with and without other autoantibodies present using 451 SSc patients with complete dataset. Autoantibodies to several scleroderma-related autoantibodies were detected using commercial or research use only kits (Inova Diagnostics, San Diego, USA). P-values below 0.05 were considered significant.

Results: The sensitivity and specificity of anti-BICD2 antibodies were determined as 22.1% and 99.0%, respectively. Receiver operating characteristic (ROC) analysis showed an area under the curve of 0.79 (95% CI 0.75–0.84). The likelihood (LR) and odds ratios (OR) were 17.7 (LR+), 0.8 (LR-) and 20.4 (OR). The prevalence of these autoantibodies was equally distributed between limited and diffuse form of SSc (22.8% and 24.0%). When SSc patients without the classification criteria markers anti-Scl-70, anti-Centromere and anti-RNA Pol III (n=184) were compared with controls, similar performance was obtained as seen in the entire cohort. Results are summarized in table 1 below.

Table 1

Performance Characteristic	Entire SSc cohort (n=502)	Anti-Scl-70, anti-Centromere and anti-RNA Pol III negative (n=184)
Sensitivity	22.1%	13.6%
Specificity	99.0%	99.0%
AUC	0.79 (95% CI 0.75–0.84)	0.78 (95% CI 0.72–0.84)
LR+	28.1	15.6
LR-	0.21	0.13
OR	133.1	123.7

Several statistically relevant clinical associations were found for anti-BICD2 as summarized in table 2 below.

Conclusions: Our data confirm the presence of anti-BICD2 antibodies in SSc patients that may help to differentiate SSc from other systemic autoimmune rheumatic diseases and to stratify SSc patients into more defined subforms of the disease.

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SAT0373 EVALUATION OF AMERICAN COLLEGE OF RHEUMATOLOGY PROVISIONAL COMPOSITE RESPONSE (CRISS) INDEX IN THE FASSCINATE TRIAL

D. Khanna¹, V. Berrocal¹, C. Denton², A. Jaheris³, H. Spotwood⁴, C. Lin³, J. Siegel³, D. Furst⁵. ¹Univ Michigan, Ann Arbor, United States; ²UCL, London, United Kingdom; ³Genentech, San Francisco, United States; ⁴Roche, Welwyn Garden, United Kingdom; ⁵UCLA, Los Angeles, United States

Background: Treatment with tocilizumab (TCZ) in early systemic sclerosis (SSc; FaSScinate trial) resulted in consistent, but not statistically significant, improvements in skin sclerosis (mRSS) at wks 24 and 48¹. The CRISS index has been proposed as a composite index for trials in SSc². CRISS is a 2-step process that assigns a probability of improvement for each subject ranging from 0.0 [no improvement] to 1.0 [marked improvement]. Step 1 assesses clinically meaningful decline in cardio-pulmonary-renal involvement and assigns a probability of 0.0. For remaining subjects, 5 variables are used to calculate probability of improvement. These are: FVC%, mRSS, patient (PT GA) and physician globals (MD GA), and HAQ-DI.

Objectives: To assess the performance of CRISS index in the FaSScinate trial.

Methods: In FaSScinate, pts ≥18 y with active SSc were randomized 1:1 to TCZ or placebo (PLA) for 48 wks. Step 1 CRISS was captured using review of serious adverse event data. Non-parametric Wilcoxon test was used to assess significant differences between the CRISS scores in both arms. Analyses were carried out for subject who had complete data at baseline and 24 weeks and at baseline and 48 weeks.

Results: 87 pts (43 TCZ, 44 PBO) were enrolled. Baseline characteristics were similar between arms. 4 subjects in the PBO group and none in TCZ met the pre-defined definition of worsening in Step 1 and were given a score of 0.0. For remaining subjects, we calculated probability score for each subject. Using CRISS as a continuous measure, the median score was statistically significant and favored TCZ compared to PBO at wks 24 and 48 (p=0.04 and 0.01; Table). Table also presents the individual components of Step 2 where only FVC% was statistically significant favoring TCZ at wk 48.

Abstract SAT0372 – Table 2

Clinical Association	Whole group (N=451)		BICD2 alone (N=29)		Overlapping BICD2 (N=107)		Negative BICD2 (N=315)		BICD2 alone vs Negative		Overlapping vs Negative	
	Mean (sd) or N (%)	NA	Mean (sd) or N (%)		Mean (sd) or N (%)		Mean (sd) or N (%)		P Values		P Values	
Disease duration since the onset of RP, years	15.4 (12.9%)	18	15.6 (13.7%)		17.5 (12.6%)		14.6 (12.9%)		0.728		0.013	
Diffuse cutaneous disease	138.0 (30.7%)	1	9.0 (31.0%)		23.0 (21.5%)		106.0 (33.8%)		0.766		0.018	
Calcinosis	104.0 (23.2%)	2	8.0 (27.6%)		33.0 (31.1%)		63.0 (20.1%)		0.339		0.019	
Inflammatory myositis	43.0 (9.6%)	4	7.0 (24.1%)		4.0 (3.8%)		32.0 (10.3%)		0.003		0.040	
GERD/reflux	285.0 (69.7%)	42	16.0 (59.3%)		79.0 (81.4%)		190.0 (66.7%)		0.437		0.006	
Antibiotics for bacterial growth	47.0 (10.5%)	5	0.0 (0.0%)		8.0 (7.6%)		39.0 (12.5%)		0.043		0.160	
Interstitial lung disease	123.0 (27.8%)	9	13.0 (46.4%)		17.0 (16.5%)		93.0 (29.9%)		0.071		0.008	
FVC% predicted	93.5 (19.5%)	61	96.0 (20.8%)		98.3 (19.7%)		91.7 (19.1%)		0.304		0.004	

Table 1. Comparison of TCZ and PBO using CRISS index and individual variables at 24 and 48 weeks

	TCZ	PBO**	P value
CRISS, median [IQR] at 24 week	0.23 [0.003; 0.95], N=33	0.008 [0.00; 0.10], N=36	0.04*
CRISS, median [IQR] at 48 week	0.31 [0.008; 0.99], N=27	0.001 [0.00; 0.18], N=35	0.01*
MRSS, mean change at 24 week	-4.2, N=33	-2.1, N=34	0.24
MRSS, mean change at 48 week	-5.9, N=27	-3.2, N=31	0.35
FVC% predicted, mean change at 24 week	-0.78, N=33	-4.4, N=34	0.08
FVC% predicted, mean change at 48 week	-1.6, N=27	-5.1, N=31	0.02
PT GA, mean change at 24 week	-0.41, N=33	-0.10, N=34	0.64
PT GA, mean change at 48 week	-0.69, N=27	-0.45, N=31	0.72
MD GA, mean change at 24 week	-0.94, N=33	-0.80, N=34	0.76
MDGA, mean change at 48 week	-1.81, N=27	-0.73, N=31	0.07
HAQ-DI, mean change at 24 week	0.09, N=33	0.06, N=34	0.76
HAQ-DI, mean change at 48 week	0.00, N=27	0.16, N=31	0.10

*Using Wilcoxon test as CRISS data is not normally distributed. **There are 4 subjects in the PBO who met step 1 and were given a score of 0.0.

Conclusions: In this post-hoc analysis, CRISS index was able to discriminate TCZ from PBO, supporting its validity in an independent cohort.

References:

[1] Khanna D. Lancet. 2016.

[2] Khanna D. Arthritis Rheum. 2016.

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SAT0374 THE EUROMYOSITIS REGISTRY: AN INTERNATIONAL DESCRIPTION OF MYOSITIS

J.B. Lilleker¹, J. Vencovsky², G. Wang³, L.R. Wedderburn⁴, L.P. Diederichsen⁵, J. Schmidt⁶, P. Jordan⁷, O. Benveniste⁸, M.G. Danieli⁹, K. Dankó¹⁰, N.T.P. Thuy¹¹, M. Vazquez-Del Mercado¹², Ø. Molberg¹³, B. De Paeppe¹⁴, J. De Bleecker¹⁵, B. Maurer¹⁶, N. Pipitone¹⁷, N. McHugh^{18,19}, Z. Betteridge^{18,19}, P. New²⁰, R.G. Cooper²⁰, W.E. Ollier¹, J.A. Lamb¹, N.S. Krogh²¹, I.E. Lundberg²², H. Chinoy²³ on behalf of UKMYONET and all contributors to the EuroMyositis Registry. ¹Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, United Kingdom; ²Institute of Rheumatology, Charles University, Prague, Czech Republic; ³Rheumatology, China-Japan Friendship Hospital, Beijing, China; ⁴UCL GOS Institute of Child Health, London, United Kingdom; ⁵Rheumatology, Odense University Hospital, Odense, Denmark; ⁶Neurology, University Medical Center, Göttingen, Germany; ⁷Myositis UK, Southampton, United Kingdom; ⁸Médecine Interne et Immunologie Clinique, Hôpital Pitié-Salpêtrière, Paris, France; ⁹Scienze Cliniche e Molecolari, Università Politecnica delle Marche e Ospedale Riuniti, Ancona, Italy; ¹⁰Immunology, University of Debrecen, Debrecen, Hungary; ¹¹Rheumatology, Bach Mai Hospital, Hanoi, Viet Nam; ¹²Medicina Interna, Hospital Civil Dr. Juan I. Menchaca, Guadalupe, Mexico; ¹³Rheumatology, Oslo University Hospital, Oslo, Norway; ¹⁴Neurology; ¹⁵Ghent University Hospital, Ghent, Belgium; ¹⁶Rheumatology, University Hospital Zurich, Zurich, Switzerland; ¹⁷Rheumatology, Arcispedale S. Maria Nuova, Reggio Emilia, Italy; ¹⁸Royal National Hospital for Rheumatic Diseases; ¹⁹Pharmacy and Pharmacology, University of Bath, Bath; ²⁰Rheumatology, Salford Royal NHS Foundation Trust, Salford, United Kingdom; ²¹ZiteLab ApS, Frederiksberg, Denmark; ²²Karolinska University Hospital, Karolinska Institutet, Stockholm, Sweden; ²³NIHR Manchester Musculoskeletal Biomedical Research Unit, Central Manchester University Hospitals NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, United Kingdom

Background: The idiopathic inflammatory myopathies (IIM) represent a rare and heterogeneous group of multisystem autoimmune diseases. The rarity of IIM has