of different AAV in the Polish population seems very similar to other European countries.

	GPA	MPA	EGPA	
Number	417	106	102	
Male/female	210/207	54/52	34/68	*, \$
Mean (median) age (yrs.); range	48,9 (51,4) ¹³⁻⁸⁰	61,5 (63,7) ¹⁹⁻⁸⁵	44,6 (44,5) ⁹⁻⁸⁵	*, \$
Organ involvement				
General n (%)	355 ^(85,1)	83 ^(78,3)	87 ^(85,3)	NS
Skin n (%)	140 ^(33,6)	24 ^(22,6)	51 ⁽⁵⁰⁾	*, \$
Eye n (%)	114 ^(27,3)	4 ^(3,8)	6 ^(5,9)	*, \$
ENT n (%)	315 ^(75,5)	18 ^(17,0)	82 ^(80,4)	*, \$
Respiratory n (%)	315 ^(75,5)	60 ^(56,6)	100 ^(98,0)	*, \$
Heart n (%)	55 ^(13,2)	11 ^(10,4)	43 ^(42,2)	*, \$
GI n (%)	46 ^(11,0)	12 ^(11,3)	25 ^(24,5)	*, \$
Renal n (%)	252 ^(60,4)	101 ^(95,3)	25 ^(24,5)	*, \$
Urinary n (%)	8 ^(1,9)	3 ^(2,8)	0	NS
CNS n (%)	45 ^(10,8)	2 ^(1,9)	8 ^(7,8)	*, \$
Neurological n (%)	75 ^(18,0)	20 ^(18,9)	50 ^(49,0)	*, \$

p<0,05; # – GPA vs MPA, * – GPA vs EGPA, \$ – MPA vs EGPA

Conclusions: This is the first multicenter retrospective study of the Polish patients suffering from with AAV. Demographic characteristics and disease manifestations of AAV patients in POLVAS registry follow the same pattern as those from other European countries.⁴

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SAT0534

ANNUAL INCIDENCE OF GIANT CELL ARTERITIS IN URBAN AND RURAL AREAS IN WESTERN NORWAY 1972–2012

L.K. Brekke¹, B.-T. S. Fevang², G. Myklebust³. ¹Hospital for Rheumatic Diseases, Haugesund; ²Dept. of Rheumatology, Haukeland University Hospital, Bergen; ³Dept. of Rheumatology, Hospital of Southern Norway, Kristiansand, Norway

Background: Giant cell arteritis (GCA) is the most common vasculitis in adults. The etiology is not fully understood, and environmental factors which may influence the incidence are poorly investigated.

Objectives: To determine the potential influence of rural or urban residence on the incidence of GCA during a 41 year period.

Methods: Hospital-based retrospective cohort study including patients diagnosed with GCA in Bergen Health Area during 1972–2012. Patients were identified through computerised hospital records using the International Classification of Diseases (ICD)-coding system. Clinical information was extracted by review of the patients' medical journals. The patients' residential address was obtained from the population register in Norway. Municipalities were classified as urban (code 1 and 2) or rural (code 3 thru 6) using the Statistics Norway 2017 classification of centrality. The background population data was obtained from Statistics Norway (www.ssb.no). Wilcoxon signed-rank test was used for statistical comparison.

Results: The inclusion process have been published previously.¹ For the computing of incidence 743 patients were included. Among these there were 536 (72%) females (mean age 73.4 years, SD 8) and 207 (28%) males (mean age 72.6, SD 9). 493 patients (66%) had a positive temporal artery biopsy. 484 patients (65%) had a residential address in a municipality classified as urban and 259 (35%) in a rural municipality. The number of inhabitants (aged ≥50 years) in urban areas (i.e. city of Bergen) was 60 910 in 1972 and 81 972 in 2012. The corresponding number of inhabitants in rural areas was 30 320 and 51 401. The overall annual cumulative incidence of GCA was 16.7 (95% CI 15.5–18.0) per 100 000 persons ≥50 years. The mean annual incidence for urban municipalities was 17.1 (95% CI 15.9–18.4) per 100 000 ≥50 years. The corresponding incidence for rural areas was 16.1 (95% CI 14.9–17.3), p=0.46. With regards to biopsy-proven GCA, the overall annual incidence was 11.2 (95% CI 10.2–12.3). In urban and rural areas, the incidence of biopsy-proven GCA was 11.7 (95% CI 10.6–12.7) and 10.4 (95% CI 9.4–11.4) respectively, p=0.10. There were large fluctuations in annual incidence in both urban and rural areas (figure 1).

Conclusions: Annual cumulative incidence of GCA was slightly higher in urban than in rural areas in our study, but the difference was not statistically significant. This is in contrast to a previous study, which found GCA more prevalent in urban than in rural populations.² Further studies are required to determine whether there is a true difference in incidence of GCA in urban versus rural populations, and whether or not exposures to environmental factors may be involved in GCA pathogenesis.

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SAT0535

EULAR 2018 CORE SET OF DATA TO BE COLLECTED IN GIANT CELL ARTERITIS REGISTRIES AND DATABASES VIEWPOINTS FROM A EULAR TASK FORCE

L. Ehlers¹, J. Askling², J.W. Bijlsma³, M.C. Cid⁴, M. Cutolo⁵, B. Dasgupta⁶, C. Dejaco^{7,8}, W.G. Dixon⁹, N. Feltelius^{10,11}, A. Finckh¹², K. Gilbert¹³, S. Mackie¹⁴, A. Mahr¹⁵, E.L. Matteson¹⁶, L. Neill¹⁷, C. Salvarani¹⁸, W.A. Schmidt¹⁹, A. Strangfeld²⁰, R. van Vollenhoven²¹, F. Buttgereit¹. ¹Department of Rheumatology and Clinical Immunology, Charité University Hospital, Berlin, Germany; ²Department of Medicine, Karolinska Institutet, Stockholm, Sweden; ³Department of Rheumatology and Clinical Immunology, University Medical Centre Utrecht, Utrecht, Netherlands; ⁴Department of Autoimmune Diseases, Hospital Clinic, University of Barcelona, Institut d'Investigacions Biomèdiques August Pi I Sunyer, Barcelona, Spain; ⁵Research Laboratory and Academic Division of Clinical Rheumatology, Department of Internal Medicine, University of Genoa, Genoa, Italy; ⁶Southend University Hospital NHS Foundation Trust, Westcliff-on-Sea, Essex, UK; ⁷Department of Rheumatology, Medical University of Graz, Graz, Austria; ⁸Rheumatology Service, Hospital of Bruneck, South Tyrol Health Trust, Bruneck, Italy; ⁹Arthritis Research UK Centre for Epidemiology, Centre for Musculoskeletal Research, Institute of Inflammation and Repair, University of Manchester, Manchester, UK; ¹⁰Medical Products Agency, Uppsala, Sweden; ¹¹Cross-Committee Task Force on Registries, European Medicines Agency, London, UK; ¹²Division of Rheumatology, Geneva University Hospital, Geneva, Switzerland; ¹³Patient Representative from PMRGCAuk, London; ¹⁴NIHR-Leeds Musculoskeletal Biomedical Research Unit and Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds, UK; ¹⁵Department of Internal Medicine, Hospital Saint-Louis, University Paris 7 – Diderot, Paris, France; ¹⁶Division of Rheumatology and Department of Health Sciences Research, Mayo Clinic College of Medicine, Rochester, MN, USA; ¹⁷Patient Representative from PMR-GCA Scotland, Perth, UK; ¹⁸Division of Internal Medicine, Azienda Ospedaliera-Istituto di Ricovero e Cura a Carattere Scientifico di Reggio Emilia, Reggio Emilia, Italy; ¹⁹Immanuel Krankenhaus Berlin: Medical Center for Rheumatology Berlin-Buch; ²⁰Epidemiology Unit, German rheumatism research Centre, DRFZ, Berlin, Berlin, Germany; ²¹Amsterdam Rheumatology and Immunology Center (ACR), Amsterdam, Netherlands

Background: Giant cell arteritis (GCA) represents the most common form of primary vasculitis and can be associated with severe and potentially life-threatening complications. Due to its low prevalence, systematically collected data on course and outcome of this disease are scarce.