Introduction.—Interleukin 6 (IL-6) has emerged as a key cytokine in the pathogenesis of TA and its serum levels have been shown to correlate well with disease activity [1]. We aimed to assess outcome of ten TA patients treated with Tocilizumab, s-IL6R blocker in our center.

Methods.—Records of ten patients with TA on monthly Tocilizumab infusions were studied. Details regarding demography, medications, investigations, angiography and outcome were noted.

Results.—In total, ten patients were studied with median age of 24.5 (13–53) years, median disease duration of 25.5 (1.5–60) months and Indian Takayasu Arteritis Score (ITAS) of 4.5 (0–13). Nine of them had received six doses and 1 patient had taken five doses of Tocilizumab. All patients had active disease with ITAS of ≥1 and/or angiographically active 1A in spite of treatment with adequate immunosuppression for 27 (1.5–60) months.

Tocilizumab led to a clinical response with ITAS of 0 and reduction in inflammatory markers in 100% patients by 4th infusion. Six patients (60%) maintained clinical response with radiologically stable disease and normal acute phase reactants at last infusion. Three patients with normal acute phase reactants (APR) at baseline were refractory to Tocilizumab at last infusion, in contrast to 86% (6/7) responders in those with baseline high APR. Tocilizumab facilitated rapid reduction in steroid dose from 24 ± 15 to 5.4 ± 4.9 mg/day (p = 0.003) in this cohort. One patient with good response till the last infusion flared 6 months after discontinuation of Tocilizumab. Only minor adverse events reported were: one patient each with transient skin rash, transient transaminitis, uncomplicated urinary tract infection and upper respiratory tract infection. There was no major adverse event or fatality.

Discussion.—Ours is the largest series of Tocilizumab therapy in TA.

Conclusion.—Tocilizumab may be an effective steroid sparing option for rapid control of refractory disease activity in patients of Takayasu arteritis with elevated levels of acute phase reactants.

Reference


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Tocilizumab in refractory Takayasu arteritis: Case series and literature review

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Introduction.—Takayasu arteritis (TA) is a rare large vessel vasculitis, characterized by a chronic course with disease relapse. The aim of this study is to analyze the efficacy and the tolerance of the anti-interleukin-6 receptor monoclonal antibody, tocilizumab, in patients with TA.

Methods.—We retrospectively studied patients with TA (ACR and/or Ishikawa’s criteria): five French multicenter cases and nine from the literature. Clinical, biological, radiological disease activity and treatment were analyzed before tocilizumab, during the follow-up and at the last available visit.

Results.—Fourteen patients with TA (age 40 years [23–47], 12 women) were included. At initiation of tocilizumab therapy, 12 patients were treated with corticosteroids (prednisone; median dose 23 mg/day [10–34]), methotrexate (n = 9), azathioprine (n = 6) or infliximab (n = 5). Tocilizumab was used at 8 mg/kg every 4 weeks with 6 cures [5–8] and median follow-up of 9 month [7–14]. Overall response as evaluated by the physician was noted in 10/10 cases (100%), 9/11 cases (82%) and 6/9 cases (67%) at 3, 6 month and the last visit, respectively. Clinical and biological activities were significantly decreased within 3 months (P < 0.05), as was the prednisone dose (from 23 mg/day [11–34] at baseline to 10 mg/day [6–11] at 6 months; P = 0.06). PET FDG uptake was present in 9/9 cases at baseline with SUVmax 3.8 [2–5], and persisted in only 2/9 patients at 6 months under tocilizumab. No patient was still steroid-dependent at 12 months (vs. seven cases before tocilizumab) (P < 0.05). At the last visit, tocilizumab was continued in seven patients (50%), and was discontinued in the other seven patients because of the remission (n = 5), relapse (n = 1) and the absence of tocilizumab financing (n = 1). No death related to tocilizumab treatment was noted (Supplementary data: figure S1).