12/15 remained stable during the entire follow-up.These positive clinical changes were mirrored by the subjective improvement of patients' well being in all cases (HAQ from 1.45±0.49 to 0.98±0.38, VAS from 64.5±18.5 to 37.5±8.6). Finally, no significant side effects were observed.
**Conclusions:** The present study reinforces the previous trials showing the usefulness of RTX in the management of SSc patients, along with its good safety profile. The specific therapeutical activity of RTX, able to down-regulate the B-cell over expression, might explain its beneficial effects on some SSc clinical manifestations; in particular the improvement of both skin sclerosis and articular involvement, along with the possible stabilization of lung fibrosis.
**Disclosure of Interest:** None declared
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## FRI0389 FOOT INVOLVEMENT IN PATIENTS WITH SYSTEMIC SCLEROSIS: A SINGLE-CENTRE REPORT

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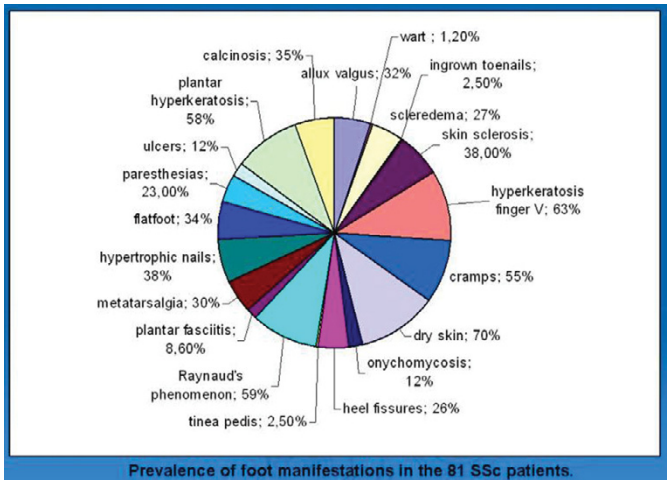
**Background:** Foot involvement can be a source of morbidity and disability in patients with systemic sclerosis (SSc). Some studies have previously reported severity, echographic and radiographic manifestations of foot involvement in SSc (1,2).
**Objectives:** The aim of our study was to assess the nature and prevalence of foot problems in patients with SSc reporting a single centre experience.
**Methods:** A podiatrist and a rheumatologist assessed 81 (76 female) consecutive patients attending our SSc outpatient clinic. The mean age was 50 years (range 21–70). Thirteen (16%) had diffuse cutaneous SSc with a median disease duration from Raynaud's Phenomenon of 5 years (range 3 –19); 68 (84%) had limited cutaneous SSc with a median disease duration of 11.5 years (range 1–41). The overall median disease duration was 11 years (range 1–41). Thirty (37%) were anticentromere antibodies positive, thirty five (43%) anti-scl70 antibodies positive. The two investigators evaluated the presence of the following features: colour changes, pain, previous ulceration, current ulceration, pre-ulceration (discoloration and thinning of the skin), toenail changes, hyperkeratosis, calcinosis, onychomycosis, dry skin, skin sclerosis, warts, scleredema, flatfoot. The presence of paresthesias, cramps, metatarsalgia were also investigated.
**Results:** The diagram reports the prevalence of foot manifestations in the 81 SSc patients.
Most SSc patients suffer from symptoms related to their feet, particularly dry skin (70%), hyperkeratosis (plantar 58%, finger V 63%), Raynaud's phenomenon (59%), cramps (55%). No statistically significant differences were found between diffuse and limited SSc groups.



Prevalence of foot manifestations in the 81 SSc patients.

**Conclusions:** Our study suggests that, in patients with SSc, foot problems are common and potentially disabling. A careful assessment of the feet should always be performed in these patients, in order to identify problems at an early stage.
**References:**
[1] La Montagna G et al. Semin Arthritis Rheum 2002.
[2] Sari-Kouzel H et al. Rheumatology (Oxford) 2001.
**Disclosure of Interest:** None declared
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## FRI0390 EUROPEAN MULTICENTRE STUDY VALIDATES ELF TEST AS BIOMARKER OF FIBROSIS IN SYSTEMIC SCLEROSIS

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**Background:** The Enhanced Liver Fibrosis (ELF) test is a serum test including the serum concentrations of amino-terminal pro-peptide of procollagen type III (PIIINP), tissue inhibitor of matrix metalloproteinase-1 (TIMP-1) and hyaluronic acid (HA). A recent single centre study showed that ELF score and its components are markers of overall fibrosis in systemic sclerosis (SSc) mainly reflecting skin and lung involvement (1).
**Objectives:** To determine the value of ELF score and its single analytes in an independent multicentre cohort of SSc patients.
**Methods:** 254 SSc patients from 6 European Rheumatology Centres were included in this study. Clinical data were collected at time of sampling. Serum samples were collected and stored according to EUSTAR biobanking recommendations (2). Sera were analysed employing a high-throughput in vitro diagnostic (Siemens Alpha-Centaur). Statistical analysis was performed with SPSS software V.24.
**Results:** The 254 SSc patients had a mean age 55.8±13.8 years, and included 209 females and 80 patients with diffuse cutaneous SSc (dcSSc). ELF score was overall higher in males than in females (p=0.0236) as well as in dcSSc compared to limited cutaneous SSc patients (p=0.0015). ELF score and the single markers significantly correlated with the degree of skin involvement (mRSS) and inversely correlated with FVC%, TLC% and DLCO%. Concordantly all markers significantly correlated with skin and lung severity as assessed by the Medsger's scale (Table 1). TIMP-1 and PIIINP levels were higher in patients with lung fibrosis assessed by chest HRCT scan (p=0.0126 and p=0.0308 respectively). Significant correlation (p<0.0001) was found between ELF score, TIMP-1, PIIINP, HA and total disease severity and activity. Multivariate analysis indicated that age (p<0.0001), mRSS (p<0.0001) and DLCO% (p=0.005) were independently associated with ELF score.

Table 1. Coefficient correlation (r) between ELF score, PIIINP, TIMP-1, HA serum levels and clinical variables

| | ELF score | PIIINP (ng/mL) | TIMP-1 (ng/mL) | HA (ng/mL) |
|---|---|---|---|---|
| Serum values (median, range) | 8.86, 6.22–12.2 | 6.44, 0.91–34.63 | 221, 19.09–595.4 | 36.98, 4.52–355.5 |
| | r | r | r | r |
| Age | 0.41**** | 0.06 | 0.26**** | 0.52**** |
| mRSS | 0.36**** | 0.29**** | 0.18** | 0.16* |
| FVC% | -0.12 | -0.25*** | -0.2** | 0.02 |
| TLC% | -0.21** | -0.29**** | -0.31**** | -0.09 |
| DLCO% | -0.25**** | -0.39**** | -0.30**** | -0.18** |
| Sev_skin | 0.28**** | 0.27**** | 0.22*** | 0.17** |
| Sev_lung | 0.25**** | 0.29**** | 0.3**** | 0.18** |
| Sev_total | 0.32**** | 0.27**** | 0.33**** | 0.23*** |
| EScSG-AI | 0.30**** | 0.26**** | 0.27**** | 0.22*** |

*p<0.05; **p<0.01; ***p<0.001; ****p<0.0001.

**Conclusions:** The value of ELF score as independent marker of skin and lung involvement is confirmed in a second independent multicentre cohort of SSc patients. A longitudinal study paired with analysis of large cohort of healthy controls is currently on going to identify a SSc specific test with the highest predictive value for skin and lung progression independently of age and gender.
**References:**
[1] Abignano G et al. Ann Rheum Dis. 2014.
[2] Beyer C et al. Ann Rheum Dis. 2011.
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## FRI0391 A PERFUSION-METABOLIC MISMATCH IN 99MTL AND 123I-BMIPP SCINTIGRAPHY PREDICTS WORSE PROGNOSIS IN SYSTEMIC SCLEROSIS PATIENTS WITH ASYMPTOMATIC CARDIAC INVOLVEMENT

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**Background:** Cardiac involvement is a manifestation of systemic sclerosis (SSc) that contributes to significant mortality and morbidity. Since many SSc patients with cardiac involvement are asymptomatic and it may progress silently, early diagnosis is still challenging. The perfusion-metabolic mismatch in cardiac scintigraphy indicates functional abnormality due to myocardial injury and has been expected to detect early cardiac involvement in various diseases. However, its clinical utility has been poorly evaluated in patients with SSc.