AB0346

TREND OVER TIME OF AORTIC STIFFNESS IN RHEUMATOID ARTHRITIS PATIENTS AND ITS RELATION WITH CARDIOVASCULAR EVENTS

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Background: Ascending aorta has an increased stiffness (AoSI) in rheumatoid arthritis (RA) patients due to their chronic inflammatory status. We assessed prevalence and modification of AoSI during a follow up period and its prognostic role on cardiovascular events (CVE) in a large cohort of RA patients

Objectives: Prognostic role of AoSI and its modification over time on CVE.

Methods: We prospectively followed 146 RA patients without overt cardiac disease with periodic echocardiographic examination. Abnormally high AoSI was diagnosed if AoSI > 6.07% (95th percentile of the AoSI detected in our reference healthy population). AoSI was assessed at the level of the aortic root by two-dimensional guided M-mode evaluation as part of a thorough echocardiography performed in all patients. CVE information were collected during follow up

Results: Of our 146 RA patients, 89 had a normal AoSI at baseline, in the remaining 57 it was abnormally high. After a mean follow up of 27 months: among patients with normal baseline AoSI it stayed normal in 64 (6 to 5,6%) and in 25 raised to an abnormal high AoSI (from 3,7 to 11,9%); of the 57 patients with high baseline AoSI, 33 went back to normal values (9,4 to 3,1%) and in 24 it remained high. Of these 4 groups divided by AoSI trend over time the group with de novo high AoSI showed the highest prevalence of new CVE (33%), together with the group with persistent high AoSI (16%). Much lower prevalence was observed in the other two groups (persistent normal 5%, normalized at follow up 6%).

Figure 1

Conclusion: Abnormally high AoSI is common in RA patients, rapid increase through time or persistent high AoSI identify those patients that are more prone to develop CVE. On the contrary, patients that showed a normalization of AoSI demonstrated to have a similar low incidence of CVE as patients who ever had a normal AoSI.

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AB0347

CLINICAL RELEVANCE OF ANTI-CARBAMYLATED PROTEIN RELEVANCE: IS IT SAME AS CAUCASIANS IN ASIANS?

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Background: Recently, there was an interesting study demonstrating that anti-CarP was associated with more inflammation and higher baseline disease activity in French ESPOIR cohort [1]. However, all of the investigated patient cohorts have been Caucasian. However, considering the genes associated with RA are different in Caucasians and Asians, PTPN22 in Caucasians and PADI4 in Asians, and those genes contribute to the loss of tolerance and autoantibody production, clinical relevance of anti-CarP might be different in Asians.

Objectives: Therefore, we investigated the clinical significance of anti-CarP in Korean patients with early RA focused on initial presentations and treatment outcome.

Methods: The anti-CarP antibodies were analysed by commercial ELISA (Novateinbio, USA) in the Korean Intensive Management of Early Rheumatoid Arthritis cohort. All patients were DMARD-naïve RA patients with symptom duration less than 1 year. They were intensively treated by adjusting medications every 4 weeks, and treated to target as disease activity score (DAS)28 of < 2.6. Baseline clinical characteristics and disease outcomes were compared according to the presence of anti-CarP antibodies.

Results: A total of 128 patients were included, 67 patients (52.3%) were positive for anti-CarP antibody at presentation. After 2 years of treatment, proportion of anti-CarP positivity decreased to 38.1% (p=0.049), but titration did not change (6.87 to 4.45 ng/ml, p=0.074). Patients without anti-CarP antibody presented with more tender joint count (TJC) (7.3 vs. 5.2, p=0.055), swollen joint count (SJC) (4.1 vs. 2.6, p=0.019) and higher baseline physician global VAS (5.5 vs 4.7, p=0.005) than patients with anti-CarP antibody. Subgroup analysis with ACPA negative patients, patients without anti-CarP antibody showed more TJC (13.7 vs. 4.7, p=0.043), SJC (7.9 vs. 3.0, p=0.076), higher patient global VAS (5.9 vs. 3.7, p=0.044) and DAS28-ESR (6.1 vs. 4.7, p=0.051). After intensive treatment, there were no differences in remission rate and DAS28-ESR at 12, 24, and 36 months.

Conclusion: Interestingly, RA patients without anti-CarP antibody presented with more TJC/SJC than those with anti-CarP antibody in Korean patients. This finding is contrast to previous studies which were done with Caucasians. Further investigation is needed to conclude the clinical implications of anti-CarP.

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AB0348

PREVALENCE AND SAFETY OF BIOLOGIC THERAPY IN A CHILEAN COHORT OF RHEUMATOID ARTHRITIS PATIENT, A RETROSPECTIVE STUDY

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Background: Interstitial lung disease (ILD) is a common extra-articular condition in rheumatoid arthritis (RA). New-onset ILD or ILD worsening has also been reported as a possible consequence of biologic therapy. These associations are based on case reports. The present study evaluated ILD prevalence and exacerbation among users of abatacept (T-cell inhibitor), rituximab (B-cell inhibitor), and anti-TNFα agents in a cohort of adult RA patients.

Objectives: In the present study, we aimed to assess the safety of biologic therapy in patients with ILD associated to RA and patients without a history of ILD.

Methods: Data from RA patients beneficiaries of the Ley Ricarte Soto (LRS) program, at the Hospital Clínico de La Universidad de Chile, who received abatacept, rituximab, or anti-TNFα agents for at least a year, were reviewed.

Results: Seventy four patients were reviewed retrospectively between January 2016 and December 2018 (55 female; mean disease duration, 7 years; mean age, 55 years). Mean (SD) DAS₂₈ ESR was 6.9 (±0.1) previously to initiate therapy. RA was seropositive in 65 patients (87.8%). Eighteen patients (24.3%) had been previously diagnosed with ILD, with a median duration of 4 years. Most common patterns of RA-associated ILD were UIP (n=5 [46%]) and CPFE (n=3 [23.1%]). Patients with ILD at baseline as compared to patients without history of ILD were more frequently males (27.8% vs 7.5%, p < 0.05), had an older age (64±12 vs 52±13, p < 0.005), a higher positivity of anti-cyclic citrullinated protein antibodies (CCP) (87.5% vs 80%, p < 0.005) and a more frequent history of smoking (50% vs 28%, p < 0.005). The treatment received by patients with RA-associated ILD previously to start biologics under LRS program were: metotrexate [MTX] (n=5), leflunomide [LFN] (n=14),