(CD45RA+) among cytotoxic and T helper cells; T regulatory cells (CD4+CD25highCD127low); B1 cells (CD45+CD19+CD5+).

Results: We found that analyzed cell populations differ significantly in the co-expression of type 1 and 2 receptors for TNF α both between each other and compared to healthy donors. The most pronounced differences between groups of patients in the expression profile were shown for B cells, T reg and memory cells (figure).

The total proportion of cells with at least one type of receptors was significantly decreased as compared with HD (in the case of B cells, T-helper memory cells) or increased (in the case of naive cytotoxic T cells, naive T helper cells, monocytes, T regs). This indicator may reflect the overall sensitivity of the cells of the subpopulation to the effects of cytokine. This mechanism may reflect the ability of the cells to react on certain TNF-alpha concentration or anti-cytokine therapy.

Conclusion: The profile of TNFR1/2 co-expression is changed in RA compared to healthy donors. RA disease activity is associated with the changes in the amount and co-expression of type 1 and type 2 receptors for TNF-alpha on the surface of immunocompetent cells.

Disclosure of Interests: None declared

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SAT0075

FACTORS ASSOCIATED TO DEVELOPING CVD AND STROKE IN PATIENTS WITH ESTABLISHED RHEUMATOID ARTHRITIS- A BARFOT COHORT STUDY

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Background: Patients with rheumatoid arthritis (RA) have a higher risk of cardiovascular diseases (CVD) and stroke. More knowledge about associated factors is needed since it could have implications on different treatment strategies

Objectives: To study factors associated to CVD and stroke development in patients with established RA.

Methods: A questionnaire was sent twice to patients with established RA in the BARFOT cohort, in 2010 (n=1525) and in 2017 (n=1046) with a response rate of 73% and 68% respectively. 950 patients responded to both questionnaires. All patients fulfilled the ACR criteria for classification of RA and had a disease duration at inclusion (1992 to 2006) of ≤ 12 months. The patients reported body mass index, smoking habits, tender (TJC) and swollen joint count (SJC, 28-joints), pain intensity (NRS) and physical function (HAQ), health related QoL (EQ5D), and medical treatment (DMARD, corticosteroids and NSAID). Possible factors associated with developing CVD or stroke at the questionnaire in 2017 or not (dependent variable) was studied by using a logistic regression analysis.

Results: Twenty-two patients (3%) developed CVD and 55 (6%) patients stroke over the seven years between the two questionnaires. Patients that developed CVD were older and to a higher rate men. They also more often, 40% vs. 11%, $p=0.001$, reported treatment with corticosteroids at both questionnaires. In a multivariate regression analysis age, OR (95% CI) 1.071 (1.015-1.129), male gender 7.459 (2.664-20.883) and reporting treatment with corticosteroids at both questionnaires 4.473 (1.525-13.117) were associated to CVD. Patients that developed stroke

were older and more often not treated with any DMARD, 30% vs. 18%, $p=0.069$. There were no other significant differences between the groups. In a multivariate regression analysis age, OR (95% CI) 1.081 (1.047-1.117) and reporting treatment with conventional DMARD 0.510 (0.259-1.004) were associated to stroke at the second questionnaire. There were no associations between reported use of NSAIDs and development of CVD or stroke in this study.

Conclusion: Knowledge about factors associated to cardiovascular disease is important when treating patients with established RA. Long-term treatment with corticosteroids seems to increase the risk to develop CVD. Treatment with DMARDs, especially conventional DMARDs, seems to decrease the risk to develop stroke. There were no association between developing CVD or stroke and NSAIDs in this study.

Disclosure of Interests: None declared

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SAT0076

EARLY REMISSION IS ESSENTIAL TO PREDICT LONGTERM REMISSION. CLINICAL RESULTS OF THE BELGIAN CAP48 RA COHORT

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Background: Early therapeutic intervention is crucial for patients with early rheumatoid arthritis (ERA). The goal of remission is achievable in a proportion of ERA patients.

Objectives: To evaluate the rate of patients in remission at 6 months and to correlate the 3 year remission rate. To identify baseline characteristics differences between patients achieving remission or not, and to report the best remission composite criteria to be used in daily care.

Methods: The Belgian CAP48 cohort supported by the French speaking radiotelevision (RTBF) is a unique prospective observational study of patients less than 50 years old with a recent diagnosis of ERA. All patients are naïve to DMARDs therapy and were recruited in different rheumatologic centers in Brussels and Wallonia. At baseline and every 6 months, demographic, specific clinical evaluation, questionnaires and laboratory were completed and treatment was adapted according each physician decision.

Results: 207 RA patients from 16 centers were analysed (162 F, 45 M, mean age 36.0 years, 27.8% with baseline erosion, 62.3% with ACPA, 59.9% with FR, mean HAQ 1.9, mean DAS28-CRP 4.54, mean SDAI 24.9 and mean CDAI 23.4) history) and a group of 106 patients followed up to 36 months. Clinical results are summarized in this Table.

	DAS28-CRP mean	SDAI mean	CDAI mean	Remission (DAS28-CRP /SDAI/CDAI/Boolean) %	HAQ mean
Baseline n=207	4.54 (1.15)	24.9	23.4		1.09
Months 6 n=207	2.83 (1.21)	10.3	9.7	49.3/29.0/25.1/21.7	0.61
Months 36 n=106	2.47 (1.11)	8.5	7.5	59.4/39.6/34.9/31.1	0.52

Correlation between early 6 months response and long-term remission at 36 months was performed in 106 patients: 63 patients achieved DAS28-CRP remission at 36 months versus 43 patients.

DAS28-CRP and SDAI composite remission criteria observed at 6 months could predict long-term remission observed at 36 months (Figure); with DAS28-CRP, SDAI and CDAI mean values statistically different ($p < 0.01$, test-t) between two groups.

At baseline, the following parameters are similar in two groups "long term remission" and "no long term remission", respectively: age (34.3 vs 33.8 yrs); Female (76.2 vs 72.1%); smoker (24.1 vs 34.2%); ACPA positive (66.7 vs 62.8%); mean DAS28-CRP (4.4 vs 4.7); mean HAQ (1.0 vs 1.2); baseline X-ray erosion (21.7 vs 39.5%).