limited overlap. The heterogeneity of patient ethnicity and variety in detection method may in part explain some of the discrepancies. Additional literature search was applied to explore the role of micro-RNA-20a expression levels in SLE patients. The expression of micro-RNA-20a in SLE patients was significantly lower than in the expression in normal healthy controls, p<0.001. In addition, the ROC curve of micro-RNA-20a showed that micro-RNA-20a expression levels can significantly discriminate between lupus patients with and without lupus nephritis at a cut-off value of 0.3 ± 0.6 with a specificity of 76.6% and sensitivity of 96.6%. We also found a significant correlation between micro-RNA-20a expression levels and the pathological activity index of renal biopsy, while there was no significant correlation between micro-RNA-20a expression levels and the pathological chronicity index.

Conclusions: The expression level of micro-RNA-20a could be considered a diagnostic marker of SLE. Also, the expression level of micro-RNA-20a could be considered a potential biomarker for recognition of renal involvement in SLE patients.

References:

Disclosure of Interest: None declared

THU0367 PREVALENCE AND SIGNIFICANCE OF ANTI-PHOSPHATIDYLSERINE ANTIBODIES: A POOLED ANALYSIS IN 5992 PATIENTS

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Background: The current classification criteria for antiphospholipid syndrome (APS) include three laboratory tests: lupus anticoagulant, anti-cardiolipin, and anti-b2 glycoprotein-I. Among the so-called extra-criteria aPL tests, anti-phosphatidylserine (aPS) antibodies have been proposed as an additional tool to be considered when patient is suspected for having APS. However, the exact prevalence of aPS antibodies, and their independent role as risk factor for developing clinical manifestations of APS, is uncertain.

Objectives: To estimate the prevalence of aPS antibodies in patients with clinical manifestations of APS, by systematically reviewing the literature.

Methods: A detailed literature search was applied a priori to Ovid MEDLINE, InProcess and Other Non-Indexed Citation 1989 to present and to abstracts from EULAR and ACR/ARHP Annual Meetings (2011–2017) (figure 1).

Results: Data from 5992 patients from 20 studies were analysed (table 1). In APS patients, we report an overall estimated median prevalence of aPS antibodies of 55% [SD±21.1, range 29%–87%] and 35% [SD±17.9, 16–65%] for IgG and IgM, respectively. aPS antibodies were more frequently found in patients with known APS, when compared to patients with thrombosis/pregnancy loss or SLE (IgG mean 55%±28.9, 30±19.6, 22±13; IgM 35±4.3,1±2.8, 14±8.3, respectively, p<0.05). In detail, patients were distributed as follow: 366 APS patients in 7 studies [55% aPS IgG/37% aPS IgM-positive; in more detail, 78 primary APS in 2 studies (64% aPS IgG/48% aPS IgM-positive), 29 secondary APS in 2 studies (37% aPS IgG/24% aPS IgM-positive) and 259 not specified], 787 SLE patients in 7 studies (22% aPS IgG/14% aPS IgM-positive), 248 aPLasymptomatic carriers in one study (21% aPS IgG/25% aPS IgM-positive), 3565 patients with cardiovascular accidents in 4 studies (18% aPS IgG/7% aPS IgM-positive), 1250 patients with pregnancy morbidity in 6 studies (30% aPS IgG/1% aPS IgM-positive) and 952 healthy controls.

Conclusions: While aPS are frequently detected in patients with known APS, their added diagnostic value and clinical role in patients with thrombosis/pregnancy loss and/or concomitant autoimmune disease remain uncertain.
Objectives: To determine the sensitivity and specificity of IgG and IgM PSPT to the LAC, anti-cardiolipin (aCL), anti-2 glycoprotein-1 (2G2P1), and PSPT. Both IgG and IgM isotypes were tested for each antibody.

Methods: Patients from June 2017 to December 2017 undergoing evaluation for APS had blood draws for the LAC, anti-cardiolipin (aCL), anti-2 glycoprotein-1 (2G2P1), and PSPT. Both IgG and IgM isotypes were tested for each antibody. Presence of the LAC was determined by trained haematologists interpreting a number of mixing and neutralisation studies. Demographic details were abstracted from the medical record and cases meeting the SLICC criteria for systemic lupus erythematosus (SLE) and the revised Sapporo criteria for APS were enrolled.

Results: Fifty six eligible patients were identified. Mean age was 50±18 years. 68% were female, 20% with SLE, and 20% with APS. At time of testing, 18% were on warfarin, 7% on direct factor Xa inhibitors and 2% on low-molecular weight heparin. The LAC was negative in 45% (25/56) of those tested. In LAC negative cases, the IgG and IgM PSPT were negative in 100% and 92% of cases, respectively. In LAC positive cases, IgG PSPT was positive in 35% and IgM PSPT was positive in 61%. Compared to the LAC, IgG PSPT was 100% (95% CI: 72%, 100%) sensitive but was only 56% (40%, 70%) specific. Similarly, the IgM isotype was 100% (95% CI: 72%, 100%) specific but was only 56% (40%, 70%) sensitive.

Conclusions: In this study, IgG and IgM PSPT were found to be highly sensitive to the LAC and may be a useful tool in the screening of and the interpretation of APS.

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Acknowledgements: Special thanks to Susan Hartzler, Cory Blixt, Serena Navit- skas, and Diane Meier.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5013