numbers of extrarenal manifestations, remission-inducing immunosuppressants and median follow-ups (three years) between groups, relapse rates were similar: 9.1% of DPP and 10% of AAVP. Please, see the table 1 for more detailed data.

Conclusion: Although DPP have features of both kinds of eponymous vasculitis, the anti-GBM component is the dominant phenotype, with more severe renal presentation and prognosis compared to AAVP with severe renal failure. Simultaneous testing of both antibodies and a systematically performed renal biopsy should be recommended in all rapidly progressive glomerulonephritis patients to recognize this difficult-to-treat, rare disease.

Table 1. Comparison of clinical characteristics and outcomes between the cohorts of DPP and AAVP

	DPP n = 33	AAVP n = 45	p
Age (year)	71,5 [14 - 89]	63 [45 - 93]	0.14
Male	16 (48)	19 (42)	0.65
Birmingham Vasculitis Activity Score	18,1 ± 4,8	20,4 ± 5,4	0.07
Organ involvement (except kidney)	1,7 ± 0,8	1,9 ± 1,1	0.31
Serum creatinine (μmol/L)	719 [238 - 2412]	501 [310 - 1683]	0.006
ANCA (MPO/PR3)	22/11	34/11	0.45
Berden classification	n = 31	n = 44	0.003
s (sclerotic) / c (crescentic)	6 (19) / 22 (71)	12 (27) / 16 (37)	
f (focal) / m (mixed)	0 / 3 (10)	11 (25) / 5 (11)	
Brix renal risk score	n = 27	n = 44	0.000014
Low / Medium / High	0 (0) / 4 (15) / 23 (85)	1 (2) / 29 (66) / 14 (32)	
Initial immunosuppressive therapy			
IV Cyclophosphamide	25 (76)	40 (82)	0.14
Rituximab	1 (3)	3 (7)	0.64
Plasma exchanges	25 (76)	19 (42)	0.005
Maintenance treatment	17 (48)	40 (89)	0.046
Initial RRT requirement	27 (82)	16 (36)	0.00007
Renal recovery (% initial RRT requirement)	4 (12)	6 (38)	0.9
1 year renal survival	9 (27)	29 (64)	0.0002

Values are displayed as absolute number (%) or as median [range]. DPP: double positive patients; AAVP: ANCA associated vasculitis patients; MPO: myeloperoxidase; PR3: proteinase 3; RRT: renal replacement therapy; IV: intravenous.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3089

POS0118

A WORLDWIDE PHARMACOEPIDEMOLOGICAL UPDATE OF DRUG-ASSOCIATED ANCA-ASSOCIATED VASCULITIS AT THE TIME OF TARGETED THERAPIES

S. Deshayes¹, C. Dolladille², A. Dumont¹, N. M. Silva¹, B. Chretien², H. De Boysson¹, J. Alexandre², A. Aouba¹. ¹CHU de Caen Normandie, Internal Medicine, Caen, France; ²CHU de Caen Normandie, Pharmacology, Caen, France

Background: Several pharmacological classes are involved in drug-associated anti-neutrophil cytoplasmic antibody-associated vasculitis (DA-AAV). However, the literature data supporting the role a drug in the onset of DA-AAVs mainly rely on case reports or short series and implicate old treatments. Moreover, the advent of new treatments, including targeted therapies, may have modified the epidemiology of these adverse drug reactions (ADRs).

Objectives: To update this list by using a pharmacovigilance-based data mining approach.

Methods: We collected data on ADRs reported with the MedDRA preferred term "Anti-neutrophil cytoplasmic antibody positive vasculitis" up to November 2020, from the World Health Organization pharmacovigilance database. For each retrieved drug, a case/noncase analysis was performed, and disproportionate reporting was calculated by using the information component (IC). A positive IC025 value, which is the lower end of the 95% credibility interval, was considered significant.

Results: A total of 483 deduplicated individual case safety reports of DA-AAV involving 15 drugs with an IC025>0 were retrieved. DA-AAV occurred in 264 (71.2%, n=371) women, the median age at onset was 62 years [45-72], and the median time to onset between the introduction of the suspected drug and DA-AAV was 9 months [1-36]. DA-AAV occurrence was considered serious in 472 (97.7%, n=481) cases and fatal in 43 (8.9%) cases. The drugs associated with the highest disproportionate reporting were hydralazine, propylthiouracil, thiazole, sofosbuvir, minocycline, carbimazole, mirabegron, and nintedanib (Table 1).

Table 1. List of the 15 drugs associated with ANCA-associated vasculitis in the World Health Organization pharmacovigilance database with significant disproportional reporting, sorted by decreasing IC₀₂₅

Drug	N _{observed}	N _{fatal} (%)	IC ₀₂₅ / IC ₉₅	ROR [95%CI]	Delay (in days) between the introduction of the drug and AAV, median [Q1-Q3] (n available)
Hydralazine	208	19 (9%)	8.2 / 8.4	2683.5 [2269.3-3173.3]	1277 (n=1)
Propylthiouracil	108	4 (4%)	7.2 / 7.5	1201.5 [974.8-1480.9]	1003 [425-1959] (n=19)
Thiamazole	40	5 (13%)	5.2 / 5.6	138.7 [100.7-191.1]	411 [58-966] (n=6)
Sofosbuvir	46	0	4.9 / 5.3	74.6 [55.3-100.8]	(n=0)
Minocycline	17	0	3.8 / 4.6	72.4 [44.7-117.3]	(n=0)
Carbimazole	6	0	2.0 / 3.4	44.9 [20.1-100.4]	92 (n=1)
Mirabegron	7	2 (29%)	1.5 / 2.7	11.1 [5.3-23.3]	291 [289-415] (n=3)
Nintedanib	6	2 (33%)	1.4 / 2.8	14.2 [6.3-31.7]	56 [36-132] (n=4)
Penicillamine	4	1 (25%)	1.4 / 3.1	170.3 [63.5-456.3]	(n=0)
Influenza vaccine	29	2 (7%)	1.3 / 1.9	4.1 [2.8-6.0]	24 [20-26] (n=7)
Allopurinol	7	2 (29%)	1.2 / 2.4	8.0 [3.8-16.8]	(n=0)
Rifampicin	7	2 (29%)	0.6 / 1.9	4.7 [2.2-9.8]	(n=0)
Peginterferon alfa-2b	4	0	0.3 / 2.1	7.0 [2.6-18.6]	98 (n=1)
Montelukast	4	4 (100%)	0.2 / 1.9	5.8 [2.2-15.5]	(n=0)
Rosuvastatin	6	0	0.1 / 1.5	3.4 [1.5-7.5]	(n=0)

IC: information component; ROR: reporting odds ratio; CI: confidence interval; AAV: ANCA-associated vasculitis

Conclusion: This study strengthens the previously suspected association but also identifies 3 new drugs that may cause DA-AAV. Particular attention should be given to these drugs by prescribers and in experimental studies.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.1465

POS0119

RENAL INVOLVEMENT AND NEED OF RENAL REPLACEMENT THERAPY IN ANCA ASSOCIATED VASCULITIS IN A SPANISH SINGLE-CENTER STUDY

J. Álvarez Troncoso¹, J. C. Santacruz Mancheno², A. Díez Vidal¹, S. Afonso Ramos³, A. Noblejas Mozo¹, T. Olea Tejero³, J. J. Ríos¹, B. Rivas³, Á. Robles Marhuenda¹, M. C. Vega Cabrera³, E. Martínez Robles¹, C. Soto Abánades¹, F. Arnalich Fernández¹. ¹Hospital Universitario La Paz, Internal Medicine, Madrid, Spain; ²Clínica de los Riñones Menydia, Nephrology, Quito, Ecuador; ³Hospital Universitario La Paz, Nephrology, Madrid, Spain

Background: Anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitides (AAV) include granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), and eosinophilic granulomatosis with polyangiitis (EPGA). Renal involvement is frequent in AAV and is an important factor for morbidity and mortality.

Objectives: The main objective of this study was to analyze the demographic, clinical, histological and therapeutic characteristics of renal involvement in patients with AAV and the risk of renal replacement therapy (RRT) or death.

Methods: Retrospective observational study of 56 patients with AAV fulfilling classificatory criteria and renal involvement diagnosed between 1995 and 2020 from a Spanish tertiary centre. We studied the histological involvement (according to the 2010 classification in focal, crescentic, mixed or sclerotic), immunofluorescence (IF) and the treatment received with the risk of RRT or death.

Results: We included 56 patients diagnosed with AAV and renal involvement. The mean age was 61.08±4.05 years; 58.9% were women. The mean follow-up