P310

P310-Utility of a one-stop joint ENT-Vasculitis clinic in the management of relapsing ANCA-associated vasculitis

Miss Lucy O'Malley[1], Mr Michael Woodmass[1], Sister Sarah Logan[1], Dr Matthew Morgan[1], Miss Lisha McClelland[1], Dr Dimitrios Chanouzas[1], Professor Lorraine Harper[1]
[1]*University Hospitals Birmingham NHS Foundation Trust, Birmingham, United Kingdom*

Background
The anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitides (AAV) are multisystem diseases that commonly affect the ear, nose and throat (ENT), lungs and kidneys. The array of symptomatology requires a multi-disciplinary approach. ENT involvement is common in granulomatosis with polyangiitis, affecting 73-93% of patients. Furthermore, ENT involvement is associated with an increased risk of relapse. At our centre, we have set up a multi-specialty, multi-professional, joint ENT-Vasculitis (JEVC) clinic to assess and manage vasculitis patients with ENT involvement. Patient consultations are delivered jointly by a nephrologist, an ENT surgeon and a vasculitis specialist nurse all present in one room. Here we have evaluated this service to determine the effectiveness of the clinic in the timely diagnosis and management of suspected vasculitic relapses and explore the patient experience.

Methods
Data was collected retrospectively from medical records on patients who attended the main vasculitis clinic and JEVC between 1 May 2017 and 1 May 2018. An 11 part questionnaire was utilised to obtain patient views on the JEVC. Focus patient groups were organised to explore the patient experience of living with relapsing AAV and their views on attending a multi-specialty multi-professional clinic.

Results
288 of 301 patients seen in the main vasculitis clinic had AAV; within this group 56.9% had ENT involvement and 43.8% were PR3 positive. 42 patients were referred to the JEVC over the course of the 12 month study period. 34 of 42 (81%) of those referrals were for suspected ENT disease relapse. Mean waiting time from referral to JEVC review was 21 days compared to a current waiting time of over 56 days for an ENT clinic appointment in our centre. Immunosuppression was not augmented or commenced in the majority of cases with suspected disease relapse prior to a JEVC opinion. Only 7 out of 34 patients (21%) referred with suspected disease relapse were found to have evidence of an ENT disease flare on JEVC assessment. 50% of referred patients were found to have chronic damage or mild inflammation not requiring any change in immunosuppression. The proportion of patients with detectable PR3 antibodies at the time of referral was similar in patients with confirmed disease relapse (43%) and those with chronic damage only (40%). The patient experience of the service was very positive. Over 95% of respondents found it beneficial to have the consultation conducted in the presence of a nephrologist, ENT surgeon and a vasculitis specialist nurse and felt the information conveyed was easy to understand.

Conclusion
The findings suggest that the JEVC format allows rapid multi-disciplinary assessment of patients. This avoids the unnecessary increase in immunosuppression whilst waiting for an ENT opinion. The presence of PR3 antibodies at the time of referral was not associated with ENT disease relapse. Patients felt reassured after multi-disciplinary assessment and management.