DI-055 EVALUATION OF TOCILIZUMAB RESPONSE IN RHEUMATOID ARTHRITIS. COMPARISION OF THE RESULTS WITH THE CLINICAL TRIAL

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Background Tocilizumab (TCZ) is a humanised monoclonal antibody inhibitor of interleukin 6 receptor, indicated in combination with methotrexate in the treatment of rheumatoid arthritis (RA) in patients with inadequate response or intolerance to prior therapy.

Purpose The goal of this study was to compare the efficacy of TCZ obtained in our study with that obtained in a clinical trial.

Material and methods Descriptive observational study of all patients diagnosed with RA and treated with TCZ from March 2009 until January 2015. Demographic data were collected by reviewing the medical records of patients: age, sex, race, weight, height, rheumatoid factor (RF) and erosions, and prior and concomitant therapy.

DAS28 is a measure of disease activity in RA, referring to the 28 joints that are examined in this assessment. DAS28 at baseline and 24 weeks for each patient were calculated, and the following were assessed based on the EULAR criteria: remission, DAS28 <2.6, good response, DAS28 <3.2 and change in DAS28 >1.2, moderate response, DAS28 > 3.2 and change in DAS28 between 0.6–1.2.

Results 176 patients with the following characteristics were included: 79% female, mean age 53,25 years (±12.42), weight 72.85 kg (±13,75) and average height 157 cm (±7.27). 66 patients were RF positive and 125 had erosions. 94.9% of patients were taking DMARD previously (89.2% of patients were treated with methotrexate, 59.1% with leflunomide, 23.3% with sulfasalazine), with an average number of previous DMARD of 1.88. 29% had no prior biological treatment. Concomitant therapy: 56.8% of patients were treated with DMARD; 52.3% of patients were treated with methotrexate; 6.3% with leflunomide; 5.1% with sulfasalazine; and the rest had no concomitant DMARD. Mean DAS28 at baseline was 5.71 (±1.13) and DAS28 at 24 weeks was 2.90 (±1.24). The mean difference between DAS28 at baseline and at 24 weeks was 2.6906. According to the EULAR criteria, a good response was achieved in 49.4% patients, moderate response in 5.7% and remission in 36,9%.

In the clinical trial, the results were: 38% good response, 41% moderate response and 27% remission.

Conclusion In our study, TCZ has shown a comparable response with that in the clinical trial; efficacy was higher, as were rates for good response and remission.

No conflict of interest.

DI-056 LINEZOLID INDUCED THROMBOCYTOPENIA IN A PATIENT WITH RENAL INSUFFICIENCY: A CASE REPORT AND A RETROSPECTIVE CASE STUDY

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Background Linezolid is a new antimicrobial agent with a broad spectrum of activity against all clinically important gram positive bacteria, including methicillin resistant *Staphylococcus aureus* (MRSA) and vancomycin resistant enterococci (VRE). The incidence of linezolid induced thrombocytopenia was reported to be 2.4% in phase III trials. Clearance of linezolid is not altered in patents with renal insufficiency and no dose adjustment is necessary. Therefore, linezolid is a suitable and reasonable drug of choice for patients with renal insufficiency who have MRSA or VRE infection. Moreover, renal insufficiency is also known to cause thrombocytopenia.

Purpose This study investigated if the incidence of linezolid induced thrombocytopenia in a patient with renal insufficiency was higher than that of others with normal renal function.

Material and methods The case report was in relation to severe thrombocytopenia (platelet count $<100 \times 10^9$ platelets/L) in a patient with haemodialysis who was treated with linezolid for VRE infection. Then, a retrospective study was performed in patients treated with linezolid and to evaluate the incidence of linezolid induced thrombocytopenia.

Results 16 patients (10 females), with mean age of 64.8 years, were studied between August 2014 and August 2015. The samples size was small because of the limitations of using linezolid imposed by the national healthy insurance of Taiwan. 6 patients had decreased platelet count of >25% from baseline during treatment with linezolid and 4 (67%) had renal insufficiency (creatinine clearance <50 mL/min). Two patients with renal insufficiency had severe thrombocytopenia.

Conclusion The results showed that the incidence of linezolid induced thrombocytopenia was higher in patients with renal insufficiency. Clinicians should consider the potential risks of linezolid treatment and monitor closely platelet count in during linezolid treatment. Further studies should be encouraged to determine if dose adjustment of linezolid in renal insufficiency is necessary to reduce the incidence of linezolid related thrombocytopenia.

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