MSD and Roche, Speakers bureau: AbbVie, Lilly, Celgene, Grünenthal, UCB Pharma, Emma Beltrán: None declared, Alfredo Adan: None declared, Elena Aurrecoechea: None declared, Santos Castañeda: None declared, Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Speakers bureau: Pfizer, Abbvie, MSD, J. Luis Hernández: None declared, Ricardo Blanco Grant/research support from: AbbVie, MSD, and Roche, Speakers bureau: AbbVie, Pfizer, Roche, Bristol-Myers, Janssen, and MSD

DOI: 10.1136/annrheumdis-2020-eular.1607

SAT0265

RISK FACTORS FOR INFECTIOUS COMPLICATIONS FOLLOWING RITUXIMAB TREATMENT – MULTICENTER POLISH EXPERIENCE

A. Masiak¹, M. Ziętkiewicz¹, K. Wójcik², K. Wawrzycka-Adamczyk³, M. Madej³, J. Kur-Zalewska⁴, M. Wisłowska⁵, H. Storonik⁶, M. Komorniczak⁶, I. Brzozko⁷, M. Brzozko⁷, A. Dębska-Słizień⁶, J. Musiał², Z. Zdrojewski¹. ¹Medical University of Gdańsk, Department of Internal Medicine, Connective Tissue Diseases and Geriatrics, Gdańsk, Poland; ²Jagiellonian University Medical College, 2nd Department of Internal Medicine, Faculty of Medicine, Krakow, Poland; ³Medical University, Department of Rheumatology and Internal Medicine, Wrocław, Poland; ⁴Military Medicine Institute, Department of Internal Medicine and Rheumatology, Warsaw, Poland; ⁵Department of Internal Diseases and Rheumatology, Central Clinical Hospital of the Ministry of the Interior and Administration, Department of Internal Diseases and Rheumatology, Warsaw, Poland; ⁶Medical University of Gdańsk, Department of Nephrology, Transplantology and Internal Diseases, Gdańsk, Poland; ⁷Pomeranian Medical University in Szczecin, Department of Internal Medicine, Rheumatology, Geriatrics and Clinical Immunology, Szczecin, Poland

Background: Rituximab (RTX) is a B cell depleting monoclonal antibody with proven efficacy in the treatment of ANCA-associated vasculitis (AAV). The infectious complications occur in 15-25%.

Objectives: We aimed to assess the frequency and risk factors of infections in patients with AAV receiving RTX among Polish patients.

Methods: 7 tertiary referral centers experienced in the treatment of vasculitis completed a questionnaire regarding AAV patients treated with RTX.

Results: Among 49 patients included in the analysis (47 with GPA, 2 with MPA; 36/73% men; mean age at diagnosis 42.4±14.9 yrs., mean age on RTX initiation 46.14±14.72 yrs.) at least one infection occurred in 20 patients (40.82%) after mean time of 16.65±16.01 weeks since the administration of RTX. Patients were followed for a mean time of 26.88±21.94 months. There were no differences in the incidence of infectious complications by gender, age, BMI, smoking status, severity of the disease, activity of the disease (BVAS), time from diagnosis to RTX initiation, carriage of staphylococcus aureus in the upper respiratory tract, total dose of CYC before RTX treatment. We didn't observe severe hypogammaglobulinemia or neutropenia after RTX treatment. 40% of the observed infections occurred during the first month, 35% between second and sixth month of follow-up, while 25% were observed between 6 and 12 months after the RTX initiation. Of the 20 patients who developed infection, 12 (24.5%) had further infections. Antibiotic prophylaxis with trimethoprim-sulfamethoxazole was administered in 40 out of 49 (81.63%). Upper respiratory tract infection was the most common infectious complication (n=11), followed by lower respiratory tract (n=4), soft tissues (n=4) and urinary tract infections (n=4), lacrimal gland abscess (n=2) and abdomen (n=1). In cases with a positive microbial result Staphylococcus aureus (n=4), Klebsiella pneumoniae (n=2), Pseudomonas aeruginosa (n=1), Candida (n=1) and others (n=6) were identified. No fatalities were recorded and only 3 patients had severe infection with the necessity of prolonged treatment.

Conclusion: Despite the high number of infections in our group treated with RTX, most of them were not severe. Upper respiratory tract was the most common site of infection.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.2930

SAT0266

FAMILIAR AGGREGATION OF LONGEVITY IN GIANT CELL ARTERITIS AND POLYMYALGIA RHEUMATICA

M. Milchert¹, M. Brzozko¹. ¹Pomeranian Medical University, Rheumatology, Internal Medicine, Geriatrics and Clinical Immunology, Szczecin, Poland

Background: The long-term mortality in giant cell arteritis (GCA) and polymyalgia rheumatica (PMR) is unexpectedly decreased (1,2,3,4) or at least not increased regardless increased mortality risk factors that these diseases share with other systemic inflammatory disorders.

Objectives: We aimed to test the hypothesis on aggregation of increased longevity in families of PMR/GCA patients because the family members of long-lived subjects have a survival advantage.

Methods: After questioning our patients we compared age of death of 358 parents of 179 PMR and GCA patients with corresponding data retrieved from 506 parents of 235 randomly collected age and sex matched controls.

Results: We found the number of nonagenarian (≥90 year old) mothers of PMR/GCA patients significantly higher vs controls. Both nonagenarian parents were found in 6 patients (3.35%) and in none of the controls. Decreased number of nonagenarian fathers of our patients remains unexplained.

Conclusion: Confirming our findings in a wider studies would imply a need of including some genetic or behavioural factors to explain PMR/GCA survival advantage.

References:

- [1] Garen T, Lerang K, Hoffmann-Vold AM, et al. Mortality and causes of death across the systemic connective tissue diseases and the primary systemic vasculitides. *Rheumatology (Oxford)* 2019;58:313-20.
- [2] Bengtsson BA, Malmvall BE. Prognosis of giant cell arteritis including temporal arteritis and polymyalgia rheumatica. A follow-up study on ninety patients treated with corticosteroids. *Acta Med Scand* 1981;209:337-45.
- [3] Andersson R, Malmvall BE, Bengtsson BA. Long-term survival in giant cell arteritis including temporal arteritis and polymyalgia rheumatica. A follow-up study of 90 patients treated with corticosteroids. *Acta Med Scand* 1986;220:361-4.
- [4] Gonzalez-Gay MA, Blanco R, Abaira V et al Giant cell arteritis in Lugo, Spain, is associated with low longterm mortality. *J Rheumatol* 1997;24: 21716.

Acknowledgments: : To professor Maciej Markiewski for revision of the manuscript

Table 1. Number of nonagenarians (≥90 years olds) in parents of PMR/GCA patients

	Parents age	PMR/GCA (N=179)	Controls (N=253)	OR	95%CI	p
Mothers	<90	148 (82.68%)	243 (96.05%)			
	≥90	31 (17.32%)	10 (3.95%)	2.34	1.11-11.95	<0.0005
Fathers	<90	161 (89.94%)	203 (80.24%)	0.45	0.24-0.83	0.0064
	≥90	18 (10.06%)	50 (19.76%)			
One of parents	<90	136 (75.98%)	193 (76.28%)	1.02	0.63-1.63	0.9412
	≥90	43 (24.02%)	60 (23.72%)			
Both parents	<90	173 (96.65%)	253 (100.00%)	8.77	2.26-405.10	0.003
	≥90	6 (3.35%)	0 (0%)			
Mothers of female patients	<90	105 (84%)	149 (97%)	7.1	2.27-29.19	0.0001
	≥90	20 (16%)	4 (3%)			
Mothers of male patients	<90	43 (80)	94 (94%)	4.01	1.25-13.97	0.0066
	≥90	11 (20%)	6 (6%)			

N - number of all parents

Disclosure of Interests: Marcin Milchert Consultant of: Sanofi, Roche, Marek Brzozko: None declared

DOI: 10.1136/annrheumdis-2020-eular.4266

SAT0267

ROLE OF AGGRESSIVE IMMUNOSUPPRESSION ON SUBGLOTTIC STENOSIS IN GRANULOMATOSIS WITH POLYANGIITIS: RETROSPECTIVE ANALYSIS OF A MONOCENTRIC COHORT

L. Moroni^{1,2}, L. Giudice², G. A. Ramirez^{1,2}, S. Sartorelli¹, A. Cariddi¹, A. Carretta^{2,3}, E. Bozzolo¹, L. Dagna^{1,2}. ¹IRCCS San Raffaele Hospital, Unit of Immunology, Rheumatology, Allergy and Rare Diseases, Milano, Italy; ²Vita-Salute San Raffaele University, Milano, Italy; ³IRCCS San Raffaele Hospital, Unit of Thoracic Surgery, Milano, Italy

Background: Subglottic stenosis (SGS) is defined as airway narrowing below the vocal cords and is a common and potentially life-threatening manifestation of Granulomatosis with Polyangiitis (GPA), with an estimated prevalence of 16-23% (1). Balloon catheter dilation is effective in GPA-related SGS, but relapses are frequent. Little is known about the role of immunosuppression in this setting.

Objectives: to analyse the clinical characteristics of a monocentric GPA cohort, describe phenotype differences among patients with and without SGS and investigate the role of surgical and medical treatments on relapse risk and general outcome.

Methods: Biopsy-proven patients with SGS were identified by review of medical charts among a cohort of patients with GPA, classified according to the algorithm of the European Medicine Agency (2). The clinical characteristics