



POSTER PRESENTATION

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# PReS-FINAL-2134: Assessment of radiographic progression in patients (pts) with systemic juvenile idiopathic arthritis (sjia) treated with tocilizumab (TCZ): 2-year results from the tender trial

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## Introduction

A phase 3 trial (TENDER) demonstrated the efficacy of the interleukin-6 receptor inhibitor TCZ in pts with sjia [1,2].

## Objectives

To investigate progression of radiographic joint damage in pts with sjia treated with TCZ for up to 2 years in TENDER.

## Methods

112 pts 2-17 yrs old with active, refractory sjia of  $\geq 6$  months' duration and inadequate response to previous non-steroidal anti-inflammatory drugs and oral corticosteroids were enrolled in TENDER. Pts were randomised 2:1 to receive TCZ according to body weight (12 mg/kg  $< 30$  kg or 8 mg/kg  $\geq 30$  kg) or placebo IV every 2 wks for 12 wks. Pts then received open-label TCZ in the ongoing long-term extension. Radiographic progression was calculated as change in adapted Sharp/van der Heijde score (ash) score and/or Poznanski score, assessed on hand and wrist radiographs, from baseline to wks 52 and 104. Radiographic progression was indicated by a positive ash score change or negative Poznanski score change. Clinical efficacy endpoints included American College of Rheumatology (ACR) Paediatric (Pedi) 70/90 responses.

## Results

Baseline and  $\geq 1$  postbaseline ash and Poznanski scores were available for 47 and 33 pts, respectively (reasons for missing x-rays: early withdrawal, no consent, unreadable x-rays). Baseline characteristics for pts with radiographic data were similar to the whole TCZ population [1]. Pts with assessable ash/Poznanski scores had 5.2/4.8-yr disease duration, 21.3/19.2 active joints, 20.0/18.2 joints with limitation of movement and erythrocyte sedimentation rates of 53.9/59.2 mm/h. At wks 52 and 104, 20 and 19 pts, respectively, had ash progression, and 8 and 6 pts, respectively, had Poznanski score progression. Median change in ash score from baseline to wks 52 and 104 were 0 and 0.5, respectively (Table). Median change in Poznanski score from baseline to wks 52 and 104 were 0.3 and 0.17, respectively (Table 1).

## Conclusion

Though changes in radiographic scores over time were seen in many pts, on average, pts with sjia did not experience

**Table 1**

|  | Wk 52              | Wk 104              |
|--|--------------------|---------------------|
| Ash score (n = 47), median (IQR)       | 0.00 (-8.70: 4.00) | 0.50 (-7.50: 12.00) |
| Poznanski score (n = 33), median (IQR) | 0.30 (-0.02: 1.03) | 0.17 (0.01: 1.04)   |
| ACR Pedi 70 (n = 112), n/N (%)         | 92/106 (86.8)      | 57/65 (87.7)        |
| ACR Pedi 90 (n = 112), n/N (%)         | 67/106 (63.2)      | 46/65 (70.8)        |

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noticeable progression of radiographic damage over 2 yrs of treatment with TCZ.

### Disclosure of interest

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