Abstract SAT0531 – Table 1. Prednisone doses and acute phase reactants at GCA flare

	TCZ-QW N=100	TCZ-Q2W N=49	PBO+26 N=50	PBO+52 N=51
Patients who experienced flare, n (%) ^a	23 (23)	13 (27)	34 (68)	25 (49)
Median (min–max) prednisone dose at flare, mg	7.0 (0.0–30.0)	2.0 (0.0–310.0)	6.5 (0.0–55.0)	10.0 (2.0–40.0) ^e
Patients who experienced first flare while on prednisone dose, mg/day, n (%) ^a				
0	5 (5.0)	4 (8.0)	9 (18.0)	0
1–5	5 (5.0)	4 (8.0)	7 (14.0)	5 (9.8)
>5–10	5 (5.0)	3 (6.0)	4 (8.0)	10 (19.6)
>10–20	5 (5.0)	1 (2.0)	9 (18.0)	8 (15.7)
>20–30	3 (3.0)	0	2 (4.0)	0
>30–40	0	0	2 (4.0)	1 (2.0)
>40–60	0	0	1 (2.0)	0
>60	0	1 (2.0)	0	0
Median (min–max) CRP, ^b mg/L	0.4 (0.2–93.2)	1.0 (0.2–18.1)	23.1 (1.4–119.0)	17.3 (0.2–122.0)
Flare patients with elevated CRP, ^b n (%) ^c	1 (4)	2 (15)	22 (65)	17 (68)
Median (min–max) ESR, ^d mm/h	5.0 (0.0–80.0)	5.0 (1.0–43.0)	51.0 (8.0–140.0)	39.0 (4.0–138.0)
Flare patients with elevated ESR, ^d n (%) ^c	1 (4)	3 (23)	27 (79)	14 (56)

^aPercentage based on N. ^bNormal ≤10 mg/L. ^cPercentage based on n who experienced flare. ^dNormal <30 mm/h. ^en=24

Conclusions: Acute phase reactants are not reliable correlates of disease flare in TCZ-treated patients, but approximately one-third of all PBO +prednisone patients also had normal acute phase reactants at the time of disease flare. Median prednisone dose at the time of disease flare for TCZ-treated patients was numerically lower than that of patients treated with PBO +prednisone. One-third of all disease flares in GACTA occurred while the patient was receiving >10 mg/day prednisone.

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SAT0532 TREATMENT WITH METHOTREXATE AND RISK OF ISCHAEMIC RELAPSES IN PATIENTS WITH GIANT CELL ARTERITIS IN CLINICAL PRACTICE

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Background: Clinical trials show the efficacy of Methotrexate (MTX) in giant cell arteritis (GCA). It is necessary to corroborate these results in real life.

Objectives: To assess the incidence and the risk of ischaemic relapses in GCA patients treated with and without Methotrexate (MTX) in clinical practice.

Methods: Retrospective longitudinal observational study. **Subjects:** patients treated at the Rheumatology Service of the Hospital Clínico San Carlos with the diagnosis of GCA. They were included from the date of diagnosis (January 1991 to September 2013) and followed-up until lost of follow up or Sept-2014. **Main outcome:** relapses by ischemic event (RIE): Presence of mandibular claudication, visual manifestations (blurred vision, diplopia, transient or permanent loss of vision), cerebrovascular accident, ischaemic heart disease or claudication of limbs, after having achieved an objective improvement, associated with an

increase in the erythrocyte sedimentation rate (ESR) and the need to increase corticosteroids (at least 10 mg over the previous dose). **Independent variable:** exposure to MTX over time. **Secondary variables:** sociodemographic, clinical and treatment. **Statistical analysis:** RIE rates were assessed by survival techniques, expressing the incidence per 100 patients*year with their 95% confidence interval [CI]. The influence of MTX on the RIE was analysed by multivariate Cox regression models. Results were expressed as Hazard ratios (HR) with their respective CI.

Results: 168 patients were included with a follow-up of 675.59 patients*year. 80.36% were women (mean age: 76.77±7 years). The most prevalent comorbidities were arterial hypertension (64%), dyslipidemia (34%), cardiovascular pathology (30%) and polymyalgia rheumatica (13.77%). The most common clinical symptom at diagnosis was headache (87.43%), systemic involvement (55%) and polymyalgia rheumatica (49.70%). The ESR was 78±30.85 mmHg and Hb of 12.06±1.58 mg/dL. 46.39% had a positive biopsy. 64% were on MTX (mean dose: 10 mg) at any time during the follow-up, from those 68% started MTX in the first 4 weeks after diagnosis. The mean dose of corticosteroids was 50.72 ±15.46 mg. There were 21 relapses by ischaemic events (12.5%), with an incidence of 3.1 [2.02–4.77]. The median time to first RIE was 0.4 [p25–75: 0.4–5.1] years. The incidence of RIE in patients exposed to MTX was 1.92 [0.8–4.62], whereas in those without MTX was 3.84 [2.36–6.28]. The incidence of RIE in women was 3.44 [2.17–5.46] and in men was 1.97 [0.6–6]. In the multivariate analysis after adjusting for age, sex, disease activity and calendar time, exposure to MTX had less risk of relapse by ischaemic event compared to those without MTX (HR 0.3 [0.096–0.99]; p=0.048).

Conclusions: The frequency of RIE was 12.5%. The incidence of RIE was 3% patients-year. With the results observed in this study, the use of MTX seems to decrease the risk of relapses by ischaemic event.

Disclosure of Interest: None declared

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SAT0533 POLVAS – RETROSPECTIVE REGISTRY OF POLISH PATIENTS WITH ANCA-ASSOCIATED VASCULITIDES

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Background: Vasculitides are a heterogeneous group of rare diseases with unknown etiology and the clinical spectrum ranging from life-threatening systemic disease to minor isolated skin changes. Present nomenclature and definitions of systemic vasculitides have been proposed in 2012 at the International Chapel Hill Consensus Conference.¹ Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitides (AAV) belong to the small to medium-size vessel systemic diseases comprising granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA) and eosinophilic granulomatosis with polyangiitis (EGPA).

Objectives: We decided to retrospectively analyse a large cohort of Polish AAV patients coming from referral centres – members of the Scientific Consortium of the Polish Vasculitis Registry (POLVAS).^{2,3}

Methods: We conducted a systematic multicenter retrospective study of adult patients diagnosed with AAV between Jan 1990 and Dec 2016. Patients were enrolled to the study by 9 referral centres (14 clinical wards: – rheumatology – 10, nephrology – 2, metabolic diseases – 1, clinical immunology – 1) from 7 Voivodships populated by 22.3 mln inhabitants (58.2% of the Polish population). Patient data have been collected according to the uniform protocol in the POLVAS registry.

Results: Distribution of AAV in the Polish population resembles that of north European cohorts.⁴ In POLVAS registry 417 (66.7%) patients were diagnosed with GPA, 106 (17.0%) with MPA and 102 (16.3%) with EGPA. Male-to-female ratios were almost 1:1 for GPA (210/207) and MPA (54/52), but EGPA was twice more frequent among women (34/68). Clinical manifestations and organ involvement were analysed both by clinical phenotype (GPA, MPA, EGPA) and ANCA specificity (anti-PR3+, and anti-MPO+). Analysis by ANCA specificity showed no apparent difference as compared to phenotype analysis. Clinical manifestations