(Raynaud's phenomenon, pulmonary interstitial involvement, digital ulcers, digestive alterations, presence of sclerodermic renal crisis) and activity index variables (modified Rodnan score, HAQ-DI, SHAQ-VAS).

Results: Four patients were included (75% women). The median age at the time of the AHSCT was 36.5 years (range 27–51). In all cases, the initial diagnosis was diffuse cutaneous ES, refractory to corticosteroids and at least one DMARD. Prior to autologous hematopoietic stem-cells transplantation, the clinical manifestations presented were a) severe Raynaud's phenomenon (100%) with significant joint and cutaneous involvement; b) digital ulcers (50%); c) interstitial lung disease (50%) and d) sclerodermal renal crisis (25%). In 3 of the cases (75%) the antitopoisomerase antibodies were positive. The conditioning treatment for the autologous hematopoietic stem-cells transplantation was cyclophosphamide at high doses (50 mg/kg x4 days) and anti-thymocyte globulin. In 3 patients (75%) there were slight post-transplant complications (febrile neutropenia, diarrhoea) after a median follow-up of 6.5 years (range 1–15).

The response to AHSCT is summarised in table 1. All patients showed values <1 in the Health Assessment Questionnaire on the Disability Index (HAQ-DI), in 75% with a modified Rodnan skin score (mRSS) lower than 7.

Abstract AB0718 – Table 1

PATIENT	FOLLOW-UP	MODIFIED RODNAN SKIN SCORE PRE-TRASPLANT	MODIFIED RODNAN SKIN SCORE POST TRASPLANT	HAQ-DI POST TRASPLANT	SHAQ-VAS POST TRASPLANT
Patient 1	15 years	Unknown	1/51	0,25	4/13
Patient 2	8 years	Unknown	7/51	0	3/13
Patient 3	5 years	28/51	6/51	0	0/13
Patient 4	1 year	33/51	20/51	0,50	7/13

Conclusions: Autologous hematopoietic stem-cells transplantation can be a therapeutic option in refractory and severe SS. These hopeful data must be ratified in larger studies.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7007

AB0719 CLOSE TEMPORAL ASSOCIATION BETWEEN SILICONE COSMETIC SURGERY AND SYSTEMIC SCLEROSIS ONSET

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Background: The pathogenesis of systemic sclerosis (SSc) still remains unclear, however it is increasingly thought to result from interactions between environmental factors and epigenetic features leading to the onset and progression of SSc in genetically susceptible patients.¹ Case reports of women with silicone breast implants who developed SSc have been published, but several case-control series and prospective studies in connective tissue diseases (including SSc) failed to find an increased risk of SSc associated with silicone cosmetic surgery.² However, several bias may be recognised in these studies, i.e. heterogeneous cohorts of enrolled patients not selective for SSc, non homogeneous either disease duration or disease stage at study entry. For these reason the possible effect of silicone implants as immune adjuvants is not clear.³

Objectives: Retrospective study to find out patients who developed SSc after cosmetic surgery.

Methods: The clinical files of 110 female patients with systemic sclerosis were retrospectively evaluated. Among these, four patients showing a history of silicone cosmetic surgery (3.6%) were identified, and clinical data collected.

Results: The clinical data of the four patients are below reported. 1. LS 28 year old female who underwent cosmetic breast prosthesis: two years later she complained of Raynaud's phenomenon (RP), and one more year later aggressive diffuse cutaneous SSc, along with anticentromere antibodies (ACA) positivity. 2. PJ 38 year old female who underwent cosmetic breast prosthesis: one year later she experienced RP and one more year later aggressive diffuse cutaneous SSc; anti-nuclear antibodies were positive with a speckled pattern, but specific SSc-related autoantibodies negative. 3. BS 33 year old female who underwent cosmetic breast prosthesis: two years later she complained of RP and one more year later limited cutaneous SSc with ACA positivity; SSc clinical condition partially improved and its progression stopped after breast prosthesis removal. 4. CM 58 year old female who underwent cosmetic lip silicone application: one year later she complained simultaneous onset of RP and aggressive diffuse cutaneous SSc with anti-Topoisomerase positivity; she died during follow-up.

Conclusions: This study reports a prevalence of 3.6% of silicone cosmetic surgery before SSc onset. The close temporal association between silicone implant

and disease development suggests a possible role of silicone in SSc pathogenesis. Specifically addressed clinical studies or big-data studies need to rule out this matter.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7433

AB0720 SYSTEMIC SCLEROSIS AND CANCER DEVELOPMENT. A SINGLE-CENTRE EXPERIENCE

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Background: Systemic Sclerosis (SSc) is an autoimmune connective tissue disease with multisystem involvement, and sometimes devastating results. In bibliography there are reports that scleroderma patients present a higher incidence of risk for cancer when compared with the general population. However, different estimates have been reported.

Objectives: The purpose of the present study was to evaluate the frequency of cancer development (CD) in a cohort of patients with SSc.

Methods: Patients that fulfilled the 2013 American College of Rheumatology/European League Against Rheumatism criteria for SSc and were followed up since 1999, were included. Date of disease onset, disease duration, autoantibodies, age, pulmonary hypertension, comorbidities and the type of CD have all been taken into account, during the period 1991–2016.

Results: Seventy-nine SSc patients have been included. 46 with limited (lcSSc) and 33 with diffuse cutaneous Systemic Sclerosis (dcSSc). Six of them, (7.6%) developed different types of cancer. Most of them were adenocarcinoma. More specifically, 2 developed pulmonary adenocarcinoma (1 with lcSSc and 1 with dcSSc), 1 follicular carcinoma of the thyroid gland (lcSSc), 1 colorectal adenocarcinoma (lcSSc), 1 B-cell lymphoma (MALT lymphoma), and 1 prostate adenocarcinoma (dcSSc). Five out of six were female patients. Mean age at the time of cancer diagnosis was 66.8-years-old, while SSc has been diagnosed at the mean age of 49.4 years. Mean time of developing any type of cancer was 15.8 years after SSc diagnosis. The diagnosis of cancer was done the last 20 months. All patients were non-smokers, had gastro-oesophageal reflux disease and pulmonary fibrosis, while 4/6 had also pulmonary hypertension and were under treatment with phosphodiesterase 5 inhibitors and bosentan. Scleroderma patients with CD have been referred to the corresponding oncology clinic for further treatment.

Conclusions: The present study on SSc and CDE provides data showing a potential association between the two entities. We found a high frequency of cancer development in patients with SSc (7.6%). Thus, a careful monitoring and screening is required when physicians follow-up scleroderma patients.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3396

AB0721 TRANSFER OF SYSTEMIC SCLEROSIS AFTER ALLOGENEIC BONE MARROW TRANSPLANTATION

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Background: It is accepted that donor-derived immunity is transferred with allogeneic bone marrow transplantation (BMT)¹.

Objectives: To show evidence of the transfer of systemic sclerosis by allogeneic BMT.

Methods: In this report we describe a patient with T acute lymphoblastic leukaemia who underwent BMT and developed systemic sclerosis.

Results: 34-year-old man in complete remission from a T acute lymphoblastic leukaemia treated with allogeneic BMT from his mother in February of 2012.

First seen in November 2017 for digital ulcers that appeared one year before. He presented two necrotic ulcers: one on the second finger of the left hand and other on the third finger of the right hand (IMAGE 1). He was admitted to receive intravenous prostaglandins and complete the study.

After the BMT he developed Raynaud's phenomenon and in the examination he only presented facial and corporal telangiectasia, attributed before to chronic graft versus host disease (cGVHD).