Pyd levels (p=0.024). There was a significant positive correlation between serum Pyd levels and joint erosion score (r=0.285, p=0.049). The serum Pyd levels had no demonstrable association with disease activity or functional capacity. Neither steroid nor biologic therapy influenced the levels of serum Pyd.

Conclusions: RA patients had significantly higher levels of serum Pyd compared to healthy controls. The serum Pyd levels had significant correlation with radiographic joint erosions which reflected disease damage.

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THE ROLE OF THE BIOMARKER 14–3–3 ETA IN RHEUMATOID ARTHRITIS: A REVIEW
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Background: Biomarkers are of much interest in rheumatoid arthritis (RA). Valid, reliable and convenient biomarkers, to detect early disease, predict severity and monitor treatment response are essential to achieving optimal outcomes. Several biomarkers have been suggested but are largely not validated. Validated measures of rheumatoid factor (RF), anti-nuclear antibodies (ACPA), C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) do not provide a complete picture. 14–3–3h, a protein from a family of highly conserved regulatory molecules, has promising data as a novel RA biomarker and is the focus of this review.

Objectives: This review aimed to identify the literature characterising 14–3–3h and its utility in RA.

Methods: Search terms 14–3–3h, biomarker and rheumatoid arthritis were used in PubMed, Web of Science and Embase databases and reference lists of relevant papers were scanned. Inclusion criteria were confirmed RA, 14–3–3h and English language.

Results: Seven key papers were identified on 14–3–3h proteins.1-6 and one on 14–3–3h antibodies (14–3–3h-Ab).7 Detecting RA: 14–3–3h was elevated in patients with RA compared to healthy controls3,7 and patients with other diseases (p<0.001).1 Being positive for 14–3–3h (>0.19 ng/mL) showed sensitivity and specificity of 63.3% and 92.6%4 to detect RA, increasing to 91.7% and 99.6%, respectively when an ROC-Optimal cut-off of 0.879 ng/mL was used.5 When combined with current markers RF and ACPA the detection capacity for early RA increased to 78% and for established RA to 98%, compared to 72% and 88%, respectively for RF and ACPA alone. Including the 14–3–3h-Ab further increased detection.7 The 14–3–3h-Ab appeared at higher levels in early, treat- ment naïve RA, while no difference was seen in established RA compared to controls.2 The 14–3–3h-Ab was not associated with inflammatory markers ESR or CRP.3 Although higher levels of the 14–3–3h protein were detected in early RA (p=0.05), rate of detection was higher in established RA.7 Predicting disease severity: Baseline 14–3–3h status was associated with increased disease severity.2,3,5,6 higher median DAS (6.3 vs 5.7, p=0.026) and HAQ scores (1.9 vs 1.0, p=0.001).7 Significant associations with baseline DAS28-ESR, CDAI and SDAI (p<0.045 – p<0.001) were also reported.2 Physical symptoms are closely related to 14–3–3h levels; patients achieving DAS28-ESR-defined remission had significantly lower levels than non-remitters.7 Radiographic progression was significantly associated with higher 14–3–3h.3,7,8,9 OR=4.8 (95% CI 1.3 to 30.2) in early RA and 2.5 (95% CI 1.0 to 1.4) in established RA.7 Conflicting results on associations with existing markers ESR, CRP, RF, and ACPA have been reported.2,3,5,7,8,9 Treatment response: 14–3–3h levels are dynamic with changing disease activity.7,3 Also, pre-treatment 14–3–3h levels were an independent predictor of response to some therapies.8

Conclusions: 14–3–3h protein and Ab are promising biomarkers in RA diagno- sis, disease severity and response to treatment. Future research characterising the protein in RA and its relationship with validated biomarkers and composite measures, and expanding on the 14–3–3h-Ab would be well directed.

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AB0303 ULTRASOUND ASPECT OF POSTERIOR TibIAL TENDON IN RHEUMATOID ARTHRITIS
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Background: Posterior tibial tendon involvement is common in rheumatoid arthri- tis. Ultrasound has an important place in the examination of this tendon.

Objectives: Evaluate the prevalence of ultrasound signs of posterior tibial tendon involvement in rheumatoid arthritis.

Methods: This is a cross-sectional study that included fourteen consecutive patients (100% female, mean age 55.3 years) with rheumatoid arthritis (median duration of progression of 13.5 years, mean specialised care of 2.1 years). A grey and Doppler ultrasound study was performed on affected feet, looking for effusion, thickening or cortical thinning, hypeoechoic aspect, fissures, and Doppler activity in the posterior tibial tendon.

Results: 28 feet were studied with ultrasound evaluation of the posterior tibial tendon. Figure 1 illustrates the prevalence of the pathological aspects of the posterior tibial found on ultrasound examination.

Conclusions: This study illustrates the different pathological aspects of the pos- terior tibial tendon. It highlights the high prevalence of this tendinopathy in the rheumatoid foot. Ultrasound allows accurate assessment of this tendon in RA patients.

A large-scale study compared with a control group is necessary to better interpret and complete these preliminary results.

Disclosure of Interest: None declared

AB0304 THE DELAY IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS BY A RHEUMATOLOGIST IS ASSOCIATED WITH AN ALTERATION OF THE FUNCTION OF THE FOOT
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Background: Impairment of foot function is known in rheumatoid arthritis.

Objectives: Evaluate the functional status of the foot in patients with RA and look for factors associated with impaired foot function.