baseline hsPRO-C2 and JSN was analyzed by Pearson’s correlation, corrected for age, sex, BMI, race, baseline JSW, and non-steroids anti-inflammatory drugs (NSAID) use. Subjects were divided into quartiles of equal size depending on the hsPRO-C2 levels, and the difference in JSN was investigated. The median level of baseline hsPRO-C2 (1.48 ng/ml) was used as a cut-off for stratifying all the subjects. The difference in JSN over 24 months was investigated in patients dichotomized based on median level. The values were compared with two-way analysis of covariates (ANCOVA).

Results: Baseline plasma hsPRO-C2 levels were negatively correlated with the progression of radiographic joint space narrowing over 24 months ($r = -0.26$, $p = 0.009$) after adjustment for confounders (Figure 1A). Quartile analysis demonstrated a decreasing trend of hsPRO-C2 in the radiographic progression from quartile 1 to 4 (Figure 1B). One-way ANOVA revealed a significant difference in mean JSN between quartiles 1 and 4 ($0.5073$ mm versus $-0.0691$ mm, $p = 0.036$, Figure 1B). JSN was significantly larger in the low hsPRO-C2 patients ($0.3710$ mm) compared to the high hsPRO-C2 patients ($0.0195$ mm) (Figure 2).

Conclusion: These data suggest that symptomatic knee OA subjects with lower levels of hsPRO-C2 at baseline presented more radiographic medial JSN progression as compared to the subjects with higher levels of hsPRO-C2. The biomarker hsPRO-C2 may be useful for predicting OA progression.

Disclosure of Interests: Yunyun Luo Employee of: I’ve been worked in Nordic Bioscience before I started PhD, Jonathan Samuels: None declared, Svetlana Krasnokutsky: None declared, Yi He Employee of: I am a full-time employee in Nordic Bioscience, Morten Karsdal Shareholder of: I own shares of Nordic Bioscience, Employee of: I am a full-time employee in Nordic Bioscience, Steven Abramson: None declared, Mukundan Mukundan: None declared, Anne-Christine Bay-Jensen Shareholder of: I own shares of Nordic Bioscience, Employee of: I am a full-time employee in Nordic Bioscience


REFERENCE


SA0666 TREATMENT RESPONSE CRITERIA FOR ANCA-ASSOCIATED VASCULITIS: RESULTS OF A SCOPING REVIEW

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Background: A comprehensive assessment of outcome measures to assess response to treatment in ANCA-associated vasculitis (AAV) is necessary to implement.