TA) have glucocorticoid (GC)-dependency and require the addition of a second-line immuno-suppressant treatment.

Objectives: Here, we conducted a multicenter open-label prospective cohort study to assess the efficacy and safety of infliximab originator as a GC-sparing agent in TA.

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