FRI0117

INCIDENCE RATE OF HERPES ZOSTER IN RHEUMATOID ARTHRITIS PATIENTS UNDER TOFACITINIB: REAL-LIFE DATA FROM TURKEY – HURBIO REGISTRY

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Background: Tofacitinib (TOF) is an orally administered Janus Kinase (JAK) inhibitor and is commonly used in rheumatoid arthritis. There is a heterogeneity among numbers reported from different continents about herpes zoster (HZ) incidence rate (1-3). However, data about HZ risk in our country, which stands like a bridge between Asia and Europe, is lacking.

Objectives: To assess the real-life incidence of herpes zoster in RA patients under tofacitinib.

Methods: We analyzed all patients who had at least 1 control visit under tofacitinib and registered to HURBIO database. We calculated incidence rate by dividing the number of patients with herpes zoster to total follow-up years, then multiplied by 100 (per 100 patient-years).

Results: A total of 204 (174 (85.4%) female) patients were recruited. Mean age was 53.2±12.5 years. Mean disease duration was 11.5±8.1 years. Rheumatoid factor and anti-CCP antibodies were positive in 135/198 (68.1 %) and 115/171 (67.2 %) patients, respectively. Median follow-up while receiving TOF was 11.6 (IQR:5.2-26.2) months. Combination with DMARDs was used in 83.3% of patients. 55.5% of patients was biologic-naïve. Eleven (5.3%, incidence rate: 3.9 (2.3-8.5; % 95 CI) per 100 patient-years) patients had zona zoster. Ten of these patients was female, median age was 59 (IQR: 52-69) and 4 of them was older than 65 years-old. Rheumatoid factor was positive in 9 patients. Only 1 of these patients had diabetes. Median follow-up of these patients under TOF was 8.1 (IQR: 6-25) months. Ten of these patients had concomitant DMARDs (9 hydroxychloroquine, 4 methotrexate, 2 leflunomide; according to last follow-up visit) and 9 of them received concomitant steroids (med(IQR): 4 (1-8) mg- at equivalent methyl-prednisolon dose). Eight of them was biologic-naïve. Tofacitinib was discontinued in 4 of these patients.

Conclusion: In this real-life data from Turkey, we found a HZ incidence rate similar to that reported from USA and global data; however, we found a lower incidence rate that reported from Japan (Figure 1).

Figure 1. Reported herpes zoster incidence rates across different countries (numbers in paranthesis indicate reference number)

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FRI0118

RISK OF LIVER FIBROSIS ON TRANSIENT ELASTOGRAPHY IN PATIENTS WITH RHEUMATIC DISEASE UNDER LONG-TERM METHOTREXATE TREATMENT

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Background: Methotrexate (MTX) is a cornerstone drug for the treatment of rheumatic disease and low doses of MTX are both tolerable and safe, with monitored toxicity, assessed via the liver function test. However, there is still controversy regarding the risk of liver fibrosis with long-term use of MTX. Transient elastography is commonly used to assess and monitor fibrosis progression in patients with chronic liver disease.

Objectives: The present study aims to investigate liver fibrosis using transient elastography and related factors in patients with rheumatic disease receiving long-term MTX.

Methods: The present retrospective, longitudinal, cross-sectional study included patients with an autoimmune disease who are taking cumulative MTX dosed over 7 g, and who had liver fibrosis upon examination using transient elastography. Liver fibrosis was defined as liver stiffness, valued over 7.2 kPa. Logistic regression analysis was performed to identify factors associated with liver fibrosis, and receiver operating characteristics analysis was used to determine the predictive value of each factor.

Results: We included 83 patients with autoimmune disease, with a median MTX cumulative dose of 11.6 (range 7.3-16.0) g. Sixty-eight patients (81.9%) had rheumatoid arthritis (RA), and 13 patients (15.7%) had Takayasu arteritis. The median MTX exposure duration was 18 (range 9-31) years. The median liver stiffness value was 4 (range 1.8-10.2) kPa. Five patients (6%) showed liver fibrosis (3 patients; RA, 2 patients; Takayasu arteritis). In the linear regression analysis, cumulative MTX dose showed a tendency towards a positive correlation with increasing liver stiffness value ($r^2 = 0.039$, $p = 0.074$). In the logistic regression analysis, cumulative MTX dose was associated with a higher risk of liver fibrosis (OR: 1.734, 95% CI: 1.060–2.837, $p = 0.029$). In addition, cumulative MTX dose had an area under the curve (AUC) of 0.813 (95% CI 0.695–0.930) and a sensitivity of 80% and specificity of 71.8% at a cut-off value of 12.7 g.

Conclusion: Liver fibrosis was observed in 6% of patients with long-term MTX use and higher cumulative MTX doses increased the risk of liver fibrosis. Thus, transient elastography should be considered in patients exposed to high cumulative doses of MTX.

Disclosure of Interests: None declared

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FRI0119

TITLE USE OF JAK INHIBITORS IN THE TREATMENT OF RA PATIENTS IN THE ROMANIAN REGISTRY OF RHEUMATIC DISEASES

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Background: JAK inhibitors are the newest therapeutic class available in Romania for the treatment of rheumatoid arthritis (RA). Both available JAK inhibitors (baricitinib and tofacitinib) are fully reimbursed.

Objectives: Efficacy and safety data for JAK inhibitors, derived from the Romanian Registry of Rheumatic Diseases (RRBR).