p=0.3). The median SUV\textsubscript{max} was 3.0 [1.8–8.6] without significant difference between GCA and TA. 3.4 [2.1–8.6] versus 2.6 [1.8–7.1] (p=0.4), respectively. Eleven PET (61%) were performed under treatment, which consisted of steroids with a median dose at 30 mg/day [3–240]. Among 11 patients with active disease, 8 had inflammatory patterns and 3 had normal PET/\textit{MR}, i.e a sensibility of 73%, and the sensibility increased to 100% in patients with active TA disease. Median SUV\textsubscript{max} were 4.7 [2.1–8.6] in patients with active disease versus 2 [1.8–2.6] in patients with remission (p=0.003).

Conclusions: PET/\textit{MR} is a new hybrid modality of imaging which is interesting for the diagnosis and the follow-up of large-veessel vasculitis.

REFERENCES:

Disclosure of Interest: None declared


PREDICTION OF RELAPSES IN AUTOIMMUNE LARGE-VEssel VASCULITIS – TOWARDS PERSONALISED IMMUNOSUPPRESSIVE TREATMENT STEWARDSHIP

P.S. Fuchs1, M.B. Bigler2, C. König3, T. Manigold4, M. Aschwander4, D. Stauber4, D. Kyburz2, V. Greiff1, T. Daikeler3, C.T. Bernegger1. 1Clinical and Translational Immunology, 2Radiology, 3Angiology, University Hospital Basel, Basel, Switzerland, 4Computational and Systems Immunology, University of Oslo, Oslo, Norway

Background: Giant cell arteritis (GCA) is an autoimmune disease of the large arteries. Treatment consists in long-term immunosuppression with glucocorticoids (GC). About half of the patients have disease flares (relapses) despite standard therapy. Tocilizumab (TCZ), an anti-IL6 receptor antibody– is highly effective in reducing relapses, but has high costs.

Objectives: Here, we tested whether the initial clinical presentation and/or immunological findings might predict a GCA patient subset with poor response to GC.

Methods: We performed a chart review on 113 patients from our prospective GCA cohort over the first two years after diagnosis. All had a follow-up of at least three months (median follow-up 24 months, IQR 12.6–24). Clinical findings at diagnosis, routine labs (at 0, 1, 3, 6, and 12 months) and therapy information (drug and dose) were extracted from the electronic database.

Relapses were defined as the presence of GCA-related symptoms (ischaemic pain, polyynalgia (PNR) and/or elevated systemic inflammation parameters (CRP, ESR) that responded to an increase in GC-dose. GC receptor (GR) expression levels in T cells were assessed using flow cytometry.

Conclusions: More than half of the patients (58%, n=61) experienced at least one episode of relapse and 22% (n=23) had recurrent episodes during their disease course. Infection was the leading cause of mortality of the 56 deceased patients in this series. Infections were less frequent in EGPA patients compared to their counterparts with MPA and GPA (37.5% vs 61.8%–65%). Most infections were bacterial and multiple-drug resistant organisms were the causative agents in 8 patients. Two had neutropenic sepsis. Three had M. tuberculosis and five had herpes zoster. One had concomitant VZV and pneumocystis jiroveci pneumonitis.

Table 1 – Factors predicting infection

<table>
<thead>
<tr>
<th>Factors predicting infection</th>
<th>Odds Ratio (p&lt;0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Age</td>
<td>1.034</td>
</tr>
<tr>
<td>- Renal insufficiency (serum creatinine &gt;140 \text{umol/\text{L}}) at diagnosis</td>
<td>5.452</td>
</tr>
<tr>
<td>- Disease-related organ failure</td>
<td>3.006</td>
</tr>
<tr>
<td>- Dialysis support</td>
<td>6.504</td>
</tr>
<tr>
<td>- Use of cyclophosphamide as induction agent</td>
<td>2.956</td>
</tr>
</tbody>
</table>

Conclusions: Infections were common and often led to significant morbidities and mortalities among AAV patients. Risk factors included age, renal insufficiency (serum creatinine >140 \text{umol/\text{L}}) on presentation, disease-related organ failure, need for renal supportive therapy, and the use of cyclophosphamide as induction agent.

Disclosure of Interest: None declared


AGREEMENT BETWEEN 18-FDG PET/CT AND CLINIMETRIC TAKAYASU ACTIVITY SCORES

D. Hernandez-Lopez1, L.A. Martinez-Martinez2, D. Jimenez-Arenas2, B. Rivera-Bravo3, E. Hernandez-Lemus3, J.A. Barragan-Garillas, V. Guaner-Lans1, M. E. Soto-Lopez4. 1Instituto Nacional de Cardiologia Ignacio Chavez, 2PET/CT Unit, School of Medicine at National Autonomous University of Mexico, 3Instituto Nacional de Medicina Genomica, 4Instituto Mexicano del Seguro Social, Ciudad de Mexico, Mexico

Background: The 18-FDG PET/CT is an objective tool employed for the diagnosis of Takayasu arteritis and also is used for the assessment of disease activity of this vasculitis. There are few clinimetric scores developed for Takayasu clinical activity assessment such as the Indian Takayasu Clinical Activity Score (ITAS2010/ITAS.A), the National Institutes of Health criteria (NIH score) from USA and the Mexican effort by Dabague-Reyes (DR score). The validity and...