[1] Rindfleisch TC, et al. Semantic MEDLINE: An advanced information management application for biomedicine. *Information Services & Use* 2011;31:15-21.

Figure 1. Semantic Networks Resulting from Pubmed. All relations COVID-19 (edges:140) 3 lengths Max nodes: F (all nodes considered relevant).

AB0387

SYSTEMIC AND LOCAL THERAPIES FOR EAR, NOSE AND THROAT MANIFESTATIONS IN ANCA-ASSOCIATED VASCULITIS: A SYSTEMATIC REVIEW

Ten studies (n=127) with subglottic stenosis evaluated dilatation (n=94), intrale-sional steroids (n=63), surgery (n=51) or rituximab (n=8), which mostly resulted in temporary response (12-34 months) (Table 1). Otologic manifestations were treated with various disease modifying anti-rheumatic drugs (DMARDs) in 251 patients in six studies. All studies demonstrated improvement in hearing thresholds, but relapse rates were high (47%). Five studies assessed DMARDs or surgery for sinonasal symptoms showing remission in 21-82%. Six studies, which did not specify ENT-symptoms of the included patients, reported remission in 86-96%. Due to heterogeneity across studies no meta-analysis could be performed.

Figure 1. Flowchart of article selection

Table 1. Overview of studies on treatment for ENT-involvement.

ENT-involvement	AAV type per study	Therapy	Results	LoE
Otitis Media / Hearing loss	OMAAV (n=6)	RTX	Remission 100% Mean hearing gain AC 22 dB	2b
	OMAAV (n=104)	Steroids	BC 11 dB Response (hearing) 56% Relapse 47%	4
	OMAAV (n=122)	Steroids + csDMARD	Relapse 36%	4
	OMAAV (n=8)		Response (hearing) 68% Relapse 0%	4
	GPA (n=11)		Response (hearing) 81% Response (hearing) 100%	4
Vestibular symptoms Subglottic stenosis	OMAAV (n=3)	Steroids + CYC	Remission (patient-reported) 100%	4
	GPA (n=9)	Dilatation	Relapse 78%	4
	GPA (n=15)		Mean number of procedures 4	
	GPA (n=34)	Intralesional steroids + dilatation	Median response 34 months	2b
	GPA (n=8)		Response 88% Median response 12 months	4
			Mean number of procedures 3	
	GPA (n=18)	Intralesional steroids + dilatation + resection	Mean intervention-free interval 26 months	2b
	GPA (n=5)	Dilatation + resection	Response 80%	4
	GPA (n=13)	Surgery	Response (dyspnea) 100% Relapse 39%	4
	GPA (n=11)		Higher QoL 77%	4
	GPA (n=6)	Surgery or dilatation + intralesional steroids or csDMARDs	Response (airway) 91% Relapse 83.3%	4
	GPA (n=8)	RTX	Remission 38%	2b
Sinonasal symptoms	GPA (n=3)	RTX	Response 50% Response: 67%	2b
	EGPA (n=29)	Steroids + csDMARDs	Remission 82%	2b
	EGPA (n=44)		Remission 21% Response 32%	2b
	GPA (n=19)	Surgery	Response 76%	4
ENT symptoms NOS	EGPA (n=65)	Mepolizumab	Remission 28%	1b
	AAV (n=7)	RTX	Relapse 22%	2b
	GPA (n=11)		Drop in daily steroid dosage	
	EGPA (n=61)		Drop in daily steroid dosage Response 93% Relapse 17%	2b
	GPA (n=28)	Steroids + csDMARDs	Remission 96%	4
	EGPA (n=15)		Relapse 42% Remission 86%	4
	GPA (n=51)	RTX (n=51) MTX	92% of observational period in remission 54%	2b

AC: air-conduction, BC: bone-conduction, csDMARD: conventional synthetic disease modifying antirheumatic drug, CYC: cyclophosphamide, dB: decibel, EGPA: eosinophilic GPA, GPA: granulomatosis with polyangiitis, MTX: methotrexate, NOS: not otherwise specified, OMAAV: otitis media associated ANCA-vasculitis, QoL: quality of life, RTX: rituximab.

Conclusion: On the treatment of ENT manifestations in AAV 25 studies were available, mainly with small patient numbers and low LoE (1b-4). Heterogeneity in treatments and outcome measures impaired comparison between studies. More placebo-controlled studies are needed to guide treatment.

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AB0388

USE OF MESNA PROPHYLAXIS IN CYCLOPHOSPHAMIDE-TREATED PATIENTS WITH ANCA-ASSOCIATED VASCULITIS: RESULTS OF AN ELECTRONIC SURVEY

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Background: Co-prescribing 2-mercaptoethane sodium sulfonate (mesna) with cyclophosphamide (CYC) for ANCA-associated vasculitis (AAV) aims to prevent

the potential urotoxic effects of CYC. The evidence for this practice is often considered weak, and there may be some diversity in what practitioners do in clinical practice.

Objectives: To investigate current clinical practice related to prescribing mesna prophylaxis or not and the underlying rationale for CYC-treated patients with AAV. **Methods:** We searched MEDLINE for publications with the MeSH term "ANCA-associated vasculitis" over a 10-year period up to October 2020. Email addresses of authors of these publications were extracted from the online information available in MEDLINE. These authors were invited by email to participate in an anonymous online SurveyMonkey survey of 21 to 24 questions asking about the characteristics of the respondent, their experience with AAV, and their practice in using CYC to treat AAV and using mesna in CYC-treated patients with AAV and the underlying rationale. Respondents were eligible to take the full survey if they were involved in deciding and/or monitoring therapy with CYC for patients with AAV. We compared 15 response variables to identify factors associated with the use or not of mesna. Response variables with multiple categories were first analyzed across all categories; if the omnibus test result was significant, additional analyses were used to identify the categories, which were the sources of group separation. We analyzed by-country variations for only countries with ≥ 10 respondents. Statistical analyses involved Pearson's chi-square test or Fisher's exact test, as appropriate. For multiple-response variables, the Rao-Scott correction was applied.

Results: The invitation for the electronic survey was emailed twice in October 2020 to 1,374 unique email addresses; 156 individuals responded; 139 were eligible and completed the survey. The 139 participants were from 34 countries and were essentially MDs (98%) who mainly worked in rheumatology (50%), nephrology (25%) or internal medicine/clinical immunology (18%). Mesna was given in conjunction with CYC systematically, never, or on a case-by-case basis by 68%, 19% and 13% of respondents, respectively. As compared with systematic mesna-prescribers, never/occasional mesna-prescribers reported a longer time since receiving their degree as a health professional (≥ 15 years: 80% vs 50%, $P<0.001$), were more frequently based in England/United States (than in France/Germany/Italy) (78% vs 21%, $P<0.001$), had longer involvement in care of patients with AAV (≥ 15 years: 62% vs 37%, $P=0.006$), had less practice in using intermittent pulse therapy as the exclusive/predominant CYC administration scheme (62% vs 89%, $P<0.001$), and, as a rationale underpinning their mesna practice, had less adherence to local operational procedures (47% vs 73%, $P=0.002$) or (inter)national management guidelines for AAV (16% vs 49%, $P<0.001$). Never/occasional versus systematic use of mesna did not differ across medical specialties (5 categories, $P=0.192$) or healthcare settings (3 categories, $P=0.437$), and was not associated with prior experience of CYC-related urotoxic events (3 categories, $P=0.495$) or severe mesna toxicity issues (3 categories, $P=0.957$). The confidence that their practice reflected the best possible patient care did not differ between never/occasional and systematic mesna-prescribers (7-point Likert scale, $P=0.794$).

Conclusion: Practice with regard to prescribing mesna in conjunction with CYC to treat AAV is heterogeneous, although systematic mesna use prevailed over never or occasional use. The decision to prescribe or not mesna may be based more on circumstantial than structural reasons.

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AB0389

A COMBINED RHEUMATOLOGY-OPHTHALMOLOGY CLINIC IMPROVED DIAGNOSIS AND TREATMENT OF IMMUNE-MEDIATED AND INFLAMMATORY DISEASES AMONG PATIENTS PRESENTING WITH INFLAMMATORY EYE DISEASES

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Background: Patients presenting with an inflammatory eye disease may have underlying immune-mediated and inflammatory diseases (IMIDs). However, IMIDs are challenging to diagnose. A combined rheumatology-ophthalmology evaluation could enhance detection of IMIDs in this group.

Objectives: To investigate whether the implementation of a combined rheumatology-ophthalmology clinic could increase the sensibility of IMIDs diagnosis.

Methods: A combined rheumatology-ophthalmology clinic started in January 2020. A rheumatologist with expertise in IMIDs assessed outpatients of a tertiary care ophthalmologic clinic specialised in inflammatory eye disease consecutively referred between 01/01/20 and 31/12/20. Two separate visits confirmed