ease activity/duration, health status, physical activity, fatigue and depression (table 2).

Conclusion: Women with SSc reported significantly impaired sexual function, sexual quality of life and pelvic floor function than age-matched HC. Worse scores in SSc were associated with disease activity/duration/health status, physical activity, fatigue, and depression.

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SAT0259

PREDICTIVE FACTORS FOR TREATMENT RELATED MORTALITY AND MAJOR ADVERSE EVENTS AFTER AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION FOR SYSTEMIC SCLEROSIS: RESULTS OF A LONG TERM FOLLOW-UP MULTI-CENTRE STUDY

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Background: Autologous hematopoietic stem cell transplantation (HSCT) has shown superior efficacy to cyclophosphamide pulse therapy in systemic sclerosis (SSc) but its application is hampered by high treatment related mortality (TRM). To date factors, other than smoking, predicting TRM are unknown.

Objectives: To describe event-free survival and TRM after HSCT and to evaluate the predictive value of baseline characteristics. Event-free survival was defined as the absence of mortality or major organ failure (i.e. cardiac failure (left ventricular ejection fraction (LVEF) < 30%, respiratory failure (resting PaO₂ < 8kPa/60 mm Hg or PaCO₂ > 6,7 kPa or chronic oxygen supplementation), or renal failure requiring dialysis).

Methods: All patients who started with the procedure of HSCT for SSc in the Netherlands between 1.1.1998 and 31.12.2016 were included. Except in 4 patients, eligibility criteria and procedures of the ASTIS trial were used (1). A Kaplan-Meier event-free survival curve was constructed. All deceased patients were discussed in a consensus meeting, to determine the cause of death as TRM, progression of SSc or other. The univariate association of TRM and event-free survival with baseline characteristics (gender, age, disease duration, smoking ever, FVC, DLCO, LVEF) was examined by Cox regression analysis.

Results: 92 patients were included, including 4 patients with limited cutaneous subtype who were treated because of interstitial lung disease. The median (IQR) follow-up time was 4.5 (2.3 – 12.3) years. Twenty patients died during the observation period of whom 10 (10.8%, 9 males) in the first year because of TRM. Twelve patients (13.1%) developed major organ failure (6 lung, 3 kidney and 3 heart) of whom 8 died during the

Table 1.: demographic and disease related factors

Male/female	49/43
LcSSc/DcSSc	4/88
Age at HSCT mean (SD) (year)	46.8 (10.3)
Disease duration at HSCT mean (SD)(year)	2.4 (2.4) median 1.6
mRSS mean (SD)	26 (10.1)
Antibodies: ANA, ATA, Anti-RNP positive	88/92; 34/92; 1/92
Ever smoker	54/84
FVC as% pred. mean (SD)	84.9 (22.7)
DLCO as% pred mean (SD)	55.1 (16.2)
LVEF < 50% (by echo)	3/92

observation period. Event-free survival after five and ten years was 68% (40/59 patients) and 59% (30/51), respectively. TRM was significantly associated with male gender (HR (95% CI): 8.7 (1.1 -68.9), but not with smoking; events were associated with male gender, older age and LVEF <50% at baseline (HR: 4.08 (1.5 – 11.0); 1.1 (1.0-1.1) and 4.7 (1.1-20.6), respectively).

Conclusion: In this national cohort study of HCST in patients with SSc and poor prognosis we observed a median event-free survival of 4.3 years. TRM was 10.8% and major events occurred in 13%. TRM was correlated to male gender. Low LVEF, male gender and older age were correlated with major events.

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SAT0260

MUSCULAR INVOLVEMENT OF THE LOWER LIMBS IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES: A MRI EVALUATION

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Background: Since many years, muscular magnetic resonance imaging (MRI) has been used in the diagnosis and follow-up of patients with idiopathic inflammatory myopathies (IIM), but the clinical significance and the pattern of the muscular alterations (edema, fatty infiltration and atrophy) in different subsets of the disease are still not well defined.

Objectives: The aims of this study were to analyse possible differences in the involved muscles between dermatomyositis (DM) and polymyositis (PM); the correlations between the pattern of muscular involvement in different subsets of the disease and disease parameters in a monocentric cohort of patients.

Methods: We retrospectively collected data from 85 patients with poly and dermatomyositis (EULAR/ACR criteria) who performed pelvic and thighs muscle MRI from January 2010 to December 2018: 27 had DM and 58 PM, mean age 58.6±13.4 years, mean disease duration of 45±73 months. The images in 22 muscles for the presence of muscular edema, fatty infiltrates and atrophy were assessed by a dedicated radiologist. Moreover, data about serum creatine kinase (CK) and manual muscle