$p = 0.01$) and cough (61% vs 70%). CT signs of lung damage were similar in both groups, but rheumatologic patients were more likely to show an «air crescent» sign and / or destruction cavity (44% vs 10%, $p = 0.0001$). In rheumatologic patients, IA was more often confirmed by isolation of *Aspergillus* spp. from BAL (80% vs 45%, $p = 0.005$) and by histological examination (22% vs 7%, $p = 0.01$). The main pathogens were *A. fumigatus* (50% vs 43%), *A. niger* (29% vs 32%), and *A. flavus* (14% vs 17%).

Rheumatological patients were less likely to receive antifungal therapy 89% vs 99%, $p = 0.0003$. The main drug in both groups was voriconazole. The overall 12-week survival did not significantly differ between groups, but was lower in rheumatological patients with IA (69% vs 81%).

Conclusion: In rheumatological patients, invasive aspergillosis more often developed at an older age, mainly in women. The main background diseases were ANCA-associated vasculitis, granulomatosis with polyangiitis, and systemic lupus erythematosus. Typical risk factors were steroids and 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 aspergillosis was 69%.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3796

AB0508

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 Ishikawa 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 biological-targeted treatments at 6 and 12 months was of 75% and 83%, respectively. There were a significantly lower C-reactive protein levels at initiation of biological-targeted treatments [22 [10-46] mg/l vs 58 [26-76] mg/l, ($p=0.006$)] and a trend toward lower immunosuppressants drugs used prior biologics ($p=0.054$) in responders (i.e. complete and/or partial responders) relative to non-responders to biological-targeted treatments. C-reactive protein levels and daily prednisone dosage significantly decreased after 12 months of biological-targeted treatments [30 vs 6 mg/l, $p<0.05$ and 15 vs 7.5 mg, $p<0.05$, at baseline and at 12 months, respectively]. The 3-year relapse free survival was of 90.9% (83.5-99) over biologic treatment period compared to 58.7% (43.3-79.7) ($p=0.0025$) with DMARDs. No difference was found relative to efficacy between TNF- α antagonists and tocilizumab. After a median follow-up of 24 [2-95] months, 21% of adverse effects occurred, with biological-targeted treatments discontinuation in 6.6% of cases.

Conclusion: This nationwide study shows high efficacy of biological-targeted treatments in refractory TA patients with an acceptable safety profile.

Acknowledgments: NO

Disclosure of Interests: Arsene Mekinian: None declared, Mathieu Vautier: None declared, Matthieu Resche-Rigon: None declared, Lorenzo Dagna Grant/ research support from: Abbvie, BMS, Celgene, Janssen, MSD, Mundipharma Pharmaceuticals, Novartis, Pfizer, Roche, SG, SOBI, Consultant of: Abbvie, Amgen, Biogen, BMS, Celltrion, Novartis, Pfizer, Roche, SG, and SOBI, Savino Sciascia: None declared, olivier.espitia@chu-nantes.fr olivier.espitia@chu-nantes.fr: None declared, Patrice cacoub: None declared, olivier fain: None declared, david Saadoun: None declared

DOI: 10.1136/annrheumdis-2020-eular.3574

AB0509

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

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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 NIH 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 [1-15]; $p = 0.0001$). 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 7.5mg/day of prednisone, and 9 (69%) and 9 (75%) with doses <10mg/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.

Disclosure of Interests: Arsene Mekinian: None declared, david Saadoun: None declared, jerome.connault@chu-nantes.fr jerome.connault@chu-nantes.fr: None declared, i-quere@chu-montpellier.fr i-quere@chu-montpellier.fr: None declared, Patrick Jégo: None declared, nicolas.limal@aphp.fr nicolas.limal@aphp.fr: None declared, wxv wxv: None declared, Jacques-Eric Gottenberg Grant/research support from: BMS, Pfizer, Consultant of: BMS, Sanofi-Genzyme, UCB, Speakers bureau: Abbvie, Eli Lilly and Co., Roche, Sanofi-Genzyme, UCB, Mathieu Vautier: None declared, lea.savey@aphp.fr; lea.savey@aphp.fr;: None declared, Patrice cacoub: None declared, olivier fain: None declared

DOI: 10.1136/annrheumdis-2020-eular.4592

AB0510

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

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