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	Pregnancies		p
	Before TA (n=200)	After TA (n=33)	
Number of Patients	71	19	NP
Age at TA diagnosis, years mean (SD)	38.2 (13.1)	24.0 (6.6)	
Age at first pregnancy	21.7 (5.0)	27.6 (5.0)	
Comorbidities/CV Risk factors n(%)	n (%)		p
- Smoking	22 (31)	3 (15.8)	>0.05
- Dyslipidemia	14 (19.7)	1 (5.3)	
- Hypertension	29 (40.8)	9 (47.4)	
- Diabetes mellitus	8 (11.3)	0 (0)	
Maternal Complications	n (%)		
Numbers of pregnancies with any maternal complications	22 (11.0)	8 (24.2)	0.048
- Gestational hypertension	6 (3.0)	4 (12.1)	NP
- PROM	6 (3.0)	1 (3.0)	
- GDM	0 (0)	0 (0)	
- Bleeding (Antepartum/postpartum)	6 (3.0)	2 (6.1)	
- Preeclampsia	0 (0.0)	0 (0.0)	NP
- Infection	5 (2.5)	1 (3.0)	
- Placenta previa	0 (0)	1 (3.0)	
Fetal Complications	n (%)		p
Numbers of pregnancies with any fetal complications	43 (21.5)	11 (33.3)	0.180
- LBW	16 (8.0)	6 (18.2)	NP
- IUGR	20 (10.0)	5 (15.2)	
- Preterm birth	13 (6.5)	7 (21.2)	
- CNS complications	2 (1.0)	1 (3.0)	
- Cardiovascular complications	3 (1.5)	0 (0)	NP
- RDS_BPD	4 (2.0)	0 (0)	
- NICU admission	12 (6.0)	1 (3.0)	
- Other	5 (2.5)	0 (0)	
- Neonatal death	5 (2.5)	0 (0)	NP
- Retinopathy of prematurity	1 (0.5)	0 (0)	
- Stillbirth	7 (3.5)	0 (0)	
Delivery	n (%)		p
Vaginal delivery	128 (64)	6 (18.2)	<0.001
Cesarean	24 (12)	13 (39.4)	<0.001
Spontaneous abortion	21 (10.5)	7 (21.2)	0.088
Termination of pregnancy	18 (9.0)	7 (21.2)	0.061

Abbreviations: BPD: Bronchopulmonary dysplasia, CNS: Central nervous system, GDM: Gestational diabetes mellitus, IUGR: Intrauterine growth restriction, LBW: Low birth weight, NICU: Neonatal Intensive Care Unit, NP: Not performed PROM: Premature rupture of membranes, RDS: Respiratory distress syndrome

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POS0814

DRUG RETENTION RATE, REASONS FOR DISCONTINUATION AND OUTCOME OF INFLIXIMAB USE IN BEHÇET SYNDROME

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Background: Infliximab (IFX) plays a key role in the management of severe and refractory manifestations of Behçet syndrome (BS). However we had previously shown that its sustained use may be limited due to adverse events and lack of patient compliance (1).

Objectives: To assess the retention rate of IFX, adverse events, causes of discontinuation and outcome after cessation of IFX in a larger group of BS patients who were followed in a tertiary center.

Methods: The charts of BS patients who were prescribed IFX between 2004 and 2020 were reviewed to determine demographic features, reasons for IFX use, previous and concomitant drugs, IFX duration, reasons for cessation of IFX and time to flare following cessation of IFX. Follow-up was censored on March 2020.

Results: A total of 252 patients (195 men, mean age 40±10 years) received IFX for uveitis (n=122), vascular involvement (n=82), parenchymal neurologic involvement (n=32), gastrointestinal involvement (n=11), arthritis (n=10), mucocutaneous involvement (n=4), and secondary amyloidosis (n=1). Ten patients had more than 1 involvement requiring IFX.

During a median follow-up of 52 (IQR: 30-88) months, 122 (48%) patients were still receiving IFX for a median period of 33 (IQR: 15-56) months while 130 (52%) patients had discontinued IFX after a median follow-up of 17 (IQR: 7-31) months. Reasons for discontinuation were remission in 25 (19%) patients, adverse events in 39 (30%), lack of efficacy in 23 (18%) (4 primary and 19 secondary), lack of patient compliance in 36 (28%), pregnancy in 4, and preparation for surgery in 3 patients.

Adverse events (n=39) that required the cessation of IFX were infusion reaction (n=17), infection (n=7), hepatotoxicity (n=4), malignancy (n=4), palmoplantar psoriasis (n=3), lichen planus (n=1), drug induced lupus (n=1), splenic infarction (n=1), and a decrease in left ventricular ejection fraction (n=1).

Among the 25 patients who discontinued IFX due to remission, 5 (20%) had a relapse after 4, 21, 26, 29, 38 and 46 months. The remaining patients did not experience a relapse during a median follow-up of 35 (IQR: 24-68) months.

Reasons for infliximab treatment	No of patients	No (%) of patients who were still receiving infliximab	Number (%) of patients who discontinued infliximab	Reasons for discontinuation	Duration of infliximab use (median (IQR) months)
Eye involvement	122	59 (48)	63 (52)	Remission (n=17) Inefficacy (n=10) Lack of patient compliance (n=19) Adverse event (n=12) Others (n=5)	28 (12.5-52)
Vascular involvement	82	40 (49)	42 (51)	Remission (n=10) Inefficacy (n=7) Lack of patient compliance (n=12) Adverse event (n=12) Others (n=4)	18.5 (9-33.5)
Parenchymal neurologic involvement	32	21 (66)	11 (34)	Adverse event (n=8) Inefficacy (n=2)	25 (14.5-50)
Gastrointestinal involvement	11	4 (36)	7 (64)	Lack of patient compliance (n=1) Remission (n=1) Inefficacy (n=1) Adverse event (n=2)	7 (2-17)
Joint involvement	10	2 (20)	8 (80)	Lack of patient compliance (n=4) Inefficacy (n=1) Adverse event (n=5)	20 (4-35)
Mucocutaneous involvement	4	3	1	Lack of patient compliance (n=2) Inefficacy (n=1)	6, 10, 12, 104 months
AA amyloidosis	1	0	1	Inefficacy (n=1)	6 years

At the end of the follow-up, 2 patients had died due to lung adenocarcinoma during IFX treatment and 3 patients had died 1 year, 3 and 8 years after IFX discontinuation. The causes of death were with right heart failure due to pulmonary hypertension in 1, and severe nervous system involvement in 2 of the patients.

Conclusion: Despite its successful use for the management of potentially organ and life-threatening manifestations in more than half of our patients with BS, long term maintenance was not possible in 42%, mainly due to adverse events, lack of patient compliance and inefficacy.

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POS0815 CLINICAL CHARACTERISTICS, IMAGING PHENOTYPE, AND LONG-TERM OUTCOMES OF TAKAYASU ARTERITIS PATIENTS WITH HYPERTENSION

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Background: Hypertension occurred in 30-80% of TAK patients around the world. The occurrence of hypertension might severely worsen TAK prognosis. Nevertheless, data describing the specific imaging features in hypertensive TAK patients and the associations between hypertensive severity, blood pressure control status and long-term outcome were still lacking.

Objectives: To investigate the characteristics and associations of hypertensive characteristics with adverse events-free survival in Takayasu arteritis (TAK) patients with hypertension.

Methods: This research was based on a prospectively on-going observational cohort-East China Takayasu Arteritis (ECTA) cohort. In all, 618 TAK patients, who registered in the ECTA cohort up to December 2019, were enrolled. The main outcome was the adverse-events-free survival among hypertensive TAK patients during the follow-up ended on August 2020.

Results: Totally, 204 (33.0%) patients suffered from hypertension, with 48 (23.5%), 62 (30.4%), and 94 (46.1%) mild, moderate, and severe hypertension, respectively. Cluster analysis indicated three imaging phenotypes for hypertensive TAK patients: Cluster 1: involvement of the abdominal aorta and/or renal artery (n=56, 27.5%); Cluster 2: involvement of the ascending aorta, thoracic aorta, and the aortic arch and its branches (n=38, 18.6%); Cluster 3: combined involvement of Cluster 1 and Cluster 2 (n=111, 54.4%). By the end of the follow-up, the blood pressure control rate was 50.8%, while the adverse-events-free survival was 67.9% in the entire hypertensive population. Multivariate Cox regression analysis indicated that well-controlled blood pressure (HR=2.13, 95%CI 1.32-3.78, p=0.047), co-existence of severe aortic valve regurgitation (HR=0.87, 95%CI 0.64-0.95, p=0.043), Cluster 1 (HR=0.69, 95%CI 0.48-0.92, p=0.017) and Cluster 3 (HR=0.72, 95%CI 0.43-0.94, p=0.048) imaging phenotype was associated with the adverse-events-free survival.

Conclusion: Patients with controlled hypertension showed better adverse-events-free survival, while those with the Cluster 1 imaging phenotype were more likely to suffer from worse adverse-events-free survival. Hypertension occurred in 30-80% of TAK patients around the world. The occurrence of hypertension might severely worsen TAK prognosis.

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POS0816 PROGNOSTIC FACTORS FOR AGGRAVATED VASCULAR DAMAGE IN TAKAYASU ARTERITIS

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Background: Takayasu arteritis is a rare disease characterized by inflammation in the aorta and its branches. Some patients were discovered to suffer the aggravated vascular damage (AVD), monitored by imaging techniques, even with the effective anti-inflammation treatment. But the general characteristics and the related prognostic factors of AVD in TA were unclear yet.

Objectives: We aimed to describe the characteristics of the AVD and identify its prognostic factors in TA.

Methods: From the living East China Takayasu arteritis cohort, patients who underwent at least two magnetic resonance angiography (MRA) examinations at Zhongshan Hospital from April 2009 to April 2019 were enrolled as the derivation cohort to explore the prognostic factors of AVD in MRA. An independent group of patients from May 2019 to July 2020 comprising the validation cohort were used to validate the nomogram formed by these prognostic factors.

Results: Among 235 enrolled patients, 69 patients (29.3%) suffered AVD with the median follow-up of 14 months. The limb arteries were the most vulnerable and the aggravated vascular stenosis were the most commonly seen in AVD. Patients with AVD were younger, had higher complement 4 levels at baseline, and lower disease remission rate at 6 months. Multivariate cox regression analysis revealed that younger age (HR: 0.25-0.42, 95%CI: 0.09-0.91), higher CRP levels (HR = 2.57, 95%CI: 1.51-4.36) at baseline, and lower remission rate at 6 months (HR = 0.36, 95%CI: 0.21-0.64) were significant predictors. In the validation cohort of 65 patients, 19 cases had AVD. The predictive nomogram based on these factors achieved C-indices of 0.745 and 0.641 in the derivation and validation cohort respectively.

Conclusion: Totally, 29.3% of patients suffered AVD, among which the aggravated vascular stenosis and limb arteries involvement were most commonly seen. Younger age, higher CRP at baseline, and lower disease remission rate at 6 months were prognostic factors for AVD.

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POS0817 A NOVEL MODEL TO ASSESS DISEASE ACTIVITY IN TAKAYASU ARTERITIS BASED ON 18F-FDG-PET/CT: A CHINESE COHORT STUDY

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Background: Takayasu arteritis (TA) is a condition characterized by major large-vessel vasculitis (LVV), and is most commonly found in young women (age <40 years) of East Asia countries. 18F-FDG-PET/CT has been widely used in the diagnosis and follow-up of cancers to gather functional information based on metabolic activity. In the present study, we evaluated the value of different parameters in 18F-FDG-PET/CT for assessing active TA disease, and we establish a simple, quantifiable, and effective disease activity evaluation model based on 18F-FDG-PET/CT. A comparison in the ability to identify active disease was performed between the established Kerr score and the new 18F-FDG-PET/CT was also performed.

Objectives: To investigate the utility of 18F-fluorodeoxyglucose positron emission tomography/computed tomography (18F-FDG-PET/CT) in assessing disease activity in TA.

Methods: Ninety-one patients with TA, were recruited from a Chinese cohort from October 2017 to January 2019. Clinical data, acute-phase reactants (APRs), and 18F-FDG-PET/CT findings were simultaneously recorded. The Physician Global Assessment was used as the gold standard to assess TA disease activity. The value of using 18F-FDG-PET/CT to identify active disease