

Table 6. GCSD (duration in years), in patients with high flare frequency on high dose GC				
GCA type	DMARD-1	DMARD-2	DMARD-3	Medication at the last visit
LV-GCA	CYC (0.5)	LEF (0.61) →	Tocilizumab →	GC 5mg/d, LEF 20mg/d
LV-GCA	CYC (0.5)	MTX po (0.06) →		GC 20mg/d, MTX 20mg/w
LV-GCA	MTX sc (0.7)	MMF (0.3)	LEF (is planned)	GC 7.5mg/d
LV-GCA	LEF (1.5)→			GC 3.75mg/d, LEF 15mg/d
LV-GCA	MTX po →	MTX po (4.3) + SSZ (1.5)	LEF (0.01) →	GC 40mg/d, LEF 20mg/d
LV-GCA	LEF (1.8)→	MTX addition was planned but patient declined		GC 3.75 escalated to 10mg/d due to flare, LEF 20mg/d ♦
LV-GCA	MMF (0.5)	MTX sc (0.89)→	LEF (switch planned)	GC 3.75 escalated to 15mg/d, MTX 30mg/w switch planned
LV-GCA	MTX sc (0.5)	AZT (0.5) till death	Tocilizumab (was planned)	GC 15mg/d, AZT 175mg/d ♪
LV-GCA	MMF (0.4)	LEF (1.9)→		GC 5mg/d, LEF 20mg/d
LV-GCA	LEF (1.0) ∞	MTX po (0.08)→		GC12.5mg/d, MTX 20mg/w
LV-GCA	MTX po (0.4) till death	Tocilizumab (was planned)		GC 35mg/d, MTX 25mg/w
LV-GCA	LEF (1.6) *	MTX sc 0.9 →		GC 6.25mg/d, MTX 20mg/w
LV-GCA	MTX po (0.6)→ (switch to LEF was planned but patient declined)	Tocilizumab (was planned but patient declined)		GC 10mg/d, MTX 30mg/w reduced to 20 then 15mg/w due to side effects
GCA	LEF (0.8)→			GC 0 mg/d since 2015-12-24, LEF 20mg/d
GCA-PMR	MTX sc (2.0)	LEF (1.6)→		GC 0 mg/d since 2015-08-12, LEF 20mg/d
GCA-PMR	LEF (1.91) →			GC 3.75mg/d, LEF 20mg/d
SC-PMR	MTX sc (0.3)	*LEF (0.04) →	Tocilizumab →	GC 7.5 reduced to 6.25mg/d, Tocilizumab sc 162mg/w

(→), ongoing treatment; ♦, Case “Wax and Waning of pressure asymmetries”; ♪, azathioprine (AZT) due to side effects on MTX 15mg/w sc and as a mandatory step before biologic treatment. Despite maximum dose the disease progressed and no reduction in inflammatory markers or GC-dose was achieved; ∞, non-serious adverse event; *, serious adverse event (neuropathy and vertigo).