Background: The journey of axial spondyloarthritis (axSpA) for most patients is slow and arduous.

Objectives: The goal of this analysis is to describe the journey to diagnosis and further management in axSpA patients.

Methods: 2,846 unselected patients participated in EMAS, a cross-sectional study (2017-2018) across 13 European countries. Descriptive analysis of sociodemographic factors, insurance scheme, diagnostic journey and post diagnosis healthcare utilization was performed. Mann-Whitney test was used to analyse possible differences between BASDAI (+v -v) and the number of visits to healthcare professionals and follow-up tests undertaken.

Results: Mean age was 43.9 years, 61.3% were female, 48.1% university educated, 67.9% married, 53.9% employed and 81.7% had public health insurance. Mean age at symptoms onset was 26.6 (11.1), while mean age at diagnosis was 33.7 (11.5) and mean diagnostic delay was 7.4 years. Over 50% had a diagnostic delay of ≥4 years. Prior to receiving a diagnosis, patients visited on average age 2.6 specialists. The most commonly performed diagnostic tests were x-rays (72.3%), HLA B27 tests (65.4%) and MRIs (64.3%). 78.4% were diagnosed by a rheumatologist while 14.9% received their diagnosis by a GP. Patients who experienced a diagnostic delay of more than a year (n= 2,208) undertook a considerable number of visits to specialists and medical tests in the year prior to participating in EMAS, which increased with disease activity. Patients with active disease (BASDAI >4) reported a higher number of visits to rheumatologists (3.7±3.5 vs 2.9±2.6), general practitioners (6.6±10.0 vs 3.5±4.1), physiotherapists (19.3±25.0 vs 11.7±17.0), and psychologists/psychiatrists (3.4±10.7 vs 1.9±7.7). Patients with active disease also undertook more x-rays (1.8±2.9 vs. 1.3±1.9), MRI scans (0.9±1.2 vs. 0.6±1.1), and blood tests (4.7±4.4 vs 3.6±3.2). However, in one of five patients visited the rheumatologist only once in the year prior to EMAS (21.1%).

Conclusion: Diagnostic delay continues to be a key challenge in the axSpA patient journey, with patients waiting an average of 7.4 years and visiting multiple doctors prior to diagnosis. Once diagnosed, disease management presents a further challenge, as patients with higher disease activity reported more healthcare professional visits as well as medical tests. Safeguarding health and controlling healthcare utilization requires effective disease management, greater education for non-specialists, rapid referral routes for diagnosis and collaborative care between specialists and non-specialists.

Acknowledgements: This study was supported by Novartis Pharma AG. The authors would like to thank all participants who participated in this study.

Disclosure of Interests: Marco Garrido-Cumbra: None declared, Denis Podubnyy Consultant of: Abbvie, BMS, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Roche, and UCB, Grant/research support from: Abbvie, MSD, Novartis and Pfizer, Christine Bundy Consultant of: Abbvie, Celgene, Janssen, Lilly, Novartis, and Pfizer, Laura Christen Employee of: Novartis Pharma AG, Raj Mahapatra: None declared, Souzi Makri: None declared, Carlos Jesús Delgado-Dominguez: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared

Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2021-eular.2426

Table 1. Baseline characteristics of all diagnosis subtypes and comparison (p-values) to primary FM diagnosis. *p<0.05

Table 2. Mean values (±standard deviation) of the assessed disease-specific indices and comparison (p-values) to primary FM diagnosis.

Clinical vasculitis

Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2021-eular.3139
Biomédica de Málaga. Hospital Regional Universitario de Málaga, Reumatología, Málaga, Spain

Objectives: To evaluate the worldwide incidence and prevalence of ANCA vasculitis through a systematic review of the literature and meta-analysis.

Methods: A systematic search of MEDLINE and EMBASE search engines was carried out for studies that analyzed the incidence and prevalence of ANCA vasculitis in different geographical areas. Inclusion criteria: patients diagnosed with ANCA vasculitis according to ACR criteria/Chapel Hill Consensus and adult patients (>16 years). All ANCA vasculitis (microscopic polyangiitis, granulomatosis with polyangiitis, eosinophilic granulomatosis with polyangiitis) were considered. Exclusion criteria: editorials, conference abstracts, case or cases series reports and narrative reviews; insufficient description of the methods; lack of data to compute incidence or prevalence; and duplicate studies. Variables: Main variable: the pooled prevalence measured by the number of prevalent cases per million / person-year (95% CI). Secondary variables: the prevalence and incidence of each vasculitis ANCA and according geographic area. A meta-analysis was undertaken to estimate the pooled incidence and the pooled prevalence per million / person-years. The 95% CI and I² for heterogeneity were calculated.

Results: Twenty-four studies were included. The pooled incidence (95% CI) was 12.2 per million / person-year (8.4-16.5) and the pooled prevalence (95% CI) was 130 per million / person-year (67.5-213). The individual incidence for GPA vasculitis was higher in Europe (7.5) and for EGPA vasculitis it was higher in Asia (1.8). The pooled prevalence for GPA and MPA vasculitis was higher in Europe (83.9, 24.4, respectively) than in America (14.2, 12.8, respectively).

Conclusion: The pooled incidence and the pooled prevalence are higher in the case of GPA vasculitis compared to the rest of ANCA vasculitis. In general there is a predominance of incidence and prevalence of all ANCA vasculitis in the northern hemisphere compared to the south.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.1630

POS0247 INTERSTITIAL ANCA-ASSOCIATED VASCULITIS ASSOCIATES WITH SEVERE KIDNEY INJURY INDEPENDENT OF GLOMERULONEPHRITIS

S. Hakroush1, B. Tampe2. 1University Medical Center Göttingen, Institute of Pathology, Göttingen, Germany; 2University Medical Center Göttingen, Department of Nephrology and Rheumatology, Göttingen, Germany

Background: Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) is a small vessel vasculitis affecting multiple organ systems, including the kidney. Small vessels in the kidney include small-sized arteries (interlobular artery, afferent and efferent arterioles), capillaries (glomerular and peritubular capillary) and venules.

Objectives: Although crescentic ANCA glomerulonephritis (GN) is a common histological finding reflecting glomerular small vessel vasculitis, it is reasonable that manifestation of AAV could also contribute to interstitial small vessel vasculitis. Therefore, we here aimed to expand our current knowledge focusing on interstitial vasculitis in AAV. Methods: A total number of 49 kidney biopsies with confirmed renal involvement of AAV at the University Medical Center Göttingen were retrospectively included between 2015 till 2020. A renal pathologist (SH) evaluated all biopsies and was blinded to clinical data collection and analysis. A detailed methodological section is provided in the Supplementary material and methods section.

Results: Since previous studies established that crescentic ANCA GN associates with severe kidney injury and acute deterioration of kidney function in AAV, we first systemically scored interstitial vasculitis in association with requirement of renal replacement therapy (RRT). Among all active and chronic tubulointerstitial lesions analogous to the Banff scoring system, the only association between severe kidney injury requiring RRT was observed for interstitial vasculitis in AAV reflected by peritubular capillaritis (pt, p=0.0002) and arteritis (v, p=0.0069), affecting 5/49 (10.2%) and 11/49 (22.4%) of renal biopsies, respectively. Since it is known that severe deterioration of kidney function also correlates with crescentic ANCA GN, we next directly compared glomerular and tubulointerstitial lesions. The fraction of normal glomeruli was inversely associated with interstitial fibrosis (ci), total (t) and inflammation in IFTA (i+IFTA), whereas glomerular crescents were associated with interstitial inflammation (i), tubulitis (t) and total inflammation (t). In contrast, global glomerular sclerosis associated with less interstitial inflammation (i) but correlated with interstitial fibrosis (ci) and tubular atrophy (ct), confirming established mechanisms that chronic glomerular injury leads to tubular atrophy and interstitial fibrosis. Interestingly, no association between interstitial vasculitis (ptc and v correlating with severe kidney injury) and any glomerular lesion in ANCA GN (also correlating with severe kidney injury) was observed, thereby confirming that interstitial vasculitis contributes to severe kidney injury independent of ANCA GN. By contrast, short-term renal recovery from RRT was equal in both groups, suggesting a distinct association with acute decline of kidney function at disease onset. Conclusion: Taken together, by using the Banff scoring system we here expand our current knowledge of renal interstitial lesions in AAV revealing peritubular capillaritis and arteritis as important histological alterations associated with severe kidney injury in a considerable subset of AAV. Furthermore, our findings that interstitial vasculitis did not correlate with crescentic ANCA GN implicate that the characteristics of each vasculitis manifestation are independent and could further improve our understanding of mechanisms contributing to renal injury. These observations suggest that interstitial vasculitis in AAV may also affect long-term prognosis requiring further investigation.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.4296

POS0248 PSYCHOMETRIC PROPERTIES OF OUTCOME MEASUREMENT INSTRUMENTS FOR ANCA-ASSOCIATED VASCULITIS: A SYSTEMATIC LITERATURE REVIEW

A. Bert1,2, G. Boleto3, P.A. Merke3, G. Tomasson2, S. Montb3, K.A. Quinn2, L. Carmona3, S. Ramo1, on behalf of OMERACT Vasculitis Working Group. 1Hospital of Trento, University of Trento, Rheumatology, Trento, Italy; 2Mayo Clinic, Thoracic Disease Research Unit, Rochester, United States of America; 3Cochin Hospital, Rheumatology, Paris, France; 4Penn Medicine, University of Pennsylvania Health System, Rheumatology, Philadelphia, United States of America; 5Landspítali The National University Hospital of Iceland, Rheumatology, Reykjavik, Iceland; 6University of Pavia, Rheumatology; Pavia, Italy; 7National institute of arthritis and musculoskeletal and skin diseases, Rheumatology, Bethesda, United States of America; 8Instituto de Salud Musculo-esquelética (INMUSC), Rheumatology, Madrid, Spain; 9Department of Rheumatology, Leiden University Medical Center, Rheumatology, Leiden, Netherlands; 10Department of Rheumatology, Zuynderland Medical Center, Rheumatology, Heerlen, Netherlands

Background: The OMERACT Vasculitis Working Group has defined a Core Domain Set of outcome measures for ANCA-associated vasculitis (AAV). However, the psychometric properties of available outcome measurement instruments in AAV, an essential consideration when choosing among instruments, have not been summarized systematically.

Objectives: To systematically review and summarize the psychometric properties of outcome measurement instruments used in AAV.