The fourth meeting of the Vasculitis Special Interest Group was held on 23 April during the BSR meeting in Harrogate. Dr David G. I. Scott (Norfolk and Norwich Hospital) chaired the meeting.

The first session was devoted to a discussion about future plans for the group. Dr Scott proposed that the group should consider setting up a national register of patients with some of the rarer forms of vasculitis, including Takayasu arteritis, classical polyarteritis nodosa and Churg–Strauss syndrome. The aim would be to collect sufficient numbers of patients to study the clinical features and progression of these rare diseases. At a later stage, blood samples might be obtained to facilitate genetic studies. It was pointed out that physicians other than rheumatologists often see these patients and therefore other national societies might need to be involved. Dr Scott and Dr Watts (Ipswich Hospital) agreed to progress this project and report back next year. It was also decided to establish a therapeutic trial on rheumatoid vasculitis. Dr Raashid Luqmani (Edinburgh) will draft a protocol studying short (3 months) vs long (12 months) treatment with cyclophosphamide in severe disease and azathioprine vs mycophenolate mofetil in less severe disease. It is hoped that by the time of the next meeting this study will be ready to start recruitment.

Dr David Jayne (Senior Lecturer in Nephrology, St George’s Hospital Medical School) updated the group on the progress of the ECSYSVASTRIALS randomized controlled treatment trials in systemic vasculitis. The first-wave trials were designed to harmonize existing treatment regimens and to establish best practice on which further trials could be based. The CYCAZAREM (randomized trial of cyclophosphamide vs azathioprine during remission in ANCA-positive systemic vasculitis) trial has almost completed recruitment. The NORAM trial [efficacy of methotrexate vs cyclophosphamide in non-renal (or mild renal) ANCA-associated vasculitis] is progressing slowly and he appealed for members to consider entering patients into this trial. He was pleased to announce that funding for a second-wave trial had been obtained from the EU Biomed 2 programme. These trials are designed to focus on newer approaches to treatment.

IVISTAT (trimethoprim/co-trimoxazole vs intravenous immunoglobulin as additional therapy in early systemic disease—creatinine < 150 µmol/l) is studying whether additional therapy improves the remission rate and duration. CYCLOPS (pulse vs continuous oral cyclophosphamide in systemic disease—creatinine > 150 µmol/l) will hopefully determine whether i.v. cyclophosphamide is as efficacious as oral. REMAIN (long-term azathioprine and prednisolone vs withdrawal of therapy) will determine whether long-term (48 months) treatment is necessary to prevent relapse. Nasal carriage of Staphylococcus may be associated with disease activity. MUPIBAC (placebo-controlled mupicin nasal ointment) will study whether eradication of nasal Staphylococcus improves the relapse rate.

The group organizing these trials is predominately nephrological and there is a need for patients to be entered by rheumatologists in order to get a better spread of patients. If more details are required, please contact Dr Jayne at St George’s Hospital Renal Unit (telephone 0181 725 5035).

Dr Richard Watts (Ipswich Hospital) discussed the epidemiology and clinical features of cutaneous vasculitis. Biopsy-proven cutaneous vasculitis is at least as common as systemic vasculitis in the Norwich Health Authority (around 40 per million per year). He noted that, as with other forms of vasculitis, the ACR (1990) criteria and the Chapel Hill Consensus Conference definitions identify different patients.

It is planned to hold the next meeting during the 1998 BSR AGM in Brighton.

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