years, although SSc may also start in both young and elderly patients. Few data have been reported on patients suffering from late-onset SSC.

**Objectives:** To characterize clinical and immunological features of early and late-onset SSC in a tertiary referral hospital.

**Methods:** We analysed data from 178 patients followed at our SSC clinic. All the patients fulfilled the ACR/EULAR 2013 classification criteria for SSC or the LeRoy’s criteria for the classification of early SSC.

Based on the mean of age of onset of the whole series (50±15 years), ages extremes were defined as younger than 35 versus older than 65 years of age at onset. Disease characteristics as well as clinical and immunological features were evaluated.

**Results:** The early and the late-onset groups included 35 and 31 patients, respectively. Patients’ current mean age was 42.8±14.1 vs. 75.8±6.2 with a mean disease duration of 14.5±14.7 vs. 4.3±4.6 years. The most common first manifestation of disease was Raynaud phenomena followed by arthritis/inflammatory arthralgia, in both groups. However, the time between clinical onset and SSC diagnosis was higher in the late-onset group (p=0.034). A higher number of diffuse and pre-SS was observed in the early group but this difference didn’t prove statistically significant. There was a higher prevalence of centromere antibodies in the late-onset group (p=0.001). Clinical manifestations and target-organ damage didn’t differ between groups, except for a higher prevalence of heart conduction abnormalities in the late-onset group (p=0.02). In multivariate analyses, age alone (OR=1.04; 95% CI 1.0, 1.1), but not disease duration (OR=0.99; 95% CI 0.9–1.0), was an independent predictor for the presence of heart conduction abnormalities.

**Abstract SAT0501 — Table 1.** Demographic, clinical and immunological features of Early and Late-Onset SSC Patients. Abbreviations: yr = years; SSc = Systemic Sclerosis. *Confirmed by esophageal manometry. **Based on pulmonary function tests with diffusing capacity of lung for carbon monoxide. ***Diagnosed with echocardiography and confirmed by right heart catheterization wherever available.

**Conclusions:** In line with findings from other studies, late-onset SSC shows a distinct clinical and immunological presentation. The present study confirms that late-onset is associated with longer diagnostic delay, positive centromere and heart conduction abnormalities. These observations may be due to age and potential age-associated confounders, rather than the disease itself. Knowledge of these different characteristics can help to improve the management of the disease.

**REFERENCES:**


**Disclosure of Interest:** None declared

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Results: The results obtained show improvement of ischaemic lesions in both groups. The comparison of results speaks in favour of Vasoprostan vs Ilomedin in terms of significant pain reduction, table 2.

Abstract SAT0503 – Table 2. Comparative characteristics of scores and values from different assessment tools in groups treated with Vasoprostan and ilomedin (post-treatment).

<table>
<thead>
<tr>
<th>Score/Parameter</th>
<th>Ilomedin®</th>
<th>Vasoprost®</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAQ-SSc</td>
<td>1.49</td>
<td>1.18</td>
</tr>
<tr>
<td>HAQ</td>
<td>1.22</td>
<td>1.18</td>
</tr>
<tr>
<td>Cochin score</td>
<td>16.38</td>
<td>22</td>
</tr>
<tr>
<td>VAS</td>
<td>46.61*</td>
<td>27.12*</td>
</tr>
<tr>
<td>Physicians Global assessment</td>
<td>3.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Ulcers N</td>
<td>3.07</td>
<td>1.16</td>
</tr>
</tbody>
</table>

*p<0.05

Conclusions: It should be noted that certain degree of positive dynamics in healing of ulcers was established by practically all assessment tools. VAS looks like the most sensitive tool in evaluation of pain. Of importance is the fact, that despite marked ischaemic lesions and digital ulcers, the Cochin score reflecting hand function did not exceed average values at baseline and did not change significantly post-treatment.

Disclosure of Interest: None declared


SAT0504

THE ASSOCIATION OF MYOSITIS SPECIFIC ANTIBODIES IN PATIENTS WITH INFLAMMATORY MYOSITIS: PRELIMINARY DATA IN INDIAN PATIENTS

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Background: Studies in Autoimmune Inflammatory Myositis (AIM) have shown that certain antibodies have a role in the diagnosis and prognosis of patients with myositis. This ongoing study presents the preliminary data of 48 patients of Indian AIM.

Objectives: To study the prevalence of Myositis specific and Myositis Associated antibodies (MSA and MAA respectively) in Indian patients with AIM and to correlate these antibodies with clinical features.

Methods: All consecutive patients with Inflammatory myositis (satisfying the Bohan and Peter criteria, 1975 attending the Rheumatology and Clinical Immunology department of Medanta hospital from November 2016 to October 2017 were included prospectively and divided into groups as Dermatomyositis (DM), Poly-myositis (PM), CTD associated myositis (CTD-M), Cancer associated myositis (CAM) and Juvenile Myositis (JM). Their clinical data and sera were collected after obtaining informed consent. Sera were analysed for IgG antibodies against Jo-1, PL-7, PL-12, EJ, SRP, MDA-5, TIF1γ, SAE1, SAE2, NXP2 and SSA/Ro52/SSB/La. Their ENA was also recorded. Their ENA was also recorded. Their ENA was also recorded. Their ENA was also recorded.

Results: There were 48 patients in the cohort (M:F=12:36) with the mean age of 41.3 years and a median disease duration of 30 months. Nineteen of them were DM, 19 were PM, 5 were CTD-M, 2 were CAM and 3 were JM. 58.3% were ANA positive and MSA were positive in 37.5% of the cohort, MSA being mutually exclusive. Antibodies against Mi-2 were present in 6 patients (12.5%), Jo-1 antibodies in 5 (10.4%), 2 (4.1%) patients each had PL-7 and SRP antibodies. One patient (2%) each had MDA-5, NXP2 and TIF1γ antibodies. MAs were seen in 39.5% of the cohort with antibodies against Ro, RNP and PM-Scl seen in 16 (33.3%), 2 (4.1%) and 1 (2%) respectively. Mi-2 antibodies were seen in only in DM and JM group. The lone patient who had MDA-5 antibody had amyopathic DM. Malig Hospitality screening was negative in NXP2 and TIF1γ antibody positive patients.

Conclusions: MSA were present in almost 40% of the cohort. Mi-2 antibodies were associated with rash and none had ILD whereas Jo-1 antibodies were associated with mechanic hands, arthritis and ILD. With further recruitment of patients in this ongoing study, we hope to get more robust data in future.

Disclosure of Interest: None declared


SAT0505

COMPARISON OF LONG-TERM CYCLOPHOSPHAMIDE (CY) AND MYPHENOLATE MOFETIL (MMF) EFFICACY AND SAFETY IN PATIENTS WITH SYSTEMIC SCLEROSIS (SSC) AND INTERSTITIAL LUNG DISEASE (ILD)

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Background: CY is considered to be the drug of choice for ILD therapy in patients with SSC. However, based on published evidence, only temporary and modest improvement of pulmonary fibrosis is usually achieved, therefore search for new more effective and safe agents is ongoing, with specific attention given to MMF. Objectives: To compare CY and MMF effects on SSC clinical manifestations and activity, and safety of both agents in an open prospective non-randomised study.

Methods: The study included patients with a documented SSC diagnosis and ILD signs based on HRCT data. All patients were treated with immunosuppressants in combination with low and medium doses of glucocorticoids. 36 pts (mean age 47±12 years, m/f 1/1, SSc duration 5.0±4.8 years, diffuse/limited – 1/1,6) were administered parental CY during 12±6 months, with a cumulative dose of 10.6±5.4 pts (mean age 49±13 years, m/f 1/1, SSc duration 7.6±6.3 years, diffuse/limited – 1/1,3) were administered MMF at 2 g/day during 13±2 months. The

Disclosure of Interest: None declared