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, A. niger, 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%.

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AB0508 EFFICACY AND SAFETY OF TNF-A 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 vasculitides, predominantly affecting the aorta and its main branches

Objectives: To assess safety and efficacy of biologics (i.e. TNF-a 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-a antagonists (80%) or tocilizumab (20%) and fulfilling ACR and/or ISCTA criteria. Factors associated with complete response were assessed. Eighty-eight percent of TA patients were not able to control treated (44.5-97.5%) patients, below 5 mg/day. A trend toward lower immunosuppressants drugs used prior biologics (p=0.054) in respondents (i.e. complete and/or partial responders) relative to non-responders to biological-targeted treatments. C-reactive protein level and daily prednisone dosage significantly decreased after 12 months of biological-targeted treatments [30 vs 6 mg/d], p<0.05 and 15 vs 7.5 mg, p<0.05, and at 12 months, respectively. The year relapse free survival was of 90.9% (80.5-99.7) over biologic treatment period compared to 58.7% (43.5-79.7) (p=0.0025) with DMARDS. No difference was found relative to efficacy between TNF-a antagonists and tocilizumab. After a median follow-up of 24 [2-95] months, 4% of adverse events occurred, with biological-targeted treatments discontinuation in 6.8% of cases.

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

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AB0509 SUSPENSIVE EFFICACY OF TOCILIZUMAB IN TREATMENT-NAIVE 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-naive patients with Takayasu arteritis (TAK).

Methods: In this multicenter, prospective, open-label trial, we aim to evaluate the benefit of adding tocilizumab to steroids in treatment-naive 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 who 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 NHI 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 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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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 therapy.

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.

Abstracts