Results: 35 patients entered the study. At diagnosis, vascular FDG-uptake was noted in 29 patients (83%). There was no correlation between FDG findings and laboratory parameters or patients complaints, except for jaw claudication. FDG-uptake in the shoulders correlated significantly with the presence of polymyalgia rheumatica (p = 0.005). TVS decreased from a mean score of 7.9 ± 5.5 at baseline to 2.4 ± 3.5 on repeat PET scan at 3 months (p < 0.0005) but did no further decrease at 6 months. The patients who had a relapse had similar decreases of TVS compared to those who did not relapse.

Conclusions: FDG-uptake in the large vessels is a sensitive marker for GCA, which can involve the larger thoracic, abdominal, and peripheral arteries. Polymyalgia rheumatica complaints in GCA patients correlate with (peri)synovitis of the shoulders and not with inflammatory of the subclavian or axillary arteries. Relapses of GCA cannot be predicted by results of former PET scintigraphies.

doi:10.1093/rheumatology/keh734

OP9. TRENDS IN USE OF TEMPORAL ARTERY BIOPSY FOR THE DIAGNOSIS OF GIANT CELL ARTERITIS (GCA): EXPERIENCE IN 2,539 PATIENTS AT 3 CENTERS OVER 11 YEARS

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Background: Temporal artery biopsy (TA-Bx) is the standard for the definitive diagnosis of GCA. We examined the use of TA-Bx for diagnosis of GCA over 11 years in 3 referral practices.

Methods: Pathology records from all patients undergoing TA-Bx for the diagnosis of GCA from 1994-2004 were examined. The relationship of positivity rate to biopsy length was examined, as was the practice of obtaining bilateral biopsies in patients whose biopsy on the first side was negative.

Results: 2,539 patients underwent TA-Bx. The median age was 74 years. 64% were female. Overall, length of biopsies decreased over time (P<0.001) at all sites and the proportion of patients undergoing bilateral biopsies fell over time (P<0.001) at the largest site. 681 patients (27%) had a positive biopsy. There was marginal evidence of a decrease in the proportion of patients with a positive biopsy at the largest site, but this could not be correlated with either fall in biopsy length or a fall in the rate of bilateral biopsies. 1.278 patients (50%) underwent bilateral TA-Bx. After a negative biopsy, the chance of finding a positive biopsy on the opposite side was 7.4%.

Conclusions: We could not demonstrate a relation between positivity rate and biopsy length and the minimal ideal biopsy length needed to identify GCA, when present, remains uncertain. Because pathologic evidence of the disease was present on only one side in 7.4% of patients undergoing bilateral biopsies, we recommend that bilateral biopsies be performed when the biopsy on the first side is negative.

Cumulative incidence of stroke is significantly increased in cases, but remains always lower than 3%/6 months. Incidence of angina pectoris is lower than 5% per year. There are no differences between cases and controls as regard myocardial infarction, transient cerebral attack, or lower limb arteriopathy.

Conclusions: Although overall mortality is similar in GCA patients and controls, incidence of stroke and angina pectoris is slightly increased in the former, and long-term anti-platelet therapy needs to be assessed.

doi:10.1093/rheumatology/keh736

OP11. ASSOCIATION OF FCGR2A AND FCGR3B HAPLOTYPES WITH SPANISH POLYMYALGIA RHEUMATICA AND GIANT CELL ARTERITIS

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Background: The Fc gamma Receptor (FcγR) genetic locus on chromosome 1q22-23 was investigated as a genetic susceptibility factor for polymyalgia rheumatica (PMR) and giant cell arteritis (GCA).

Results: The FCGR2A-131H/R, FCGR3A-158F/V and FCGR3B-NA1/NA2 functional polymorphisms and a novel FCGR2B 3’UTR polymorphism were examined for association