Table 2. US, AT & confirmed diagnosis

Category	Ultrasound			No of AT	Type of AT	Final Diagnosis
	+ve	Not done	-ve			
LC (78)	1	39	38	7	1x TAB (-), CTB (-)	Fibromyalgia
					1x TAB (-), MRA (-), MR neck (+)	Tongue cancer
					1x CTA (+)	Stroke
					1x CTCAP (-)	IA
					1x PET (-)	PMR
IC (65)	30	3	32	15	1x TAB (-)	NA AION
					1x PET (-)	CVA
					5x TAB (-), 2x PET (-)	Not GCA
					2x TAB (+), 6x PET (+)	GCA
					1x PET (-)	URTI
HC (31)	25	0	6	10	1x TAB (-)	NAAION
					2x PET (+)	
					1x TAB (+)	
					1x CTA (+)	
					1x MRA (+)	GCA
					1x PET (-)	
					2x CTA (-)	
					1x CTCAP (-)	

Abbreviations: AT, Additional test; CTA, Computed tomography angiogram; CTB, Computed tomography of brain; CTCAP, Computed tomography of chest, abdomen and pelvis; GCA, Giant cell arteritis; IA, Inflammatory arthritis; MRA, Magnetic resonant angiogram; NA AION, Non arteritic anterior ischemic optic neuritis; PET, Position emission tomography; TAB, Temporal artery biopsy; URTI, Upper respiratory tract infection

In IC, 30/65 (46%) were US +ve 8 had AT (all GCA confirmed) while on treatment. 32 (49%) US negative where 7 had AT (all GCA excluded). 3 did not have US. Sensitivity, specificity, accuracy of US was all 100%, GCA prevalence 46%, mean CRP 39.05 (SEM+/- 5.04)

US test performance overall sensitivity 95%, specificity 98%, accuracy 97%

Conclusion: PTPS successfully stratifies GCA, excludes mimics and enhances US performance. The algorithm interprets correctly US findings and choice of AT.

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Figure-1: Probability based diagnostic algorithm for suspected GCA

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SAT0250

CLINICAL CHARACTERISTICS AND THE DISEASE ACTIVITY OF BEHCET'S DISEASE IN CHINA: A STUDY BASED ON SMART SYSTEM OF DISEASE MANAGEMENT (SSDM)

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Background: Behcet's disease (BD) is a systemic autoimmune disease that affects multiple organ systems with recurrent oral ulcers, genital ulcers and skin lesions. Behcet's Disease Current Activity Form (BDCAF) and Electronic Medical Record-based Activity Index (EMRAI) are commonly used internationally to evaluate the disease activity of BD.

Objectives: This study aimed to analyze the clinical characteristics, the level of disease activity, and the incidence of anxiety and depression for Chinese BD patients. Patients can perform self-management of disease with SSDM.

Methods: SSDM is a series of doctor-patient interactive applications for self-management of patients with chronic diseases. Patients can perform self-assessment with SSDM and upload the data to their authorized doctors. The SSDM patients' application system integrates the BDCAF and EMRAI into one scoring system. Patients could obtain scores of BDCAF and EMRAI by responding to one questionnaire through SSDM.

Results: From Apr 2017 to Jan 2020, 719 BD patients from 166 hospitals used SSDM, with a mean age of 38.97±12.71 (14–81) years old, and median disease duration of 20.8 months. 719 patients performed BDCAF and EMRAI self-assessment 1321 times, 252 patients repeat assessments for 855 times. The mean score of BDCAF and EMRAI are 3.57±2.17 and 3.44±1.90, respectively. The matching degree of the two score was 0.8747.

The most common clinical characteristics were oral ulcers (83.73%), ocular symptoms (62.03%), joint pain (50.07%). The comparative study between males and females revealed significant difference in the aspects of epididymitis (10.94% vs 0, p<0.001), genital ulcer (35.09% vs 44.93%, p=0.01), headache (24.15% vs 33.92%, p=0.01) and superficial thrombophlebitis (24.15% vs 33.92%, p=0.01). Table 1.

Table 1. Clinical Characteristics of different systems in Chinese BD patients.

Presence of clinical characteristics	Total	Males	Females	P value
Oral ulcer	83.73% (602)	86.42% (229)	82.16% (373)	0.14
Genital ulcer	41.31% (297)	35.09% (93)	44.93% (204)	0.01*
Epididymitis	4.03% (29)	10.94% (29)	0 (0)	<0.001**
Erythema	29.49% (212)	29.43% (78)	29.52% (134)	0.98
Skin lesions	26.84% (193)	28.68% (76)	25.77% (117)	0.4
Superficial thrombophlebitis	30.32% (218)	24.15% (64)	33.92% (154)	0.01*
Headache	30.32% (218)	24.15% (64)	33.92% (154)	0.01*
Joint pain	50.07% (360)	51.32% (136)	49.34% (224)	0.61
Arthritis	14.60% (105)	14.72% (39)	14.54% (66)	0.95
Gastrointestinal involvement	24.90% (179)	27.92% (74)	23.13% (105)	0.15
Ocular symptoms	62.03% (446)	62.64% (166)	61.67% (180)	0.79
Nervous involvement	23.78% (171)	25.66% (68)	22.69% (103)	0.37
Vascular involvement	15.72% (113)	18.11% (48)	14.32% (65)	0.18

*P values are for the comparison between the males and females.

Conclusion: Chinese BD patients can effectively perform BDCAF and EMRAI self-assessment with SSDM. The results of the assessment conducted by the two scoring systems are similar. The clinical characteristics of Chinese BD were different depending on gender.

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SAT0251

ANGIOGRAPHIC PROGRESSION OF DISEASE IN LARGE-VESSEL VASCULITIS

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Background: Angiography is essential to detect vascular disease in patients with large-vessel vasculitis (LVV). Guidelines differ on the role of periodic angiography to monitor patients with LVV, in part because there is limited prospective data characterizing the natural history of angiographic disease. Development of new areas of arterial damage, even in periods of apparent clinical remission, has been reported in LVV; however, whether this is a common or rare phenomenon is unknown.

Objectives: To characterize angiographic progression of disease over time in Takayasu's arteritis (TAK) compared to giant cell arteritis (GCA).

Methods: Patients with GCA or TAK were recruited into a prospective, observational cohort. Patients fulfilled the 1990 American College of Rheumatology (ACR) Classification Criteria for TAK or modified 1990 ACR Criteria for GCA.