Conclusions: Our analysis demonstrates that csPF is a complication that tends to develop early in the disease course. Although the overall risk of csPF differs by antibodies, it is highest at around 3 years from disease onset and goes down thereafter. This can be used to inform organ disease monitoring and clinical trials recruitment.

Disclosure of Interest: None declared


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Conclusions: The body of knowledge regarding intra- and inter-rater reliability of LASCA in SSc is very limited. Only one manuscript reporting very good inter-rater reliability of PBP measurements of the distal fingertips by LASCA could be withheld. These results could be confirmed by our pilot study. In addition, we demonstrated excellent intra-rater reliability of LASCA measurements for the evaluation of the PBP of the hands in SSc patients and HS.

Disclosure of Interest: None declared

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Conclusions: The specific objectives were 1) to perform a pilot study to investigate as first both the intra- and inter-rater reliability of LASCA in an unselected SSc cohort and descriptively in healthy subjects (HS) and 2) to identify the available literature on the reliability of LASCA in SSc by a systematic literature review.

Objectives: The first anchor was 0.95 (95% CI 0.86–0.98) in HS and 0.93 (95% CI 0.83–0.97) in SSc and the ICC for inter-rater reliability was 0.97 (95%CI 0.90–0.99) in SSc and 0.93 in HS. Intra- and inter-rater reliability of anchor 2 was 0.78 (95%CI 0.46–0.92) in SSc and 0.97 (95%CI 0.83–0.97) respectively.

The systematic search identified 64 unique articles, of which 12 were eligible for full-text review. Two additional references were identified through a reference search of retrieved articles. Only 1 of the 14 selected references that met the inclusion criteria documented reliability as outcome and was included in the final analysis. This pilot study by Lambrecht et al measured the PBP at the level of the fingertips and reported ICC values varying from 0.82–0.91 for the dorsal and 0.74–0.86 for the volar fingertips.

Disclosure of Interest: None declared

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Conclusions: The body of knowledge regarding intra- and inter-rater reliability of LASCA in SSc is very limited. Only one manuscript reporting very good inter-rater reliability of PBP measurements of the distal fingertips by LASCA could be withheld. These results could be confirmed by our pilot study. In addition, we demonstrated excellent intra-rater reliability of LASCA measurements for the evaluation of the PBP of the hands in SSc patients and HS.

Disclosure of Interest: None declared

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Conclusions: The modified Rodnan skin score (mRSS) is a standard outcome measure for skin involvement in systemic sclerosis (SSc) clinical trials. Training assessors reduces variability in mRSS assessment.

Objectives: Our objective is to report the inter- and intra-observer variability of mRSS scoring using newly developed standardised training guidelines by the Scleroderma Clinical Trials Consortium (SCTC).

Methods: Two SSc experts (DK/AL), 2 facilitators, 52 rheumatology trainees and 8 SSc patients fulfilling the 2013 American College of Rheumatology criteria participated in a Ssc skin scoring workshop. Eight SSc patients were examined by 2 SSc experts and facilitators together and consensus scores reached. All trainees attended a talk on mRSS skin scoring by an SSc expert (DK), followed by a video and live demonstration by an expert examining a patient exhibiting different aspects of skin scoring. Each trainee subsequently performed mRSS scoring on 4 SSc patients independently. This concluded the teaching session for mRSS scoring. The mRSS scoring for each trainee was compared to the consensus expert mRSS, and a score of ≤5 in 3 out of 4 patients is considered acceptable inter-observer variability, as determined by SCTC guidelines.

Two days after training, 12 trainees, 2 facilitators and 2 experts re-assessed independently the mRSS of 2 SSc patients whom they had examined previously. The repeat day 2 mRSS score for each trainee was compared to the baseline mRSS score, and a score of ≤5 is considered acceptable intra-observer variability.

We computed the inter- and intra-observer variability using a linear mixed model with an intercept term and random effects for patient, rater and patient by rater.

Results: The first group of assessors involving 52 trainees, 65.4% of them achieved acceptable inter-observer variability, with inter-observer variability of...