association between DAS and HRQoL was assessed by using multiple linear regression analysis adjusting for other covariates.

Results: 237 SLE patients (pts), 100 pts (42.2%) achieved prolonged CR, 46 pts (19.4%) achieved prolonged LDA, and 91 pts (38.4%) were not in CR/LDA. Non-CR/LDA pts had significantly higher total SLEQoL score and in all domains compared with CR/LDA pts. No significant difference in SLEQoL domain scores was found between CR and LDA groups. Multivariable analysis revealed that non-CR/LDA was positively associated with SLEQoL score compared with CR/LDA (β ± 20.02, 95% confidence interval [CI] 6.81-33.23, p < 0.003). Moreover, non-CR/LDA was at a higher risk of impaired QoL (SLEQoL score > 80) compared with CR (hazard ratio [HR] 3.8; 95% CI 1.8-7.95; p < 0.001). However, there was no significant difference between CR and LDA in term of SLEQoL score or impaired QoL. Other factors associated with higher SLEQoL score were damage index (β ± 10.55, 95% CI 6.63-16.48, p = 0.001) and anemia (β ± 27.84, 95% CI 8.48-47.19, p = 0.001).

Conclusion: Prolonged CR and LDA are associated with better HRQoL in SLE patients and have a comparable effect. Prolonged CR or optional LDA may be used as the treatment goal of T2T approach in SLE.

REFERENCES

Disclosure of Interests: None declared

AB0481 AUTOANTIBODIES’ TITRE MODULATION BY ANTI-BLYS TREATMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS
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Background: Belimumab is a human monoclonal antibody that inhibits soluble B lymphocytes stimulator (BlyS) and represents the only biological drug approved for Systemic Lupus Erythematosus (SLE) (1). Belimumab is effective in reducing disease activity, number of flares and blocking drug-related adverse events (2). Regular antibodies measurements may help identify a subset of patients in whom ACO may be safely discontinued under careful observation.

Objectives: Our main objective was the characterization of a group of patients with primary APS, evaluation of clinical profile, presence of APS antibodies (Ab) over time, recurrent thrombotic events and treatment.

Methods: Demographic and clinical features of patients with APS were identified through the Unit’s database. APL significant titers were retrospectively collected, 3, 6 and 9 months, every 6 months until year 6, every year until the last follow-up. LAC and aPL Ab (anticardiolipin IgG and Beta-2 glycoprotein I IgG) were considered positive or negative by DRVVT/ELISA. Comparisons were made using the Wilcoxon Rank Sum and Chi square tests, p values < 0.05 were considered statistically significant (SPSS 22).

Results: 67 patients were analysed; the majority were female (n=49); mean average age of APS diagnosis was at 40±13 y-old. Evaluation period: 2 - 20 years. 52 patients had at least one thrombotic event: 7 arterial thrombosis, 30 venous thrombosis and 8 both arterial and venous thrombotic events; 7 patients had obstetrical APS and one of these had both thrombotic and obstetrical APS; 9 had severe non-thrombotic APS manifestations. Fifty-four patients are currently under warfarin, 8 of which had a thrombotic event despite ACO. Patients could be grouped into two distinct patterns: those that became persistently antibody negative (aPL-; n=19) and those in whom the antibodies remaining positive, persistently or intermittently (aPL+; n=48). The major difference between groups was the occurrence of cumulative double or triple positivity in 69% of aPL+ versus 37% in aPL- (p=0.026). There were no significant differences in age, age at diagnosis, duration of the disease and frequency/type of thrombosis, between each group (Table I). From the group that became persistently aPL-, 3 patients suspended ACO, without any event after 2 years of follow-up.

Conclusion: Our study suggests that more than one aPL/LAC positivity is associated with antibody persistence over time. In our small series, as previously reported, ACO was safely discontinued in selected patients that become aPL-, in the absence of other risk factors for thrombotic events2. Further antibodies measurements may help identify a subset of patients in whom ACO may be safely discontinued under careful observation.

AB0482 MORE THAN ONE POSITIVITY FOR ANTIPHOSPHOLIPID SYNDROME DETERMINES LONG TERM ANTIBODY PERSISTENCE
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<th>Characteristics</th>
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Current Age (median t) 52 (±16) 53 Wilcoxon rank sum (WRS) 0.6 IQR range, y)
A SYSTEMATIC LITERATURE REVIEW ON THE USE OF BIOLOGICS IN SJÖGREN’S SYNDROME

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Background: Primary Sjögren’s syndrome (pSS) is a systemic chronic autoimmune disease characterized by dryness of the eyes and mouth. Current treatments provide modest benefit, leaving patients with limited therapeutic options. The pathophysiology of pSS involves hyperactivity of autoreactive lymphocytes. Biologic medications target mediators of the immune response. Modulation of autoreactivity in pSS with biologics has gained interest with open-label studies showing promising results.

Objectives: This review aims to conduct a systematic literature review of interventional studies investigating the efficacy of biologics in the treatment of pSS.

Methods: Literature was searched using the MEDLINE, EMBASE and PubMed databases as well as abstracts in EULAR, ACR and BSR.

Results: A total of twelve studies met the inclusion criteria. Infliximab and etanercept showed no significant improvements in fatigue and dryness compared to placebo. Anakinra showed improvement in fatigue after etanercept showed no significant improvements in fatigue and dryness in pSS compared to placebo. The small number of trials to date means the evidence base for biologics in pSS remains inconclusive.

Disclosure of Interests: None declared


EXPERIENCE WITH THE USE OF RITUXIMAB FOR THE TREATMENT OF SYSTEMIC AUTOIMMUNE DISEASES (SAD) IN A TERTIARY HOSPITAL

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Background: Rituximab is a chimeric anti-CD20 monoclonal antibody used in various clinical scenarios for the treatment of SAD, especially when immunocomplexes and/or lymphocyte B proliferation plays a central role.

Objectives: The objective of this study was to retrospectively assess the efficacy and safety of use of rituximab in a cohort of patients with SAD in a tertiary hospital within the last 12 years.

Methods: We carry out a retrospective study of 48 patients with a diagnosis of SAD in our Autoimmune and Minority Diseases Department using Google Sheets.

Results: Our cohort is mostly female (48 women and 8 men). The mean age is 40.9 ±13.1 years (median 38 years). It is composed of different SAD: erythematous systemic lupus (22), granulomatosis with polyangiitis (6), dermatomyositis (6), eosinophilic granulomatosis with polyangiitis (3), rheumatoid arthritis (2), Takayasu’s arteritis (1), Kikuchi-Fujimoto disease (1), mixed connective tissue disease (1), dermatomyositis with scleroderma overlap (1), systemic sclerosis (1), polycystic ovary syndrome (1), hydroxylonephrosis (1) and orbital pseudotumor (1). The mean time from diagnosis to rituximab was 7.7±7.1 years. The efficacy of RTX in reducing disease activity after 6 month was 64.6% patients -according to the disease recommended scales-. Nevertheless, 39% maintained 1 year remission.

The indications for rituximab were: persistant activity despite improvement of classical immunosuppressive strategies (36), corticosteroid dependency (4), new relapses (3), corticosteroid resistance (3) and toxicity (others immunosuppressant) (2). The drugs used when rituximab was used: cyclophosphamide (24), hydroxychloroquine (21), mycophenolate mofetil or mycophenolic acid (20); cyclosporine (7), immunoglobulins (7), leflunomide (4), and methotrexate (6). 5 patients did not receive any immunosuppressant. 61.3% were taking at least 2 drugs. All of them were taking glucocorticoids.

In terms of security and side effects, we observed 11 (22.9%) adverse reactions related to the administration. We detect 3 infusion reactions (mild severity), 1 severe mucocutaneous reaction, 1 moderate herpes zoster, 1 fungic invasive infection and 5 severe bacterial infections (1 of them lead to rituximab suspension). We did not detect any hepatitis B virus reactivation, multifocal progressive leukoencephalopathy, cytomegalovirus infections nor herpes simplex infections.

We observed 65 different haematologic adverse events: lymphopenia (34), hepatitis (13), viral infection (20), virus reactivation, multifocal progressive leukoencephalopathy, cytomegalovirus infections nor herpes simplex infections. We observed 65 different haematologic adverse events: lymphopenia (34), anemia (15), neutropenia (12) and thrombocytopenia (4). No one needed specific treatment.

Conclusion: Rituximab is a second line therapeutic alternative in patients with SAD in whom other treatments have failed. It is an effective drug that rescues a 65% of patients in whom other treatments have failed. Furthermore, rituximab is a safe immunosuppressant.

Disclosure of Interests: None declared


REFERENCES

1. [1] Oon S, Huq M, Godfrey T, Nikpour M. Systematic review, and meta-analy-

sis of steroid-sparing effect, of biologic agents in randomized, placebo-con-


Disclosure of Interests: None declared


REFERENCES

1. [1] Oon S, Huq M, Godfrey T, Nikpour M. Systematic review, and meta-analy-

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Disclosure of Interests: None declared