Article	Patient demographics	Main diagnosis	Serum CA-125 (U/mL)	Other tumour markers	Presence of effusions
Tong et al. (2017)	43 F	IgG4-RD	↑ (1065)	CA 19-9 ↑, AFP ↑, CEA ↔	Ascites, pleural and pericardial effusions
Khosla et al. (2016)	72 M	AIP	↑ (196.4)	CA 19-9 ↔, CEA ↔	N/A
Thomas et al. (2015)	46 F	AIH, AI myositis	↑ (417)	CA 19-9 ↑	Ascites
Zhou, Zeng (2014)	24 F	IgG4-RD (lung)	↔	CA 19-9 ↔, CEA ↔, CA-153 ↔	Pleural effusion
Fengjing et al. (2014)	Cohort study of 22 patients	IgG4-RD	↑ in 12/22	CA 19-9 ↑ in 6/22	N/A
Cheng et al. (2013)	45 M	AIP	↑ (77.5)	CA 19-9 ↔	Ascites, pleural effusions
Liu et al. (2012)	41 M	IgG4-RD (lung)	↔	CA 19-9 ↔, CEA ↔, PSA ↔, NSE ↔	No
Graham, Harvin (2016)	66 F	IgG4-RD (SM)	↔	CA 19-9 ↔, CEA ↔	Ascites
Ghadir et al. (2012)	70 M	AIP	↔	CA 19-9 ↔, CEA ↔	N/A
Dogaru et al. (2015)	60 F	SM	↑ (295.5)	CA 19-9 ↔, AFP ↔, CEA ↔	N/A
Buyukbayrak et al. (2011)	38 F	SM	↑ (44.5)	CA 19-9 ↔, AFP ↔, CEA ↔, CA 153 ↔	Ascites
Malter et al. (2017)	57 F	MP	↑ (630)	N/A	Ascites
Xiaoting et al. (2017)	Retrospective study of 7 patients (3 F, 4 M)	IgG4-RD (lung)	↑ in 3/3 F (46.54, 156, 85.58)	CA 19-9 and CEA ↑ in 1/3 F	No
Current report	56 M	IgG4-related MP	↑ (1358)	CA 19-9 ↔, AFP ↔, CEA ↔	Pleural effusion in 1/4 M

Abstract AB1369 – Figure 1

AI: Autoimmune, **AIH:** Autoimmune Hepatitis, **AIP:** Autoimmune Pancreatitis, **SM:** Sclerosing Mesenteritis, **↑:** Raised, **↔:** Normal

Conclusions: To our knowledge, this is the first SLR exploring the association between CA-125 and IgG4-RD and MP. Despite the small sample, our results do indicate that CA-125 was raised in more than 50% of reported cases, the majority of which also had some kind of effusion. Although traditionally a marker of ovarian cancer, this report highlights that a raised CA-125 can be found in other, non-malignant, inflammatory conditions, and potentially correlates with inflammatory burden. CA-125 in this setting may thus represent a useful biomarker and have a role in monitoring treatment response.

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Disclosure of Interest: None declared

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AB1370 PATIENT REPORTED OUTCOMES MEASURES FOR FIBROMYALGIA: A REVIEW

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Background: Persons with fibromyalgia (FM) suffer from numerous symptoms with various levels of intensity, such as widespread pain, fatigue, cognitive dysfunction, non-restorative sleep, depression, and anxiety among others. The patient's perspective has been recognised by Outcome Measure in Rheumatology (OMERACT) as a key assessment in FM. For that reason, some patient reported outcomes measures (PROMs) have been developed. PROMs allow the comparison of a specific component of the disease in a patient through time, and also provide the opportunity to health professionals to compare patients between them in clinical trials. However, some PROMs are used over others despite a limited validation process. In addition, different versions of the same PROMs can co-exist, what can lead to uncertainty when selecting the adequate instrument.

Objectives: To identify the existing PROMs for FM and analyse their psychometric properties.

Methods: The authors performed a comprehensive search in electronic databases (Medline, Embase, and Cochrane) in order to identify validation studies of PROMs for FM. Studies published between January 1990 and November 2017 were included. Generic PROMs and validation of diagnostic criteria and related screening tools were not considered as PROMs and were excluded. Information was gathered based on the Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) checklist manual.

Results: The electronic search produced 1832 records. After screening, a total of 48 studies containing 16 PROMs for FM were included. The PROMs included address different constructs of the disease, Fibromyalgia Impact Questionnaire (FIQ), Revised Fibromyalgia Impact Questionnaire (FIQR), Combined Index of Symptom Severity, Combined Index of Severity of Fibromyalgia, Comprehensive Rating Scale for Fibromyalgia Symptomatology, Fibromyalgia Assessment Status, Fibromyalgia Bladder Index, Fibromyalgia Burden Assessment, Fibromyalgia Health Assessment Questionnaire, Fibromyalgia Impact Questionnaire+Visual Analogue Scales, Fibromyalgia Participation Questionnaire, Fibromyalgia Sleep Diary, Multidimensional Inventory of Subjective Cognitive Impairment, Multidimensional Patient Reported Outcome Measures Questionnaire, PROMIS Fatigue FM Profile, and Multidimensional daily diary of fatigue-fibromyalgia-17 items.

Almost all PROMs have adequate content validity. Three PROMs do not report construct validity; seven do not report reliability, and six do not report internal consistency. Only three PROMs evaluate criterion validity and three responsiveness. The FIQ and the FIQR are the PROMs more widely cross-cultural validated with 18 and 13 adaptations respectively.

Conclusions: PROMs for FM have, in general, only partial validation of their psychometric properties. Validation of an instrument is a continuous process in which quality is more important than quantity. Instead of creating new PROMs for FM, future works should focus on completing missing parts of the validation process of existing ones. In addition, cultural adaptations and translations of the available PROMs should be prioritised in order to offer researchers across the globe a tool-box of options in where they can choose the best PROMs to address their objectives in a highly subjective syndrome as FM.

Disclosure of Interest: None declared

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AB1371 CLINICAL SIGNIFICANCE OF KL-6 AND SP-D AS SERUM MARKERS FOR INTERSTITIAL LUNG DISEASE IN PATIENTS WITH CONNECTIVE TISSUE DISEASE

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Objectives: To evaluate the association between serum levels of Krebs von den Lungen-6 (KL-6) and surfactant protein-D (SP-D) and the clinical manifestations and severity of interstitial lung disease (ILD) in patients with connective tissue disease (CTD).

Methods: Eighty patients with various CTDs were included, as follows: 33 with rheumatoid arthritis (RA), 19 with systemic lupus erythematosus (SLE), 10 with systemic sclerosis (SSc), 9 with Sjögren's syndrome (SS), and 9 with inflammatory myositis. KL-6 and SP-D levels were measured using an enzyme-linked immunosorbent assay and defined as abnormal if KL-6 ≥ 500 U/mL and SP-D ≥ 110 mg/mL. All patients were simultaneously evaluated for parameters related to disease activity using laboratory tests and a pulmonary function test, and interstitial lung abnormalities (ILA) using chest computed tomography (CT). Patients were subclassified according to ILA score: 0 for no ILD, 1 for indeterminate ILD, 2 for mild ILD, and 3 for advanced ILD based on chest CT scans.

Results: In all, 29 patients had radiologically advanced ILD, 18 had mild ILD, 18 had indeterminate ILD, and 15 had no ILD. A higher ILA score was associated with more severe dyspnea, and decreased volume and percent of functional vital capacity, forced expiratory volume in 1 s, and diffusion capacity of carbon monoxide. As clinical manifestations, a higher ILA score was associated with a higher GAP index but not with the parameters of disease activity. A higher ILA score was associated with higher levels of KL-6 and SP-D and a higher percentage of subjects with abnormal levels, and this was more pronounced in SLE, SSc, and SS than in RA.

Conclusions: Serum levels of KL-6 and SP-D are associated with the radiological severity of ILD. Hence, these can serve as markers for ILD severity, especially in SLE, SSc, and SS.

Disclosure of Interest: None declared

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AB1372 TOWARDS REFORMING THE TAXONOMY OF HUMAN DISEASE: THE PRECISESADS CROSS SECTIONAL STUDY

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Objectives: The PRECISESADS project aims at using OMICs, and bioinformatics to identify new classifications for systemic autoimmune diseases (SADs) known to share common pathophysiological mechanisms in view of personalised treatments. Multi OMICs parameters collected in addition to routine clinical data in a cross-sectional study involving patients suffering from systemic lupus erythematosus (SLE), systemic sclerosis (SSc), Sjögren's syndrome (Sjs), rheumatoid arthritis (RA), primary antiphospholipid syndrome (PAPs), mixed connective