PReS 2024 Abstract Submission

Autoinflammatory diseases

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HOW DO WE DIAGNOSE, TREAT AND MONITOR PATIENTS WITH AUTOINFLAMMATORY DISEASES MEDIATED BY INTERLEUKIN-1 IN CENTRAL AND EASTERN EUROPE?

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Introduction: Autoinflammatory diseases mediated by Interleukin-1 (IL-1 AID) constitute the largest category within this group. Notably, significant disparities exist between the recommendations for diagnosis, treatment, and patient follow-up and the actual clinical practices.

Objectives: Our aim was to examine the day-to-day clinical practices regarding the diagnosis, treatment, and follow-up of IL-1 AID patients in Central and Eastern Europe and compare them with the 2021 recommendations of the European Alliance of Associations for Rheumatology (EULAR)/American College of Rheumatology (ACR).

Methods: In 2023, a collaborative meeting convened representatives from 10 Central and Eastern European countries to deliberate on the current clinical practices related to IL-1 AID: Croatia, Czech Republic, Hungary, Latvia, Lithuania, Poland, Romania, Serbia, Slovakia, and Slovenia.

Results: Except for Latvia and Lithuania, specialized centers for diagnosing and treating IL-1 AID with multidisciplinary teams exist in all surveyed countries. Various countries offer massive parallel sequencing panels for autoinflammatory diseases, with turnaround times for results typically ranging from 3 to 6 months. In Slovenia, Hungary, Romania, and Latvia, the waiting period is relatively brief, typically ranging from 1 to 3 months for results from the massive parallel sequencing panel. Public health insurance covers the costs of genetic analyses in most countries. However, Romania stands out as an exception, where patients and foundations largely bear the costs of genetic analysis. Access to disease-specific laboratory assessments, such as S100 proteins, is limited. None of the countries surveyed offer the ability to determine mevalonate kinase enzyme activity or measure IL-1 in serum. Both anakinra and canakinumab are accessible

in all countries except Latvia, where canakinumab is unavailable. Notably, the Czech Republic, Croatia, and Slovenia utilize fewer patient-reported outcomes and disease assessment tools in their routine practices compared to other countries. Structured transition programs for IL-1 AID patients are lacking in most countries, although Czech Republic, Slovenia, and Hungary offer pediatricians the option to continue monitoring patients as they transition into adulthood. The starting age of the transition process varies, but in most countries, it generally commences later, usually around 18 years of age or later.

Conclusion: Central and Eastern European countries demonstrate potential for adhering to the 2021 EULAR/ACR recommendations for IL-1 AID. However, determining the prevalence and incidence of these diseases in this region remains a persistent challenge for future research.

Patient Consent: Not applicable (there are no patient data)

Disclosure of Interest: None Declared