

Abstract A5.8 Table 1

	Mean DAS28 at baseline	Mean DAS28 at 3 months	Mean DAS28 at 6 months	Goedeular response at 3 months	Goedeular response at 6 months	DAS28 < 2.6 at 3 months	DAS28 < 2.6 at 6 months	HAQ at baseline	HAQ at 3 months	HAQ at 6 months
RF +	5.73 ± 1.24	3.38 ± 1.30	4.13 ± 1.83	90.5%	65.2%	18.2%	17.4%	1.81 ± 0.77	1.00 ± 0.57	1.2 ± 0.74
RF -	5.52 ± 1.61	3.72 ± 0.93	4.22 ± 1.23	83.3%	57.1%	14.3%	14.3%	1.57 ± 0.78	0.83 ± 0.56	0.95 ± 0.54

**Objective** To evaluate the efficacy of RTX in our series of refractory seronegative and seropositive RA.

**Materials and Methods** Baseline characteristics and disease activity markers at baseline, and after 3 and 6 months of treatment with RTX (1g × 2 weeks), were collected in 33 patients. A descriptive study was made; and the relations between variables were analysed statistically.

**Results** The mean age was 52.06 ± 12.01 years, 75.8% female, 78.8% RF positive. The mean duration of illness was 7.70 ± 4.47 years. Thirty two patients (97%) had failed at least to one TNF antagonist. Most of the patients (84.8% 9) received RTX with methotrexate.

The mean DAS28 at baseline was 5.7 ± 1.30; at 3 months decreased to 3.4 ± 1.22, and at 6 months to 4.15 ± 1.69 (p < 0.0005).

At 3 months, 88.9% reached good eular response, and 63.3% at 6 months. Remission was obtained in 17.2% at 3 months and in 16.7% at 6 months.

It was also noted improvement in baseline HAQ, after 3 and 6 months (from 1.75 ± 0.767 to 0.96 ± 0.56 and 1.24 ± 0.70 respectively).

No significant differences were found between decreases in DAS 28 at 3 and 6 months compared to baseline between RF seronegative and seropositive patients, neither in good eular response, remission percentages or HAQ improvement. The data are shown in the table.

**Discussion** The efficacy and safety of RTX has been proved in several clinical trials.

The presence of RF, low baseline functional disability and no more than one previous anti-TNF are predictors of good response to RTX, as has been recently published.

Response rates in seronegative RA are slightly lower, although higher than placebo, as described in other publications.

In conclusion, the experience of RTX treatment in our patients with seronegative RA is positive, in terms of efficacy, due to the action on B cells and their different roles, with no significant differences comparing to seropositive RA.

condition causing lymphopenia or lymphocytosis. The fluorochromes used were: CD3, CD19, CD38, CD27 and IgD.

## Results

Abstract A5.9 Table 1

Subpopulations	Mean	Typical deviation	Median
Naive	70.46	8.06	73.70
DN	4.05	2.08	4.66
Unswitched Memory	9.65	5.33	10.05
switched Memory	11.38	4.62	11.00
Bm1	7.82	9.29	5.10
Bm2	73.14	10.71	73.05
PreGC	2.90	1.61	2.89
Bm3 + 4	0.56	0.53	0.44
Late Bm5	3.17	2.74	2.50
Early Bm5	9.12	4.93	9.21

**Conclusions** Knowing the mean, medians and standard deviations of the B lymphocyte subpopulations subsets is important in helping to compare these results with those obtained in studies of patients with autoimmune diseases.

In most cases, conclusions drawn after the study with flow cytometry are based on knowing how these subpopulations vary with respect to healthy people in order to draw conclusions about what subpopulations are involved the most in the pathogenesis of the disease.

We believe, therefore, important to deepen in studies of this kind in order to clarify more situations of normality in the world of flow cytometry: a technique that is increasingly taking more importance in the understanding of autoimmune diseases.

### A5.9 VALUES OF B LYMPHOCYTE SUBPOPULATIONS (HEALTHY POPULATION) USING FLOW CYTOMETRY A STARTING POINT FOR ANY STUDY

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**Background** Flow cytometry is a widely used technique nowadays for the determination of cell subpopulations in the study of autoimmune, infectious and tumoral diseases.

Our goal is to study the means and medians of B lymphocyte subpopulations in healthy population, to thereby have reference limits with which being able to compare when carrying out studies in population with autoimmune diseases.

**Methods** We studied 50 healthy patients. Male/female: 25/25. Age: 18–65 years. Previously, it was checked that none of these patients had any autoimmune diseases nor any other disease or

### A5.10 Δ4BAFF ALTERNATIVE SPLICING IS REGULATED BY IFN-γ AND SC35 PROTEIN

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**Background** The B-cell activating factor (BAFF) is a potent survival factor involved in the pathogenesis of autoimmune diseases. Recently, we reported the discovery of a new transcript for BAFF, Δ4BAFF – lacking exon 4 –, which is mainly detected in autoimmune diseases and acts as a transcription factor for its own gene. However, the mechanisms implicated in Δ4BAFF induction and up-regulation are unknown. In this study we analysed the induction and regulation of Δ4BAFF.

**Materials and Methods** First, to study the alternative splicing of BAFF exon 4, we transfected a minigene construct, centred on exon 4, into RAMOS B cells. To determine the proteins implicated in exon 4 inclusion/exclusion, we co-transfected the minigene together with each of the plasmids coding for the main splicing proteins