substances in 21 other patients (25.9%), organic solvents in 4 patients (4.9%) and other toxic in 6 cases (7.4%). Toxic exposure was associated with a lower risk of being female (OR 0.15, $p < 0.001$), having been exposed to tobacco (OR 0.4, p 0.037) and digital ulcers (OR 0.43, p 0.016) and with a greater likelihood of hepatic involvement (OR 3.63, p 0.021), musculoskeletal involvement (OR 2.13, p 0.017) and the slow capillary pattern of Maricq (OR 1.8, p 0.063). Analyzing the exposure groups separately, patients exposed to silica had a lower probability of Raynaud's phenomenon (OR 0.25, p 0.005) and a higher probability of diagnosis at older ages (OR: 1.04, p 0.005), presence of Topoisomerase I antibody (OR 3.71, p 0.023) and slow capillary pattern of Maricq (OR 4.15, p 0.008). Patients exposed to hydrocarbons had an increased risk of liver involvement (OR 5.34, p 0.029).

Conclusion: In our cohort of 225 patients with SSc, 60% of male patients and 28% of women worked in a profession with a potential risk of toxic exposure. In this preliminary study, important differences were observed in the probability of a different phenotypic expression of the SSc according to the history of occupational exposure to toxins. Studies with a larger number of patients are needed to establish these associations in a solid way.

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FRI0672 INCIDENCE OF GIANT CELL ARTERITIS IN 6 DISTRICTS OF PARIS, FRANCE (2015–2017)

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Background: Little is known about the current incidence of giant cell arteritis (GCA) in France.

Objectives: We conducted a prospective, population-based survey over 3 years to estimate the incidence of GCA in inhabitants of Paris, France.

Methods: From January 2015 to December 2017, new GCA diagnoses in 6 districts of northeastern Paris (257,888 inhabitants ≥ 50 years old) were prospectively identified by 1) biannual postal mails to 1,134 general practitioners and other specialists practicing in the study area; 2) quarterly e-mail surveys among 28 hospital departments located in or close to the study area and 3) new records in the National Health Insurance System database with code M31 (other necrotizing vasculopathies) in the International Classification of Diseases, 10th revision. Clinical data of notified cases were retrieved from medical records. Retained cases lived in the study area at the time of diagnosis, fulfilled the 1990 American College of Rheumatology classification criteria and/or were ≥ 50 years old, with imaging or histology evidence of large-vessel inflammation and increased levels of inflammatory biomarkers. Clinical presentations with no cranial symptoms were classified as large-vessel GCA and otherwise as cranial GCA. Annual incidence rates were calculated by dividing the number of incident cases by the size of the study population and the study period (in years); 95% confidence intervals (CIs) were calculated by using the Poisson distribution. Completeness of case ascertainment was assessed by a three-source capture-recapture analysis.

Results: Among 61 retained cases (69% females; mean age: 77.1 [SD: 9.0] years), 57 (93%) were cranial GCA and 4 (7%) large-vessel GCA. GCA diagnoses were supported by temporal artery biopsy findings, imaging of the aorta and its main branches, temporal artery ultrasonography and/or aortic tissue histology in 35 (57%), 18 (30%), 7 (11%), and 1 (2%) cases, respectively. GCA incidence rate (per 100,000 inhabitants ≥ 50 years old) was estimated at 7.9 cases (95% CI: 6.0–10.1). Completeness of case ascertainment was estimated at 66% (95% CI: 52–92%).

Conclusion: Our annual incidence estimate of GCA is close to the sole published estimate for another French population established 4 decades ago [1] and adds further support to the lower incidence of GCA in non-

Scandinavian versus Scandinavian populations. Large-vessel GCA cases seem a rare form of GCA as compared with cranial GCA.

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FRI0673 RISK OF JOINT SURGERY IN PATIENTS WITH PSORIATIC ARTHRITIS. A REGISTER-BASED TIME SERIES STUDY FROM DENMARK

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Background: The knowledge is limited about use and time trends of joint surgery among patients with psoriatic arthritis (PsA). It is also unknown whether the need for joint surgery has decreased as seen in most Rheumatoid Arthritis populations in the biologic era.

Objectives: To study time trends and cumulative incidence of joint surgery among PsA patients in Denmark from 1996 to 2017 compared to a general population cohort (GPC) in a nationwide register-based study.

Methods: The Danish National Patient Register was used to identify incident PsA patients diagnosed at a department of rheumatology or general internal medicine. We calculated the 5-year incidence rates (IR) and incidence rate ratios (IRR) of joint surgery in 4 calendar-period defined cohorts in Danish PsA patients (1996-2000; 2001-2004; 2005-2008; 2009-2012). Each patient was subsequently matched with up to 10 non-PsA GPCs.

Using the Aalen-Johansen estimator, we calculated the 5, 10 and 15-year cumulative incidences of any joint surgery and joint-sacrificing surgery (arthroplasty and arthrodesis), respectively, for all patients PsA patients diagnosed from 1996 to 2017.

Results: In total, 11 960 PsA patients (mean age 50 years; 57% female) were identified from 1996-2012. The IR of surgery was higher in each PsA calendar cohort compared with their GPC counterpart with an overall IR in PsA of 20.7 (95% CI 19.3-22.1) and GPC 9.9 (95% CI 9.6-10.2) from 1996-2012 (Table 1). Comparing PsA with GPC cohorts across calendar periods, the IRR for any joint surgery decreased slightly from 2.4 (95%CI 2.0 to 2.9) in 1996-2000 to 2.0 (95%CI 1.7 to 2.2) in 2009-2012. Among PsA patients diagnosed between 1996 and 2017, the 5, 10, and 15-year cumulative incidences of surgery were 2%, 10%, and 29%, respectively (Figure 1).

Figure 1

Conclusion: In this study, the 5-year IR of joint related surgery in PsA did not change substantially from 1996 to 2012. The IR remained about twofold higher compared with the general population. Thus, any beneficial