profile. As comparison 91 healthy individuals paired for age and from same geographical area had ANA determination.

**Results:** In this sample 72/91 (79.1%) had malignant lesions (83% ductal infiltrative carcinoma). Ana was positive in 44.4% of malignant tumour patients, in 15.7% of benign lesions (p=0.03) and in 5.4% of controls (p<0.0001). The most common immunofluorescence pattern was fine dense speckled pattern. In the ANA positive patients with malignant lesions, 7 had positivity for ENA profile (3 for anti-RNP and anti-Sm, 1 for just anti-RNP, 2 for anti-Ro and anti-LA e 2 for just anti-La). It was not possible to associate ANA positivity with tumour histological characteristics or staging, neither with patient's age. A negative association of ANA with hormonal receptor status was found (p=0.01).

Abstract THU0707 – Table 1. Comparison of malignant breast lesions characteristics according to positivity of antinuclear antibody (ANA)

|  | Positive ANA n=32 | Negative ANA n=40 | P |
|---|---|---|---|
| Ethnic background | Caucasians=32/32–100% | Caucasians −38/40–95% Afro descendentes - 2/40%–5% | 0.49 |
| Female gender | 32/32%–100% | 39/40%–97.5% | 1.00 |
| Mean age (years) | 53.1±14.74 | 55.10±14.44 | 0.57 |
| Histology | Ductal invasor −26/32–81.2% Others - 6/32%–18.7% | Ductal invasor −34/40–85% Others- 6/40%–15% | 0.30 |
| Stage IV | 10/27%–37.0% | 11/30%–36.6% | 0.97 |
| Luminal A | 5/25%–20% | 7/30%–23.3% | 0.76 |
| Luminal B | 10/25%–40% | 16/30%–53.3% | *0.32* |
| HER-2 positive | 4/25%–16% | 3/30%–10% | 0.68 |
| Triple negative | 6/25%–24% | 4/30%–13.3% | 0.48 |
| Hormonal receptor + | 16/28%–57.1% | 26/30%–86.6% | **0.01** * |
| Smoking | 2/16%–12.5% | 2/26%–7.6% | 0.62 |
| Body mass index (kg/m²) | 29.18±6.13 | 25.99±3.28 | **0.09** |

(*) OR=4.8 (95%CI=1.33–17.7)

Figure 1 Prevalence of ANA in patients with breast tumours and controls
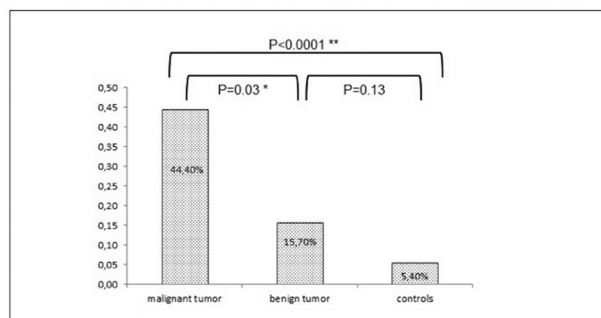


(*)   Malignant vs benign - OR=4.26; 95%C I= 1.14-15.92.
(**) Malignant vs controls - OR=13.76; 95% CI = 4.98-37.95.

**Conclusions:** In this sample there was a high prevalence of ANA positivity in breast cancer patients with a negative association with the presence of hormone receptors.

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THU0708    **DISPARITY IN OSTEOARTHRITIS KNEE PREVALENCE- A TALE OF TWO CITIES IN IRAN (TEHRAN) AND INDIA (PUNE): FINDINGS FROM WHO ILAR COPCORD POPULATION SURVEY (STAGE I)**

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**Background:** Radiographs are a major deterrent in population surveys. COPCORD (community oriented program for control of rheumatic diseases), a low infrastructure low cost model. advocates clinical approach (www.copcord.org). Iran and India completed COPCORD surveys during 2000–2010. Tehran (dominantly Muslim Shia ethnic) is 35° N, 51° E, altitude 3907' and Pune (dominantly Hindu Maratha ethnic) is 18° N,73° E altitude 1817'. Tehran and Pune represent distinct culture and ethnicity but people in both communities sit and squat (ground). Early reports showed an adjusted prevalence of OA knee was 15.3 in Teheran and 3.4 in Pune.

**Objectives:** To determine and compare the age gender specific prevalence of knee OA in an urban survey in Iran and India

**Methods:** 8145 population (51% women) in Pune and 10 107 population (53% women) in Tehran were screened (convenience sampling). House to house survey (Phase 1) identified respondents with past(last 3 months) and/or current musculoskeletal (MSK) pain (last 7 days). Trained community volunteers interviewed respondents to map MSK pain and disability (Phase 2). Concurrently, rheumatologists examined cases to make a clinical diagnosis (phase 3). 8.1% in Iran and 16.6% in Pune population were aged 65+years. The age-gender structure in both surveys (phase 1) was similar to the respective national census. Current data pertains to clinically diagnosed symptomatic OA knees (No X-Rays). Crude prevalence (95% confidence intervals) rate is shown.

**Results:** The prevalence was 15.1 (14.5, 15.9) in Tehran and 5.6 (5.1, 6.1) in Pune (OR=3.15, 95% confidence interval 2.83, 3.52, p<0.001, ANOVA); knee was the commonest affliction amongst OA sites- 93% in Tehran and 87% in Pune (data not shown). The age gender specific prevalence (percent) is shown in the figure 1. The prevalence was exceptionally high in Iran, both men and women, compared to Pune (Men: OR=2.84, *P*-value<0.001; Women: OR=2.56, *P*-value<0.001). The odds ratio remained more or less unchanged for each of the age group by gender. Presentation will include probable risk factors (culture) and global comparisons.
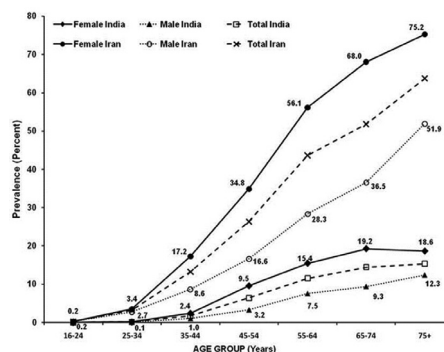


**Conclusions:** Based on a unique community model, urban surveys in Iran and India showed an enormous burden of OA knee. Women suffered more. The burden was strikingly high and unprecedented in Iran. Further research of life styles and risk factors is required to improve understanding of OA in the community.

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