the English language and considered only SLR, RCT, cohort, case control and case series (>5 patients). Data were screened independently by three reviewers, recorded on a pre-specified extraction form and summarized qualitatively. Considering core areas and core domain set was drafted. The results were presented and voted by a Consensus Committee including physicians with expertise in rheumatoid, kidney and infectious diseases. Specific domains were separately voted and scored from 1 (strongly disagree) to 5 (strongly agree). Agreement was calculated as the percentage of agreement/strongly agree. Consensus was reached in case of >70% of agreement.

Results: In the review were included 88 studies of which 4 randomised clinical trial (3%, 144 patients), 3 systematic literature reviews (9%, 401 patients), 25 cohort studies (27%, 1284 patients), and 56 other observational studies (61%, 2871 patients). The most frequent domains were: biohumoral activity markers (e.g. cryocrit, rheumatoid factor, complementemia), viral infection and liver function, reversible and non reversible manifestation of skin, peripheral nerve, kidney, joint. Only a few studies included as life impact area, survival and safety. No studies analyzed included economical impact. Drafted core domains within core areas and percent agreement from the Delphi survey are reported in Table I. Additional core domains included adverse events and viral infection, considered as contextual factor.

Conclusion: This is the first study aimed at identifying the core outcome measures in cryoglobulinemic vasculitis. Further studies will be needed to evaluate appropriate instruments to measure these outcome domains to be applied in clinical trials and practice.

REFERENCES

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SAT0662

MxA IS A CLINICALLY APPLICABLE BIOMARKER FOR TYPE I INFERNON ACTIVATION IN SYSTEMIC LUPUS ERYTHEMATOSUS AND SYSTEMIC SCLEROSIS
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Background: Activation of the type I interferon (IFN) system has been found in large subsets of patients with systemic autoimmune diseases. This is usually assessed with a laborious quantification of IFN-stimulated genes. An easier and cheaper biomarker would facilitate implementation of type I IFN measurements in diagnostic laboratories. Previously, we described Myxovirus resistance protein 1 enzyme immunoaassay (MxA-EIA) for systemic evaluation of type I IFN activity in primary Sjögren’s syndrome [1].

Objectives: To assess the applicability of the MxA-EIA to detect systemic type I IFN activation in patients with systemic lupus erythematosus (SLE) and systemic sclerosis (SSc).

Methods: Whole blood intracellular MxA protein levels were measured in SLE (discovery cohort: n=25; replication cohort retrieved from the CHILL-NL study [2]; n=102), SSc (n=28) and healthy controls (HC) using the MxA-EIA. IFN scores were determined from whole blood gene expression of interferon-stimulated genes IFI44, IFI44L, IFIT1, IFIT3, and MxA by RT-PCR.

Results: MxA levels were significantly elevated in patients with SLE and SSc compared to HC and highly correlated to IFN scores (r=0.735 to r=0.854, p<0.003). MxA-EIA robustly discriminated (AUC=0.938 to AUC=0.991, p<0.007) between low and high type I IFN activity in SLE and SSc patients with a specificity of 100% and a sensitivity of 87.5 to 94.7%. Patients with autoantibodies against SM, RNP, SSA/Ro, or SSB/La antigens showed higher MxA levels and IFN scores compared to patients without these antibodies.

Conclusion: Intracellular MxA is an easy applicable and clinically relevant biomarker for systemic type I IFN bioactivity in SLE and SSc. MxA-EIA could be used to identify patients eligible for IFN-targeting treatments and potentially to monitor treatment responses.

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SERUM INFLAMMATORY ANGIOGENIC AND TISSUE REMODELING BIOMARKERS IN PERIPHERAL SPONDYLOARTHRITIS BEFORE AND AFTER IL-17A BLOCKADE
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Background: Spondyloarthritis (SpA) is characterized by extensive angiogenesis, tissue remodeling and inflammation of both the enthesis and the synovial tissue. Several studies have shown a relation between angiogenic/tissue remodeling serum markers and disease progression. Secukinumab, an anti-IL-17A inhibitor, is an effective treatment in SpA, but it’s effects on serum markers of angiogenesis, tissue remodeling and inflammation are largely unknown.

Objectives: The purpose of this study was to analyze several candidate biomarkers of these processes in patients with SpA treated with anti-IL-17A.

Methods: Serum samples from 20 active peripheral SpA patients that were included in a 12 week open-label trial with secukinumab were analyzed for several markers with luminex technology. Study design and primary results were previously published [1].

Results: Serum levels of IL-6, MMP-3, osteopontin (all P < 0.001), Vascular Endothelial Growth Factor A (VEGF-A), tumour necrosis factor (TNF)-alpha, IL-31, IL-33, S100A8, S100A9 (all P < 0.05) decreased