control group. In addition, Bacteroides, Crictetbacter, Alistipes, Lachnospira, Delima, Akkermansia, Sutterella, Anaerorutum, Ruminococcaceae-UCG007 Aetaenobacteri-
unum; and Coproparacter were lower than the control group. There was no difference
between the uveitis, mucocutaneous and vascular involvement groups in terms of
alpha (Chao-1 and Shannon) and beta (Bray-Curtis) microbiota diversity and wealth
indices (p > 0.05) while we obtained a significant p value of the beta diversity between
three groups in weightedUniFrac PCoA (p>0.05). When we compared 3 different
system involvement (Eye, Mucocutaneous and Vascular), The LEfSe provides us with
cladograms of six-level (from kingdom to genus). We found difference for the genera
Lachnospiraceae NKA4136 in uveitis group, Dialistis Intestinomomas and Marvinbry-
aria in mucocutaneous group and Gemella in vascular involvement group.

Conclusion: There was a significant difference in the composition of intestinal
microbiota in Behçet’s disease compared to healthy adults. We found also the
different clinical forms of Behçet’s disease have some different gut microbiota
composition. Especially in Behçet’s disease, it will be useful to evaluate Cateni-
bacterium, Collinsella and Eggerthella increase. Bacteroides and Akkermansia
decrease in larger series. In addition, due to the increase in the Eggerthella lenta
strain observed both in the FMF and Behçet patient group, it is useful to make
more detailed metagenomic analyzes regarding the role of this agent in the elio-
pathogenesis and course of rheumatic diseases.

Disclosure of Interests: None declared

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AB0493

COMPARISON OF EFFICACY AND SAFETY BETWEEN RITUXIMAB AND CYCLOPHOSPHAMIDE IN REMISSION INDUCTION THERAPY FOR JAPANESE ANCA-ASSOCIATED VASCULITIS(AAV) PATIENTS: A SINGLE CENTER RETROSPECTIVE ANALYSIS

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Background: Rituximab(RTX) and Cyclophosphamide(CY) has been indicated for
ANCA-associated vasculitis(AAV) as remission induction therapy. However, older age and renal disfunction were independent predictor of treatment related
adverse effects in remission induction with CY in recent reports 1). Japanese AAV
patients are characterized by the predominance of elderly, and the study about comparison of efficacy and safety between RTX and CY in elderly Japanese AAV
patients are limited.

Objectives: To compare the efficacy and safety between RTX versus CY as remission induction therapy in Japanese AAV patients.

Methods: We analyzed 40 cases (20 cases received RTX and 20 cases received CY) who received remission induction therapy in our hospital between January
2016 and August 2019. Clinical and laboratory variables at diagnosis, rates of
complete remission(CR) at 6 months, defined as Birmingham Vasculitis Activity
Score (BVAS)=0 and prednisone 7.5mg/day, AAV relapse at 12 months, and adverse
effects were investigated.

Results: Of 40 patients, mean age was 73.5±9.6 years (6 males and 34 females). Diagnosis of MPA and GPA were 30 cases and 10 cases, respectively. 37 cases (93%) were positive for MPO-ANCA. Treatment regimen was
determined by attending physician. Baseline characteristic of each group (RTX
group and CY group) are shown in Table1. Baseline character, disease activity,
organ involvement, and the proportion of patients with relapsing disease were similar in the two treatment groups. At 6 months, there was no difference of remission rate between two groups (RTX: CY = 62%: 44%, p=0.35) (Figure 1).

However, mean PSL dosage at 3 months was significantly lower in RTX group,
(10.6±4.8mg/day) as compared to CY group (15.8±9.8mg/day; p=0.025) (Figure 2). At 12 months, 1 case in CY group and no case in RTX group had relapse. Adverse effects through 12 months are shown in Table 2. 8 infections (30%) in CY group and 7 infections (35%) occurred in RTX group (p=0.64), respectively. 1 case in RTX group had died due to renal failure.

Conclusion: We indicated that PSL was tapered more rapidly in RTX group,
although there was no difference of remission rate at 6 months and infection at 12 months between RTX and CY therapy. Therefore, remission induction ther-
apy with RTX might be more safety for elderly Japanese AAV patients.

References:


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Table 1. Comparison of clinical characteristics at baseline between RTX and CY groups.

Table 2. Adverse effects through 12 months. % = patients with 1 effects

Figure 1. Complete remission rate at 6 month in the two groups.

Figure 2. PSL dosage in two groups. (a) PSL dosage at baseline (b) PSL dosage at 3 months (c) PSL dosage at 6 months. PSL: prednisone, CY: Cyclophosphamide, RTX: Rituximab, n.s. not significant, * p<0.05

CT: complete remission, RTX: Rituximab, CY: Cyclophosphamide

AB10494

CHARACTERISTICS OF THE PATIENTS WITH POLYARTERITIS NODOSA IN JAPAN

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