**Streamlining the Patient Pathway: The Giant Challenge in Temporal Arteritis**

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**Background:** GCA is a large vessel vasculitis associated with significant morbidity in the form of visual loss and stroke. It is important that GCA patients have a swift passage from diagnosis to the commencement of steroid therapy and to timely temporal artery biopsy (TAB) that will maximize diagnostic potential.

**Methods:** We gathered a cohort of patients with suspected GCA and retrospectively analysed the management pathway. Following this initial data collection we convened a multidisciplinary committee (including rheumatologists, acute medics, vascular surgeons and ophthalmologists). The aim was to streamline the process from clinical review to commencing steroid therapy and performing TAB and temporal artery US. We then re-audited to evaluate the effectiveness of the intervention.

**Results:** Data were collected on 75 patients in total, 19 pre-pathway and 56 post-pathway. In keeping with the demography of the disease, 56 (75%) were female and the majority of those in whom race was identified were white British. Although there was no statistically significant difference between the pre- and post-pathway timeline (likely due to insufficient power), there was a strong trend towards a reduction in time to commencement of steroids, first specialist consultation, temporal artery US, TAB and histological reporting, as shown in [Table 1](http://rheumatology.oxfordjournals.org/content/55/suppl_1/i130.1.full#T1). However, when post-pathway patients who were referred from general practice with a primary clinical suspicion of GCA were analysed, there was a significant reduction in the time to TAB (P = 0.002) and reporting (P = 0.003). There was also a marked increase in the number of patients seen first by rheumatology (47% to 66%) and a concurrent reduction in those seen by general medicine on the acute medical unit (21% to 9%) following the commencement of the pathway.

**Conclusion:** The introduction of a coordinated, multidisciplinary patient pathway for GCA resulted in a reduction in the time taken for patients to receive specialist rheumatology clinical review, important investigations and more timely treatment and the avoidance of serious complications. It can also channel patients with GCA to specialist rheumatology review and relieve pressure on the acute medical unit. We make recommendations for the replication of this model in other departments.

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Table 1. A comparison of timelines pre- and post-pathway

| Time point from GP referral date to | Pre-pathway, median, days | Post-pathway, median, days |
| --- | --- | --- |
| Commencing steroid therapy | 1 | 0 |
| Specialist consultation | 8 | 4.5 |
| Temporal artery ultrasound | 10 | 5 |
| Temporal artery biopsy | 16 | 7 |
| Temporal artery histology report | 19 | 12.5 |