diagnosis or exclusion of GCA were done on median 1 day (in 55% of patients). However, in cases where further diagnostics (TAB and PET-CT) were necessary, the time for diagnosis increased substantially. See table 2 for data on waiting time from referral, diagnoses and time required for diagnosis.

Table 1

Demographic and clinical data (n=120)	
Females	72%
Age (years)	74 (46-98)
Symptom duration (days)	16 (1-180)
New onset headache	72%
Jaw claudication	21%
Temporal artery abnormality	33%
Visual symptoms	42%
Visual loss (permanent visual loss)	18% (19%)
Constitutional symptoms	32%
Fever	11%
Weight loss	18%
Polymyalgia symptoms	33%
Glucocorticoid therapy	68%
Duration of glucocorticoid (days)	3 (1-365)
Haemoglobin (mmol/L)	8.0 (5.0-10.0)
C-reactive protein (mg/L)	22 (0-290)
Sedimentation rate (mm/hr)	38 (2-146)

Values are percentage, median (range)

Table 2

Office days from referral to visit	1 (0-20)
Days for diagnosis/exclusion of GCA	1 (1-46)
GCA clinical diagnosis	35%
GCA ACR1990 criteria	42%
Nr. of US (% w. GCA)	120 (36%)
Nr. of PET-CT (% w. GCA)	44 (23%)
Nr. of TAB (% w. GCA)	34 (21%)
Polymyalgia diagnosis	17%
Arthritis diagnosis	5%
Other diagnosis	17%

Conclusion: In this newly established GCA FTC, fast and precise diagnosis of GCA or exclusion of this was possible in majority of patients referred, even though referral criteria were liberal. In 55% of patients, further diagnostic procedures were considered unnecessary, and a diagnosis on day 1 could be established based on US, clinical findings and existing paraclinical data.

References:

[1] Dejaco C et al.: Ann Rheum Dis 2018;77:636-643.

Disclosure of Interests: Uffe Møller Døhn Consultant of: Roche, Lilly, Novartis, Speakers bureau: Roche, Novartis, Abbvie, Pfizer, Viktoria Fana: None declared, Torsten Møller: None declared, Jens Jørgen Lykkegaard: None declared, Lene Terslev Speakers bureau: LT declares speakers fees from Roche, MSD, BMS, Pfizer, AbbVie, Novartis, and Janssen.

DOI: 10.1136/annrheumdis-2020-eular.2035

THU0314 RELAPSES AND LONG-TERM REMISSION IN LARGE VESSEL GIANT CELL ARTERITIS IN NORTHERN ITALY: CHARACTERISTICS AND PREDICTORS IN A LONG-TERM FOLLOW-UP STUDY

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Background: Previous studies evaluated clinical relapses and long-term remission mainly in patients with biopsy-proven GCA and/or patients satisfying the ACR 1990 criteria for GCA classification. Also, radiological involvement was unfrequently used to define relapses and monitor disease activity in patients with LV-GCA

Objectives: To evaluate characteristics and predictors of relapses and long-term remission in an Italian cohort of patients with large-vessel (LV) giant cell arteritis (GCA).

Methods: We evaluated 87 consecutive patients with LV-GCA followed up at the Rheumatology Unit of Reggio Emilia Hospital (Italy) for at least 2 years. Patients with relapses and long-term remission were compared to those without. A comparison group of 34 patients with biopsy proven GCA without LV vasculitis (LVV) at diagnosis was considered for comparison.

Results: 37 patients (42.5%) experienced one or more relapses. Nineteen (37.2%) of the 51 relapses were experienced during the first year after diagnosis. The majority of relapses occurred with doses of prednisone (PDN) $\leq$ 10 mg/day (74.5%). Polymyalgia rheumatica (PMR) (41.2%) and worsening at imaging of LVV (39.2%) were the most frequently observed relapsing manifestations. The total cumulative prednisone dose was significantly higher ($p = 0.0001$) and the total duration of PDN treatment longer ($p = 0.0001$) in relapsing patients compared to those without relapses. Relapsing patients had at diagnosis more frequently fever $\geq 38^\circ\text{C}$ ($p = 0.03$) and visual manifestations ($p = 0.03$), and less frequently long-term remission ($p = 0.003$). In the multivariate model fever $\geq 38^\circ\text{C}$ (HR 3.22, 95%CI: 1.43-7.27), duration of PDN treatment (HR 1.01, 95%CI: 1.00-1.02) and total cumulative PDN dose (HR 1.20, 95%CI: 1.09-1.33) were significantly associated with an increased risk of relapses, while aortic arch involvement at imaging at diagnosis (HR 0.22, 95%CI: 0.09-0.55) and long-term remission (HR 0.30, 95%CI: 0.12-0.75) with a reduced risk. 37 patients (42.5%) experienced long-term remission. PMR and disease relapses were less frequently observed ($p = 0.003$ for both), and the total cumulative prednisone dose was lower ($p = 0.005$) in patients with long-term remission compared to those without. In the multivariate model the presence of relapses (HR 0.33, 95%CI: 0.14-0.78) and the total cumulative PDN dose (HR 0.89, 95%CI: 0.83-0.96) were significantly negatively associated with long-term remission.

Conclusion: In our cohort of patients with LV GCA we identified predictors of a relapsing course and long-term remission, which were observed in around half of the patients.

Disclosure of Interests: Luigi boiardi: None declared, Francesco Muratore: None declared, Giovanna Restuccia: None declared, Alberto Cavazza: None declared, Maria Grazia Catanoso: None declared, Pierluigi Macchioni: None declared, Lucia Spaggiari: None declared, Luca Cimino: None declared, Raffaella Aldigeri: None declared, Nicolò Pipitone: None declared, Antonio Fontana: None declared, Massimiliano Csaali: None declared, Stefania Croci: None declared, Nicolò Girolimetto: None declared, Carlo Salvarani Grant/research support from: consulting and investigator fees from Abbvie, Pfizer, MSD, Roche, Celgene, Novartis. Consultant of: consulting and investigator fees from Abbvie, Pfizer, MSD, Roche, Celgene, Novartis

DOI: 10.1136/annrheumdis-2020-eular.4729

THU0315 THE CLINICAL RELEVANCE OF SERUM IMMUNE COMPLEXES IN ANCA-ASSOCIATED VASCULITIS

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Background: AAV is an autoimmune disease characterized by systemic vasculitis and pauci-immune-type crescentic glomerulonephritis (CGN) with ANCA production¹. Several authors have reported cases of ANCA-associated CGN with definite IC deposits^{2,3}, however, the clinical significance of IC in patients with ANCA-associated CGN remains unclear.

Objectives: To investigate the clinical relevance of serum immune complexes (ICs) in ANCA-associated vasculitis (AAV) patients.

Methods: We developed a novel proteomic strategy for identifying and profiling antigens in immune complexes in the serum of microscopic polyangiitis (MPA) and granulomatosis with polyangiitis (GPA) patients. The serum was collected from the cohort of Japan Research Committee of the Ministry of Health Labour, Welfare for Intractable Vasculitis (JPVAS) before treatment and 6 months after initiation of treatment. The serum from healthy individuals was used for control samples. The Baseline data of each patient was collected with demographic information, laboratory data, disease activity according to the Birmingham Vasculitis Activity Score (BVAS) 2003, disease severity, and imaging data.