CD19+ CD27 naive cells. A subset of memory CD8+ T cell, expressing CXCR3 was found to be increased in SSC patients as compared to healthy controls. Transcriptome analysis of sorted B cell and T cell subsets showed decrease in genes related to survival and increased expression of apoptotic genes in CD4, CD8 T and MAIT cells from SSC patients. Genes related to exhaustion and leukocyte migration were highly expressed in T cells from patients.

**Conclusions:** This study provides an in depth analysis of systemic immune composition in SSC with the potential to delineate mechanisms of pathogenesis and identify diagnostic and/or therapeutic targets. This is the first demonstration of dysfunction of MAIT cells in SSc and further characterisation of their function in this context is required.

**REFERENCES:**


**Background:** Within the field of rheumatoid arthritis (RA), patients report decreased health-related quality of life (HRQoL) as a result of living with physical factors such as pain and psychological factors such as negative mood. As these factors are associated with the disease trajectory, health care utilisation, and workplace disability of patients, these factors lead to significant societal health expenses. In a recent randomised controlled trial, improvements in especially psychological functioning (e.g., depressed mood) were found by offering tailored, therapist-guided cognitive behavioural therapy online. Although internet-based cognitive behavioural therapy holds promise for implementation and cost-reduction, scarce research is available on the cost-effectiveness of these treatments.

**Objectives:** A cost-effectiveness study from a societal perspective was conducted alongside a randomised controlled trial on a tailored and therapist-guided internet-based cognitive behavioural intervention (ICBT) for patients with elevated levels of distress, as an addition to usual care alone in order to inform stake-holders on implementation of this treatment.

**Methods:** Data were collected at baseline/pre-intervention, 6 months/post-intervention, and three-monthly thereafter during one year follow-up. Effects were measured in quality-adjusted life years (QALYs) and costs from a societal perspective including healthcare sector costs (including healthcare use, medication, and intervention costs), patient travel costs for healthcare use, and costs associated with loss of labour.

**Results:** The intervention improved quality of life compared to usual care alone (Δ QALYs=0.059), but also led to higher costs (ΔCAC= 4,211,444), which reduced substantially when medication costs were left out of the equation (ΔCAC= 1,862,72). Most (93%) of the simulated ICERS were in the north-east quadrant, suggesting a high probability that the intervention is effective in improving HRQoL, but at a greater monetary cost for society compared to usual care alone.

**Conclusions:** A positive effect on quality-adjusted life years is seen in the intervention group compared to the control group. However, cost-ratios show that this comes at a greater cost to society. The substantial costs in this population are generated by medication costs, for which no group differences could be found. The cost-benefit ratio improves when the costs for medication are not taken into account.

Based on the effects for improvement of quality of life, implementation of the intervention is recommended, yet on the side of costs, further study is warranted.

**REFERENCE:**


**Disclosure of Interest:** None declared

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