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DETERMINING FUNCTIONAL MOBILITY AND BALANCE FOR PATIENTS AFTER TOTAL KNEE ARTHROPLASTY: RELIABILITY OF L-TEST
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Background: Total knee arthroplasty (TKA) is a very common procedure, particularly implemented for the treatment of knee osteoarthritis (OA). Patient expectations after TKA surgery now include being able to enjoy appropriate recreational activities representing ambulatory activities beyond that of just pain relief and adequate knee motion (1). Since recreational activity comprises of more complex functions and requires longer standing durations, walking for 6-meter in a straight line in the timed up and go test (TUG) does not fully reflect the functional capacity of patients with TKA, and TUG test may be limited to detect the balance and mobility capacity in TKA patients (2, 3). As such, there is a need to determine more effective and functional evaluation tools that better reflect realistic situations in order to assess ambulatory performance level for patients with TKA. However, no studies have been conducted in patients with TKA to examine the applicability of the L-test, which assesses ambulation of individuals and consists of complex mobilization activity.

Objectives: To determine the level of rituximab and canakinumab in breast milk, in sera of breastfed infants as well as in sera of the mother and to calculate the average daily infant dose and the relative infant dose.

Methods: Serum and milk samples of Rituximab were measured by ELISA using commercially available coating and detection antibodies. For Canakinumab an ELISA was established by coating of plates with recombinant human IL-1beta and detection of Canakinumab in samples by a polyclonal anti-human IgG coupled to HRP. In both cases separate standard curves for serum and milk were established. Serum samples and milk samples of unexposed healthy controls were used to determine the lower limit of quantification.

Results: One patient with MWS received canakinumab 150 mg s.c. to treat a worsening of her disease ten days postpartum. She continued to breastfeed her child. The average concentration of canakinumab in milk samples collected on 10 consecutive days was 15.8 ng/ml. The average daily infant dose was 0.002 mg/kg/day. The relative infant dose, which refers infant to maternal exposure on a dose/weight basis, was 0.11%. There was no detectable canakinumab in the serum of the infant.

Conclusions: Only minimal concentrations of canakinumab and rituximab can be detected in breast milk. For both bDMARDs, the relative infant dose was below 1% of the maternal dose, which is considered unlikely to be of clinical concern. The lack of detectable levels of canakinumab and rituximab in the infants’ sera supports the notion of low oral bioavailability of large monoclonal antibodies. Together, the results are similar to those seen in TNF inhibitors which are regarded to be compatible with breastfeeding, yet more data are needed (1, 2, 3).

References:

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HPR Epidemiology and public health (including prevention)

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PREGNANCY RISK IN CHILDBEARING AGE WOMEN WITH RHEUMATIC DISEASES
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Background: Rheumatic diseases (RD) are more frequent in women, affecting them during childbearing age. Medications used to treat can interfere with fertility or increase the risk of miscarriages and congenital abnormalities; Disease control and therapy should be discussed with patients before and during pregnancy, in order to minimize adverse outcome (1). Barriers to adequate communication...