significant ($p=0.45$). As expected, the arterial calcium load, corresponding to the extent of vessel calcification, was higher in patients treated with statins (14 [range 2–35] vs. 8 [range 0–35]; $p=0.012$). However, calcium load did not correlate with the TVS, whereas it inversely correlated with SUVs ($p=0.03$). At multiple regression, assumption of statins was not predicted by sex, type of diagnosis, GC treatment or presence of LVV at PET/CT. Only age predicted statin therapy ($p=0.04$), but age was not associated with LVV ($p=0.23$). Among clinical features, only fever was significantly less frequent in patients treated with statins ($p=0.03$).

Conclusions: With the limits of an observational retrospective study, our data suggest that treatment with statins may lower arterial uptake in patients studied for LVV. This finding was seen using the theoretically more subjective TVS but not with SUV analysis. We feel that the latter is more easily influenced by the presence of calcific plaques, as suggested by its inverse correlation with arterial calcium load. The role of statins in tempering arterial inflammation deserves further studies.

Disclosure of Interest: None declared

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AB0684 A REVIEW OF TEMPORAL ARTERY BIOPSIES AT A DISTRICT GENERAL HOSPITAL

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Background: Giant cell arteritis is the most common vasculitis in the western world in the over 50 population. The morbidity associated with its natural progression and treatment is significant. No single investigation has been identified to accurately confirm or reject its diagnosis, though for some years biopsy of the superficial temporal artery has been carried out to support the diagnostic process. More recently, doppler ultrasound of the artery has gained prominence, though its widespread use is limited.

Temporal artery biopsy (TAB) is a significant use of resources, involving a surgeon and their team, as well as a histopathologist. It is an invasive procedure with the risks that this entails. It behoves the referring doctor to ensure that the probability of a positive result is as high as practicable.

Objectives: To determine the factors providing the highest likelihood of a positive TAB result.

Methods: The notes of all patients undergoing a TAB during a 3 year period 2013–2016 were requested from the Medical Records department at a district general hospital. The first 100 of these were reviewed by the authors. Each set of notes was examined for the following:

- Demographics (sex, age)
- The first department the patient was referred to (Rheumatology/Ophthalmology/Neurology/direct from the General Practitioner to Vascular Surgery)
- Period of time from symptom onset to biopsy
- Period of time on steroids to biopsy
- Initial dose of steroids prescribed
- Pre-treatment ESR
- Pre-treatment CRP
- Presence of symptoms (headache/jaw claudication/polymyalgia rheumatica)
- Other causes for a raised ESR
- The pre-test probability of a positive TAB result as assessed by the reviewer
- TAB result as reported by local histopathologist
- Evidence of the biopsy result impacting treatment

Results: Of the 100 TAB's reviewed, 16 yielded positive results (16%). A breakdown of the notes review for these patients is included in the following table:

Abstract AB0684 – Table 1

Positive TAB	16/100	Visual symptoms	6/16
Age (years)	58–88, Mean 73	Jaw claudication	5/16
Female:Male	13:3	Headache	11/16
GP referral direct to Vascular Surgery	5/16	PMR	1/16
Initial referral to Rheumatology	4/16	Other causes of raised ESR	3/16
Initial referral to Ophthalmology	4/16	Pre-test probability of positive result	9/16
Initial referral to Neurology	3/16	Biopsy influencing treatment	6/7
Symptom onset to TAB (days)	14–90, Mean 52		
Steroid duration before TAB	1–28 days		
Steroid starting dose range	30–500 mg		

Conclusions: This study has shown that less than a fifth of TAB's conducted during this period at our district general hospital yielded a positive result. There is scope to improve this yield significantly if we identify candidates for TAB better.

There was no positive result for any of the 16 patients less than 58 years of age. The majority had a raised CRP and ESR, though one patient had a CRP of 2. This reflects the need for vigilance before discounting GCA as a diagnosis. One patient had a positive TAB even after 28 days of prednisolone 40 mg daily. The majority (14/16) had their biopsy within 3 weeks of steroid initiation, indicating that a short delay in biopsy does not rule out a positive result.

This study will help us develop a local pathway including Ophthalmology, Neurology, Vascular Surgery and Primary Care to improve the yield of positive TAB. This will improve patient experience as well as ensure appropriate use of resources.

Disclosure of Interest: None declared

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AB0685 THE INCIDENCE OF GIANT CELL ARTERITIS IN SLOVENIA – PROSPECTIVE STUDY

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Background: Giant cell arteritis (GCA) represents the most common vasculitis in adults over age of 50 years in Europe. Recently the diagnostic options greatly improved with the implementation of imaging techniques such as colour Doppler ultrasonography (CDS) and positron emission tomography-computed tomography (PET/CT).

Objectives: The aim of our single centre prospective study was to determine the incidence of GCA in well-defined Slovenian region, based on the temporal artery (TA) biopsy (TAB) and/or the result of CDS and/or PET/CT.

Methods: The study was conducted at University medical centre Ljubljana (UMC Ljubljana), that represents the only secondary/tertiary centre in a region, serving a population of 3 23 297 residents aged 50 years or more (1 76 104 females and 1 47 193 males). Patients with suspected GCA are referred either to the Department of Rheumatology, or in case of severe visual disturbances, to the Department of Ophthalmology. In the analysis we included all GCA cases diagnosed between 1 January 2012 and 31 December 2017. The diagnosis of cranial GCA (c-GCA) was established with the help of American College of Rheumatology (ACR) 1990 classification criteria, positive TAB and/or TA CDS. Cases of extracranial large vessel vasculitis (lv-GCA) were diagnosed using CDS of branches of the aortic arch and/or PET-CT.

Results: During the six-year observation we identified 169 new GCA cases (66.3% females), with a median (IQR) age of 75.1 (68.6–80.0) years. Forty-two (24.8%) patients had lv-GCA, and the others had c-GCA. One-hundred and thirty-nine patients (24 lv-GCA and 115 c-GCA) fulfilled ACR 1990 classification criteria. The others patients had positive arterial CDS or PET-CT (18 CDS, 9 CDS and PET-CT, 3 PET-CT). TAB was performed in 119 patients and was positive in 88.2%. Clinical characteristics of our GCA cases are presented in table 1. The estimated annual incidence rate of GCA was 8.7 per 1 00 000 adults aged ≥50 years (95% CI 7.5–10.1), in c-GCA 6.5 per 100.000 adults aged ≥50 years (95% CI 5.5–7.8) and in lv-GCA 2.2 per 100.000 adults aged ≥50 years (95% CI 1.6–2.9).

Abstract AB0685 – Table 1. Characteristics of GCA cohort

Characteristics	all GCA	lv-GCA	c-GCA
No. of cases	169	42	127
Female gender (%)	66.3	76.2	63.0
Age (years)*	75.1 (68.6-80.0)	69.5 (64.4-78.1)	75.7 (72.2-81.6)
Disease duration (day)*	30 (14-60)	60 (30-97.5)	28 (14-45)
Constitutional symptoms (%)	69.2	71.4	68.5
Headache (%)	71.6	45.2	80.3
PMR (%)	14.2	11.9	15.0
Jaw claudication (%)	45.0	26.2	51.2
Vision disturbances (%)	33.1	19.0	37.8
Clinically abnormal TA [‡]	62.1	38.0	69.3
TAB (%)	88.2(105/119)	79.2 (19/24)	85.6 (89/104)
TA CDS (%)	76.9 (130/160)	54.8 (23/42)	92.4 (109/118)
ESR ≥50 (mm/h) (%)	82.8	81.0	85.0
ACR criteria (%)	82.2	57.1	90.5

Legend: GCA giant cell arteritis; lv-GCA extracranial large vessel GCA; c-GCA cranial GCA; PMR polymyalgia rheumatica; TA temporal artery; [‡] TA tenderness or decreased pulse; TAB temporal artery biopsy; CDS colour Doppler sonography; ESR erythrocyte sedimentation rate; ACR American College of Rheumatology; * median (interquartile range);

Conclusions: GCA is the most common vasculitis in adults aged 50 years or above, with an annual incidence rate of 8.7 per 100.000. c-GCA is nearly 3 times more common than lv-GCA.

Disclosure of Interest: None declared

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