AB1215

CURRENT PRACTICE OF HYDROXYCHLOROQUINE PRESCRIPTION AND MONITORING IN INDIA - A NATIONAL SURVEY

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Background: Hydroxychloroquine was introduced as an antimalarial during World War 2 and since then has found numerous indications for usage as an immunomodulator. Research is ongoing for new uses of the drug. Hydroxychloroquine is generally considered to be safe and monitored less rigorously than other DMARDs that have strict bloods monitoring regimes. Emerging evidence of increased risk of retinal toxicity possibly due to widespread usage in a population with diverse co-morbidity has prompted updates to prescription and monitoring guidelines worldwide.

Objectives:

1. Evaluate current practice of Hydroxychloroquine prescription and monitoring in secondary care.
2. Understand awareness of cross specialty guidelines.
3. Explore barriers to evidence based monitoring.

Methods: Questionnaire based survey shared to practicing clinicians (consultant rheumatologists, Immunologists, postgraduate trainees, other clinicians with interest in rheumatology) who prescribe Hydroxychloroquine. Results analyzed through excel spreadsheet and charts.

Results: We received 61 responses from clinicians nationally. 88.5% were consultant rheumatologists, 6.6% consultant immunologists and others included clinicians with interest in rheumatology. Special interest was CTD for 47.5% and 36% inflammatory arthritis. All respondents worked in urban areas and average experience in specialty was 9 years. Majority saw in excess of 500 patients month.

61 clinicians saw in excess of 24,700 patients per month and on average started more than 2481 patients on Hydroxychloroquine. Approximate prescription rate was 41 patients per clinician per month. Indications included connective tissue disease and inflammatory arthritis mainly. Other indications include antiphospholipid syndrome, osteoarthritis, post viral arthropathy, dermatomyositis and diabetic arthropathy.

Pretreatment tests as per international guidelines were recommended by 35% clinicians only which includes baseline Optical coherence tomography 25% or eye evaluation by ophthalmologist 10%. 54% clinicians advised OCT after 5 years (47.5%) or formal ophthalmology monitoring (6.5%) in line with published international guidance. Barriers to following required pretreatment tests and monitoring we noted from this survey include lack of awareness or disagreement with guidelines (lack of conclusive data), doubtful cost effectiveness and nonadherence by patients due to cost implications.

Conclusion: There is need to improve awareness of existing evidence based guidelines on prescription and monitoring of Hydroxychloroquine by international ophthalmology and rheumatology organizations. There is more data needed to prove effectiveness of current guidelines beyond doubt. We also need to better counsel and educate patients on the drug so adherence can be improved.

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AB1216

CHECKING IN WITH IMMUNE CHECKPOINT INHIBITORS: RESULTS FROM A NEEDS ASSESSMENT SURVEY OF CANADIAN RHEUMATOLOGISTS

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Background: Immune checkpoint inhibitors (ICI) have revolutionized the treatment of cancer. However, enhanced immune activation from ICI has

been associated with immune-related adverse events (irAE), including autoimmune rheumatologic diseases such as inflammatory arthritis, spondyloarthritis, polymyalgia rheumatica-like syndrome and inflammatory myositis, among many others. This emerging field represents a challenge given that experience with these conditions is limited and evidence-based recommendations do not yet exist.

Objectives: The Canadian Research Group of Rheumatology in Immunology (CanRIO) is an emerging network of rheumatologists interested in rheumatic irAE (rh-irAE). CanRIO undertook a needs assessment survey to understand the need for education and recommendations for the management of rh-irAE in the rheumatology community in Canada. The primary objective was to recognize the knowledge gaps, if any, and understand current patterns of practice in this newly emerging area.

Methods: A 25-item electronic survey was developed by the CanRIO investigators. The survey, which was available in both French and English, was distributed via electronic mail to 574 members of the Canadian Rheumatology Association (CRA). Responses were collected over a period of 14 days. Results were summarized using descriptive statistics.

Results: Of the 574 CRA members who were invited to participate, 83 responded (response rate of 14.5%). Half of the respondents were adult rheumatologists from academic centres and 25% from the community. Over 25% of the respondents were not familiar with ICI and irAE. Half of the respondents had not seen or managed patients with irAE, and among the remaining, the majority had seen less than 5 patients with irAE. Inflammatory arthritis was the most common rh-irAE encountered. Other rh-irAE included sicca, myositis, sarcoid and vasculitis. Prednisone and methotrexate were the most common treatment strategies. Almost half of the respondents (43.6%) had been asked for advice from oncologists regarding discontinuation of ICI for irAE, and of these, almost half (48.7%) reported that they were either 'slightly confident' or 'not confident at all' in providing advice. Over half of the respondents had not yet been asked to provide advice concerning ICI for patients with pre-existing auto-immune diseases. The vast majority (87.2%) agreed that there was a need for clinical practice guidelines for the management of rh-irAE.

Conclusion: The survey highlighted the important knowledge gaps in the emerging field of rh-irAE. Given the increasing use of ICI in a growing number of cancer types and stages, referrals for rh-irAE are likely to increase. There is strong rationale to develop educational programs and clinical practice guidelines to support Canadian rheumatologists who will be increasingly responsible for managing rh-irAE.

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AB1217

WHY DO PATIENTS CLAIM? ANALYSIS OF THE CLAIMS MADE BY PATIENTS THROUGH CUSTOMER SERVICE

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Background: Analysis of the claims made by patients could be an indicator of quality and show strengths and aspects of improvement in the organization of a rheumatology department

Objectives: The aims of the present study are to evaluate these claims, describe the sociodemographic and clinical characteristics of claiming patients and to determine the association between medical history and types of complaints.

Methods: cross-sectional study. Claims made by patients treated by a Rheumatology department between 04/2016 and 12/2017 were analyzed. A descriptive analysis of these claims was carried out followed by a multivariate logistic regression model to determine the effect of the diagnosis of Fibromyalgia (FM)/Chronic Widespread Pain (CWP) on the type of claim and its association with clinical variables. A p <0.05 was considered significant.