334. **UK & IRELAND VASCULITIS REGISTRY (UKIVAS): CROSS-SECTIONAL DATA ON THE FIRST 556 PATIENTS**

Jan Sznaid, Alan D. Salama, David Jayne, Atif Chaudhry, Michael Robson, Joe Rosa, Joe Barrett, Neil Basu, Michael Venning, Mark A. Little, Richard Watts and Rasheedul Lutfwall

1Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford; 2UCL Centre for Nephrology, Royal Free, London; 3Department of Medicine, University of Cambridge, Cambridge; 4Department of Medicine, Addenbrooke’s Hospital, Cambridge University Hospitals, Cambridge; 5King’s College London; 6Department of Epidemiology, University of Aberdeen, Aberdeen; 7Manchester Royal Infirmary, Manchester, UK; 8Triinity Health Kidney Centre, Trinity College Dublin, Dublin, Ireland; 9Department of Rheumatology, Ipswich Hospital NHS Trust, Ipswich, UK

**Background:** The vasculitides are a set of rare conditions. The natural history of treated disease has improved with modern immunosuppression but the long term outcome remains unsatisfactory. Our aim is to establish a UK and Ireland registry for all patients with different forms of vasculitis in order to provide comparative outcome data on a large cohort of patients with different ethnic backgrounds. We present cross-sectional data on the first 556 patients.

**Methods:** We recruited patients with a primary diagnosis of systemic vasculitis under regular care of a variety of specialists across the UK and Ireland. The initial focus was on ANCA positive patients only. We developed a software program to enable prospective collection of anonymized clinical data with local storage of patient identifiable information. We recorded details of demographics, diagnosis, clinical manifestations, ANCA status, treatment and mortality.

**Results:** 556 patients were recruited from 13 centres. The detailed characteristics of this cohort are presented in Table 1. The median age at diagnosis was 55.2 years (IQR 42.4–65.7) with equal gender distribution. Almost 90% had a white Caucasian background. 85% had a diagnosis of MPA, GPA or EGPA, the remaining 15% were defined as unclassified AAV (2.2%), anti-GBM disease (1.8%), IgA vasculitis (1.8%) and other types of vasculitis (~1% each). 11% of cases were newly diagnosed. The distribution of systems involvement in MPA, GPA and EGPA was similar to that expected in other European populations. There were 8 (1.4%) deaths recorded. The majority of patients (79.1%) received oral, as compared with pulsed corticosteroids (23%) and cyclophosphamide (61.3%) as induction treatment. The most common maintenance treatment beside steroids was AZA (41.4%); MTX was less commonly used (11.7%).

**Conclusion:** We have established a web-based national registry of systemic vasculitis. The clinical features and treatment regimens...
TADSf did not correlate with initial ITAS2010 or ITAS-A but 3.4. TADSf did not correlate with initial ITAS2010 or ITAS-A but