polarization have been recognized: the ‘classically activated’ (M1) and the ‘alternatively activated’ (M2). miRNAs are a recently discovered class of post-transcriptional regulators. Of particular relevance in RA is miR155. Its expression is upregulated in RA synovial monocytes, macrophages and fibroblasts. Its overexpression in macrophages is associated to the production of pro-inflammatory mediators.

Objectives Here, we assessed monocytes capacity of differentiation into M2 and implication of miR155 in RA patients or controls (HD, CTD or SpA).

Methods Purified monocytes were incubated 6 day in the presence human serum AB (SAB) (M2). Expressions of total macrophages markers (CD11b-CD71), M2 markers (CD163, CD206, IL-10 and Arginase) and M1 markers (INOS, IFR5 and IL1 β) were evaluated by flow cytometry, ELISA or immunofluorescence. The microRNA transfections were performed using AMAXA technology.

Results We observed a significant decrease of macrophages induction only by SAB in RA patients as shown by a decreased expression of CD11b-CD71. We have found a specific decreased level of M2 markers. Moreover, we found *ex vivo* and *in vitro* that Adalimumab but not Etanercept or non-anti-TNF drugs were able to partially correct this defect of M2

We confirmed that under SAB treatment, RA monocytes have a propensity for preferential maturation towards a pro-inflammatory M1-like phenotype instead of M2, thus contributing to synovial inflammation.

We have hypothesized the involvement of miR155 on this defect. Indeed, miR155 is induced in monocyte or macrophages and drives their inflammatory response by epigenetic regulation that lead to M1 polarization. miR155 is increased in monocytes and M2 RA compared to controls.

Subsequently we transfected monocytes from HD with miR155 mimic and we observed a decrease differentiation in M2. Conversely preliminary experiments on RA monocytes transfection with a miR-155 inhibitor allowed the restoration of M2 polarization.

Conclusions RA patients have a specific impaired maturation of monocytes to M2 as much in phenotype and in function while the differentiation to the M1 phenotype is maintained. The use of monoclonal anti-TNF restores M2 polarization defect while Etanercept or non anti-TNF drugs do not restore M2.

This lack of M2 polarization is associated with miR155 increase in RA patients that leads to IFR5/INOS expression. Preliminary experiments showed that transfection of RA monocytes with an antagomiR155 may correct this lack of M2, justifying the proof of concept trial of monocytes-targeted nanoparticles containing microRNA in CIA mouse models.

Disclosure of Interest None declared.

P035

OCCUPATIONAL PHYSICAL WORKLOAD AND DEVELOPMENT OF ANTI-COLLAGEN TYPE II ANTIBODIES IN RHEUMATOID ARTHRITIS: RESULTS FROM THE SWEDISH EIRA POPULATION-BASED CASE-CONTROL STUDY

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Career situation of first and presenting author Young investigator.

Introduction Separate studies have previously observed an association between exposure to physical workload (PW) and risk of developing rheumatoid arthritis (RA). Levels of antibodies against collagen type II (CII), which are associated with HLA-DRB*01 and *03 are transiently elevated at the time of RA diagnosis. PW might impose mechanical stress on the articular cartilage where CII is the main constituent, leading to immune activation and production of anti-CII antibodies.

Objectives We hypothesize that exposure to PW would associate more strongly with anti-CII positive RA than with anti-CII negative RA.

Methods Data involving 2916 incident RA cases and 5130 controls from the Swedish Epidemiological Investigations in Rheumatoid Arthritis (EIRA) population-based case-control study were analysed. Information on exposure to PW was collected through questionnaires. The odds ratios (OR) with 95% CI of developing anti-CII positive RA or anti-CII negative RA was calculated using logistic regression.

Results The OR observed for the association between different types of PW and anti-CII positive RA ranged from 1.2 (0.8–1.8) to 1.7 (1.5–3.1). The OR for the association between PW and anti-CII negative RA ranged from 1.3 (1.1–1.4) to 1.6 (1.4–1.8). No statistically significant difference was observed between the OR for anti-CII positive RA and anti-CII negative RA (all p-values>0.10). Moreover, stratification for HLA-DRB*01 and *03 did not yield any statistical differences.

Conclusions We found no evidence suggesting an association between PW and elevated anti-CII levels at the time of diagnosis.

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Disclosure of Interest None declared.

P036

B CELL NUMBER REDUCTION HAS A PREDICTIVE VALUE FOR RESPONSE TO BELIMUMAB IN A COHORT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Career situation of first and presenting author Student for a master or a PhD.

Introduction Belimumab, the anti-B-cell activation factor (BAFF) agent, is approved for the treatment of refractory systemic lupus erythematosus (SLE). Its effect on the number of circulating B-cells is selective on naïve (CD19+CD27-IgD+) and immature transitional B-cells (CD19+38high24high) whose survival is strictly BAFF-dependent. On the opposite, CD27+ memory B-cells are preserved during belimumab therapy, being their maturation more related to the activation of B-cell receptor pathways.

Objectives The aim of this study is the evaluation of B-cell subpopulations in a cohort of SLE patients treated with belimumab.