



THE EXPERIENCE OF TOCILIZUMAB IN PATIENTS WITH A DIAGNOSIS OF RHEUMATOID ARTHRITIS AT THE RHEUMATOLOGY'S DEPARTMENT OF HOSPITAL SANTA CASA DE MISERICORDIA DO RIO DE JANEIRO (HSCMRJ).

Raíssa Guimarães Canellas Oliveira (UNESA, Rio de Janeiro, RJ, Brasil), Breno Valdetaro Bianchi (UNESA, Rio de Janeiro, RJ, Brasil), Lucas Borges Figueiredo Chicre Costa (UNESA, Rio de Janeiro, RJ, Brasil), Taiane Palácio Bomfim (UNESA, Rio de Janeiro, RJ, Brasil), Dante Valdetaro Bianchi (UNESA, Rio de Janeiro, RJ, Brasil), Washington Alves Bianchi (UNESA, Rio de Janeiro, RJ, Brasil), Morgana Ohira Gazzeta (UNESA, Rio de Janeiro, RJ, Brasil), Camila Mamede Ferraço (Unesa, Rio de Janeiro, RJ, Brasil)

BACKGROUND

Tocilizumab(TCZ) is a biological disease-modifying antirheumatic drug (DMARD), approved in 2009 for the treatment of patients with Rheumatoid Arthritis (RA). TCZ is a humanized monoclonal antibody against the interleukin-6 (IL-6) receptor, which plays an important role in triggering and maintaining chronic inflammation of RA. TCZ is used in monotherapy or in combination with methotrexate (MTX) in patients who have previously failed with synthetic or biological DMARD.

MATERIALS AND METHODS

In a retrospective analysis between 2012 and 2019, at the department of Rheumatology from HSCMRJ, 25 patients diagnosed with RA and using TCZ were evaluated and monitored. All patients full fill 2012 ACR classifications criteria for RA.

RESULTS

Table 1 shows the results from the experience of TCZ in HSCMRJ, comparing to other countries such as Germany and England.

CONCLUSION

The experience of TCZ in HSCMRJ presented a superior retention rate than in the German's and inferior than the British's, with statistical significance $p < 0.01$, despite its reduced sample. The main causes reported for the discontinuation of TCZ in HSCMRJ were neutropenia, skin infection and failures, while in Germany they were hospitalized for surgeries (orthopedic), some types of infection and neoplasias, in addition to medication failures. According to literature, the most common adverse effect of TCZ is bacterial infection, such as Pneumonia and Pyelonephritis, with neutropenia and diverticulitis being less commonly reported, however in HSCMRJ only one cause for discontinuation was bacterial infection and the other one was leukopenia. In contrast to the studies in Germany and England there wasn't a patient in use of TCZ as first biological at HSCMRJ, any way the efficacy of its use in monotherapy and also in MTX combination could be observed as in the former places. Concluding, this study indicated that TCZ is effective in refractory patients with RA, with little side effects and good retention rate as in other cohorts.