**Objectives:** To retrospectively summarize 50 cases of patients with mesenteric panniculitis (MP) diagnosed by CT to improve the clinicians’ understanding of the disease. Methods: The patients with MP diagnosed by abdominal CT were collected from the hospital of Shanxi Medical University from January 2013 to May 2017. The demographic characteristics, clinical features, auxiliary examination, treatment and prognosis were analyzed and summarized. Results: The proportion of men and women was 1:0.92, the age of onset was 25 – 85 years old, the average age was (59.1±14.0) years old. Most of the patients presented with abdominal pain, fever, hematuria, and lymphadenopathy. 22 cases with tumor, the most common type is lymphoma, 16 cases with abdominal surgery history. There were no special laboratory tests, no patients had mesenteric pathologic biopsy. 6 cases had abdominal CT review, 1 case of who used hormone therapy showed the lesion was significantly absorbed, the remaining 5 cases no significant changes. Conclusion: MP is common in the elderly, the clinical manifestations are diverse, easy to merge tumor, lymphoma more common, abdominal CT is its most important diagnostic means, when found MP, should pay attention to whether the merger with malignant tumors. 

**REFERENCES**


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**Public health, health services research, and health economics**

**SAT0555**

**LOSS TO FOLLOW-UP IN REGISTRIES OF RHEUMATIC PATIENTS TREATED WITH BIOLOGICS: A POTENTIALLY VALUABLE HIDDEN-WORLD DATA THAT IS BEING OVERLOOKED?**

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**Background:** The information associated with loss to follow-up (LFU) patients (Pts) may affect a real-world data evaluation of the use of biologics (Bio) that is not being adequately captured in registries. **Objectives:** To identify the reasons for LFU in rheumatic patients treated with biologics in our center.  

**Methods:** We identified all Pts treated with Bio in our center who had no registered visits in Reuma.pt for more than 6 months. We retrieved baseline information from Reuma.pt and from the hospital electronic clinical record. We then performed a telephonic interview to characterize the reasons for LFU up at our day care unit. For Pts unable to be contacted by telephone a letter of invitation to an appointment at the hospital was sent.  

**Results:** From a total of 790 Pts registered in Reuma.pt at our centre with active Bio therapy (BioTx), 227 did not have any information registered. Out of these, 6 months of this, 36 Pts were on BioTx prescribed by another Department (Dermatology, GEA) and maintain follow-up in these departments. 102 Pts had suspended BioTx by medical indication, and this information was registered in the hospital electronic clinical records but not updated in Reuma.pt. For 89 Pts (47%) no information could be retrieved from either the hospital electronic clinical record or Reuma.pt and we classified these Pts as true LFU. Reasons of LFU were: being followed up in other Rheumatology centres (n=28; 31.4%), death (n=29; 29.2%), adverse effects (AE) (n=11; 12.4%), other (n=5, 5.6%) and clinical remission (n=4; 4.5%). 15 Pts (16.9%) could not reach us by telephone or attend the appointment. 

**Conclusion:** 28 of these LFU Pts were being followed up in another Rheumatology center. The most frequent reasons for this change were: 15 (16.9%) decided to move the follow-up to a newly created and closer Rheumatology Department; 6 (6.7%) moved to another city; 5 patients (5.6%) had administrative problems related to our Department/Hospital and 2 (2.3%) patients referred socio-economic reasons that were interfering with travelling. 

26 of the LFU Pts died, at a mean age of 66.3 years. The mean disease duration was 14.3 years and 20 Pts (78.9%) had RA. The mean duration of Bio was 5.9 years and 53.8% were under anti-TNF therapy, 16% under Anti-COD20 therapy and 12% under interferlin-6R inhibitors. Cause of death was identified in only 3 patients: 1 had a myocardial infarction, 2 had surgery complications. None of these Pts was on BioTx at the moment of death. 

11 Pts of the LFU had stopped BioTx and abandoned follow-up by their own decision after suffering AE attributed by the patient to the use of Bio. 6 patients (6.7%) had infections: cutaneous (n=3, 3.4%) or urinary tract related (n=3, 3.4%); with need of hospital admission in 2 of the cases (2.2%). The remaining Pts stopped the drug because of cutaneous reactions (n=5; 5.6%). 

4 Pts of the LFU were in remission and decided to stop the drug and the medical follow up. All of them believed that the disease was inactive without the need of medical drugs. 

**Conclusion:** Identifying LFU Pts and clarifying the reason for the loss of data in a register contributes to a better knowledge on strategies to discontinuation in stable Pts, to a better pharmacovigilance of adverse effects and to more efficiency in data capture by registries. The authors of this study are now making additional efforts to contact the 15 still missing Pts and obtaining access to death certificates in order to further clarify the cause of death of 23 Pts. 

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**SAT0556**

**EVALUATING RESEARCH PARTICIPANT EXPERIENCE IN A RHEUMATOID ARTHRITIS OBSERVATIONAL STUDY**

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**Background:** Patient and public involvement (PPI) in research is increasingly common (1), but the experience of research participants is rarely evaluated, missing opportunities to gain insights for improving future studies. (2) Observational studies are often used to study natural progression and treatment response in chronic diseases like rheumatoid arthritis (RA). **Objectives:** We aimed to pilot a participant experience questionnaire in an observational study of RA patients, to gain feedback on the study and evaluate the questionnaire as a feedback tool. **Methods:** The Rheumatoid Arthritis Medication Study (RAMS) is a large UK prospective observational study of patients with RA or undifferentiated polyarthritis starting methotrexate (MTX) for the first time. Participants were recruited prior to initiation of MTX and followed-up at 3, 6 and 12 months. At visits, disease activity is measured and participants complete a study questionnaire including patient reported outcomes. Participants also complete a weekly diary about their MTX use. (3) A subset of RAMS participants were given a feedback questionnaire at their final visit. The questionnaire was designed by researchers and study coordinators with feedback from patients. Questions addressed the value of participation, study conduct and priorities for future research. **Methods:** Multiple-choice question responses were summarised and key themes were identified in the free-text responses.