Enfermedades Autoinmunes Sistémicas. Tratamiento

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EULAR Projects in Pediatric Rheumatology
SHARE recommendations on systemic vasculitis.
SHARE recommendations on juvenile scleroderma.
SHARE recommendations on juvenile DM/PM.
EULAR Projects in Pediatric Rheumatology

- Whenever you suspect a autoimmune systemic diseases in a child, refer him/her to an expert.
- Same treatment that in adult.
- Different doses.
Abstract Session: Clinical and therapeutical news in systemic sclerosis
TREATMENT WITH CYCLOPHOSPHAMIDE FOR SYSTEMIC SCLEROSIS-RELATED INTERSTITIAL LUNG DISEASE DOES NOT IMPROVE SURVIVAL AFTER 12 YEARS OF FOLLOW UP (OP0124)

- 158 pts randomised to oral Cyclo or placebo for ILD. Duration: 12 months
- 12 years after: Survival, organ damage and malignancy.

- Death: 43%
- Survival without organ damage: 24%  
  No significant difference in any end point
- Survival with organ damage: 11%
- Malignancy: 13%

- Mortality predictor model: younger age, less skin involvement, high FVC/DLO baseline and improvement of FVC in 2 years, were predictor of survival
A PHASE 2 STUDY OF SAFETY AND EFFICACY OF ANABASUM (JBT-101) IN SYSTEMIC SCLEROSIS

- Synthetic oral selective cannabinoid receptor II type.
- Binds to receptors expressed on activated immune cells and fibroblasts.
- Triggers the production of “specialized pro-resolving lipid mediators”
- It works to inhibit inflammation and stop fibrosis without causing immunosuppression.
A PHASE 2 STUDY OF SAFETY AND EFFICACY OF ANABASUM (JBT-101) IN SYSTEMIC SCLEROSIS

- Less skin involvement and significant improvements in skin symptoms than those given placebo.
- Reduced expression of genes associated with inflammation and fibrosis in skin biopsies.
- 12 months extension phase III study.
- Anabasum 20mg twice a day.
Evaluate the effect of MMF and Cyclo in SSc with ILD in a cohort of patients.

- 262 pts, since 2000, followed up annually.
- 8% Cyclo.
- 5.3% MMF.
- 6.5% combination therapy MMF plus Cyclo.
- 55.7% no treatment for ILD.

**Conclusions:**
- Comparable to clinical trial.
- Cyclo seems to halt fibrosis progresión but more side effect.
- MMF improves DLCO and reduce the development of PH.
Abstract Session:
Vasculitis Clinical and Pathogenic Highlights
MEPOLIZUMAB FOR THE TREATMENT OF PATIENTS WITH EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS: A PHASE III RANDOMISED, PLACEBO-CONTROLLED TRIAL (0P0130)

- Monoclonal antibody.
- Binds to IL-5 and prevents it from binding to its receptor, on the surface of eosinophil.
- Approved for asthma.
- The exact mechanism is unknown.
MEPOLIZUMAB FOR THE TREATMENT OF PATIENTS WITH EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS: A PHASE III RANDOMISED, PLACEBO-CONTROLLED TRIAL

- 136 pts: 68 Mepolizumab, 68 placebo.
- Followed up: 52 weeks.
- Mepolizumab:
  - Significantly prologed remission (OR:5.9, p<0.001)
  - Significance reduction on steroids dose (0.20, p<0.001)
  - Rates of adverse events: No different between groups
OPTIMAL DOSE OF TOCILIZUMAB FOR THE TREATMENT OF GIANT CELL ARTERITIS: EFFICACY, SAFETY, AND EXPOSURE-EFFICACY ANALYSIS FROM GIACT

- 251 patients RCT
- 1. TCZ weekly. 2. TCZ every other week 3. short term steroids (26 weeks) 4. long term steroids (52 weeks)
- 56% weekly TCZ and 53.1% every other week TCZ achieved sustained remission at 12 months compared to only 14% in the short-course prednisone group (p < 0.0001) and (17.6%) in the long-course prednisone group (p ≤ 0.0002).
OPTIMAL DOSE OF TOCILIZUMAB FOR THE TREATMENT OF GIANT CELL ARTERITIS: EFFICACY, SAFETY, AND EXPOSURE-EFFICACY ANALYSIS FROM GIACT

- The median cumulative steroid exposure in both TCZ groups was less than half that of those in the long-course prednisone group.
- The incidence of adverse events was similar among the 4 treatment arms.
- No deaths and no new vision loss occurred over the period of observation.
OPTIMAL DOSE OF TOCILIZUMAB FOR THE TREATMENT OF GIANT CELL ARTERITIS: CONCLUSIONS

- TCZ weekly plus a 26-week prednisone taper was superior to both short- and long-course prednisone tapers for the achievement of sustained remission at 52 weeks.

- The addition of TCZ to prednisone also led to a substantial reduction in the cumulative prednisone doses required to control GCA.
TOCILIZUMAB IN GIANT CELL ARTERITIS: GIACTA TRIAL vs A SERIES OF PATIENTS FROM CLINICAL PRACTISE

- 119/132 recurrences with conventional treatment

**Results:**
- TCZ was started later than in clinical trial
- Larger number of patients with PR and optic neuritis
- The mean value of ESR
- Higher proportion of pts who received MTX for longer
- Patients characteristics are different

Vegas Revenga Nuria (Spain)
OUTCOME ARE DIFFERENT

**TCZ IN GCA**

**RESULTS**

**Sustained remission**
- Clinical Practice: 27.3%
- GIACTA: 54.6%

**Severe infection**
- Clinical Practice: 13.6%
- GIACTA: 6%
HOT SESSION: Vasculitis treatment
ANCA-associated Vasculitis Treatment

- Classical treatments
- Tocilizumab trial
- Mepolizumab trial
- EULAR recommendation
ANCA-Vasculitis treatment

- Avacopan (CCX168), an orally administered, selective C5a receptor inhibitor, could replace oral glucocorticoids without compromising efficacy.

- Randomized, placebo-controlled trial, adults with newly diagnosed or relapsing vasculitis received placebo plus prednisone starting at 60 mg daily (control group), avacopan (30 mg, twice daily) plus reduced-dose prednisone (20 mg daily), or avacopan (30 mg, twice daily) without prednisone. All patients received cyclophosphamide or rituximab.

- The primary efficacy measure was the proportion of patients achieving a $\geq 50\%$ reduction in Birmingham Vasculitis Activity Score by week 12 and no worsening in any body system.
Vasculitis treatment

- 67 patients
- **Control:**
  - Pred 60mg plus placebo (23)
  - Avacopan 30mg twice/daily plus Prednisolone 30mg (22)
  - Avacopan 30mg twice/daily
- **Results:**
  - Clinical response at week 12 was achieved
  - 70.0% control
  - 86.4% in the avacopan plus reduced-dose prednisone group (P=0.002 for noninferiority),
  - 81.0% in the avacopan without prednisone (P=0.01 for noninferiority).
  - No difference in adverse events occurred.
- **Conclusion:**
  - C5a receptor inhibition with avacopan was effective in replacing high-dose glucocorticoids in treating vasculitis