

P311

## P311 -Risk stratification tools in ANCA-associated glomerulonephritis

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**Background:** Renal involvement is associated with increased mortality in anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis. Reliable risk stratification tools are needed for clinical risk prediction, audit and interventional studies.

**Methods:** We performed a retrospective, single centre analysis of patients with ANCA-associated glomerulonephritis (GN) diagnosed in the years 2009 - 2017 investigating death-censored end stage kidney disease (ESKD). Clinical and histologic parameters were collected in search for reliable risk stratifiers and to validate the ANCA renal risk score and classification.

**Results:** 105 patients with a median follow up of 42 months (interquartile range 26 – 69 months) were identified. Clinical factors associated with ESKD were age and estimated glomerular filtration rate (eGFR) at presentation ( $p=0.03$ ,  $p=0.0007$ , respectively). Gender, antibody and disease subtype were not. The renal risk score predicted renal survival ( $p<0.0001$ ) as did the classification ( $p=0.003$ ) but the crescentic and mixed classes did not differ in outcome. ESKD-free survival after 1- and 3-year follow up was 97% and 91.7% in the low risk group, 87.8% and 74.4% in the medium risk group and 37.5% and 25% in the high risk group.

**Discussion:** A practical tool to provide clinician with early ESKD risk prediction is needed and the ANCA renal risk score accurately predicted renal outcome in our cohort of patients with biopsy-confirmed ANCA-associated GN.