Abstract FRI0513 – Table 1. Comparison of BS patients and healthy controls

	Patients	Healthy controls	p
BDAF	2.7±1.6	-	
BDQoL	9.4±9.2	-	
HADS-Anxiety	67 (%43.2)	11 (%10.3)	0.001
HADS-AnxietyScore	8 (0–21)	6 (0–13)	0.004
HADS-Depression	63 (%40.6)	23 (%21.5)	0.001
HADS-Depression Score	5 (0–20)	4 (0–10)	0.340
MAF	25.0 (6.5–48)	19.2 (7.3–44.2)	0.000

Abstract FRI0513 – Table 2. Correlations between MAF score and BDAF, BDQoL, HADS-A, HADS-D in BS patients

Parametre	MAF score	
	R	p
HADSD	0459	<0001
HADSA	0548	<0001
BDQoL	0572	<0001
BDAF	0359	<0001
DrVAS	0285	<0001
Patient VAS	0434	<0001
Age	0119	0141
Disease duration	0070	0384

Conclusions: Fatigue and anxiety is common in clinically active BS patients compared with healthy controls and inactive BD patients.

REFERENCE:

- [1] Tascilar NF, Tekin NS, Ankarali H, et al. Sleep disorders in Behcet's disease, and their relationship with fatigue and quality of life. *J Sleep Res* 2012;21(3):281–288.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5385

FRI0514 ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES POSITIVITY IN INTERSTITIAL LUNG DISEASE PATIENTS

S. Barsotti^{1,2}, L. Cavagna³, F. Ferro¹, P. Tomietto⁴, A. Pesci⁵, G. Dei⁵, S. Prieto-González⁶, F. Hernández-González⁷, L. Saracino⁸, A. Manfredi⁹, G. Emmi¹⁰, M. L. Urban¹⁰, M. Mosca¹, C. Baldini¹, R. Neri¹, on behalf of ILD-ANCA study group. ¹Rheumatology Unit, University of Pisa, Pisa; ²Medical Biotechnology, University of Siena, Siena; ³Rheumatology Unit, University and IRCCS Policlinico S. Matteo Foundation, Pavia; ⁴Rheumatology Unit, Azienda Ospedaliera - Universitaria Integrata Trieste, Trieste; ⁵Clinica pneumologica, Università degli studi di Milano-Bicocca, Milano, Italy; ⁶Department of Autoimmune Diseases; ⁷Thorax Institute, Hospital Clínic, Barcelona, Spain; ⁸Pneumology Unit, University and IRCCS Policlinico S. Matteo Foundation, Pavia; ⁹Rheumatology Unit, University of Modena and Reggio Emilia, Modena; ¹⁰Department of Experimental and Clinical Medicine, University of Florence, Florence, Italy

Background: Interstitial lung disease (ILD) is a possible manifestation of several rheumatic diseases. Although lung involvement is common in Anti-neutrophil cytoplasmic antibodies (ANCA) vasculitides (AAV), the presence of ILD is relatively rare. Moreover, a very small subgroup of patients may present ILD along ANCA positivity without other systemic signs of AAV.

Objectives: To describe the phenotypic characteristics of ILD patients with ANCA positivity without a definite diagnosis of AAV.

Methods: ANCA-ILD patients from 7 tertiary care hospitals (6 from Italy, 1 from Spain – 2 rheumatology centres, 4 pneumology centres, 1 internal medicine) were included. The mean follow-up was of 62.6±49.8 months. We collected epidemiologic, demographic, clinical, serological, pulmonary function test (PFT) data and high resolution computed tomography (HRCT) pattern.

Results: 19 patients with ANCA-ILD (M:F=9:10, mean age at diagnosis 66.2±8 years) were enrolled. The mean latency between the first respiratory symptom onset and the diagnosis was 26.4±37.0 months. Sixteen patients (84%) had ANCA-MPO positivity while 3 ANCA-PR3. Antinuclear autoantibodies were positive in 12 patients (63%).

Usual interstitial pneumonia was the main HRCT pattern (10, 52.6%), followed by non specific interstitial pneumonia (8, 42%, 1 associated with organising pneumonia), 1 combined pulmonary fibrosis and emphysema. Six patients with ILD-ANCA presented also a non-erosive oligoarticular inflammation (n=6).

During the follow-up, the majority of the patients (16/19) did not require oxygen therapy at last evaluation. However, 1 patient required continuous O₂, 1

intermittent O₂, 1 patient underwent lung transplant due to respiratory failure. Five patients required hospitalisation due to respiratory insufficiency. Two patients died, both for respiratory insufficiency.

All patients were treated with glucocorticoids as induction therapy (4 intravenous pulses), combined with an immunosuppressant in 11 cases: cyclophosphamide (3, 15%), azathioprine (6, 31%), mycophenolate (2, 10.5%), methotrexate (1, 5.5%) or rituximab (2, 10.5%).

Conclusions: the observation of ANCA positivity in patients with ILD may open new prospective in the assessment of interstitial lung diseases. Although most of patients had a good prognosis, up to 25% presented unfavourable respiratory outcome. Further prospective studies in larger cohorts and longer follow-up may clarify the prognosis of this particular lung disease and if ILD-ANCA should be classified as a distinct subset or an incomplete form of AAV.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4949

FRI0515 EFFECTIVENESS OF DIRECT-ACTING ANTIVIRAL THERAPY ON CRYOGLOBULINEMIA ASSOCIATED WITH HEPATITIS C VIRUS

S. Zagarra Mondragon, J.R. Quiñones, J. Bachiller Corral, M. Vazquez Diaz. *Rheumatology, Hospital Ramon y Cajal (Spain), Madrid, Spain*

Background: Hepatitis C virus (HCV) is the most frequent cause of mixed cryoglobulinemia, reaching up to 30%–50% of patients with chronic infection. Cryoglobulinemia can manifest as arthritis, vasculitis, hypocomplementemia, peripheral neuropathy or renal involvement. A new direct-acting antiviral therapy against HCV is available for 4 years, and it achieves a sustained virologic response, close to the definition of cure for this viral infection.

Objectives: To evaluate the effectiveness of treatment with direct-acting antivirals in HCV-associated cryoglobulinemia and its clinical manifestations.

Methods: In a retrospective cross-sectional observational study, we enrolled all consecutive patients with positive serum cryoglobulins and HCV infection with high viral load. Patients with or without associated rheumatological or systemic manifestations were included. All of them were treated with a combination of the new antivirals: sofosbuvir +ledipasvir, or ombitasvir +paritaprevir +ritonavir +dasabuvir; during 8 to 24 weeks, between January 2014 and December 2016. Post treatment blood studies were made in all patients during the first year. Seronegativization of cryoglobulins and improvement of associated clinical manifestations after treatment were analysed.

Results: Thirty patients were included, 24 (80%) women. The median age of was 61.4 years. The HCV genotype: 1B in 76.6%, 1A in 16.6% and type 4 in the rest. Eighteen (60%) patients had systemic manifestations: 11 had joint involvement, 11 hypocomplementemia, 8 had leukocytoclastic vasculitis or skin ulcers, 5 Raynaud's phenomenon, 5 sensory-motor peripheral neuropathy, 3 renal involvement with glomerulonephritis, 2 Sjögren's syndrome and 1 patient with autoimmune hemolytic anaemia.

The sustained viral response was achieved in 29 patients (96.6%), maintaining an undetectable viremia after finishing the treatment. Cryoglobulins were negativized in 22 (73%) of patients, and complement was normalised in 36% of those who had hypocomplementemia before treatment. There was a clinical improvement in 54.2% of patients with previous associated rheumatologic or systemic manifestations. The arthritis and cutaneous vasculitis had better response than the other manifestations. No significant correlations were found between the serological and clinical responses.

Conclusions: Direct-acting antiviral therapy is very effective against HCV infection. It is also useful for the treatment of mixed cryoglobulinemia, negativizing cryoglobulins in almost 3/4 of the cases, and with clinical response in more than half of the patients, being more favourable in the cases of joint involvement and cutaneous vasculitis.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6169

FRI0516 INSIGHT INTO INFLAMMATORY CELL AND CYTOKINE PROFILES IN ADULT IGA VASCULITIS

T. Kureti¹, K. Lakota^{1,2}, P. Žigon¹, M. Ogric¹, S. Sodin-Šemr^{1,2}, S. Čučnik^{1,3}, M. Tomšič^{1,4}, A. Hočvar¹. ¹Department of Rheumatology, University Medical Center Ljubljana, Ljubljana; ²FAMNIT, University of Primorska, Koper; ³Faculty of Pharmacy; ⁴Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

Background: Immunoglobulin A vasculitis (IgAV) is a small vessel, immune complex vasculitis, involving skin, joints, gastrointestinal tract (GIT) and kidney. While different diagnostic/prognostic and inflammatory markers have already been studied in paediatric IgAV, data on adult cases are scarce¹.

Objectives: To examine the inflammatory cell profile in peripheral blood and cytokine profile in sera of newly diagnosed, biopsy-proven and treatment-naïve adult

IgAV compared to healthy blood donors (HBD), and determine associations with IgAV clinical signs.

Methods: Flow cytometry of stained, lysed and fixed whole blood was performed in IgAV (n=30), and HBD (n=17) (Miltenyi). Cytokines were quantitated by multiplex bead assay (Luminex), ELISA (IL-6) and immunonephelometry (acute phase serum amyloid A (SAA)) in 57 IgAV vs. 53 HBD.

Results: Percentage of CD16⁺ neutrophils was significantly higher, while percentages of CD3⁺ T-cells (including CD4⁺ and CD8⁺ cells), as well as CD19⁺ B-cells were significantly lower in peripheral blood of IgAV patients vs. HBD. The expression of I-selectin (CD62L) on CD16⁺ neutrophils was significantly increased in IgAV vs. HBD, as were the sera levels of TNF- α (2-fold), IL-6 (3-fold), IL-8 (2.2-fold) and SAA (11.7-fold changed levels) (table 1). Association was found between GIT involvement and lower neutrophil expression of integrin α M (CD11b) (median; IQR: 7.2; 4.2–16.0), compared to skin limited (17.8; 9.9–40.5) IgAV cases (p=0.047). There was no association found between different cytokines and IgAV clinical phenotype.

Abstract FRI0516 – Table 1. Cell profiles, neutrophil surface proteins and cytokines in IgAV patients compared to HBD

Cells (% of WBC)	MEDIAN (Q ₂₅ – Q ₇₅)		P value	Cytokines (pg/ml)	MEDIAN (Q ₂₅ – Q ₇₅)		P value
	HBD (n=15)	IgAV (n=15)			HBD (n=53)	IgAV (n=57)	
Neutrophils	51.0 (47.1– 56.9)	67.5 (63.6– 73.3)	<0.001	IL-1 β	0.4 (0.4– 0.4)	0.4 (0.4– 1.5)	ns
T-cells	26.4 (23.0– 31.8)	16.6 (10.2– 21.4)	<0.001	IL-6	2.0 (1.0– 6.0)	6.0 (2.8– 14.3)	0.015
CD4⁺T cells	13.6 (11.7– 18.4)	10.4 (7.7– 14.4)	0.003	IL-8	53.3 (10.9– 195.0)	117.1 (29.3– 443.9)	0.018
CD8⁺T cells	10.3 (6.0– 12.6)	5.0 (1.9– 7.9)	0.002	IL-9	19.0 (19.0– 19.0)	19.0 (19.0– 19.0)	ns
B-cells	3.8 (2.9– 4.7)	2.4 (1.6– 2.9)	0.006	IL-10	1.0 (0.8– 2.8)	0.04 (0.04– 1.3)	ns
NK cells	4.6 (3.8– 6.3)	3.6 (2.3– 6.1)	ns	IL-13	665.2 (354.1– 1668.0)	23.0 (23.0– 102.2)	ns
Neutrophil surface proteins (MFI)	HBD (n=17)	IgAV (n=30)		IL-23	1.4 (1.4– 82.9)	1.4 (1.4– 118.6)	ns
CD62L	56.4 (44.9– 73.7)	86.5 (45.4– 107.5)	0.036	TNF-α	3.9 (0.8– 15.5)	8.1 (3.0– 20.2)	0.003
CD11b	8.7 (5.5– 27.4)	15.7 (6.4– 31.3)	ns	SAA (μg/ ml)	2.8 (1.9– 4.7)	32.8 (7.2– 168.0)	<0.001

Conclusions: We found significant up-regulation of neutrophils and their CD62L expression, as well as sera levels of IL-6, IL-8, TNF- α and SAA in IgAV, implying a pathogenic role of neutrophils in IgAV. CD11b might represent a promising surface marker of GIT involvement in adult IgAV.

REFERENCE:

- [1] Nagy GE, Kemény L, Bata-Csörgő Z, et al. Neutrophil-to-lymphocyte ratio: A biomarker for predicting systemic involvement in adult IgA vasculitis patients. *J Eur Acad Dermatol Venereol* 2017;31(6):1033–1037.

Acknowledgements: The authors would like to thank the Rotary club Zgornji Brnik, Slovenia, as well as Prof. Mauro Peretti and Dr. Suchita Nadkarni from WHRI, Queen Mary, University of London for their support. We would also like to thank the Slovenian Research Agency for financial support.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3665

FRI0517

VESSEL WALL MORPHOLOGY IN GIANT CELL ARTERITIS– A LONGTERM SONOGRAPHIC FOLLOW-UP STUDY

E. Schegg¹, C.T. Berger², S. Imfeld³, D. Staub³, M. Recher⁴, D. Kyburz¹, M. Aschwanden³, T. Daikeler¹. ¹Department of Rheumatology; ²Translational Immunology, University Hospital Basel; ³Department of Angiology; ⁴Clinical Immunology, Basel, Switzerland

Background: Ultrasound (US) is a cornerstone in the diagnosis of GCA. Only limited data on how US documented large vessel wall thickening changes during treatment is available.

Objectives: To assess arterial vessel wall findings by US during long term follow-up in GCA patients with large vessel vasculitis (LVV) and to correlate findings with the disease course

Methods: Patients with GCA and US defined LV vasculitis were scheduled semi-annually for clinical and laboratory assessment as well as US of the temporal (TA), vertebral (VA), carotid (common, internal, external), subclavian (SA), axillary (AXA), deep (DFA), superficial (SFA) and common (CFA) femoral, and popliteal arteries (PA). US findings were classified as normal, moderate or marked vessel wall thickening.

Results: From 42 patients (16 male) with a median age of 75 years at diagnosis 28 had typical vessel wall thickening in the temporal artery and in at least one LV segment and 14 in the LV only. The following vessels (marked/moderate) were most often involved: PA in 11/21, SFA in 13/20, AxA in 14/5, SA in 8/13 patients respectively.

A reduction of the vessel wall thickening in the temporal artery during follow-up was found in 79% of patients after in median 7 months, with bilateral normalisation in 10 patients after in median 13 months.

In contrast 55% had no, 43% a partial and only one patient a complete reduction of thickening of all LV walls during follow-up. From initially marked supra-aortic LV segments 35% were moderate and 16% normal and from initially moderate LV 13% were normal at 1 year FU. From initially marked infra-aortic LV segments 36% were moderate and 3% normal and from initially moderate 10% were normal at 1 year FU.

Progression of vessel wall thickening in the LV during FU was seen in a total of 3 patients, in 2 of those, a clinical relapse of GCA was diagnosed one respectively 2 months before US.

There was no difference between patients with reduction of the vessel wall thickening and without during follow-up in respect to clinical parameters (relapse rate over the observation time, cumulative steroid dose after one year).

Conclusions: Regression of US morphological documented thickening of LV in patients with GCA is rare despite clinical remission. US remains sensitive for the diagnosis of LVV long after treatment initiation. Most plasticity is seen in the TA and more rarely in the supra-aortic segments.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5478

FRI0518

INCIDENCE, CHARACTERISTICS AND MANAGEMENT OF GIANT CELL ARTERITIS IN FRANCE: A STUDY BASED ON NATIONAL HEALTH INSURANCE CLAIMS DATA

V. Devauchelle Pensec¹, E. Hachulla², M. Paccalin³, S. Gandon⁴, I. Idier⁵, M. Nolin⁶, M. Belhasen⁶, A. Mahr⁷. ¹Rheumatology, University Hospital, Brest; ²Internal Medicine, University Hospital Claude Huriez, Lille; ³Internal Medicine, University Hospital, Poitiers; ⁴Clinical Operations, Roche SAS, Boulogne Billancourt; ⁵Medical, Chugai Pharma France, Paris La Defense; ⁶PELyon; EA 7425 HESPER, Université Claude-Bernard-Lyon1, Lyon; ⁷Internal Medicine, University Hospital APHP Saint Louis, Paris, France

Background: Giant cell arteritis (GCA) is an immune-mediated, primary systemic vasculitis that affects large and medium-sized arteries. GCA may cause vision loss in up to 20% and requires long term glucocorticoids (GCs). There are currently few data available in France on the epidemiology, patients' (pts) characteristics, diagnosis and management of GCA in a real-world setting.

Objectives: The objectives of this study were to address these questions using Health insurance claims data.