AB0361

EFFECTIVENESS AND SAFETY OF INFLIXIMAB DOSE ESCALATION IN PATIENTS WITH REFRACTORY TAKAYASU ARTERITIS: A REAL-LIFE EXPERIENCE FROM A MONOCENTRIC COHORT

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Background: Most published evidence on infliximab (IFX) in Takayasu arteritis (TAK) refers to its use at the standard dose of 5 mg/kg every 6-8 weeks¹. However, in other diseases such as rheumatoid arthritis or Crohn's disease^{2,3}, it has been already demonstrated that IFX often requires a dose escalation to maintain its response.

Objectives: To evaluate effectiveness and safety of IFX dose escalation in TAK patients. To identify predictors of refractoriness to standard-dose IFX.

Methods: Medical records of IFX-treated TAK patients from a large single-centre observational cohort were reviewed. Decisions on IFX start, interruption, and dose modification were always made by the same experienced physician (EB). IFX therapy duration and reasons for dose escalation and therapy suspension were evaluated. Occurrence of adverse events was recorded. A comparison between patients who maintained IFX standard-dose and those who needed dose-escalation was performed. Factors predicting standard-dose refractoriness were analyzed.

Results: Forty-one patients were included (38 women; median age at IFX start, 36 [IQR, 28-45] years; median disease duration, 22 [13-60] months). Starting IFX dose was 5 mg/kg 6-weekly; 39 patients (95%) were on concomitant csDMARD and 38 patients (93%) on systemic glucocorticoids (GC). IFX dose escalation was performed in the majority of patients (n=28, 68%) (Figure 1). Persistence/recurrence of clinical symptoms was the most frequent reason for dose escalation (62%). Median IFX therapy duration was 39 (26-61) months in the standard-dose and 68 (38-87) months in the intensified-dose group. Patients in the intensified-dose group had a higher number of relapses (3.4 vs 0.8 events/patient), expression of a more aggressive disease phenotype. Nevertheless, in only 8 patients (29%) from this group IFX was suspended, after a median of 38 (31-71) months. Causes of suspension were loss of response (n=7) or patient's request (n=1). GC were successfully suspended in 4 patients from the standard-dose (36%) and 3 patients from intensified-dose (11%) group. Median daily prednisone dose was reduced from 10 (6-10) to 3 (0-5) mg in the standard-dose group, and from 13 (9-18) to 5 (4-5) mg in the intensified-dose group. Three patients from the intensified-dose group had a serious infection; one patient from the standard-dose group developed paradoxical psoriasis. At univariate analysis, younger age at diagnosis and at IFX start were associated with IFX escalation (Table 1).

Figure 1. Infliximab dose escalation regimens (the cross (x) indicates treatment suspension)

Table 1. Factors influencing IFX dose escalation in patients with TAK (Cox proportional hazards model)

	Standard-dose IFX	Intensified-dose IFX	P-value
Age at diagnosis, years	40 (34-46)	30 (23-40)	0.031
Diagnostic delay, months	12 (7-77)	27 (15-50)	0.73
Age at IFX start, years	42 (38-61)	34 (27-44)	0.040
Delay before IFX start, months	33 (14-90)	24 (11-53)	0.48
Daily PDN at IFX start, mg	8.75 (5-10)	11.25 (8.5-16.25)	0.051
CRP at IFX start, mg/L	6.5 (2.1-9.3)	10.7 (5.2-20.9)	0.07
Class V Numano, n (%)	3 (30)	16 (57)	0.133
PETVAS score	8 (6-12)	12 (9-16)	0.056

Conclusion: In TAK, dose escalation can be a safe strategy to optimize IFX durability in refractory patients. Younger patients seem to be more refractory to standard dosages.

REFERENCES:

- Mekinian A, Néel A, Sibilia J, et al. Efficacy and tolerance of infliximab in refractory Takayasu arteritis: French multicentre study. *Rheumatology*. 2012; 51:882-6

- Ollendorf DA, Massarotti E, Birbara C, et al. Frequency, predictors, and economic impact of upward dose adjustment of infliximab in managed care patients with rheumatoid arthritis. *J Manag Care Pharm*. 2005;11(5):383-93
- Taxonera C, Olivares D, Mendoza JL, et al. Need for infliximab dose intensification in Crohn's disease and ulcerative colitis. *World J Gastroenterol*. 2014;20(27):9170-7

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AB0362

DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF BEHCET'S DISEASE PATIENTS

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Background: Behcet's Disease (BD) is a systemic variable vessel vasculitis that involves the skin, mucosa, joints, eyes, arteries, veins, nervous system and the gastrointestinal system.

Objectives: In this study we aimed to present variety of involvements in patients who were followed up in our outpatient clinic with a diagnosis of BD.

Methods: Data of 394 patients diagnosed with BD between 2000-2020 were retrospectively reviewed clinical, demographic characteristics and systemic involvements.

Results: In our study 43.7% of BD patients were female, 56.3% were male and the mean age was 40±11years, disease average age of onset 36.5±10.6, disease duration was 12.8±6.8years. It was observed mucocutaneous involvement 98% of the patients, uveitis in 35%, retinal vasculitis in 2.8%, arthritis in 24.9%, arterial occlusion in 2.3%, arterial aneurysm in 3.8%, venous involvement in 19.8%, gastrointestinal (GIS) involvement in 4.3%, cardiac involvement in 1.5%, and cranial involvement 7.1 (Table 1).

Table 1. The Data of Behçet Disease

n (%)	n= 394
Gender	
Female	172 (43.7)
Male	222 (56.3)
Family History	48 (12.2)
Fever & Weight Loss	21 (5.3)
Mucocutaneous involvement	386 (98)
Oral Aphthous Ulcer	379 (96.2)
Genital Ulcer	256 (65)
Papulopustular lesions	129 (32.7)
Erythema Nodosum-like lesions	150 (38.1)
Skin Pathergy Reaction	185 (47)
Uveitis	138 (35)
Retinal Vasculitis	11 (2.8)
Venous involvement	76 (17.6)
Thrombophlebitis	30 (7.6)
	67 (17)
Deep venous thrombosis	
Arthritis	98 (24.9)
Monoarthritis	74 (75.5)
Oligoarthritis	21 (21.4)
Sacroiliitis	3 (3.0)
Artery Occlusion	9 (2.3)
Arterial Aneurysm	15 (3.8)
GIS involvement	17 (4.3)
Ileum	9 (2.3)
Colon	2 (0.5)
Rectum	1 (0.3)
Ileocolonic	4 (1)
Cardiac involvement	6 (1.5)
Pericarditis	2 (0.5)
Ventricular thrombosis	3 (0.7)
Atrial thrombosis	1 (0.2)
Cranial involvement	24 (5.6)
Parenchymal involvement	13 (4.6)
Cerebral Venous Thrombosis	11 (2.8)
Pulse steroid	15 (3.8)
1mg/kg steroid	48 (12.2)
Infliximab	13 (3.3)
Azathioprine	184 (46.7)
Cyclophosphamide	31 (7.9)