Objectives: To evaluate the utilisation patterns, appropriateness, and associated cost of tests (ANA, ENA, anti-dsDNA, RF, and complement levels) in patients referred to rheumatologists 2 years after release of CRA choosing wisely guidelines.

Methods: A chart audit reviewing the records of all referred patients to five rheumatologists at an academic university out-patient rheumatology clinic over one year (including referrals that were rejected) was conducted. Specific tests requested prior to referral and their indication based on clinical presentation were extracted. Other data included reason for referral and the final diagnosis. The number of unnecessary laboratory tests and associated costs were calculated.

Results: Over 500 patients were reviewed. Most common referrals were for possible diagnosis of rheumatoid arthritis, lupus, and seronegative spondyloarthropathies. Prior to referral: 77% had undergone ANA testing at least once, in one-third of cases, ANA was repeated; 25% had ENA testing and 30% had anti-dsDNA. Among all ANA tests, 25% were requested when there was no clinical suspicion for connective tissues diseases based on American College of Rheumatology criteria. Half of ENA and anti-dsDNA testing was requested in the context of negative ANA. RF was requested in 65% of the referrals and in one third, there was no clinical suspicion of inflammatory arthritis.

Abstract OP0302 – Figure 1. Utilisation patterns and associated costs of laboratory investigations among referrals to rheumatologists

Conclusions: RF, ANA, ENA, and anti-dsDNA are among commonly ordered investigations prior to referral to rheumatology. Despite the recommendations by choosing wisely campaigns, up to 50% of investigations are inappropriately ordered. Based on our cost estimation, more selective ordering of the above tests, and minimising inappropriate investigations would lead to 45% cost reduction.

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OP0303

SYSTEMATIC SCREENING OF COMORBIDITIES IMPROVES VACCINATION RATES, SKIN CANCER SCREENING AND VITAMIN D SUPPLEMENTATION IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS: RESULTS OF THE COMEDSPA PROSPECTIVE, CONTROLLED, ONE YEAR RANDOMISED TRIAL

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Background: Specific recommendations for the detection/prevention of comorbidities have been proposed for patients with SpA. However, we know that often a gap exists between recommendation and their implementation in daily practice

Objectives: To evaluate the impact of a program of systematic screening of comorbidities and its management (detection/prevention).

Methods: Prospective, randomised controlled open, 12 month trial (NCT02374749). Patients: Axial SpA (according to rheumatologist). Study treatment: Collection of data by the nurse during a specific out-patient visit for the 5

studied SpA comorbidities (i.e. cardiovascular disease (CVD), osteoporosis, cancer, infection and peptic ulcer) according to the recommendations of the French Society of Rheumatology. In the event of non-agreement with the recommendation the patient was informed. A report summarising the results of this program prepared by the nurse was sent to the patient's attending physician and rheumatologist. Treatment allocation: After written informed consent, the study treatment was allocated randomly. Outcome variables: the main outcome was the change after one year of a comorbidity score. This weighted composite comorbidity score ranged from 0 to 100, where 0=optimal management of the 5 studied comorbidities and its weights were derived from the percentage of attributed mortality in SpA to each comorbidity in the literature, i.e. 40 points for CV disease, 20 points for cancer and infection, 10 points for osteoporosis and 10 points for peptic ulcer. The number of patients with actions undertaken against comorbidities according to the recommendations during the 12 months following this program were defined as secondary variables

Results: There were no differences in the baseline characteristics of the 502 recruited patients (252 and 250 in the active and control groups, respectively): Age: 46.7±12.2 years, male gender: 62.7%, disease duration: 13.7±11.0 y, X-ray sacroiliitis 62.8%, MRI sacroiliitis 65.7%, current biologic treatment: 78.3%, ASDAS-CRP: 1.9±0.8, BASFI: 25.6±22.3. During the 1 year follow-up period, the comorbidity score decreased more in the active group, but this difference was not significant (−3.20 vs −1.85).

The number of actions per patient was statistically higher in the group comorbidities: 4.54±2.08 vs 2.65±1.57 (p<0.001); the number of patients with actions performed to be in agreement with recommendations during the 12 months follow-up was higher in the active group for infections (flu vaccination: 28.6% vs 9.9%, p<0.01; pneumococcal vaccination: 40.0% vs 21.1%, p=0.04), skin cancer screening (36.3% vs 17.2%; p=0.04), and osteoporosis (BMD performed: 22.6% vs 8.7%, p<0.01; Vitamin D supplementation initiation: 51.9% vs 9.4%, p<0.01).

Conclusions: This study highly suggests the short-term benefit of program on the systematic screening of comorbidities for its management in agreement with recommendations, even if this young age population of axSpA patients.

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OP0304

MULTIDISCIPLINARY COLLABORATION AMONG YOUNG SPECIALISTS: RESULTS OF AN ONGOING INTERNATIONAL SURVEY BY YOUNG ORGANISATIONS

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Background: Young clinicians and researchers frequently work alongside other medical specialists in order to share expertise, knowledge and skills. Multidisciplinary work is worthwhile but may be sometimes challenging.

Objectives: To describe current clinical and research collaboration among young specialists and to identify some perspectives to develop such collaborations.

Methods: An online survey was disseminated by email and social media (facebook and twitter) to members of the Emerging European League Against Rheumatism Network (EMEUNET), the Young Nephrologists' Platform (YNP), the Paediatric Rheumatology European Society Emerging Rheumatologists and Researchers (PreS EMERGE), and the European Academy of Allergy and Clinical Immunology Junior Members (EAACI JM).

Results: Of 354 respondents from 40 countries, 60% were female, 23% were aged below 30 years and 67% 31–40 years. Young rheumatologists were the most represented (36%), followed by young nephrologists (24%), young paediatricians (18%), young allergologists (11%) then young internists (3%) and several other specialties (as clinical immunology, dermatology, pulmonology, orthopaedics). 60% were certified specialists, 34% in training and 6% were researchers without clinical work. Overall, the top 3 specialties for clinical collaboration in daily practice were radiology, cardiology and dermatology. Collaborations were reported frequently by phone and email, also by various combined clinics while common local multidisciplinary meetings were uncommon. Of note, 71% of respondents found collaboration with young colleagues easier than with senior specialists. Research collaboration usually started by knowing other specialists (73%) and/or by attending common meetings (39%). 96% would like to develop