THU0186

RHEUMATOID ARTHRITIS AND INTERSTITIAL LUNG DISEASE. MULTICENTRIC RETROSPECTIVE STUDY OF 118 PATIENTS TREATED WITH BIOLOGICAL NO ANTI TNF

C. Fernández-Díaz¹, S. Castañeda², B. García-Magallón³, J. Narvaez-García⁴, M. Retuerto¹, T. Perez-Sandoval⁵, M. Martín-Lopez¹, P. Rubio-muñoz⁶, M. Carrasco-Cubero⁷, D. Reina-Sainz⁸, A. Urruticoechea⁹, C. Ojeda-García¹⁰, S. Rodríguez-Muguruza¹¹, P. Carreira¹, L. Belmar-Vega¹², E. Cervantes¹³, B. Robles-flores¹⁴, L. Arboleya¹⁵, G. Bonilla¹⁶, I. Hernandez-Rodriguez¹⁷, O. Maiz-Alonso¹⁸, D. Palma¹⁹, C. Delgado²⁰, R. Expósito-Molinero²¹, F. Ortiz-Sanjuan²², A. Ruibal-Escribano²³, S. Ordoñez²⁴, M. Moreno²⁵, I. Villa blanco²⁶, C. Fito²⁷, J. Blanco-Madruga²⁸, J. Bernal²⁹, S. Romero³⁰, N. Mena-Vazquez³¹, M. Lopez-corbeto³², T.J. Mas³³, T.R. Vazquez³⁴, M.A. Gonzalez-Gay¹², R. Blanco¹². ¹H. 12 de Octubre; ²H. Princesa; ³H. San Jorge, Madrid; ⁴H. Bellvitge, Barcelona; ⁵H., León; ⁶H., Badalona; ⁷H., Badajoz; ⁸H. Boggi, Barcelona; ⁹H., Ibiza; ¹⁰H. Macarena, Sevilja; ¹¹H. Germans Trias, Barcelona; ¹²H. Valdecilla, Santander; ¹³H., Santiago; ¹⁴H. Puerta del Hierro, Madrid; ¹⁵H., Oviedo; ¹⁶H. La Paz, Madrid; ¹⁷H., Vigo; ¹⁸H., Donostia; ¹⁹H., Lorca; ²⁰H. Blesa, Zaragoza; ²¹H., Laredo; ²²H. La Fe, Valencia; ²³H., Vitoria; ²⁴H., Pontevedra; ²⁵H. Arrixaca, Murcia; ²⁶H., Torrelavega; ²⁷H., Navarra; ²⁸H. Basurto, Bilbao; ²⁹H., Alicante; ³⁰H., Lleida; ³¹H., Malaga; ³²H. Vall d'Hebron, Barcelona; ³³H. Palma, Palma de Mallorca; ³⁴H. Lugo, Lugo, Spain

Background: Interstitial lung disease (ILD) associated with Rheumatoid Arthritis (RA) has a poor prognosis. Treatments such as anti-TNF, have been implicated in the exacerbation of an ILD.

Objectives: Our objective is to evaluate and compare the evolution of ILD in patients with RA treated with Abatacept (ABA), Rituximab (RTX) and Tocilizumab (TCZ) after 1 year of treatment.

Methods: Retrospective multicentre study of patients with ILD and AR treated with ABA, RTX and TCZ at standard doses. The ILD was diagnosed by CT. The efficacy was evaluated with the following measures: i) Dyspnea by modified scale of the Medical Research Council (mMRC); considering variations of 1 point. ii) Respiratory function tests; considering variations in FVC and DLCO $\geq 10\%$. iii) Imaging test (CT).

Results: We included 118 (72 women/46 men) patients, mean age of 62.27 ± 10.55 years. The ILD had a median evolution of 12–37 months. The RA was ACPA+ in 102 cases (86.4%). At diagnosis, the mean DLCO onset of biological treatment was 65.63 ± 19.38 . Table 1 shows the characteristics by subgroups. The Figure expresses the evolution in the cases available at 12 months. There is an improvement in CT in 36.4% of patients with ABA, 28.6% of patients with RTX and only 8.3% of patients with TCZ.

Abstract THU0186 – Table 1

	ABA	RITU	TCZ	p
AGE median years	65 (57–70)	64 (54,75–72)	60 (48–68,5)	0.187
SEX M/F	36/27	21/9	15/10	0.490
SMOKER OR EX-SMOKER Si/No	25/38	13/17	11/14	0.909
APCC+	85,7	90	84	0.776
BIOLOGICAL DMARD BEFORE%	44,4	30	60	0.084
DLCO Onset	64.76	67.52	65.58	0.854
	± 15.93	± 23.4142	± 22.700	
CT	29/34	14/16	11/14	0.677
UIP/OTHERS				
FVC at star	87.09	87.83 ± 23.14	80.38	0.178
	± 15.56		± 27.79	
MONTHS OF EVOLUTION OF PNEUMONITIS	12 (12–36,75)	15 (5,75–37,75)	10 (3–10)	0.875

*p significant <0,05

Conclusions: There seems to be a trend towards a better radiological response in patients treated with RTX and ABA. It would be necessary prospective studies.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4986

THU0187

CIRCULATING AUTOANTIBODIES AS INDICATORS TO PREDICT THE CLINICAL RESPONSE TO INFLIXIMAB IN RHEUMATOID ARTHRITIS

L. Lourido^{1,2,3}, C. Ruiz-Romero^{1,4}, F. Picchi¹, E. Pérez-Pampín⁵, C. Regueiro^{2,5}, A. Mera-Varela⁵, A. Gonzalez^{2,5}, K. Hambardzumyan⁶, S. Saevardottir⁶, P. Nilsson³, F.J. Blanco^{1,2}. ¹Rheumatology Division, ProteoRed/ISCIII Proteomics Group, INIBIC – Hospital Universitario de A Coruña, A Coruña; ²RIER-RED de Inflamación y Enfermedades Reumáticas, Madrid, Spain; ³Affinity Proteomics, SciLifeLab, School of Biotechnology, KTH – Royal Institute of Technology, Stockholm, Sweden; ⁴CIBER-BBN Instituto de Salud Carlos III, Madrid; ⁵Laboratorio Investigación 10 and Rheumatology Unit, Instituto de Investigación Sanitaria-Hospital Clínico Universitario de Santiago, Santiago de Compostela, Spain; ⁶Unit of Rheumatology, Department of Medicine, Karolinska Institutet and Rheumatology Clinic, Karolinska University Hospital, Stockholm, Sweden

Background: Approximately a third of Rheumatoid Arthritis (RA) patients treated with tumour necrosis factor (TNF)- α inhibitors such as Infliximab (IFX) fail to respond. This has prompted a widespread interest in the finding of measures for predictors of response to TNF α inhibitors.

Objectives: To search for serum autoantibodies that aid to identify RA patients most likely to benefit from IFX.

Methods: We analysed serum of 170 biologic-naïve RA patients at baseline assigned to receive IFX plus methotrexate. The serum samples were distributed in 3 independent samples sets that were provided by 3 different sources: 1 discovery sample set (n=24) collected from Hospital Clínico Universitario de Santiago de Compostela (Spain) and 2 validation sample sets collected from Hospital Universitario de A Coruña (Spain), (n=61); and the Swedish Pharmacotherapy (SWEFOT) trial (Sweden), (n=85). The European League Against Rheumatism (EULAR) criteria were used to assess the clinical response at six months of follow-up: good response (GR, n=60), moderate (MR, n=60) and non-response (NR, n=50). A suspension bead array platform built on protein fragments within Human Protein Atlas and selected from an initial screening using an array containing 42 000 antigens was employed to identify the IgG and IgA autoantibodies in the discovery sample set and validate the results within the 2 validation sets. Thresholds for autoantibodies were calculated by Receiver Operating Characteristics (ROC) curve analysis performed with SPSS 24.

Results: Our data revealed a more prevalent IgG reactivity and higher IgG autoantibody levels against the antigen Centromere Protein F (CENPF) in GR when compared with NR, showing an overall reactivity of 31% vs 0%, 45% vs. 26% and 17% vs 4% in the three sample sets analysed respectively. The area under the ROC curve was 0,649 [p-value=0.049; IC 95% (0.510–0.789)]. CENPF is a proliferation-associated and cell cycle-dependent centromere autoantigen that might be involved in the increased or abnormal cell proliferation that occurs during RA process. Interestingly, our results also showed that IgA autoantibodies levels toward the antigen Solute Carrier family 39 member 2 (SLC39A2), a zinc transporter protein, were decreased in GR when compared with MR in the discovery sample set and this trend was significantly validated (p=0.018) in the SWEFOT cohort. The area under the ROC curve was 0,681 [p-value=0,019; IC95% (0,543–0,818)].

Conclusions: We have identified two autoantibodies in RA that associate with IFX response. Our findings could potentially be useful to guide the treatment decisions for IFX and lead to further studies focusing on the role of the autoantibodies against CENPF and SLC39A2 within RA.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6268

THU0188

EFFICACY OF INFLIXIMAB FOR SUPPRESSING RADIOGRAPHIC PROGRESSION OF CERVICAL LESIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS COMPARISON WITH METHOTREXATE; THREE YEARS OF FOLLOW-UP ~A MULTICENTER REGISTRY STUDY ~

Y. Kanayama¹, T. Kojima², Y. Hirano³, N. Takahashi², N. Ishiguro², on behalf of TBCR study group. ¹Orthopedic Surgery And Rheumatology, TOYOTA KOSEI HOSPITAL, Toyota; ²Orthopedic Surgery, Nagoya University Graduate School of Medicine, Nagoya; ³Rheumatology, Toyohashi Municipal Hospital, Toyohashi, Japan

Background: Cervical lesions are known to occur at high frequency as a complication of rheumatoid arthritis (RA). Treatment with biological agents are more clinically effective than the DMARDs that were in use previously, in particular, with their efficacy in suppressing joint destruction having been emphasised. We reported the efficacy of infliximab (IFX), anti-tumour necrosis factor antibodies for suppressing the radiographic progression of RA cervical lesions at ACR2009, EULAR2010, 11, 12, 13, 14 and 16. However there is still few studies of efficacy of against RA cervical lesions of IFX comparison with methotrexate (MTX).

Objectives: To evaluate the efficacy of IFX for suppressing the radiographic progression of RA cervical lesions comparison with MTX for 3 years.