decreased (figure 1). Despite indicating US examination more frequently, rheumatologists did not base their DMARD escalation decision on PD synovitis.

Abstract FRI0588 – Table 1. Visits distribution according to DMARD escalation and groups

	Group DAS28 (n=175)	Group US (n=105)
	DAS28	Observed Theoretical
DMARD escalated*	36 (12.9)	23 (8.2) 10 (3.6)
DMARD not escalated*	139 (49.6)	82 (29.3) 95 (33.9)

*Numbers (%) of visits; $p=0.791$ (chi-square test) between Group DAS28 and Observed Group US; $p=0.012$ (chi-square test) between DAS28 and Theoretical Group US

Abstract FRI0588 – Figure 1. Proportion of visits with US evaluation (bars) and level of agreement between US synovitis ($PD \geq 2$) and DMARD escalation (kappa coefficients; $P < 0.001$ for all).

Conclusions: In this real-life study of RA patients with FM, the growing use of US for evaluating RA activity over time was associated with an increasing discordance between US result and clinical judgement. When clinical judgement and US findings were discordant, RA treatment decision was mostly based on clinical judgement. If US result oriented treatment decision, DMARD escalation risk would be 61% smaller.

REFERENCES:

- [1] Dale J, et al. Ann Rheum Dis. 2016;75(6):1043–50.
- [2] Haavardsholm EA, et al. BMJ 2016;354:i4205.
- [3] Ranzolin A, et al. Arthritis Rheum. 2009;61(6):794–800.
- [4] Chakr RM, et al. Rev Bras Reumatol 2016. doi:10.1016/j.rbr.2016.11.004
- [5] Lage-Hansen PR, et al. Scand J Rheumatol 2015. doi:10.3109/03009742.2015.1046484:1-4

Acknowledgements: This study was funded by Hospital de Clínicas de Porto Alegre.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2538

FRI0589

A JOINT PROCEDURAL RECOMMENDATION ON FDG-PET/CT(A) IMAGING IN LARGE VESSEL VASCULITIS AND POLYMYALGIA RHEUMATICA FROM THE CARDIOVASCULAR AND INFLAMMATION & INFECTION COMMITTEES OF THE EANM, THE CARDIOVASCULAR COUNCIL OF THE SNMMI, THE PET INTEREST GROUP (PIG), AND ENDORSED BY THE ASNC

R. Slart on behalf of Members of EANM Cardiovascular, EANM Infection & Inflammation Committees, SNMMI Cardiovascular Council, PET Interest Group, and ASNC. Medical Imaging Center, departments of Nuclear Medicine and Radiology, University Medical Center Groningen, Groningen, Netherlands

Background: [18F]-fluorodeoxyglucose positron emission tomography combined with anatomical computed tomography angiography, (FDG-PET/CTA) is increasingly used in Large Vessel Vasculitis (LVV), consisting of Giant Cell Arteritis (GCA) and Takayasu Arteritis (TA) and Polyomyalgia Rheumatica (PMR), and may be of value for optimal diagnosis, disease activity monitoring, and evaluation

of damage development. There are currently no general accepted procedural guidelines regarding PET imaging acquisition for LVV and PMR.

Objectives: The aim of our study is to provide recommendations and statements, based on the available evidence in the literature combined with consensus of experts in the field, for patient preparation, FDG-PET/CT(A) acquisition and interpretation.

Methods: A systematic literature review was conducted to retrieve data on FDG-PET/CT(A) imaging in LVV and PMR. Expert consensus was used to propose recommendations in the absence of sufficiently robust data. Levels of evidence and grades of recommendations were attributed to the statements of different indications according to published criteria.

Results: Based on the literature review combined with expert consensus recommendations and statements that could be formulated: see table 1.

Recommendations and statements	Level of evidence	Grade
Fasting the patient for at least 6 hours prior to FDG administration	II	B
Normal blood glucose levels are desirable, but glucose levels below 10 mmol/L (180 mg/dL) are acceptable	II	B
FDG/PET within three days after start of GC is optional as an possible alternative	III	B
A minimum interval of 60 minutes is recommended between FDG administration and acquisition for adequate biodistribution	III	B
Use of a standardized grading system	II	B
Typical FDG joint uptake patterns should be evaluated and reported if present	II	B
Normalization of the arterial wall uptake to the background activity of venous blood pool provides a good reference to assess vascular inflammation	II	B
Normalization of the arterial wall uptake to the background activity of venous blood pool provides a good reference to assess vascular inflammation	II	B
Based on the available evidence, FDG-PET imaging has high diagnostic performance for the detection of LVV and PMR	II	B
CTA and FDG-PET have complementary roles in the diagnosis of LVV	III	B
CTA has incremental value in detecting structural vascular changes and potential complications of vasculitis	II	A
FDG-PET/CT(A) may be of value to evaluate response to treatment by monitoring functional metabolic information and detecting structural vascular changes	III	C

Conclusions: This joint recommendation highlights that standardisation and general consensus regarding the optimal procedural performance of FDG-PET/CT(A) imaging in LVV and PMR are highly needed. Some recommendations and statements could be formulated however, there are also a lot of open issues which need to be studied for optimal performance of FDG-PET/CT(A) in the diagnosis, (treatment) monitoring and future theranostics in LVV/PMR to increase the levels of evidence and improve the grades of the recommendations.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1181

FRI0590

ULTRASOUND EXAMINATION OF THE WRIST JOINTS: FREQUENCY OF CRISTAL DEPOSITS (CHONDROCALCINOSIS) IN PATIENTS WITH DIFFERENT ARTHROPATHIES

R. Osipiants¹, M. Eliseev², S. Vladimirov², K. Ilyikh². ¹RUDN University; ²V.A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background: Hand involvement in the rheumatic diseases is often precocious and predominant as compared to other skeletomuscular regions. The Ultrasound (US) has an important role in early calcium pyrophosphate deposition disease (CPPD) diagnosis. Recent studies suggest a positive associated of CPPD and other rheumatic disease.^{1,2}

Objectives: To investigate the frequency of the US features of chondrocalcinosis (CC) at the triangular fibrocartilage complex (TFC) of the wrist in patients (pts) with different arthropathies.

Methods: A total of forty persons were included in the study and were divided into 4 groups (on ten in each group): basic group – CPPD pts (crystal-proven at synovial fluid analysis; median age 58.5 (range 45–63) years; 6M/4F) and the control groups – rheumatoid arthritis pts (RA, ACR/EULAR 2010 age 50.5 (44–56) years; 3M/7F), psoriatic arthritis pts (PsA, CASPAR criteria; age 50(37-59) years; 3M/7F), healthy volunteers (age 37.5 (33–55) years; 3M/7F). All subjects were carefully age and gender matched with the CPPD pts. US examinations (“Voluson-i” (GE, USA), 4–13 MHz probe) were performed by one examiner. TFC of the wrist was assessed to detect US findings of crystal deposits.³ The Mann-Whitney U-test was applied for intergroup comparison.

Results: In all CPPD pts (100%) CC of TFC was detected in at least one joint. In the control groups intra-cartilaginous hyperechoic spots were found in 6 of 10