MPO-ANCA ($p=0.040$), the ANCA titre ($p=0.031$) and persistent low levels of complement (50% vs 21.5%, $p=0.035$). Using multivariable regression analysis, independent factors predictive of ESRD were baseline serum creatinine and no response to treatment at 12 months. There was no significant difference in outcome between groups regarding the type of induction treatment.

Conclusions: The rates of ESRD in our LN cohort are comparable with the published literature despite. In our patient population with high use of rituximab and low steroids, the features that predict poor long term outcome are baseline serum creatinine and the failure to attain a remission at 1 year. These data highlight the importance of a) early diagnosis of lupus nephritis and b) defining the features which determine non response at 1 year and being able to identify earlier what would be the right treatment regimen for each individual patient.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4653

AB1309

RADIOGRAPHIC PROGRESSION OF WEIGHT-BEARING LARGE JOINT DAMAGE IN PATIENTS WITH RHEUMATOID ARTHRITIS DURING TNF-BLOCKING THERAPIES – MAXIMUM 12-YEAR FOLLOW UP –

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Background: We have demonstrated that TNF-blocking therapies are effective in inhibiting the radiographic progression in weight-bearing large joints with pre-existing Larsen grade 0-II during short term follow-up^{1,2}. However, it is not clarified that the observed effect is persistent during long-term TNF-blocking therapies.

Objectives: The purpose of this study is to assess radiographic progression of weight-bearing large joint damage in patients with rheumatoid arthritis during long-term TNF-blocking therapies.

Methods: Sixty two consecutive patients (7 male, 55 women, mean age of 59.5 years old) were evaluated at baseline and after TNF-blocking therapy (infliximab, etanercept, adalimumab and golimumab). Joints that had undergone surgical intervention or ankylosis before the initiation of TNF-blocking therapy were excluded from the radiographic analysis. We assessed the radiographic progression of 327 weight-bearing large joints (109 hip joints, 99 knee joints, 119 ankle joints) at baseline and every year after TNF-blocking therapy. The structural damage in the weight-bearing large joints was evaluated using the Larsen grade (LG) at baseline. Radiographic progression of joint damage was defined as ARASHI change score³ except bone quality score ≥ 1 . Survival rate was analysed using Kaplan-Meier method and the end point was defined as progression of joint damage.

Results: Average follow-up period was 7.0 years (rang, 1–12 years). Analysis of hip and knee joints with baseline LG 0/I indicated that 12 year survival rates were 93.4% and 84.1%, respectively. Radiographic progression was limited to cases with poor clinical response. All of the hip and knee joints with pre-existing damage of LG III/IV showed rapid progression at 1 year. Hip joint with baseline LG II showed gradual progression of damage. Two and 5 year survival rates of hip joint with LG II were 60.0% and 0%, respectively. Knee joint with baseline LG II also showed slow progression. Two, 5- and 9 year survival rates of knee joint with LG II were 81.3%, 48.2% and 0%, respectively. On the other hand, the radiographic progression of ankle joint damage was not significantly related to pre-existing damage. Twelve-year survival rates of ankle joint with baseline LG 0/I, II and III/IV were 81.6%, 75.0% and 82.4%, respectively.

Conclusions: In hip and knee joint, it was sometimes difficult to inhibit the progression when the baseline Larsen grade had been at II-IV. Therefore, it is essential to pay attention to the occurrence of early radiographic damage to avoid progression of hip and knee joint destruction.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1584

AB1310

ANTI-MÜLLERIAN HORMONE AND VITAMIN D SERUM LEVELS IN WOMEN WITH RHEUMATOID ARTHRITIS

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Background: Anti-Müllerian hormone (AMH) is a marker for ovarian reserve, whose levels when found decreased suggest compromise of the fertility. The AMH gene promoter contains a vitamin D response element that may cause vitamin D status to influence serum AMH levels, vitamin D has an influence in the activity of Rheumatoid Arthritis (AR) since it has been found that patients with autoimmune diseases show lower serum levels of this vitamin in comparison of normal controls. The current study examined the vitamin D status and AMH levels in women with RA.

Objectives: Evaluate serum levels of vitamin D and AMH in women with RA and in control group.

Methods: Observational, cross-sectional, study conducted between May and July 2017 at the University Hospital "Dr. José E. González " in Mexico. We included 38 women between 18 and 39 years of age, they met diagnostic criteria for RA established by the ACR in 2010, excluding pregnant patients, with primary amenorrhea or known risk factors for diminished ovarian reserve. A control group of 38 healthy age-matched women was integrated. Serum AMH level was measured using ELISA method in commercial kit (AMH Gen II, Beckman Coulter, Brea, CA, EU) as well the 25-hydroxyvitamin D [25(OH)D] status using chemiluminescence immunoassay. To analyse differences between the groups, we used Mann-Whitney U test; Spearman correlation coefficients were calculated between AMH level and Vitamin D level. Values are shown as the mean $\pm$ SD. Two-sided P values less than 0.05 were considered significant. The statistical package used was SPSS Statistics, V17(Chicago: SPSS Inc.)

Results: It was found a mean age of 34.42 ($SD=5.43$) and 31.47 years ($SD=5.72$) in the control group and in women with RA, respectively. Regarding the mean serum levels of Vitamin D it was reported 20.04($SD=7.81$) in control group and 23.55($SD=8.2$) in women with RA. In control group, it was reported a mean of AMH of 2.83($SD=0.47$) and in women with RA a mean of 2.63($SD=0.50$). Serum levels of Vitamin D of patients with RA were statistically significant compared with the control group ($p=0.015$) and AMH were statistically significant in women with RA compared with the control group ($p=0.052$)(Table1). There was no significant correlation between serum levels of vitamin D and AMH ($p=0.795$).

Abstract AB1310 – TABLE 1

	Control	RA	P
Age (years)	34.42 ± 5.43	31.47 ± 5.72	
Serum 25 (OH) D (ng/ml)	20.04 ± 7.81	23.55 ± 8.2	0.015a
Serum AMH (ng/ml)	2.83 ± 0.47	2.63 ± 0.50	0.052a

Control: healthy patient; RA: rheumatoid arthritis; AMH: anti-Müllerian hormone. The values are expressed in mean $\pm$ SD. a Differences between the 2 groups as calculated by the Mann-Whitney U test. Values of 25 (OH) D<10 deficient, 10–30 insufficient, 30–100 normal.

Conclusions: The current study shows that AMH and Vitamin D levels are lower in RA patients compared with controls. However, results do not indicate significant correlation between serum levels of vitamin D and AMH. So, it is suggested more studies.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7140

AB1311

ULTRASOUND EVALUATION OF ENTHESIS IN PSORIATIC ARTHRITIS: A SYSTEMATIC LITERATURE REVIEW

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Background: Enthesis involvement is considered as a key pathological lesion in psoriatic arthritis (PsA) patients. Recently, ultrasound (US) became an important