RESPONSE TO TOCILIZUMAB IN LARGE VESSEL VASCULITIS ACCORDING TO THE EXTENT OF BASELINE 18F-FDG VASCULAR UPTAKE

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Background: 18F-FDG PET/CT is useful to establish the presence and extent of large vessel vasculitis (LVV)[1-2]. Early therapy is needed to prevent severe complications. Tocilizumab (TCZ) has shown efficacy in LVV[3-5]. However, it is unknown if the extent of FDG vascular uptake may influence on clinical response to TCZ

Objectives: To assess the correlation of the extent of baseline FDG vascular uptake in PET/CT scan with clinical response to TCZ in patients with LVV.

Methods: Single center study of patients with LVV treated with TCZ who were divided into 2 groups depending on the extent of vascular uptake in baseline PET/CT scan: a) 1-2 affected areas b) affected 3 areas. Vascular uptake was qualitatively assessed by two experienced nuclear medicine physicians in five areas (supraaortic trunks, thoracic aorta, abdominal aorta, iliac and femorotibial arteries). We assessed clinical improvement (no improvement/partial/complete), normalization of CRP (≤0.5mg/dL) and/or ESR (≤20 mm/1h) and reduction of prednisone dose (mg/day).

Results: 30 patients (24 w/6 m); mean age 65.3±10.6 yrs. In baseline PET/CT, vascular uptake was observed in 1 or 2 areas (n=13) and ≥3 areas (n=17). There was a trend to higher ESR/CRP and shorter evolution of clinical symptoms before TCZ onset in patients with ≥3 affected areas (TABLE 1). Clinical/serological evolution and reduction of prednisone dose is shown in TABLE 2. No statistical differences were found. However, patients with ≥3 affected areas tended to experience a slower clinical response.

Conclusion: TCZ therapy was effective in patients with LVV regardless the extent of FDG vascular uptake in baseline PET/CT scan. However, a trend to slower clinical response was observed in patients with ≥3 affected areas.

References:

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