



Figure 1. ORs and 95% CIs of individual studies and pooled data; comparison of endovascular intervention and surgical revascularization for restenosis.

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FRI0312 THE FREQUENCY AND SEVERITY OF PATIENT-REPORTED SYMPTOMS IN GIANT CELL ARTERITIS

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Background: A better understanding of the patients' perspectives is pivotal in the development of patient-reported outcomes (PROs) in vasculitis.

Objectives: To assessed patients' perspective of disease amongst cases with Giant Cell Arteritis (GCA) compared to comparator illnesses mimicking large vessel vasculitis (LVV) included in the Diagnostic and Classification Criteria in Vasculitis Study (DCVAS) database.

Methods: Patient Description of Illness (PDI) forms were circulated amongst Centres participating in the DCVAS study. The PDI form records up to 10 free-text severity ranked symptoms in descending order of severity, a body-map to localise the sites of pain and a free-text short summary of illness description. Free text was reorganized through content and thematic analysis.

Results: PDI forms from 89 patients with GCA and 28 comparators (COM) were analysed. There was no difference in age and sex distribution between groups (mean age 70±8 for GCA and 69±12 for COM). The symptoms description and frequency of the first most severe aspect of disease, including the patient's own words, is presented in Table 1. The symptom regarded as the most severe by

Abstract FRI0312 – Table 1. Top 10 most recurrent patient-reported symptoms and correspondent severity rank in giant cell arteritis (GCA) and Comparators (COM)

Item	Frequency in GCA	Severity in GCA	Frequency in COM	Severity in COM	Examples of patient's own words
Headache	1	1, 2, 8	1	1, 2, 5	Headaches; Sore head; Thumping headache
Jaw claudication	2	3, 6	0	0	Jaw ache; Pain in jaw and teeth
Shoulder/neck pain	3	3, 4, 5,	0	0	Shoulder upper arm pain
Fatigue	4	5, 6, 10	3	3, 6, 7	Severe tiredness; Fatigue; No energy and exhausted
Myalgia or muscle weakness	5	5, 7, 10	4	3	Aching muscles; Achey limbs; Loss of strength in arms and legs
Blurred vision	6	10	5	4, 8	Blurred vision
Scalp tenderness	7	8	0	4	Irritation to the scalp; Tender scalp
Loss of appetite	8		0	0	Lack of appetite
Flu-like symptoms	9	9	0	0	General ill feeling; Flu-like symptoms; Unwell
Arthralgia or arthritis	10	9	2	3	Hip, knee more on right side; Pain in back of neck, ankles, wrists, and chest
Other ENT	0	0	7	4	Severe sinusitis; sore inside gums
Sudden visual loss	0	0	8		Loss of eyesight to both eyes; Vision loss
Night sweats	0	0	9	4, 8	Night sweats; Night fever sweats
Painful eyes	0	9	10	0	Shooting pain left eye; Pain right eye

both groups was headache. While there were no differences in the frequency of sudden visual loss, visual symptoms were reported more commonly as the most severe feature by COM vs GCA (21% vs 8%, p=0.05). Arthralgia was more frequently reported by COM vs GCA (11% vs 1%, p=0.01). Headache was the most frequently reported symptom in both groups. Patients with GCA reported jaw claudication (37%) as the second most frequently reported symptom, while COM reported arthralgia/arthritis (32%). Shoulder/neck pain was the third most important symptom in GCA (33%), while fatigue was the third most common complaint among COM (21%). Fatigue was reported as the fourth most common feature by 30% of GCA patients.

Conclusions: Headache was the most frequent and most severe symptom reported by patients with GCA and comparators. However, the reported frequencies and severities of other symptoms were significantly different between the two groups.

Disclosure of Interest: None declared

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FRI0313 THE EFFICACY AND SAFETY OF TOCILIZUMAB THERAPY IN PATIENTS WITH POLYMYALGIA RHEUMATICA WHO WERE RESISTANT OR INTOLERANT TO GLUCOCORTICOIDS AND ADDITIONAL METHOTREXATE

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Background: A recent trial of tocilizumab (TCZ) in patients with newly diagnosed polymyalgia rheumatica (PMR), conducted in Europe and the United States, has shown its efficacy and safety.

Objectives: We examined the efficacy and safety of TCZ for patients with PMR who had been primarily resistant or intolerant to glucocorticoids (GC) and additional methotrexate (MTX).

Methods: Sixty patients had been diagnosed with having PMR since 2011. The patients are all compatible with the 2012 EULAR/ACR provisional classification criteria for PMR, and had been treated first with GC and then, if they were resistant or intolerant to GC, were added MTX, similarly to the 2015 EULAR/ACR recommendations for the management of PMR. The disease activity were measured by PMR-AS.

Results: There were 17 patients with GC/MTX resistant or intolerant PMR (28%). Of them, 9 patients with PMR agreed to the proposal of TCZ addition, and their therapeutic responses to TCZ and its safety were determined. They were at the age of 68.2±10.6, including three males and six females. Before TCZ addition, the patients were treated with prednisolone (PSL) at 7.6±3.0 mg/day plus MTX at 7.1±5.1 mg/week, and serum CRP were at 1.0±1.0 mg/dL. After 8.4±5.7 months of TCZ treatment, PSL and MTX had been reduced to 1.1±1.3 mg/day and 3.3±4.5 mg/week, respectively, with CRP at 0.02±0 mg/dL. GC were able to be withdrawn in 5 patients, and MTX were further withdrawn in 4 patients. Two patients reached drug-free remission (PMR-AS=0.02). During TCZ therapy, each one patient showed the worsening of depression and occlusion of the central retinal vein.

Conclusions: These results indicate that TCZ may provide a therapeutic option for patients with severe PMR who were resistant or intolerant to GC and additional MTX.

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FRI0314 DIFFERENT SERUM CYTOKINE PROFILES REFLECT ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA) SPECIFICITY IN PATIENTS WITH ANCA-ASSOCIATED VASCULITIS

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