FRI0608 **ASSOCIATION BETWEEN INTERSTITIAL LUNG DISEASE AND RHEUMATIC DISEASE: IMPLICATIONS IN CLINICAL PRACTICE**

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Background: The relationship between interstitial lung disease (ILD) and rheumatic diseases is well known. Recently, a new clinical entity has been described that relates ILD with autoimmune findings, IPAF (Interstitial Pneumonia with Autoimmune Features), which allows identifying and condensing non-cataloged diseases with pulmonary and rheumatic involvement.
Objectives: Our aim is to establish which patients with ILD have a rheumatic disease, and which of them meet the IPAF criteria. We analyzed the role of nailfold capillaroscopy in these patients.
Methods: This is a prospective descriptive observational study. The observation period was 2 years (2016-2018), in a county university hospital. Patients diagnosed with ILD of unknown etiology, derived from Pneumology Service, were included. A medical history was obtained focused on autoimmune disease, rheumatological evaluation, rheumatological blood markers and nailfold capillaroscopy, in order to establish whether they had a concomitant rheumatic disease.
Results: Thirty patients with ILD were evaluated, with a mean age of 70,5 years (53 - 88). Of the 30 subjects, 12 (40%) had usual interstitial pneumonia (UIP), 11 (36.67%) had organizing pneumonia (OP) and 7 (23.33%) had nonspecific interstitial pneumonia (NSIP). Eleven (36,67%) of the 30 patients had an altered capillaroscopy, 6 of them (54,5%) had a rheumatic disease. In our sample, 5 cases meet diagnostic IPAF criteria, 4 OP and 1 UIP, three of them with altered capillaroscopy.
Conclusion: In our serie, one third of the patients were diagnosed with rheumatic disease associated with interstitial lung disease. Of the thirty evaluated patients, 36.67% had altered capillaroscopy, 54.5% presenting concomitant rheumatic disease. Following the IPAF classification criteria, we obtained 5 cases in our sample: four OP and one UIP, 3 of them with altered capillaroscopy. It is important to be aware of this association with a multidisciplinary approach for the adequate diagnosis and follow-up of these patients.

ILD	Capillaroscopy	Raynaud	Acropachy	Relevant issues	Rheumatology diagnosis
UIP	Altered (angiogenesis)	Yes	Yes	Aldolase, cANCA	Polymyalgia rheumatica
UIP	Altered (angiogenesis)	Yes	No	ANA 1/640 nucleolar	Systemic sclerosis
UIP	Altered (angiogenesis)	Yes	No	CK, aldolase, anti-Ro	Sjögren Syndrome
UIP	Altered (active pattern)	Yes	No	ANA 1/320 speckled	Systemic sclerosis
UIP	Normal	No	Yes		
UIP	Normal	No	Yes	ANA, anit-DNA, pANCA, anti-MPO	IgA nephropathy
UIP	Normal	Yes	No	Anti-PPC	IPAF
UIP	Normal	Yes	Yes	FR, anti-PPC	Rheumatoid arthritis
UIP	Normal	No	Yes		
UIP	Normal	No	Yes		
UIP	Normal	Yes	Yes	ANA, aldolase, FR, anti-PPC	Rheumatoid arthritis
UIP	Normal	Yes	No	Anti-Ro, anti-La	Sjögren Syndrome
OP	Altered (angiogenesis)	Yes	No		IPAF
OP	Altered (enlarged capillaries)	Yes	No	Anti-Ro	IPAF
OP	Altered (angiogenesis)	No	No	ANA 1/1280 hom	IPAF
OP	Normal	No	No	ANA 1/320 hom	IPAF
OP	Normal	No	No		
OP	Normal	No	No		
OP	Normal	No	No		
NSIP	Altered (angiogenesis)	No	Yes		
NSIP	Altered (Dermatomyositis)	No	No	Aldolase, anti-Ro, anti-MDA5	Dermatomyositis
NSIP	Altered (hemorrages)	No	No		
NSIP	Altered (Dermatomyositis)	No	No	CK, aldolase, anti-Jo1	Antisynthetase syndrome
NSIP	Normal	No	No		
NSIP	Normal	No	No	RF, anti-PPC	Rheumatoid arthritis
NSIP	Normal	No	No	SCLE, aRo, aLa	Sjögren Syndrome

Disclosure of Interests: : Vera Ortiz-Santamaria Speakers bureau: GSK, Roche, Pfizer, MSD, Noelí Reguart Oto: None declared, Pau Sendra de Dios: None declared, Noemí Busquets: None declared, Maria Pascual: None declared, Andrés Ponce Speakers bureau: Abbie, Roche, Pfizer, MSD, Xavier Surís Speakers bureau: Lilly, Pfizer, MSD, Yolanda Galea: None declared, Anna Mola: None declared, Marta Torrella: None declared, Julia Tarrega: None declared, Enric Barbeta Speakers bureau: GSK, Boehringer Ingelheim, Roche
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FRI0609 **EXPERIENCE WITH BIOLOGIC AGENTS FOR THE TREATMENT OF CARDIAC SARCOIDOSIS IN A U.S. ACADEMIC MEDICAL CENTER**

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Background: Sarcoidosis is a multisystem granulomatous disease of unclear etiology characterized histologically by non-caseating granulomas. Lungs are the most common organs affected but sarcoidosis can affect almost any organ system. While clinically manifest cardiac involvement occurs in only about 5% of patients with sarcoidosis, a significant proportion have clinically silent disease. Symptomatic cardiac involvement portends a poorer prognosis with manifestations varying from heart failure and conduction abnormalities to ventricular arrhythmias including sudden death. Immunosuppression with corticosteroids and DMARDs such as methotrexate and mycophenolate mofetil has been the mainstay of treatment despite a paucity of data. There is a subset of patients that are either non-responders to these agents or in whom the side effect profile is prohibitive for their long term use. Biologic agents, mainly TNF alpha antagonists, have been used as salvage therapies in these patients. However, the evidence regarding their efficacy and safety is limited to a few case reports. In fact, there remains much apprehension regarding the use of TNF alpha antagonists in patients with systolic heart failure due to concerns that they can exacerbate heart failure.
Objectives: To study the efficacy and safety of using biologics for the treatment of cardiac sarcoidosis.
Methods: We conducted a retrospective and prospective observational study of all adult patients with cardiac sarcoidosis treated with biologics at an academic medical center in Washington D.C, USA between 2013 and 2018.
Results: We identified 9 patients (3 men and 6 women) diagnosed with cardiac sarcoidosis at our institution. The mean age at diagnosis was 49.9 (SD 8.6). 1 patient was Caucasian and the rest (n=8) were African American. Lungs were the most common extra cardiac organ involved (n=7) followed by CNS (n=4), liver (n=4) and skin (n=3). 5 of the patients presented with systolic heart failure (EF<50%), 3 with atrial and