patients. When antibody specificity was compared, differences on organ-specific manifestations were less clear than between clinical phenotypes (GPA vs. MPA), and were only seen in ENT/ocular involvement (more frequent in PR3 than in MPO patients) and in muscle biopsies disclosing vasculitis (more frequent in MPO than in PR3 patients). GPA and PR3 patients presented more frequent relapsing disease than MPA and MPO patients, respectively (GPA 60% vs. MPA 36%; $p=0.018$ / PR3 60% vs. MPO 41%; $p=0.094$). While GPA tended to have a better survival rate than MPA patients ($p=0.066$) (Graph1), the MPO-associated disease (GPA or MPA) had clearly worse survival prognosis than PR3-AAV ($p=0.008$) (Graph2), similarly to what occurred in GPA-MPO (compared with GPA-PR3).

Conclusion: A high proportion of GPA patients with MPO-ANCA (45%) is observed in our series. GPA is associated with a more frequent relapsing disease than MPA. MPA and presence of MPO were more frequent in females and older patients. Clinical features were similar in GPA patients with PR3 or MPO. The presence of MPO (in GPA or MPA) seems to be the main factor associated with mortality in AAV.

References:

- [1] Robson JC, Grayson PC, Ponte C, *et al.* Draft classification criteria for the ANCA associated vasculitides. *Ann Rheum Dis* 2018;77 (suppl 2):60-1.

Disclosure of Interests: João Fernandes Serodio: None declared, Sergio Prieto-González: None declared, Georgina Espígo-Frigolé: None declared, Marco Alba: None declared, Javier Marco-Hernández: None declared, Maria C. Cid Grant/research support from: Kiniksa Pharmaceuticals, Consultant of: Janssen, Abbvie, Roche, GSK, Speakers bureau: Vifor, José Hernández-Rodríguez: None declared

DOI: 10.1136/annrheumdis-2020-eular.4318

AB0476

GIANT CELL ARTERITIS: A DISEASE WITH DIFFERENT SUBSETS

E. Fernández¹, I. Monjo¹, G. Bonilla¹, D. Peiteado¹, C. Plasencia¹, A. Balsa¹, E. De Miguel¹. ¹La Paz University Hospital, Rheumatology, Madrid, Spain

Background: Giant cell arteritis (GCA) is the most common form of autoimmune vasculitis in the elderly. Some evidence indicates that GCA is a heterogeneous disease in terms of symptoms, immune pathology and response to treatment¹.

Objectives: To analyze whether the identification by image of cranial vessels (VC) or large vessels (VG) involvement allows to characterize different clinical subsets of the disease.

Methods: Descriptive observational study of the last 87 consecutive patients with a new diagnosis of GCA in our hospital. All patients had a CV and LV CDUS exam that included axillary, subclavian, vertebral and carotid arteries or a Positron Emission Tomography (PET-CT). The OMERACT (Outcome Measures in Rheumatology) definitions of halo sign were used for ultrasound diagnosis and IMT limits were established as ≥ 0.34 mm for superficial temporal arteries and ≥ 1 mm for axillary, subclavian and carotid arteries; a clear halo sign was used in the vertebral

arteries. The radiologist's report and the liver/vascular wall index were used for the definition of positive PET-CT. The medical records of these patients were reviewed and their demographic, clinical and laboratory data were compared between the different patterns of GCA. The statistical significance limit was set at $P < 0.05$. Statistical analyses were performed by using SPSS version 25.

Results: Out of 198 patients with suspected GCA who underwent a CDUS or PET-CT between November 2016 and November 2019, 87 were diagnosed of GCA. Three different patterns were detected: 44 patients (50.6%) had an exclusive cranial pattern, 31 (35.6%) had a mixed pattern with involvement of both CV and LV and 12 (13.8%) had an exclusive large vessel pattern. The differences between these 3 subsets are shown in table 1. Patients with a LV pattern had more fever and polymyalgia rheumatica than patients with CV involvement and fewer ischemic visual disturbances than those with mixed pattern, reaching statistical significance. In addition, they tended to have fewer other ischemic symptoms (headache, jaw claudication) and more general symptoms than patterns with CV involvement. Regarding laboratory values, the erythrocyte sedimentation rate was significantly higher in the exclusive CV involvement group and lower in those with only LV involvement.

Table 1. Characteristics of the patients with the different patterns

	Cranial pattern (n = 44; 50.6%)	Mixed pattern (n = 31; 35.6%)	Large vessel pattern (n = 12; 13.8%)	p-value
Age, years (mean, SD)	78 $\pm$ 7	76 $\pm$ 7	74 $\pm$ 11	0.291
Male sex	12 (27.3%)	14 (45.2%)	5 (41.6%)	0.252
ESR, mm/h (mean, SD)	78.7 $\pm$ 33.7	63.9 $\pm$ 33.0	52.1 $\pm$ 33.5	0.031*
CRP, mg/L (mean, SD)	55.8 $\pm$ 46.6	68.3 $\pm$ 63.6	85.9 $\pm$ 89.3	0.801
Headache	36 (81.8%)	25 (80.6%)	8 (66.6%)	0.704
Jaw claudication	12 (27.3%)	5 (16.1%)	1 (8.3%)	0.249
Ischemic visual disturbances	9 (20.4%)	11 (35.5%)	0 (0%)	0.041*
PMR	18 (40.9%)	13 (41.9%)	8 (66.6%)	0.018*
General symptoms	17 (38.6%)	13 (41.9%)	8 (66.6%)	0.132
Fever	5 (11.4%)	3 (9.7%)	6 (50%)	0.005**

SD: standard deviation. ESR: erythrocyte sedimentation rate. CRP: C reactive protein. PMR: polymyalgia rheumatica.

*Statistically significant difference between cranial pattern and large vessel pattern.

**Statistically significant difference between mixed pattern and large vessel pattern.

Conclusion: Imaging in GCA allow us to establish different patterns of involvement (cranial, mixed, large vessel) that correspond to different clinical subsets. The patients with LV subset debut with a lower ESR and have more fever and polymyalgia rheumatica and less ischemic symptoms.

References:

- [1] van der Geest KSM, Sandovici M, van Sleen Y, *et al.* Review: What Is the Current Evidence for Disease Subsets in Giant Cell Arteritis?. *Arthritis Rheumatol.* 2018;70(9):1366–1376. doi:10.1002/art.40520

Disclosure of Interests: : Elisa Fernández: None declared, Irene Monjo: None declared, Gemma Bonilla: None declared, Diana Peiteado: None declared, Chaima Plasencia: None declared, Alejandro Balsa Grant/research support from: BMS, Roche, Consultant of: AbbVie, Gilead, Lilly, Pfizer, UCB, Sanofi, Sandoz, Speakers bureau: AbbVie, Lilly, Sanofi, Novartis, Pfizer, UCB, Roche, Nordic, Sandoz, Eugenio de Miguel Grant/research support from: Yes (Abbvie, Novartis, Pfizer), Consultant of: Yes (Abbvie, Novartis, Pfizer), Paid instructor for: yes (Abbvie, Novartis, Pfizer, MSD, BMS, UCB, Roche, Grunental, Janssen, Sanofi), Speakers bureau: yes (Abbvie, Novartis, Pfizer, MSD, BMS, UCB, Roche, Grunental, Janssen, Sanofi) DOI: 10.1136/annrheumdis-2020-eular.2589

AB0477

OVARIAN RESERVE IN PATIENTS WITH RHEUMATIC DISEASES

Z. Alekberova¹, R. Goloeva¹, M. Cherkasova¹, A. Lila¹. ¹V.A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background: Access to assays of circulating anti-Müllerian hormone (AMH) levels has opened a new page in the assessment of ovarian function and fertility in various diseases, including rheumatic diseases (RDs). The definition of AMH as a marker of ovarian reserve significantly simplified its interpretation as well as measuring the contribution of the disease itself to the patients' infertility.

Objectives: To evaluate the effects of the disease and its treatment on serum AMH levels for Behcet's disease (BD), systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), and systemic sclerosis (SSD).

Methods: The study included 73 patients with RDs from 18 to 40 years: 42 patients with BD, 12 with SLE, 11 with RA, 8 with SSD, the control group consisted of 15 healthy women. Enzyme-linked immunosorbent assay (ELISA) was used to measure AMH levels. Parametric and nonparametric statistical methods of Statistica 8.0 package were used for statistical processing of data.

Results: Mean age in BD patients was 30.0 years, in SLE and RA -33.5 years, in SSD - 35.0 years, and 32.0 years in the control group. The average disease duration was 4.5 years, 11.5 years, 4.0 years and 6.0 years, respectively.

	BD, n=42	SLE, n=12	RA, n=11	SSD, n=8	Control, n=15
Mean age, years	30,0 [26;35]	33,5 [29;38]	33,5 [24;36]	35,0 [28;40]	32,0 [26;35]
Average disease duration, years	4,5 [2,6;9,0]	11,5 [2,8;18]	4,0 [4,0;6,0]	6,0 [2,0-10,0]	-
Mean AMH level, ng/ml	2,5 [1,1;3,7]	3,5 [0,4-7,1]	3,35 [2,0;7,6]	2,5 [0,3;7,1]	3,1 [1,9;5,4]

There were no significant differences in the mean AMH levels between the groups. No association between AMG levels and clinical manifestations, disease activity or duration of rheumatic disease was found. Baseline AMH – in treatment-naïve patients before initiation of any DMARDs was assessed in 11 BD patients. A significant ($p>0.05$) decrease of AMH levels was established in patients with high SLE activity treated with CP. Of notice, all examined patients were additionally receiving a GEED -Rituximab.

Conclusion: Decreased ovarian function was found in patients with high SLE activity treated with CP with Rituximab.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3465

AB0478 CORONARY ATHEROSCLEROSIS IN BEHCET'S DISEASE

R. Goloeva¹, Z. Alekberova¹, ¹V.A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background: Behcet's disease (BD) is systemic vasculitis, which affects all types and sizes of vessels. Increased carotid intima-media thickness (IMT) is parameter associated with subclinical atherosclerosis.

Objectives: To determine the prevalence of atherosclerosis in pts with BD.

Methods: 95 BD pts were evaluated and 45 healthy controls matched for age and gender.

IMT was assessed by high-resolution B-mode ultrasonography. Serum concentration of high-sensitivity C-reactive protein (hs CRP) was measured by immunonephelometric assay (BN-100 Analyzer; Dade Behring). Lipid profile evaluation included total cholesterol, TGs, HDL, LDL and atherogenic index.

Results: The male-to-female ratio was 3,7:1, the mean age of pts was 29,7 (23-35) yrs, the mean age at the disease onset - 19,9 (14-25) yrs, the mean disease duration - 9,6 (4-15) yrs.

	BD, %	Healthy, %	P
Arterial hypertension	22,1	13,3	ns
Smoked	29,5	24,4	ns
Diabetes mellitus	0	0	ns
Lipid abnormalities	76,8	64,4	ns
Total cholesterol	5,0 ±1,40	5,3 ±0,96	ns
TGs	0,91 ±0,65	0,90 ±0,68	ns
HDL	1,18 ±0,39	1,26 ±0,29	ns
LDL	3,40 ±1,46	3,47 ±0,90	ns
Hs CRP	2,42 ±21,0	0,3 ±0,63	<0,00
Mean IMT carotid artery	0,68 ±0,09	0,64 ±0,09	ns
IMT <0,5 mm	31,6	6,6	<0,00
IMT > 0,5-0,89 mm	49,5	86,6	ns
IMT - 0,9 – 1,2 mm	13,68	6,6	ns
IMT > 1,2mm (plaques)	5,7	0	ns

The mean carotid IMT in BD pts was similar with controls. In pts thinning IMT and concentration of hsCRP was significantly higher compared with controls.

IMT correlated with age of pts, concentration of total cholesterol, LDL and hsCRP but did not correlated with clinical manifestation and disease duration. Carotid atherosclerotic plaques were found in 5 pts with BD – mean age 40,0±8,1, who had traditional cardiovascular risk factors (high body mass index, hypertension) and received long time therapy with glucocorticoids.

Conclusion: Coronary atherosclerosis in BD pts was lower than what we expected. The thinning IMT may be one of the risk factors for aneurysm formation in pts with BD.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3609

AB0479 PREGNANCY OUTCOMES IN PATIENTS WITH RHEUMATIC DISEASES.

Z. Alekberova¹, R. Goloeva¹, A. Lila¹, ¹V.A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background:

Objectives: To evaluate pregnancy outcomes in patients with Behcet's disease (BD), systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), and systemic sclerosis (SSD).

Methods: The study included 73 patients with rheumatic diseases (RDs) aged 18 to 40 years signing the informed consent form and completing dedicated thematic chart. The mean age of participants was 30.0 years - for BD patients; 33.5 years - for SLE, 33.5 – for RA; and 35.0 for SSD patients; mean disease duration was 4.5 years, 11.5 years 4.0 years and 6.0 years, respectively. 23 patients (11 BD patients, 5 SLE, 5 RA 5 and 2 SSD 2) out of 73 never had pregnancies, including 15 virgo patients and 4 patients who were planning pregnancy in the near future. 158 pregnancies in 50 patients with rheumatic diseases (31 BD patients, 7 SLE, 6 RA, and 6 SSD pts) were retrospectively analyzed.

Results: Outcomes of 159 pregnancies in RD patients were as follows: 95 (60%) on time births of full-term babies; 2 cases (1.2%) of early neonatal death in two BD females (premature deliveries at 28 and 32 gestational weeks of babies with signs of extreme prematurity who died 1 day after birth); 35 pregnancies were terminated before 10 weeks of gestation: 34 pregnancies (in 4 patients) - at the woman's request, 1-for medical reasons (rubella at 7 weeks of gestation). Totally 27 cases of adverse pregnancy outcomes were documented in 20 patients (40% of 50 patients): 19 cases (in 14 patients) of intrauterine deaths, one case of ectopic pregnancy, 8 cases (in 6 patients) of early miscarriages (at 5, 6 and 10 weeks of gestation).

There were no cases of antiphospholipid syndrome documented.

Pregnancy outcomes in RD patients

	BD, n=31	SLE, n=7	RA, n=6	SSD, n=6
Pregnancy, n	107	16	17	18
Childbirth, n	71	9	9	6
Medical abortion, n	20	2	3	10
Intrauterine deaths, n	12	4	4	0
Miscarriage, n	4	1	1	2

Out of total 95 babies born to RD patients, two had recurrent aphthous stomatitis (in 2 BD patients), and one had congenital glaucoma (born to a mother with neuro-Behcet's). 10 BD and 2 RA are patients multipara mothers who are raising 3 and more children.

Conclusion: Rheumatic diseases are associated with high incidence of adverse pregnancy outcomes.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3704

AB0480 AN OPEN-LABEL, EXPLORATORY STUDY TO ESTABLISH THE EFFICACY AND SAFETY OF 1-YEAR CANAKINUMAB TREATMENT IN BEHCET'S DISEASE PATIENTS WITH NEUROLOGIC OR VASCULAR INVOLVEMENT

A. Güllü¹, M. Kurtuncu¹, M. Erdugan¹, E. Oguz², T. Gunduz², G. Akman Demir², S. Sevgi³, S. Turgay⁴, E. Acar⁵. ¹Istanbul Faculty of Medicine, Istanbul, Turkey; ²Istanbul Faculty of Medicine, Istanbul, Turkey; ³Novartis Turkey, Istanbul, Turkey; ⁴Novartis Turkey, Istanbul, Turkey; ⁵Novartis Turkey, Istanbul, Turkey

Background: Previous observations in Behcet's disease (BD) patients receiving anti-IL 1 therapies suggested that dosage and route of administration may be critical in controlling disease manifestations. This was supported by favorable observations with infliximab infusions reaching higher serum trough levels in refractory BD patients compared to other anti-TNF agents.

Objectives: The primary objective was to evaluate the safety and efficacy of intravenous (IV) canakinumab (CAN) on the clinical and inflammatory findings of BD patients with neurologic and vascular involvement.

Methods: Biologic-naïve BD patients, who had a recent attack of large vessel vascular or parenchymal neurologic disease within the last month were enrolled and all received 300mg CAN IV without a change in other medications. Response was assessed on day 30 as the primary objective; partial