was the worst prognostic feature of LV-GCA. Extent of LVIs by imaging should be considered when determining the treatment strategy for GCA.

REFERENCES:

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Table 1. Baseline features of GCA patients and controls.

<table>
<thead>
<tr>
<th>Feature</th>
<th>GCA (n=29)</th>
<th>Controls (n=64)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, median (IQR)</td>
<td>75 (71-80)</td>
<td>67 (61.25 – 75.0)</td>
<td>0.001</td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>15 (42)</td>
<td>50 (78)</td>
<td>0.01</td>
</tr>
<tr>
<td>SPTPS category, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low risk</td>
<td>0 (0)</td>
<td>31 (48)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Intermediate risk</td>
<td>7 (24)</td>
<td>25 (39)</td>
<td>0.24</td>
</tr>
<tr>
<td>High risk</td>
<td>22 (76)</td>
<td>9 (13)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Halo score (HS), median (range)</td>
<td>10 (1-21)</td>
<td>1 (0-9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Total HS</td>
<td>21 (2-38)</td>
<td>6 (0-19)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Temporary artery HS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First episode</td>
<td>15 (52)</td>
<td>26 (41)</td>
<td>0.16</td>
</tr>
<tr>
<td>Visual disturbance</td>
<td>18 (62)</td>
<td>38 (61)</td>
<td>0.03</td>
</tr>
<tr>
<td>Vision loss</td>
<td>7 (24)</td>
<td>15 (46)</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Among GCA patients, 23 had cranial, 2 large-vessel and 4 mixed phenotypes (cranial plus large vessel disease).

Jaw claudication (66%) and polymyalgia symptoms (55%) were the dominant features in GCA patients. Median age 37.5 years in GCA (42% females) and 67 years in controls (78% females). GCA and controls were stratified by SPTPS to Low risk (0% vs 48%; Sn-undefined, Sp-97), Intermediate risk (24% vs 39%; Sn-100, Sp-100) and High risk (76% vs 13%; Sn-95, Sp-88). Optimal SPTPS cut-off point was ≥12 (Sn-93, Sp-86) >10 (Sn-100 and Sp-69).

Median THS was 21 in GCA and 6 in controls. Optimal cut-off Halo Score in diagnosis was THS ≥5 (Sn-90, Sp-98), AAHS ≥11 (Sn-55, Sp-80), HS ≥18 (Sn-69). Among the 18 patients who completed 3-months follow up,
Conclusion: Along with SPTPS, Halo Score successfully discriminates GCA from non GCA mimics. HS is effective in showing 3-month response and may be a useful marker to monitor GCA disease activity.

REFERENCES:

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POS0338

STERIOID-SAVING EFFECT OF ANAKINRA IN GIANT-CELL ARTERITIS: A CASE SERIES WITH CLINICAL, BIOLOGICAL AND ICONOGRAPHIC LONG-TERM ASSESSMENTS

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Background: The treatment of giant cell arteritis (GCA) relies on corticosteroids but is burdened by a high rate of relapses and adverse effects. Anti-interleukin-6 treatments show a clear benefit with a significant steroid-sparing effect, but late relapses occur after treatment discontinuation. In addition to interleukin-6, interleukin-1 also appears to play a significant role in GCA pathophysiology.

Objectives: We report herein the efficacy of anakinra, an interleukin-1 receptor antagonist, in 6 GCA patients exhibiting corticosteroid dependence or resistance, specifically analyzing the outcome of aortitis in 4 of them, and including the long-term follow-up of 2 previously described patients (1).

Methods: This retrospective study analyzed the cases of all GCA patients treated with anakinra from the French Study Group for Large Vessel Vasculitis. Patients had to satisfy the following two criteria to be enrolled in this retrospective study: their diagnosis of GCA should be based on the fulfillment of at least 3 criteria of the American College of Rheumatology (ACR) for GCA or on the satisfaction of 2 of these criteria along with the demonstration of LV1 on imaging. Second, patients should have received anakinra because of corticosteroid dependence or resistance.

Corticosteroid dependence was defined as ≥2 relapses or the combination of 2 of the following criteria: a daily dose of oral prednisone >20mg/day (or 0.3mg/kg) at 6 months; a daily dose of oral prednisone >10mg/day (or 0.2mg/kg) at 12 months; and/or a treatment maintained >24 months because of a relapsing disease course. Corticosteroid resistance was defined as persistent increased inflammatory parameters at month 3 despite a steroid dosage over 0.5mg/kg.

Results: After a median duration of anakinra therapy of 19 [18–32] months, all 6 patients exhibited complete clinical and biological remission. Among the 4 patients with large-vessel involvement, 2 had a disappearance of aortitis under anakinra, and 2 showed a decrease in vascular uptake. After a median follow-up of 56 [48–63] months, corticosteroids were discontinued in 4 patients, and corticosteroid dosage could be decreased to 5mg/day in 2 patients. One patient relapsed 13 months after anakinra introduction in the context of increasing the daily anakinra injection interval to every 48 hours. Three patients experienced transient injection-site reactions, and 1 patient had pneumonia.

Conclusion: In this short series, anakinra appears to be an efficient and safe steroid-sparing agent in refractory GCA, with a possible beneficial effect on large-vessel involvement.

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POS0339

PREDICTORS OF DEATH IN PATIENTS DIAGNOSED WITH GIANT CELL ARTERITIS IN WESTERN NORWAY 1972-2012

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Background: Giant cell arteritis (GCA) is the most common systemic vasculitis in >65 years, and the number of incident cases worldwide is projected to increase [1]. Evidence as to whether or not GCA carries a mortality risk is conflicting, and many studies have been limited by inadequate or lacking adjustment for confounders.

Objectives: To investigate possible predictors of death in a large and well-characterized Norwegian cohort of GCA-patients.

Methods: This is a hospital-based retrospective cohort study including patients diagnosed with GCA during 1972-2012. Patients were identified through computerized hospital records using the International Classification of Diseases coding system. Clinical information was extracted from patients’ medical journals. Further details about the inclusion process have been published previously [2]. Information on time of death was obtained from the Norwegian Cause of Death Registry. We investigated predicting factors using Cox regression. Selected variables were first analyzed in univariate and block regression models (block 1:...