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POSTER PRESENTATION

How Long Will Tocilizumab Treatment Continue?

Güllü Sandal Uzun[1,2]
ORCID: 0000-0002-5010-9114

Ömer Karadağ[1,2]
ORCID: 0000-0002-3443-3117

[1]Hacettepe University Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Ankara, Turkey.
[2]Hacettepe University Vasculitis Research Centre, Ankara, Turkey.

Giant cell arteritis is the most common large vessel vasculitis. The disease occurs as three major clinical phenotypes, cranial GCA, supra-aortic large-vessel GCA, and PMR overlapping with GCA [1]. Classic symptoms include headaches, vision loss, and scalp tenderness. First-line treatment is with high-dose steroids, but methotrexate may be of some help in decreasing steroid use. Tocilizumab (TCZ) has been shown to significantly reduce relapse rate and lower steroid cumulative dose [2].

CASE PRESENTATION

A 79- year old female patient applied to the rheumatology department with complaints of headache, visual loss, and constitutional symptoms. Her laboratory parameters; C-reactive protein: 10.3 mg/dl(0-0.8 range), erythrocyte sedimentation rate: 120 mm/hour (0-25) hemoglobin:8.8 g/dL(11.7-15.5), leukocyte: 4600/ mm^3 (4100-11200), liver and kidney function test were normal. Temporal artery Doppler ultrasonography showed findings consistent with giant cell arteritis in both temporal arteries. Mural cell reaction, lymphomononuclear cell infiltration, dystrophic calcification, and elastic tissue destruction were present in temporal artery biopsy. Imaging studies were normal. The patient was treated with deltacortil 1*15 mg/day and methotrexate 15 mg/week. She was in remission until March 2018. The patient had a headache, scalp tenderness, and acute phase elevation; the relapse did not improve despite the pulse steroids. In April 2018, tocilizumab 8 mg /kg was started, and remission was achieved. The patient is currently on tocilizumab therapy.

DISCUSSION

Tocilizumab is an effective and safe steroid-sparing therapy in relapsing giant cell arteritis. In randomized controlled trials, the certainty of the evidence for sustained remission at 12 months or greater for comparing tocilizumab versus placebo. At the same time, relapse-free survival was higher in favor of participants who received tocilizumab versus placebo: 85% versus 10% at 12 months of follow-up [2]. Although there were a few studies about TCZ treatment, there was no common consensus about treatment duration. Recent research shows that TCZ not only affects acute phase response but also profoundly affects pathogenic cellular events. Younger age and widespread involvement of inflamed vessel wall associated with relapse [3]. Although there is no laboratory and imaging method to predict recurrence, before stopping TCZ, relapse status of the disease with MRA may be helpful.

KEY MESSAGE

Tocilizumab is an effective therapy, but there is not enough information about the duration of treatment.

REFERENCES

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