Conclusion: This study demonstrates that circulating B cells of patients with GCA have the capacity to express pro-inflammatory cytokines (IL6 and TNFa) which can influence other cellular players in GCA. Specifically, B cell secreted soluble factors were able to skew macrophages towards a pro-inflammatory phenotype. In addition, this study provides evidence for an active role of B cells in shaping the cytokine milieu at the site of inflammation thereby revealing the B cell as a new target of intervention in GCA.

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TOCILIZUMAB IN CRANIAL AND EXTRACRANIAL REFRACTORY GIANT CELL ARTERITIS: A MULTICENTER STUDY OF 312 CASES

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Background: Giant cell arteritis (GCA) may be divided into cranial, and extracranial GCA. Tocilizumab (TCZ) has shown efficacy and safety in GCA and other large-vessel vasculitis (LVV) (1-5).

Objectives: To compare the efficacy of TCZ in cranial and extracranial GCA.

Methods: Multicenter observational study of 312 patients with GCA treated with TCZ. They were divided into 3 groups a) only cranial (cGCA), b) only extracranial (ecGCA), c) mixed affection (mixGCA). TCZ was diagnosed by a) ACR criteria, and/or b) positive temporal artery biopsy, and/or c) LVV by imaging. Remission and sustained remission was defined according to EULAR definitions (1).

Results: We studied 312 patients (218 females; mean age, 73.4±9.6 years). TABLE shows the main features of the 3 groups. Remission at month 6 was higher in cGCA, as well as the sustained remission at month12 (FIGURE). At 18 and 24months, were similar in the 3 groups. Improvement by imaging techniques was partial/complete at 6, 12, 18 and 24 months, in 50%/51%, 61%/63%, 61%/61% and 61%/61% respectively, in ecGCA, and in 75%/53%/18%, 64%/12% and 50%/28% in mixGCA.

Table 1. Main features of 312 patients at TCZ onset.

Disclosure of Interests: L. Sanchez-Bilbao, J. Loriceræ, V. Aldasonoæ, R. Melerø, S. Castañedaæ, O. Maizæ, C. Morianoæ, I. Villa-Blancoæ, E. Labrador-Sánchezæ, C. Hidalgoæ, S. Manrique Arjaa, E. Galindoø, I. Alzaga.Pathways: ACR criteria, b) positive temporal artery biopsy, and c) LVV by imaging. Remission and sustained remission was defined according to EULAR definitions (1).

Results: At month 6 was higher in cGCA, as well as the sustained remission at month12 (FIGURE). At 18 and 24months, were similar in the 3 groups. Improvement by imaging techniques was partial/complete at 6, 12, 18 and 24 months, in 50%/51%, 61%/63%, 61%/61% and 61%/61% respectively, in ecGCA, and in 75%/53%/18%, 64%/12% and 50%/28% in mixGCA.

Conclusion: TCZ seems to be effective in all phenotypes but it is faster in cGCA in reaching remission. However, improvement by imaging techniques was partial and very rarely complete in ecGCA and mixGCA.

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Figure 1. Remission and sustained remission of cGCA, ecGCA and mixGCA according to EULAR (1). In the first 3 months we only could assess cGCA because in ecGCA and mixGCA a control imaging was not performed.