had hypertension, and were both diagnosed with axSpA prior to diagnosis of DM.

Conclusion: This small study has found a similar prevalence of DM in patients with axSpA (5.37%) compared to the general UK population (6%), which contrasts with published international studies which have found a higher prevalence of DM in the axSpA group. However, the study did find a higher prevalence in the Asian population (11.11%) which is in keeping with ethnic variation for DM. Larger epidemiological studies are needed to understand the reason for reported higher prevalence of DM in patients with axSpA in other countries compared to the UK.

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AB1440 ASSOCIATION BETWEEN GAMMA-GLUTAMYL TRANSFERASE (GGT) AND SERUM URATE: CROSS-SECTIONAL FINDINGS FROM THE 1993 PELOTAS (BRAZIL) BIRTH COHORT

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Background: Gout attack is associated with an abrupt increase or decrease on serum urate concentrations, which can precipitate urate crystals in tissues in and around the joints. Serum urate (SU) has been positively associated with cardiometabolic risk factors and subclinical inflammation in observational studies, but causal roles remain unclear. [1] Additionally, gamma-glutamyl transferase (GGT) has been linked to oxidative stress, metabolic syndrome, and nonalcoholic fatty liver disease (NAFLD).

Objectives: The aim of this study was to assess the association between GGT and SU in Brazilian young adults.

Methods: During 1993, all live born babies in the city of Pelotas (Brazil) were invited to take part in a prospective study. At the 22-year follow-up of this birth cohort, SU was evaluated by enzymatic-colorimetric assay. GGT was evaluated by kinetic assay and converted into logarithm for regression analysis. The co-variables taken into consideration were waist circumference (WC), systolic and diastolic blood pressures (SBP, DBP), glucose (G), high-density lipoprotein cholesterol (HDL-c), low-density lipoprotein cholesterol (LDL-c), creatinine (Scr), fasting period, smoking status, excessive alcohol consumption (>8 points in the Alcohol Use Disorders Identification Test-AUDIT), and physical activity (PA). For association analyses, serum concentration of urate was categorized into tertiles. Sex-stratified linear regressions have been performed due to the significant interaction between GGT, SU and sex (p<0.001). A p-value less than 0.05 was considered statistically significant.

Results: The sample comprised 1660 (47.7%) men and 1822 (52.3%) women aged 22.6 (±0.34) years old. Median (IQR) GGT (U/L) was 26 (20-35) in men and 21 (16-30) in women (p<0.001). Mean (±SD) SU (mg/dL) was also higher in men (5.2±1.2 *vs.* 3.9±1.1; p<0.001). No significant association between GGT and tertiles of SU was observed in men (between the 1st and 2nd tertiles, the p-value was 0.713; and between the 1st and 3rd, p = 0.185). In women, between the 1st and 2nd tertiles, the linear p-value was 0.251; and between the 1st and 3rd; p = 0.001. The corresponding exponential mean of GGT for each SU tertile is described in (Table 1).

Table 1. Exponential means (95%CI) of GGT (U/L) according to the SU tertiles in 22-year-old individuals from the 1993 Pelotas (Brazil) birth cohort

	Men (n=1638)		Women (n=1801)	
SU Tertile	**Mean**	**95%CI**	**Mean**	**95%CI**
	*p=0.231**		***p=0.005****	
1	26.8	(25.3; 28.5)	22.6	(21.8; 23.3)
2	27.1	(26.3; 28.2)	23.3	(22.4; 24.3)
3	28.2	(27.4; 29.1)	26	(24.1; 28)

Linear regression adjusted for WC, SBP, DBP, Glu, HDL-c, LDL-c, Scr, fasting, smoking status, alcohol consumption (>8 points AUDIT), and PA. ***heterogeneity p-value**

Conclusion: GGT was positively associated with SU in women, even after adjusting for potential confounders. This finding reinforces that uric acid is associated with cardiometabolic risk factors since early adult age. Nonetheless, further prospective studies are needed to understand the causality of this association especially observed in women.

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AB1441 LEARNING NEEDS ASSESSMENT FOR PATIENTS WITH CANCER AND A PRE-EXISTING AUTOIMMUNE DISEASE WHO ARE CANDIDATES TO RECEIVE IMMUNE CHECKPOINT INHIBITORS

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Background: Patients with autoimmune disorders and cancer are at risk of developing immune-related adverse events (irAEs) and increasing flares of their underlying disease with immune checkpoint inhibitors (ICI) and harms and benefits must be weighed.

Objectives: We conducted an assessment of learning needs.

Methods: We interviewed 19 patients who had received an ICI and 20 physicians who provide care for these patients. We asked what do cancer patients with pre-existing autoimmune diseases need to know in order to make an informed decision about whether to receive an ICI.

Results: Fifty-three percent of the patients were female, median age was 62.9 (±10.9). They had rheumatoid arthritis (47.4%), psoriasis (26.3%), Crohn's disease (10.5%), ankylosing spondylitis (5.3%), systemic lupus erythematosus (5.3%), or ulcerative colitis (5.3%). Half of the patients (52.6%) had a demonstrable disease activity of the autoimmune disease at the time of making the decision on whether to start ICI. Most (84%) of the patients had melanoma, and at the time of the interview 68.4% had completed or discontinued the ICI. Physicians were melanoma oncologists (30%), thoracic-head & neck medical oncologists (25%), rheumatologists (20%), gastroenterologists (10%), and dermatologists (15%) who treat patients with irAEs. Sixty percent were female. Key points mentioned by patients and physicians included information on probability of irAEs and flares of the autoimmune condition with discussion about severity, benefits of ICI, ICI mechanism of action in the context of the autoimmune disease, and management for flare-ups. Key topics raised only by patients included possible reasons for stopping or modifying treatment (for cancer or autoimmune disease), when to contact the provider, possibility of autoimmune disease progression or organ damage, sharing information with other providers, and lifestyle changes that can be done to help.

Conclusion: Although patients and physicians listed common learning points, patients also considered specific needs to increase their self-care. The information derived from this study will be used to develop a decision support tool.

Disclosure of Interests: None declared

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AB1442 A PREDICTIVE MODEL OF CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME: A RETROSPECTIVE COHORT STUDY

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Background: Catastrophic antiphospholipid syndrome (CAPS) is a life-threatening form of antiphospholipid syndrome (APS), with rarely occurrence but high mortality. Current classification diagnosis criteria require more than 3 organs involvement in 1-week time and pathological evidence in patient with persistent positive antiphospholipid antibodies (aPL), which could result the delaying