Objectives: As we have also found that APRIL promoted IL-10 production and regulatory functions in human B cells, we hypothesised that APRIL, but not BAFF, may be involved in the induction and/or activation of IL-10 producing Bregs that suppress inflammatory responses in vitro and in vivo.

Methods: Peripheral blood-derived naïve B cells were cultured in the presence of IL-21 +TGF-β, IL-21 +APRIL or IL-21 +BAFF to induce class switch recombination to IgA. Regulatory B cell functions and phenotypes were assessed on the class switched IgA B cells.

Results: We describe that APRIL promotes the differentiation of naïve human B cells to IL-10-producing IgA+ B cells. These APRIL-induced IgA+ B cells display a regulatory B cell phenotype and inhibit T cell and macrophage responses in vitro through expression of IL-10 and PD-L1. Moreover, APRIL-induced IL-10 producing regulatory B cells suppress inflammation in vivo in experimental autoimmune encephalitis (EAE) and contact hypersensitivity (CHS) models. Finally, we showed a strong correlation between APRIL and IL-10 in the inflamed synovial tissue of inflammatory arthritis patients.

Conclusions: We identified a novel subset of regulatory B cells within the IgA switched B cell population that suppresses inflammation in vitro and in vivo, which indicate the potential relevance of this subset of B cells for immune homeostasis and immunopathology.

Disclosure of Interest: C. Fehres: None declared, N. van Uden: None declared, N. Yeremenko: None declared, L. Fernandez: None declared, G. Franco Salinas: None declared, L. van Duijvenvoorde: None declared, B. Huard: None declared, J. Morel: None declared, H. Spits Shareholder of: AImm Therapeutics., M. Hahne: None declared, D. Baeten: None declared


THURSDAY, 14 JUNE 2018
Sustainable healthcare in rheumatology and the role of health professionals

Abstract OP0206HPR – Table 1. Preliminary results Jan 2018

Objectives: To compare a new outpatient system based on patient self-controlled outpatient follow up (Open Outpatient Clinic System (OCCS)) with traditional scheduled routine visits at a rheumatology outpatient clinic.

Methods: A two-year RCT with RA patients aged 18 to 80 years with a disease duration of at least one year. Patients were recruited consecutively from the rheumatology outpatient clinic of a major university hospital in the Copenhagen area of Denmark from Feb 2015 to Jan 2017. Patients were randomised electronically and stratified regarding bio-medicine. Joints were examined by a blinded rheumatologist. Patients in the intervention group received information about the disease, and stratified regarding bio-medicine. Joints were examined by a blinded rheumatologist. Patients in the intervention group made more phone calls to the clinic (244 versus 55) and had fewer visits compared to the control group (424 versus 513). Main results are shown in the table 1.

Conclusions: The OCSS met RA patient preferences for RA appointments and was comparable with traditional scheduled routine procedures regarding clinical and psychological outcomes after one year. Thus, the OCSS could provide a basis for a future organisation of outpatient care for patients with RA.

Disclosure of Interest: None declared


THURSDAY, 14 JUNE 2018

SSc: From registries to trials – do we have sufficient data and the appropriate design?

Abstract OP0207

THE OUTCOMES OF LIMITED CUTANEOUS SYSTEMIC SCLEROSIS PATIENTS: A EUSTAR DATABASE STUDY

C. Fratz1, D. Huchser2, E. Hochul3, A. Balbir-Gurman1, G. Riembeksten4, E. Siegert5, P. Airo6, B. Joven7, S. Vettori9, F. Cozzi10, S. Ullman11, L. Czirjak12, Y. Allarone1, on behalf of EUSTAR group. 1Rheumatology A, Cochin Hospital, Paris Descartes University, Paris, Paris, France; 2Epidemiology unit, German Rheumatism Research Centre, Berlin, Germany; 3Department of Internal Medicine, Hopital Claude Huriez, Lille University, Lille, France; 4B Shire Rheumatology Unit, Rambam Health Care Campus, Haifa, Israel; 5Department of Rheumatology, University of Lubeck, Lubeck; 6Department of Rheumatology and Clinical Immunology, Charité Universit t Hospital, Berlin, Germany; 7Rheumatology and Clinical Immunology, Spedali Civili di Brescia, Brescia, Italy; 8Servicio de Rheumatologia, Hospital Universitario 12 de Octubre, Madrid, Spain; 9Department of Clinical and Experimental Medicine, F-Magrassi II, Napoli; 10Rheumatology unit, University of Padova, Padova, Italy; 11Department of Dermatology, University Hospital of Copenhagen, Hospital Bispebjerg, Copenhagen, Denmark; 12Department of Immunology and Rheumatology, University of Pecs, Pecs, Hungary

Background: Several studies have consistently showed that the extent of skin involvement has a major impact on disease prognosis in the diffuse cutaneous subtype of systemic sclerosis. The large majority of the ongoing clinical trials aim at identifying efficient drug in this subset. By contrast, little is known about the limited cutaneous subset (lCSSc) and the translation of the data coming for DcSSc to lCSSc is uncertain.

Objectives: Therefore, our aim was to investigate skin and lung involvement trajectories of lCSSc patients using the large EUSTAR registry.

Methods: We analysed the longitudinal data extracted from the EUSTAR cohort collected before February 2017. Worsening of skin fibrosis was defined by an increase in modified Rodnan skin score (mRSS) >3.5 points from baseline to 2nd visit. Interstitial lung disease (ILD) was defined by any fibrosis on imaging (X-ray/computed tomography). Worsening of ILD was defined by a decrease of...