Introduction.– Rituximab (RTX) is an anti-CD20 antibody used successfully in Granulomatosis with Polyangiitis (GPA) for induction and maintenance of remission. Our study aims to evaluate the long-term efficacy and safety of chronic pre-emptive RTX therapy in GPA.

Methods.– Retrospective study of 35 GPA patients treated with RTX between April 2004 and September 2011 for active disease and maintenance. RTX was initiated as two 1-g infusions 2 weeks apart and thereafter 2 g RTX was re-administered annually. Patients were followed for 47 (2–88) months. They received a median RTX dose of 8 g (2–13) dealt in five (1–10) rounds.

Results.– All patients had a clinical response, but nine relapses were recorded (flare rate of 6.6/100 patient-years). At last visit, 22 patients were still treated with RTX as 13 patients (37%) had discontinued RTX mainly due to hypogammaglobulinemia (62%). Nine patients (26%) had severe infections (infection rate of 6.6/100 patient-years) and ten patients (29%) had chronic infections. Risks factors for severe infections are older age, renal involvement, high cumulative dose of cyclophosphamide, high prednisolone dose at last visit, low CD4/CD8 ratio and a significant drop in total immunoglobulins after the first RTX round and under maintenance. Risks factors for chronic infections are low total immunoglobulins under maintenance, low B cells at baseline and possibly a high RTX cumulative dose.

Conclusion.– Long term pre-emptive RTX maintenance was efficacious in reducing the risk for relapse but was discontinued in a third of the patients. The patients’ net state of immunodeficiency under RTX changes over time as low level of total immunoglobulins increased the risk for infections.

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Use of an empirically derived cyclophosphamide dosing nomogram for treatment of vasculitis

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Introduction.– Cyclophosphamide (CYC) dose in the CYCLOPS trial was reduced for advanced age and poor kidney function, with reductions for creatinine > 300 μM, and age > 60 and 70 years. This regimen results in relative overdosing of patients between 30 and 60 years of age and creatinine 150–300 μM, which was mirrored by an increase in adverse events. Therefore, using adverse event data from the EUVAS trials, we modelled the optimum dose for age and kidney function. The best-fit line was described by a hyperbolic curve (Y = Bmax × X/Kd + X), which was used to develop a nomogram in which dose changed continuously for both age and eGFR. We report use of this nomogram in a series of patients with systemic vasculitis.

Methods.– We analysed 22 consecutive patients treated on two sites using the revised CYC nomogram and compared adverse events over the first year with the pulsed IV cyclophosphamide arm of the CYCLOPS trial (n = 76).

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Use of rituximab in Hispanic patients with severe ANCA associated vasculitis: A 6 years experience in a tertiary centre in Chile

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Introduction.– ANCA associated vasculitis (AAV) affect small/medium sized vessels in multiple organs, with high morbimortality in the short term and the need for potent immunosuppressant therapy. The chimeric anti-CD20 monoclonal antibody Rituximab (RTX) has shown to be an effective and safe therapy for severe AAV in large studies, which include mostly white non-hispanic populations. Less evidence exists about its efficacy and safety in Hispanics from developing countries.

Objective.– To evaluate the safety and efficacy of RTX in a small group of patients with severe AAV in a single center in Santiago, Chile.

Methods.– Retrospective study of consecutive AAV cases (ACR and Chapel Hill criteria), treated with RTX between 2006 and 2012. Baseline demographic and ethnic data, protocol of RTX use and clinical information, including activity (BVASv3 and BVAS/WG scores) and damage (VDI and CDA) every 3 months were obtained. Remission was defined as BVASv3–BVAS/WG scores = 0 for at least 1 month. Adverse events were registered.

Results.– Thirteen cases, 10 male; 47 (19–82) years, eight with Granulomatosis with Polyangiitis and five with Microscopic Polyangiitis. RTX was administered in cycles of 1 to 2 g in two infusions separated by 15 days; four patients received repeated courses. In 8 cases concomitant immunosuppressive was provided (5 MMF; 2 MTX; 3 AZA). Remission post RTX was achieved in ten patients (77%) separated by 15 days; four patients received repeated courses. In 8 cases concomitant immunosuppressive was provided (5 MMF; 2 MTX; 3 AZA). Remission post RTX was achieved in ten patients (77%) within 6 m. Reduction of activity was obtained in all cases, and was significant since the third month: BVAS (0 m = 13, 3 m = 1; P = 0.005); BVAS-WG (0 m = 5, 3 m = 1; P = 0.005). Five patients presented disease relapse, the first at 9 m after RTX use. Severe vasculitis reactivation.

Conclusion.– The observed efficacy and safety profile in this small group of Hispanic AAV patients is concordant with the reported in larger studies.

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Long-term efficacy and safety of pre-emptive maintenance therapy with rituximab in Granulomatosis with Polyangiitis: Results from a single centre

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Introduction.– Further study is needed to determine perinatal safety of RTX, especially as it is replacing CYC as the mainstay of therapy.

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