be at an increased risk of CVA as well although the data are still inconclusive as most studies addressing this association were small in size.

Objectives: The current systematic review and meta-analysis was conducted with the aims to comprehensively identify all relevant studies and summarize their results together to better characterize the risk of CVA among patients with AAV.

Methods: Two investigators independently searched for published studies indexed in MEDLINE and EMBASE database from inception to October 2018 using the search strategy that included the terms for anti-neutrophil cytoplasmic antibody-associated vasculitis and cerebrovascular accident. Eligible studies must be cohort studies (either retrospective or prospective) that compared the risk of incident CVA between patients with AAV and individuals without AAV. They must also report the relative risk or hazard ratio with 95% confidence interval (CI) of this comparison. Point estimates and standard errors from each study were extracted and combined together using the random effect, generic inverse variance technique of DerSimonian and Laird.

Results: A total of 5 studies fulfilled the inclusion criteria and were included in this meta-analysis. The risk of incident CVA among patients with AAV was significantly higher than individuals without AAV with the pooled risk ratio of 1.49 (95% CI, 1.06–2.10). The statistical heterogeneity was insignificant with an I^2 of 11%. The forest plot of this meta-analysis is shown as figure 1. The funnel plot of this study was relatively symmetric and did not suggest the presence of publication bias.

Conclusion: A significantly increased risk of CVA among patients with AAV was demonstrated by this meta-analysis. Physicians who take care of patients with AAV should be aware of this risk and focus on interventions to modify other conventional risk factors for CVA may be warranted.

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Figure 1. Forest plot of the studies on risk of incident CVA among patients with AAV

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AB0624

SAFETY OF RITUXIMAB BIOSIMILAR FOR THE TREATMENT OF CRYOGLOBULINEMIC VASCULITIS

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Background Rituximab (RTX) represents a milestone in the treatment of mixed cryoglobulinemic vasculitis (MCV). Despite usually well-tolerated, RTX may induce different types of adverse drug reactions, including exacerbation of vasculitis. RTX biosimilars have been recently approved in Europe in the treatment of rheumatoid arthritis, but no data are available about effectiveness and safety of RTX biosimilars in the treatment of MCV.

Objectives Aim of the study was to analyse the safety of RTX biosimilar in patients with MCV treated in first-line or after a shift by RTX originator.

Methods In a multicenter, prospective, open-label study, we enrolled all MCV patients treated with RTX biosimilar, both in first-line or after a shift by RTX originator. Nineteen consecutive MCV patients (F/M 13/6, mean age 68.3±11.5 months,

mean disease duration 94±86 months, 10/19 HCV+ and 6/19 HBV+) were treated with RTX in a six-month period (July-December, 2018). Nine patients were treated with RTX for the first time, while the other 9 patients have been already treated with RTX originator and were switched to RTX biosimilar. Twelve patients received a dose of 250 mg/m² of RTX every other week, while 6 were treated with 1 gram of RTX every other week.

Results During a month-period after the last infusion, 5 adverse events (AE) were observed, namely 2 vasculitis flares, and 1 urticaria, atrial fibrillation occurred during infusion, and septicemia, respectively.

Three of 5 AE were observed in patients treated with the higher dose of RTX (in particular both cases of vasculitis flare were recorded in patients treated with 1 gram of RTX), while no differences were observed according to the previous treatment with RTX originator (2/9 vs 3/9 AE in patients switch or naïve, respectively).

Conclusion Despite the low number of patients, the switch among RTX originator and biosimilar appear to be safe and the number of AE were in line with previous reports about RTX originator. The main limit of this study is the absence of a control group, that doesn't allow a direct comparison of the safety between RTX originator and biosimilar. Previous reports suggested that higher dosage of RTX are associated to a higher risk of side effects. Also, in our study the occurrence of AE, mainly vasculitis flare, seem to be associated to the dose of RTX, rather than to the switch to biosimilar

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AB0625

EXPERIENCE IN THE USUAL PRACTICE OF PATIENTS WITH BEHÇET'S DISEASE WHO ARE IN FOLLOW-UP IN THE UVEITIS UNIT OF THE DONOSTIA UNIVERSITY HOSPITAL

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Background: Behçet's disease (BD) is an inflammatory, chronic, recurrent, multisystemic process of unknown origin, characterized by the simultaneous or sequential presence of oral aphthae, genital ulcers, uveitis, inflammatory skin lesions, arterial or venous thrombosis, arthritis, inflammatory bowel disease and involvement of the central nervous system (CNS). The highest incidence figures correspond to the countries of the Middle East and the Far East (prevalence's of 20-42/100,000), decreases in the Western Mediterranean (<10) and is much less frequent in the rest of the world (<2). The uveitis unit was created in our hospital in 2007, where a rheumatologist and an ophthalmologist jointly visit, so our aim is to report our experience for almost 12 years with this rare disease.

Objectives: To describe the demographic, clinical, and analytical characteristics, as well as immunosuppressive and biological treatments used, type of ocular and extra ocular involvement, presence of sequelae, and visual acuity (VA) affection, of the patients that are in follow-up in the uveitis unit of the Donostia University Hospital (DUH).

Methods: A retrospective search of all patients with BD and ocular involvement evaluated the uveitis unit since 2007. The computerized medical records were reviewed. The variables collected were: sex, age, immunosuppressive and biological treatments used, and complementary tests. The immunosuppressant's sought were methotrexate (MTX), azathioprine (AZA), tacrolimus, sulfasalazine (SSZ), cyclosporine (CsA), leflunomide (LFN), cyclophosphamide (CFM); adalimumab (ADA); infliximab (IFX), golimumab (GLM), intravenous immunoglobulins (IVIg). The quantitative variables are shown with the median and interquartile range; the qualitative ones are shown with the absolute value and its percentage.

Results: We found 22 patients diagnosed with BD, the average age was 42 years, with a predominance of women (59%). Table 1 shows the clinical characteristics, complementary tests and treatments used in these