Abstract OP0051 – Table 1

	Baseline	Month 6	Month 12	Month 18	Month 24
Clinical improvement n, (%)					
Complete		28/35 (80)	24/27 (88.9)	21/22 (95.4)	17/18 (94.4)
Partial		5/35 (14.3)	3/27 (11.1)	1/22 (4.5)	1/18 (5.5)
No improvement		2/35 (5.7)	0 (0)	0 (0)	0 (0)
Laboratory markers, median [IQR] #					
ESR	41.5 [16.7-58.5] (36)	4 [2-8] (35) *	4.5 [2-12] (28) *	5 [2.5-11] (23) *	4 [2-12.5] (19) *
CRP	2.4 [0.9-6.6] (36)	0.1 [0.0-0.7] (33) *	0.3 [0.1-0.6] (27) *	0.1 [0.1-0.5] (23) *	0.1 [0.0-0.5] (18) *
Dose of corticosteroids (mg/day), median [IQR] #	12.5 [8.4-26.2] (36)	5.0 [1.2-5.0] (33) *	0.0 [0.0-4.2] (28) *	0.0 [0.0-2.5] (21) *	0.0 [0.0-0.0] (19) *
Improvement in PET/CT					
Complete		0/8 (0)	3/13 (23)	3/11 (27.3)	1/4 (25)
Partial		6/8 (75)	6/13 (46.1)	7/11 (63.6)	2/4 (50)
No improvement		2/8 (25)	4/13 (30.8)	1/11 (9.1)	1/4 (25)

*p<0.0001 (Wilcoxon test)

Conclusions: Although TCZ seems to be an important therapeutic agent in the treatment of GCA, achieving a rapid and sustained clinical and analytical improvement, the decrease in vessel inflammation assessed by F18-fluorodeoxyglucose uptake seems to take a slower course.

REFERENCES:

- [1] Loricera J, et al. Tocilizumab in giant cell arteritis: Multicenter open-label study of 22 patients. *Semin Arthritis Rheum* 2015;44:717–723.
- [2] Loricera J, et al. Tocilizumab in refractory aortitis: Study on 16 patients and literature review. *Clin Exp Rheumatol* 2014;32(3 Suppl 82):S79–89.
- [3] Loricera J, et al. Use of positron emission tomography (PET) for the diagnosis of large-vessel vasculitis. *Rev Esp Med Nucl Imagen Mol* 2015;34:372–377.
- [4] Loricera J, Blanco R, Hernández JL, et al. Tocilizumab in patients with Takayasu arteritis: A retrospective study and literature review. *Clin Exp Rheumatol* 2016;34(3 Suppl 97):S44–53.

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OP0052 MICROPARTICLES AS POTENTIAL BIOMARKERS OF DISEASE ACTIVITY IN ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODY – ASSOCIATED VASCULITIS

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Background: Microparticles (MPs) are submicron particles, which are released from plasma membrane upon cell activation and during the early phase of apoptosis. Increased levels of circulating MPs, mainly of endothelial cell origin, but also platelet derived, have been shown to correlate with autoinflammatory disease activity, such as anti-neutrophil cytoplasm antibody (ANCA) – associated vasculitis (AAV).

Objectives: The aim was to evaluate levels of activity markers expressed on MPs from patients with AAV, during active disease and remission, compared to healthy control subjects.

Methods: Our study included 46 AAV patients and 23 healthy age and gender matched control subjects. We analysed the concentration of MPs in plasma by flow cytometry. MPs were phenotyped by expression: CD142 (tissue factor-TF), anti-H3cit (citrullinated Histone 3 directed against neutrophil extracellular traps – NETs), anti-pentraxin3 (pentraxin3), HMGB1 (high mobility group box 1 protein-HMGB1), anti-TWEAK (tumour necrosis factor-like weak inducer of apoptosis-TWEAK), anti-plasminogen (plasminogen), anti-C3a (C3a) and anti-C5a (C5a). The assessment of vasculitis disease activity was performed using the Birmingham Vasculitis Activity Score (BVAS), where active disease was defined as BVAS ≥ 1 and inactive (remission) as BVAS=0.

Results: Half of the patients group² had active vasculitis (13 male/10 female, mean age 61±14 years) and 23 had inactive disease (12 male/11 female, mean age 64±13 years). Concentration of MPs expressing TF, H3cit, pentraxin-3 and HMGB1 in active patients were significantly higher than in those in remission and healthy controls (p<0.01, p<0.0001, respectively). MPs expressing C5a and C3a were significantly higher in both active and inactive patients compared to controls (p<0.001). Additionally, levels of MPs expressing C5a and C3a strongly correlated with BVAS in patients with active disease (r=0.78, p<0.0001; r=0.5, p<0.01, respectively), while there was no significant correlation between other explored markers and BVAS.

Conclusions: Our results support recently postulated role of the complement system in AAV pathogenesis and disease activity. Evaluated proteins expressed

on MPs, especially C5a and C3a, could be used as potential biomarkers which might reflect inflammation and disease activity in AAV patients. Further investigations are necessary to confirm our preliminary results and to validate the most promising biomarker in AAV.

Disclosure of Interest: None declared

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OP0053 INFLAMMATORY DISORDERS ASSOCIATED WITH TRISOMY 8 MYELODYSPLASTIC SYNDROMES : FRENCH RETROSPECTIVE CASE CONTROL STUDY

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Objectives: We report myelodysplastic syndrome (MDS)-associated systemic inflammatory and autoimmune diseases (IADs) with cytogenetic trisomy 8, and describe their outcome, treatments efficacy and impact on MDS survival in a French multicenter retrospective study.

Methods: In this study, 21 patients with trisomy 8-MDS and IADs were analysed and compared to 103 MDS patients with trisomy 8 without IADs.

Results: The median age was 67 [59 – 80] years and the male/female ratio 0.9. The IADs were Behçet's or Behçet's-like disease in 11 (52%) cases, inflammatory arthritis in 4 (19%) cases, Sjögren's syndrome, autoimmune hemolytic anaemia, aseptic abscesses, polyarteritis nodosa, Sweet's syndrome and unclassified vasculitis in one case each. Trisomy 8 karyotype was isolated in 8 cases (38%) and associated with other abnormalities in remaining cases. Seventeen (81%) IADs patients were treated (88% with steroids) with complete and partial response in 35% and 47%, respectively. A second-line therapy was required for steroid dependence or relapse in 38% of cases. The effect of MDS treatment on IADs could be assessed in 7 patients treated with Azacytidine : 5/13 (38%) achieved remission and 2/13 (15%) partial response of IADs. Compared with 103 trisomy 8-MDS/CMML patients without IADs, IADs patients were more often non-Caucasian (p=0.004), MDS subtype tended to be more frequently CRDM (p=0.09) and had more often a poor karyotype (p<0.001). No survival difference was seen between patients with trisomy 8-MDS-associated IADs and without IADs.

Conclusions: The spectrum of IADs associated to trisomy 8-MDS is dominated by Behçet's disease, but may also be other various immune disorders. Steroid therapy is often effective, but sparing therapies are mostly necessary.

Disclosure of Interest: None declared

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Envisioning new horizons for people with osteoarthritis

OP0054 PAIN IN HAND OSTEOARTHRITIS AND THE ASSOCIATIONS WITH RADIOGRAPHIC OSTEOARTHRITIS SEVERITY AND PSYCHOLOGICAL FACTORS

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Background: Pain is the most preferred area of improvement for patients with hand osteoarthritis (OA). Whereas only weak associations have been found between radiographic OA severity and pain, few studies have explored whether psychological factors are associated with pain.

Objectives: To examine whether radiographic severity, depression, anxiety and pain catastrophizing are associated with self-reported pain in patients with hand OA, and to explore possible interactions between psychological factors and radiographic severity.

Methods: The Nor-Hand study is an observational cohort study of 300 (89% women) hand OA patients with median (IQR) age of 61 [57–66] years. Participants completed questionnaires, including Numeric Rating Scale (NRS, 0–10 scale) about hand pain, Australian/Canadian (AUSCAN) hand pain subscale (0–20 scale), Hospital Depression and Anxiety Scale (HADS, 0–42 scale) and Pain