Abstract AB0814 – Table 1. Descriptive data of 7 patients treated with STS

Diagnosis	Age/ gender	Localization	Number of injections	Interval (days)	Dosis (mg)	VAS pre- treatment (mm)	VAS after treatment (mm)	Size pre treatment (mm)	Size after treatment (mm)
DM	33, F	Left leg (medial)	3	15	2	10	0	1.1	1.1
		Left leg (posterior)	3		2			0.8	0.6
Limited SSc	67, F	Hand dystal phalanx	2	15	5	80	60	1.6	1.4
		Elbow	2		12			1.2	1.2
Limited SSc	55, F	Elbow	3	15	10	0	0	2.5	2.5
		Leg	3		20			2.3	2.3
Limited SSc	67, F	Hand dystal phalanx	8	15	9.1	50	20	1.6	1.7
Diffuse SSc	52, F	Ear	2	23	7.6	70	20	0.5	0.5
Diffuse SSc	56, F	Hand dystal phalanx	4	12	7.5	60	60	2.5	2.3
Diffuse SSc	62, M	Elbow	3	30	17.5	0	0	13.	13.21
Mean±Sd	56±10.14	-	3.3±1.67	17.85±5.86	9.27±5.66	38.75±31.81	22.85±24.90	2.73±3.55	2.70±3.62

*DM=dermatomyositis and SSc=systemic sclerosis; Sd=standart deviation

AB0815 HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC SCLEROSIS TREATED WITH TWO DIFFERENT INTRAVENOUS ILOPROST REGIMENS

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Background: In systemic sclerosis (SSc), Raynaud's phenomenon (RP) and digital ulcers (DU) can decrease health related quality of life (HRQoL). Intravenous (IV) iloprost (ILO) is administered for RP, after oral therapy failure, and DU healing. HRQoL is considered fundamental to assess the impact of the disease and therapy on patients: EQ-5D-5L has been satisfactory used to assess the general HRQoL in SSc.

Objectives: Aim of our study was to estimate HRQoL in SSc patients treated with two different IV ILO regimens and in patients not requiring IV ILO.

Methods: This was a monocentric, prospective, pragmatic and non-randomised study. Enrolled SSc patients were divided into 3 groups: no IV ILO (group A), IV ILO once monthly (B) or IV ILO for 5 consecutive days every 3 months (C). HRQoL was assessed using EQ-5D-5L through a telephone interview. Group A patients were evaluated at baseline and after 3 months; group B 2 days before each infusion and 2 weeks after each infusion; group C 2 days before each therapy cycle, and after 2 and 6 weeks after the first cycle of therapy. The EQ-5D-5L describes HRQoL, measures the overall health state with a 0–100 visual analogue scale (VAS) and values health with a utility index. Multiple regression analyses was performed to calculate VAS and mean utility index in each group (confounders: age, sex, treatment group, baseline utility or VAS score, average outdoor temperature the week before the evaluation at patient's place of residence, RP VAS, disease duration and modified Rodnan skin score).

Results: 96 patients were enrolled: 52 in group A, 24 in B, and 20 in C. Of these 35, 21 and 16 completed the study respectively. Utility and VAS score at the end

of the three months, as adjusted for the possible confounders, were not statistically different in the three groups.

Conclusions: Utility and VAS, at 3 months follow-up, were not different in the 3 groups as if IV ILO was able to make patients requiring IV ILO as similar as patients not requiring IV ILO. Moreover, in this model there was no difference between the two ILO regimens (1 days monthly vs 5 every 3 months). These results suggest that our therapeutic approach, based on various criteria such as demographic, clinical characteristics, logistic aspects and patients' preferences, allows to reach or to maintain HRQoL at comparable levels between the three groups considered.

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Disclosure of Interest: None declared

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AB0817 PROMINENT NAILFOLD CAPILLARY AVASCULAR AREA PREDICTS MALIGNANCY IN PROGRESSIVE SYSTEMIC SCLEROSIS

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Background: Systemic sclerosis (SSc) is an autoimmune disease characterised with proximal scleroderma and internal organ involvement. Observational studies demonstrated increased incidences of cancer in SSc patients¹. Nailfold capillaroscopy is useful for the diagnosis and disease activity assessment of SSc.

Abstract AB0815 – Table 1

Independent variable description	Utility				VAS			
	Coefficient	P	95% CI		Coefficient	P	95% CI	
Age (years)	−0.001	0149	−0.002	0000	−0.332	0026	−0.623	−0.041
Sex								
Female (reference)	-	-	-	-	-	-	-	-
Male	0028	0148	−0.010	0067	3637	0521	−7.618	14 891
Treatment group								
ILO monthly (reference)	-	-	-	-	-	-	-	-
ILO for 5 days every 3 months	0001	0975	−0.037	0038	7252	0182	−3.486	17 990
No ILO	−0.005	0771	−0.037	0028	9160	0005	−0.185	18 505
Utility at baseline	0731	0000	0526	0936	0270	0012	0061	0478
Average temperature	0003	0155	−0.001	0007	0219	0714	−0.971	1409
RP VAS	−0.005	0054	−0.010	0000	−1.114	0131	−2.569	0341
Disease duration	0001	0534	−0.001	0002	0172	0510	−0.348	0693
Skin score (mRSS)	−0.003	0021	−0.006	−0.001	−0.161	0695	−0.977	0655
Constant	0241	0025	0032	0451	68 969	0000	37 504	100.43

However, whether the nailfold capillaroscopy pattern is distinct in SSc patients with malignancy remained unknown.

Objectives: The aim of this study was to investigate the incidence rate of malignancy in SSc patients. Nailfold capillaroscopy morphology patterns in SSc patients with cancer were also compared to those without cancer.

Methods: During 2004 to 2014, consecutive 310 SSc patients who visited outpatient clinics at Taichung Veterans General Hospital, Taiwan were enrolled. Nailfold capillaroscopy was performed at a magnification of 200x. Abnormal morphology description were analysed and categorised by the scoring system proposed by Dr. Cutolo². SSc with malignancy was defined if the subject had a cancer diagnosis during the follow-up period.

Results: Among 310 SSc patients, 28 (10.9%, 13 males, 25 females) patients had cancer. The mean age of SSc with malignancy is 62±10.9 years. Sixty-four percent SSc patients with cancer is diffuse type, but only 42% of them were tested positive for anti-Scl-70 antibodies. The most common cancer were genitourinary tract and gastrointestinal tract, accounting for almost two-thirds patients. Cancer and SSc were frequently diagnosed at the same year. In SSc patients with cancer, 19 patients received nailfold capillary microscope exams when SSc was diagnosed. The assessment of nailfold capillaroscopy morphology patterns in SSc patients with cancer demonstrated neither enlarged loop, giant loop, microhemorrhage nor angiogenesis. However, prominent avascular areas could be observed universally in SSc patients with malignancy.

Conclusions: Rheumatologists should be aware of malignancy in SSc patients, especially those with diffuse type and within the 1st year of symptoms onset. SSc patients with malignancy tend to present atypical capillaroscopic pattern of prominent avascular area without loop dilatation, microhemorrhage and angiogenesis.

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AB0818

THE COMPARATIVE STUDY OF SYSTEMIC SCLEROSIS AND SYSTEMIC LUPUS ERYTHEMATOSUS-ASSOCIATED PULMONARY ARTERIAL HYPERTENSION

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Background: Systemic Sclerosis(SSc) is the main cause of Connective Tissue Disease-associated pulmonary arterial hypertension (CTD-PAH) in western countries, while Systemic Lupus Erythematosus(SLE) is the first cause in Asian.

Systemic Sclerosis(SSc) is the main cause of Connective Tissue Disease-associated pulmonary arterial hypertension (CTD-PAH) in western countries, while Systemic Lupus Erythematosus(SLE) is the first cause in Asian.

Objectives: This study aimed to identify the clinical difference between SSc-PAH and SLE-PAH.

This study aimed to identify the clinical difference between SSc-PAH and SLE-PAH.

Methods: SSc and SLE patients with pulmonary arterial hypertension who visited Guangdong General Hospital in China from 2009 to 2017 were recruited. PAH was diagnosed by transthoracic echocardiography or right heart catheterization and clinical data of patients was collected. Comparative study between SSc-PAH and SLE-PAH was conducted to identify the difference.

SSc and SLE patients with pulmonary arterial hypertension who visited Guangdong General Hospital in China from 2009 to 2017 were recruited. PAH was diagnosed by transthoracic echocardiography or right heart catheterization and clinical data of patients was collected. Comparative study between SSc-PAH and SLE-PAH was conducted to identify the difference.

Results: Twenty-nine SSc-PAH and 55 SLE-PAH patients were enrolled. The baseline characteristics of two groups was shown in table 1. In comparative study: the gender($p=0.018$), the age of PAH diagnosis($p=0.001$), Raynaud's phenomenon($p<0.001$), WHO function state($p=0.019$), PASP ($p=0.013$), the diameter of RA($p=0.045$) and RV($p=0.029$) showed significant difference between SSc and SLE-PAH.

Abstract AB0818 – Table 1. Baseline Characteristics of SSc-PAH and SLE-PAH Patients

	SSc-PAH(29)	SLE-PAH(55)	<i>p</i>
Female	23(79.3%)	53(96.4%)	0.018
Age	46.0±14.3	34.2±10.3	0.001
Course ^a (year)	3.0[0.5, 6.4]	0.8[0.0, 9.5]	0.833
Raynaud's phenomenon	28(96.6%)	22(40.0%)	<0.001
Anti-U1RNP antibody	11(37.9%)	27(49.1%)	0.329
WHO Fc(III/IV)	18(62.1%)	45(84.9%)	0.019
NT-proBNP(pg/ml)	2051[489, 5227]	1392[113, 3632]	0.176
TTE			
PASP(mmHg)	67.1±25.9	81.1±24.0	0.013
Diameter of RA(mm)	48.9±7.7	53.0±8.5	0.045
Diameter of RV(mm)	52.9±6.6	55.9±6.7	0.029
LVEF(%)	63.0±10.5	67.4±7.6	0.081
Pericardial effusion	11(37.9%)	22(41.5)	0.752
RHC^b			
SPAP(mmHg)	88.3±17.5	75.9±22.2	0.109
DPAP(mmHg)	28.0±9.2	29.5±11.6	0.764
mPAP(mmHg)	48.3±11.7	47.5±14.8	0.773
PVR(WU)	13.1±7.2	11.4±6.1	0.363
CI(L·min ⁻¹ ·m ⁻²)	2.9±0.8	3.2±1.1	0.687

TTE: transthoracic echocardiography; PASP: pulmonary arterial systolic pressure; RA: right atrium; RV: right ventricle; LVEF: left ventricle ejection fraction; RHC: right heart catheterization; PAP: pulmonary arterial pressure; PVR: pulmonary vascular resistance; CI: cardiac index.

^a the time between the onset of CTD and PAH;

^b 6 SSc patients and all SLE patients received RHC;

n=number at risk, SpA=Spondyloarthritis; PsA=Psoriatic arthritis

Conclusions: The SSc-PAH patients tend to be older, have more angiopathic characteristics and more silent clinical course than SLE patients, which might bring some insight into the different pathophysiological process between SSc and SLE-PAH.

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AB0819

TFH CELLS CONTRIBUTE TO ABNORMAL B CELL PROFILES IN DERMATOMYOSITIS

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Background: CD4 +CXCR5+PD-1+T follicular helper (Tfh) cells assist B cells in their proliferation, differentiation and antibody class switch.⁽¹⁾ Several studies indicate that Tfh cells play important roles in autoimmune diseases such as SLE, RA and pSS, which are characterised by the production of multiple antibodies.⁽²⁻⁴⁾ The frequency of Tfh cells in the peripheral blood from patients with dermatomyositis(DM) and whether they participate in the development of DM remain to be elucidated.

Objectives: To investigate the frequencies of Tfh cells and B cell profiles in DM patients. To further determine the association of Tfh cells and B cells in DM patients and clarify the possible mechanism.

Methods: Peripheral blood mononuclear cells (PBMCs) were isolated from DM patients and age, gender-matched healthy controls (HCs), respectively. The frequency of Tfh (CD4 +CXCR5+PD-1+) cells, total B (CD19+) cells naïve B (CD19 +CD27-) cells, memory B(CD19 +CD27+) cells and plasmablasts (CD19 +CD38+) were examined by flow cytometry. The serum levels of IL-21, IgG, IgM, IgE and IgA were tested by enzyme linked immunosorbent assay (ELISA).