(figure 1), possibly demonstrating a higher level of target engagement from the SC QW and IV regimens compared with the Q2W regimen. IL-6 levels increased vs baseline after TCZ administration for all three regimens, reflecting displacement of bound, endogenous IL-6 from its receptor, consistent with the mechanism of action of TCZ. ESR levels decreased to a similar extent in response to TCZ administration with all three regimens. Change from baseline in CRP was comparable between the two SC regimens (~79%–93% reduction from baseline from the QW and Q2W regimens, respectively). Quantitative changes in CRP values are not available for the IV study.

Abstract OP0237 – Figure 1 Mean (SD) baseline and week 52 PK/PD markers after chronic dosing with TCZ after IV and SC regimens in GCA patients.

Conclusions: Comparison of C_{trough} after 52 weeks of dosing with TCZ from the 8 mg/kg IV regimen with that obtained from two SC regimens showed that exposures from the IV regimen were within the range of exposures of the QW and Q2W regimens. Comparison of PD outcomes showed that all three regimens had comparable results, with the possible exception of lower levels of sIL-6R (a mechanistic marker reflecting serum concentration and target engagement) from the SC Q2W regimen. Comparability of PD results is consistent with the similar efficacy outcomes seen in the SC and IV trials.

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OP0238

ASSOCIATION BETWEEN AGE AT DIAGNOSIS AND CLINICAL PRESENTATION AND OUTCOMES OF ANCA-ASSOCIATED VASCULITIS. ANALYSIS FROM THE DCVAS STUDY

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Background: ANCA-associated vasculitis (AAV) can affect all age groups. Nevertheless, the differences in disease presentation and outcome between younger and elderly-onset patients are still incompletely understood.²

Objectives: To identify distinguishing characteristics of clinical presentations, short-term outcomes and accumulated damage for AAV, based on age of disease onset.

Methods: We included patients with a final diagnosis of AAV: granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), eosinophilic granulomatosis with polyangiitis (EGPA) enrolled in The Diagnostic and Classification Criteria for Primary Systemic Vasculitis (DCVAS) study through May 2017. We divided the population according to age at diagnosis: <65 years old (group A) or ≥65 (group B).

Results: We included 1338 patients. 66% had a disease onset <65 years of age (male:50%; mean age 48.4±12.6 years); 34% had an elderly-onset (male: 46%; mean age 73.6±6). The diagnoses of GPA and EGPA were more frequent in group A (73% and 74% of patients, respectively) compared to MPA (56%), $p<0.001$ for comparisons within each diagnostic group. P-ANCA/anti-MPO positivity was more frequent in group B (48% vs 27%, $p=0.001$); c-ANCA/PR3

predominated in group A (48% vs 35%; $p<0.001$). The clinical presentation at onset significantly differed between the two groups. Patients from group A had higher rates of ocular, cutaneous, and musculoskeletal involvement compared to patients in group B who experienced more systemic, renal, cardiovascular, and neurological manifestations (figure 1). Pulmonary and gastrointestinal manifestations were equally distributed between the two age groups. Vasculitis Damage Index (VDI) was significantly higher in patients from group B, with 12% of patients with a 6 months VDI score ≥5, compared to 7% in group A; $p=0.01$. There were 13 (1.5%) deaths amongst patients belonging to group A compared to 22 (4.8%) in group B, HR 3.44 (1.65–7.18); $p=0.001$.

Abstract OP0238 – Table 1. Clinical characteristics and outcome according to age groups

	Group A (<65 years) n=878	Group B (≥65 years) n=460	p
Mean Age	48.4±12.6	73.6±6	<0.001
Diagnostic delay	14.6±34.4	11.8±32.2	0.036
Symptoms duration	19.9±35.1	18.1±33.1	0.145
Type of AAV:			
GPA	536 (61%)	199 (43%)	<0.001
EGPA	148 (17%)	186 (40%)	<0.001
MPA	189 (22%)	66 (14%)	0.004
p-ANCA/anti-MPO	240 (27%)	222 (48%)	0.001
c-ANCA/anti-PR3	421 (48%)	161 (35%)	<0.001
VDI at 6 months follow-up			
=0	236 (28%)	90 (22%)	base
=1/2	378 (44%)	184 (41%)	0.186
=3/4	187 (22%)	116 (26%)	0.010
≥5	57 (7%)	55 (12%)	0.001

Conclusions: Patients with AAV with elderly-onset disease display a different pattern of organ-involvement and an increased risk of significant damage and mortality compared to younger patients. A better understanding of the influence of age of onset on the clinical course of AAV could improve diagnostic and classification criteria and has implications on their pattern of presentation and subsequent clinical course.

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OP0239

PREGNANCY OUTCOMES IN PATIENTS WITH IGA VASCULITIS

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Background: IgA vasculitis (IgAV) is usually a self-limiting condition, but women with a history of IgAV are reported to have an increased risk of complications during pregnancy. There is however little international data regarding obstetric outcomes and risk factors for IgAV patients.¹

Objectives: To compare pregnancy outcomes between matched controls and patients hospitalised for IgA vasculitis in Western Australia (WA), where birth centres attached to public hospitals are the principal source for delivery of free midwifery-led care.