Conclusions: PNI at diagnosis can be used to estimate BVAS at diagnosis and PNI at diagnosis ≤36.6 may predict relapse during the follow-up in AAV patients.

REFERENCES:

Acknowledgements: None.

Disclosure of Interest: None declared


SAT0548
PROGNOSTIC FACTORS FOR INTERSTITIAL LUNG DISEASE WITH MICROSCOPIC POLYANGITIS

T. Shoda1,2, T. Takeuchi2, K. Isoda1,2, J. Komma1,2, T. Kotani2, S. Makino2.
1Clinical Immunology and Rheumatology, Yodogawa Christian Hospital.
2Department of Internal Medicine (IV), Osaka Medical College, Osaka, Japan

Background: Many cases of interstitial lung disease (ILD) complicated by microscopic polyangiitis (MPA) show the UIP pattern on chest HRCT, being similar to idiopathic pulmonary fibrosis (IPF/UIP), and the associated prognosis is poor compared with that of MPA without ILD.1 However, the details have not been fully clarified.

Objectives: Prognostic factors of MPA-ILD sufficiently treated with immunosuppressive therapy were investigated.

Methods: Of consecutive patients with MPA who received inpatient treatment at our hospitals between 2001 and 2016, MPO-ANCA-positive patients who met the 2007 EMEA classification criteria and had concomitant ILD on HRCT were selected as the subjects. Using the clinical data and HRCT fibrosis score, the outcome and prognostic factors were retrospectively investigated.

Results: The subjects were 65 patients with MPA-ILD, 31 and 34 patients were male and female, respectively, and the median age (interquartile range) was 72(67–76) years old. At the time of treatment initiation, MPO-ANCA was 129 (50.9–359) EU; KL-6, 461 (289–765) U/mL; Aa-DO2, 25.1 (15.6–34.2); %FVC, 81.2 (67.8–93.9); and%DLcco/VA, 62.7 (45.3–73.2)%. On HRCT, the UIP and non-UIP patterns were observed in 44 and 21 patients, respectively. In treatment, prednisolone was administered to 63 patients, immunosuppressants were used in 55 patients, and blood purification therapy was concomitantly administered to 9 patients. MPO-ANCA on the final follow-up was lower than the detection sensitivity in 56 patients. The outcome was death in 23 patients, and the 5- and 10-year survival rates after treatment initiation were 69.8% and 51.1%, respectively (acute exacerbation of interstitial pneumonia: 5 patients, infection and alveolar hemorrhage: 5, pulmonary hypertension: 3, sudden death: 4, heart failure: 2, renal failure: 2, cerebral hemorrhage: 1, intestinal hemorrhage: 1). Regarding lung disease-related death, the age (p=0.018), %FVC (p=0.026), HRCT fibrosis score (p=0.001), and three other factors were risk factors on univariate analysis, and the HRCT fibrosis score was significant on multivariate analysis (p=0.001). The prognosis of patients with a fibrosis score of 19% or higher was significantly poor.

Conclusions: Many MPA-ILD patients showed the UIP pattern, but their prognosis was better than that of previously reported IPF/UIP patients, suggesting that early immunosuppressive therapy is effective. However, expansion of fibrosis was better than that of previously reported IPF/UIP patients, suggesting that early immunosuppressive therapy is effective.

REFERENCES:

Disclosure of Interest: None declared


SAT0550
HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH GIANT CELL ARTERITIS TREATED WITH TOCILIZUMAB IN A PHASE 3 RANDOMISED CONTROLLED TRIAL

V. Strand1, S. Dimonaco2, K. Tuckwell3, M. Klearman4, N. Collinson5, J. H. Stone6 ofon behalf of GIACTA Investigators. 1Division of Immunology/Rheumatology, Stanford University, Palo Alto, USA; 2Roche Products Ltd, Welwyn Garden City, UK; 3Genentech, South San Francisco, USA; 4Massachusetts General Hospital Rheumatology Unit, Harvard Medical School, Boston, USA

Background: Superior rates of sustained glucocorticoid (GC)–free remission were shown in patients with giant cell arteritis (GCA) treated with weekly or every-other-week (wk) subcutaneous tocilizumab (TCZ) 162 mg + 26 wk GC taper for 52 wks compared with placebo +26 wk or 52-wk GC taper (PBO +26 or PBO +52) in the GIACTA trial. Statistically significant improvements in SF-36 Physical Component Summary (PCS) scores were reported for weekly TCZ vs PBO +52 and in patient-reported global assessment of disease activity for both TCZ groups vs both PBO groups.1

Objectives: To report further analysis of patient-reported outcomes (PROs) in GIACTA.

Methods: Analyses of SF-36 PCS and Mental Component Summary (MCS), SF-36 domains, and Functional Assessment of Chronic Illness Therapy (FACIT)—fatigue compared patients treated with weekly TCZ (n=100) vs PBO +26 (n=50;