(azathioprine, cyclophosphamide, mycophenolate mofetil), independently by the ILD pattern and 21 (70%) low dosage of steroids.

After a median period of 23.5 months (range 11-111), 7 patients developed an ANCA associated vasculitis, while other 3 developed other rheumatic diseases. Finally, when compared with IPF, ILD-MPO patients had a better survival (81.2 ± 0.9 vs 54.7 ± 0.7 for ILD-MPO and IPF, respectively; $p=0.045$)

Conclusion: ILD positive for anti-MPO antibodies are still a not definite condition. We need larger population to identify possible markers for the evolution in an ANCA associated vasculitis, to define the prognosis of disease and the better therapeutic approach.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.4614

AB0529 TEMPORAL ARTERY ULTRASOUND (TAUS) IS A RELIABLE TECHNIQUE TO RULE OUT GCA EVEN IN THE LEARNING PHASE

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Background: Giant cell arteritis (GCA) is an emergency. The initial treatment with high dose glucocorticoids (GC) is often started on clinical suspicion without waiting for Temporal artery biopsy (TAB) results, which can take days to be available. TAUS is a simple, non-invasive test which is readily available. However, like any other ultrasound, it is also operator dependent. A positive halo sign is the most specific abnormality seen on TAUS in GCA patients. The percentage of false positive TAUS in GCA diagnosis is low (1), but it can result in over diagnosis and unnecessary exposure to high dose GC in elderly population.

Objectives: We looked at the reliability of TAUS in ruling out GCA after it was introduced within our rheumatology department one year ago.

Methods: We adopted the quality improvement methodology for assessment. Retrospective data of suspected GCA patients was collected over the last two years. TAUS was introduced regularly to the investigative plan after eleven months. Two Rheumatology consultants were trained in TAUS. Results were compared before and after the introduction of ultrasound as a diagnostic tool. In collecting the data, our main focus for documentation was based on clinical symptoms, TAUS and TAB results. We aimed to increase the awareness of appropriate GCA referrals among the primary and secondary care with the support of teaching sessions.

Results: From January 2018 to November 2019, 101 patients were referred to rheumatology with suspected GCA. Median age of our cohort was 72 years with male to female ratio of 1:3. 35 patients were referred in the first 11 months out of which, 10 (28.6%) were diagnosed with GCA. TAUS and TAB was done in 20% and 49% of patients respectively. 66 patients were referred in the next 12 months after TAUS was introduced. Out of 66, 14 patients (21.2%) were diagnosed as GCA. TAUS and TAB were done in 82% and 38% of the patients respectively. As listed in table 1, only 1 patient was found to have positive TAB after a negative TAUS (false negative). All of patients with positive TAUS were treated as GCA on the basis of clinical grounds, irrespective of TAB results. Despite the regular use of TAUS as a diagnostic tool in the second phase, there is a higher percentage of patients (78.8%) in which GCA was ruled out.

TAUS introduction	Before regular TAUS (Jan 2018 – Nov 2018)	After regular TAUS (Dec 2018 – Nov 2019)
Patients referred	35	66
GCA	10 (28.6%)	14 (21.2%)
Not GCA	25 (71.4%)	52 (78.8%)
TAUS done in	20%	82%
TAB done in	49%	38%
TAUS -ve and TAB +ve	0	1
TAUS +ve and TAB -ve/not done	2	8

Conclusion: After the routine introduction of TAUS, the percentage of patients diagnosed with GCA has declined and clinicians have been able to exclude suspected GCA diagnosis in a larger proportion of patients referred. This is noteworthy as our Rheumatologists are still in the learning phases of determining the significance of utility of TAUS. There is only a small decline in TAB frequency, which is expected to go down further in the coming years. We also noticed that

the number of patients referred has almost doubled. This might be due to better education and awareness at the primary and secondary care level which was done as part of the project.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6540

AB0530 CHARACTERISTICS AND MEDIUM-TERM OUTCOMES OF TAKAYASU ARTERITIS-RELATED RENAL ARTERY STENOSIS: ANALYSIS OF A LARGE CHINESE COHORT

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Background: The incidence of renal artery stenosis in Takayasu arteritis (TA) was 20%–60% according to previous reports. The specific characteristics of patients with TA-related renal artery stenosis and the effect of revascularization procedures on prognosis have not been fully investigated.

Objectives: To investigate the characteristics of patients with TA-related renal artery stenosis and identify the predictors of medium-term adverse outcomes.

Methods: Data for 567 patients registered in a large prospective observational cohort-the East China Takayasu arteritis cohort-up to April 30, 2019, were retrospectively analyzed.

Results: Renal artery stenosis was confirmed in 172/567 (30.34%) patients, with left renal artery involvement seen in 73/172 (42.44%) patients. Renal insufficiency at presentation (HR = 2.37, 95% CI: 1.76-15.83, $p = 0.03$), bilateral renal artery involvement (HR = 6.95, 95% CI: 1.18-21.55, $p = 0.01$), and severe (>75%) stenosis (HR = 4.75, 95% CI 1.08-11.33, $p = 0.05$) were predictors of adverse outcomes. Revascularization was performed for 46/172 (26.74%) patients. Patients without preoperative treatment had higher rate of restenosis (44.44% vs. 15.79%, $p < 0.01$) and hypertension deterioration (25.93% vs. 10.53%, $p < 0.01$) after the procedure. Non-receipt of preoperative treatment (HR = 6.5, 95% CI: 1.77-32.98, $p = 0.04$) and active disease at revascularization (HR = 4.21, 95% CI 2.01-21.44, $p = 0.04$) were independent predictors of adverse outcomes after revascularization.

Conclusion: Patients with uncontrolled or worsening hypertension or/and renal function may benefit from revascularization. Those who have received preoperative treatment may have more favorable revascularization outcomes. Prognosis appears to be poorer for patients with renal insufficiency at presentation, bilateral artery involvement, and severe stenosis.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3427

AB0531 GOLIMUMAB IN THE TREATMENT OF SEVERE AND/OR REFRACTORY VASCULO-BEHÇET'S DISEASE: A SINGLE-CENTRE EXPERIENCE IN CHINA

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Background: Vascular involvement is one of the leading causes of mortality and morbidity in Behçet's Disease (BD)¹. Surgical treatments are difficult for Vascular BD (VBD) patients due to the high risk of serious postoperative complications without effective and promptly perioperative immunotherapy^{2,3}. Anti-tumor necrosis factor alpha (TNF- α) therapy has been reported as a potential treatment in severe VBD, e.g. infliximab (IFX) and adalimumab (ADA). However, only few case reports are available regarding the fully humanized monoclonal antibody to TNF- α , golimumab (GOL), in the management of VBD⁴.

Objectives: The objective of this study was to report the efficacy and safety of GOL for the treatment of severe and/or refractory VBD.

Methods: We retrospectively analyzed the efficacy and safety profile of patients with severe and/or refractory VBD treated with GOL in our medical center between 2018 to 2020.