preterm infants and 17/59 (28.8%) low birth weight infants; all but one had a birth weight of more than 2,000 g and no had serious postnatal abnormalities. Forty-three (82.7%) of the 52 confirmed infants were breastfed fully or mixed.

Case definition: Most of the pregnancies in patients with TAK were successfully delivered while they had low disease activity at a dose of less than 10 mg/day of PSL. Relapse occurred during pregnancy and after delivery in some cases. The babies tended to have low birth weight, but 82.7% of them were breastfed without serious complications.

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Daiichi Sankyo Co. Ltd.


Table 1. General characteristics, comorbidities and clinical manifestations

<table>
<thead>
<tr>
<th>Gender, n (%)</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>497 (29.7)</td>
<td>1178 (70.3)</td>
<td>1675</td>
</tr>
</tbody>
</table>

The principal clinical characteristics of the population is shown in Table 1, the mean age at diagnosis was 76.9±8.1 years, 1178 (70.3%) were women. 1045 patients (62.3%) had ACR criteria and some positive objective test, 355 patients (21.9%) presented only ACR criteria and 213 (12.7%) only had a positive diagnostic test; 62 (3.7%) of the patients underwent diagnosis based on clinical judgment. The more frequent comorbidity was arterial hypertension (n=1079; 64.6%),

Epidemiological information on Giant Cell Arteritis (GCA) comes mainly from the Scandinavian countries of northern Europe, which show a higher incidence than the countries of southern Europe. GCA clinical manifestations can be divided into cranial, extracranial, and general syndrome.

Objectives: In a large series of GCA from Spain, we studied a) the incidence of GCA, b) clinical manifestations, and c) comorbidities at the time of disease diagnosis.

Methods: ARTESER is a retrospective epidemiological observational study of GCA promoted by the Spanish Society of Rheumatology in which 26 hospitals participate. The inclusion criteria were: all new patients diagnosed with GCA by a) ACR criteria, b) positive diagnostic test (temporal artery biopsy, temporal artery ultrasonor or other relevant imaging techniques) and/or c) investigator’s clinical judgment. The patient recruitment period ranged from June 1, 2013 to March 29, 2019. The overall incidence of GCA per 100,000 people ±50 years for the whole period and the mean annual incidence were evaluated. The clinical variables were collected by reviewing the patient’s medical history.

Results: 1675 patients were included. The average annual incidence rate was 7.42 (95% CI: 6.57-8.27). All the cases were older than 50 years, and the age group with the highest annual incidence was that of 80 to 84 years, where it reached a value of 22.63 (95% CI: 22.04-23.22). The mean annual incidence was 7.42 (95% CI: 8.43-5.93) (Table 1).
followed by dyslipidemia (n=801, 48%). The predominant cranial manifestation was headache (n= 1137, 73.9%) and 665 patients experienced visual symptoms (36.1%). Polymyalgia rheumatica (n=699, 41.8%) and anemia (n=637; 52.4%) were the most frequent extracranial and general syndrome manifestations, respectively. Regarding laboratory parameters, the most characteristic data was the increase of ESR (75.9±33.6 mm/1st h).

Conclusion: The mean annual incidence of GCA in Spain, 742 (95% CI: 6.57-8.27), is lower than that of the Scandinavian countries. It is higher in people older than 80 years. More than 60% of the patients met the ACR criteria and had a positive diagnostic test. Cranial manifestations constituted the most frequent clinical manifestations. The most frequent clinical manifestations are cranial. Up to a third of patients had visual manifestations.

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Disclose of Interests: None declared.


**Table 1. Corticosteroid treatment and immunosuppressive treatment**

<table>
<thead>
<tr>
<th>Patients taking oral corticosteroid</th>
<th>Prednisone, n (%)</th>
<th>Methylprednisolone, n (%)</th>
<th>Deflazacort, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1650</td>
<td>1602 (97.09)</td>
<td>164 (9.54)</td>
<td>64 (3.88)</td>
</tr>
</tbody>
</table>

Patients receiving intravenous corticosteroid, n (%) 426 (25.82)

Mean cumulative dose of steroid treatment, mean (SD) 22.95 (17.36)

Mean cumulative dose at the end of follow-up per patient, mg of prednisone, mean (SD) 8514.98 (6570.21)

Methotrexate at diagnosis*, n (%) 165 (9.9)

Leflunomide at diagnosis*, n (%) 2 (0.1)

Azathioprine at diagnosis*, n (%) 3 (0.2)

Cyclophosphamide at diagnosis*, n (%) 7 (0.4)

Mycophenolate at diagnosis*, n (%) 1 (0.1)

Tocilizumab at diagnosis*, n (%) 22 (1.3)

Methotrexate during follow-up, n (%) 532 (31.8)

Leflunomide during follow-up, n (%) 19 (1.2)

Azathioprine during follow-up, n (%) 26 (1.5)

Cyclophosphamide during follow-up, n (%) 10 (0.6)

Mycophenolate during follow-up, n (%) 10 (0.6)

Tocilizumab during follow-up, n (%) 153 (9.1)

The most widely used immunosuppressant was MTX both at diagnosis (n=166; 9.5%) and during follow-up (n=532; 31.8%), followed by TCZ, at diagnosis (22; 1.3%) and at follow-up (153; 9.1%). AE with GC were described in 393 patients (23.8%), highlighting serious infections (n=67; 10.03%) followed by diabetes mellitus (n=64; 9.43%), steroid myopathy (n=53; 7.93%), vertebral fractures (n=47; 7.04%), non-vertebral fractures (n=36; 5.39%), heart failure (n=36; 5.39%), arterial hypertension (n=34; 5.09%) and neuropsychiatric alterations (n=27; 4.04%). During the follow-up, 334 (19.4%) patients had relapses, 532 (31.8%) were hospitalized on some occasion, and 142 patients (8.48%) died. The main cause of death were infections (n=44; 30.99%), neoplasms (n=29; 16.2%), cardiovascular (n=15, 10.56%), and cerebrovascular (n=10; 7.04%).

Conclusion: The main treatment for GCA was oral GC, which were required for almost two years on average, in a quarter of patients associated with IV pulses. The cumulative steroid dose was high as well as the side effects. MTX was the most widely used immunosuppressant and TCZ was prescribed in 10%. Relapses and admissions at the hospital were relatively frequent.

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**POS0797 EFFICACY AND SAFETY OF TOFACITINIB VERSUS LEFU MONIDE TREATMENT IN TAKAYASU ARTERITIS: A PROSPECTIVE STUDY**


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Background: Takayasu arteritis (TAK) is a rare large-vessel vasculitis characterized by vascular granulomatous inflammation. TA is prevalent in young women aged less than 40 years old. It mainly involves aorta and its major branches. Those involved arteries can progress into stenosis and occlusion, which can lead to further ischaemia of the corresponding tissue and life-threatening events. Thus, effective treatment is in need to improve patients’ prognosis. To date, glucocorticoids (GCs) and immunosuppressants remain as the first-line therapy for TAK patients. According to 2021 American College of Rheumatology/ Vasculitis Foundation guideline, GCs and immunosuppressants such as methotrexate and azathioprine were recommended as initial therapy [1]. LEF functions as an inhibitor of pyrimidine synthesis. It has been widely used in a variety of autoimmune diseases. In TAK treatment, by comparing LEF with methotrexate or cyclophosphamide, LEF showed its superiorities in remission induction, relapse prevention and good tolerance. Tofacitinib (TOF) is a JAK1/JAK3 signaling pathway inhibitor. In TAK, increasing evidence has suggested that JAK/STAT signaling pathway played an essential role in the pathogenesis of TAK [2]. More importantly, according to our recent study, TOF is superior to MTX for complete remission (CR) induction, relapse prevention and GC tapering. However, its efficacy needs further confirmation.