Methods: We included patients who were repeatedly tested for anti-Sm antibodies at SLE diagnosis and within 12 months after SLE diagnosis. The clinical and laboratory profiles, and SLE disease activity index (SLEDAI) were collected at the time of the anti-Sm antibody test. SLEDAI and laboratory variables associated with disease activity were compared at baseline between patients with and without anti-Sm antibodies. The longitudinal association between disease activity and anti-Sm antibodies was also evaluated in total patients and in those with anti-Sm antibodies.
Results: Of 92 patients who were tested for anti-Sm antibodies at the time of SLE diagnosis, 67 and another 67 patients were followed up for the presence of anti-Sm antibodies at 6 and 12 months, respectively. Although the baseline SLEDAI was comparable in SLE patients with and without anti-Sm antibodies, the serum anti-Sm antibody level at diagnosis was significantly correlated with SLEDAI (P = 0.003). Patients with anti-Sm antibodies at 12 months had higher SLEDAI and anti-dsDNA levels than those without anti-Sm antibodies (P = 0.002, respectively). The changes in anti-Sm antibody levels over 12 months were also correlated with the alterations in SLEDAI (P = 0.029).
Conclusion: This study suggests that anti-Sm antibody level is associated with disease activity in patients with new-onset SLE, and that monitoring of anti-Sm antibody levels could help assess the disease activity.

REFERENCES

[1] Migliorini, P., et al., *Anti-Sm and anti-RNP antibodies.* Autoimmunity, 2005. 38(1): p. 47-54.
[2] *Clinical associations of anti-Smith antibodies in PROFILE: a multi-ethnic lupus cohort.* Clin Rheumatol, 2015. 34(7): p. 1217-23.
[3] *What is the clinical significance of anti-Sm antibodies in systemic lupus erythematosus? A comparison with anti-dsDNA antibodies and C3.* Clin Exp Rheumatol, 2017. 35(4): p. 598-606.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.7016

AB0526

PRIMARY SJOGREN'S SYNDROME AND ORGAN SYSTEM INVOLVEMENT: A RETROSPECTIVE STUDY OF 153 PATIENTS FROM WESTERN INDIA

Girish Kakade, Piyush Joshi, Canchi Balakrishnan, Akash Khune. *PD Hinduja National Hospital and Medical Research Centre, Rheumatology, Mumbai, India*

Background: Primary Sjogren's syndrome (pSS) is under diagnosed and improperly treated disease because of its variable modes of presentation. Limited data is available on pSS from India.
Objectives: To describe organ system involvement in patients with pSS and compare to other studies.
Methods: Retrospective proforma based analysis of patients with pSS (AECG 2002 criteria) from 2002-2012 at a tertiary rheumatology centre was done. Demographic data and systemic organ involvement of patients was noted.
Results: We had 153 consecutive patients of pSS (135 females, 18 males) in the 10 years which were included. Mean age at diagnosis was 47±11.62 years. Mean duration of sicca symptoms was 32 (±31) months prior to presentation. Organ system involvement was seen in 93 (60.7%) patients as follows:- Musculoskeletal involvement in 90 (58.8%) patients, Skin involvement in 48 (31%) patients, Lung involvement in 27 (17.6%) patients, Renal involvement in 22 (14.3%) patients, Neurological involvement in 21 (13.7%) patients, GI involvement in 6 (3.9%) patients and Lymphoma in 2 (1.3%) patients. Comparison of organ system involvement with other major studies of pSS is shown in table 1.

Table 1. Comparison with major studies of pSS from different populations:

Parameter	Spanish[1] (1994-2007)	Italian[2]	Chinese[2] (1985-2006)	Vellore[2] (2004-2011)	Our study (2002-2012)
Criteria used	European community	European community	AECG	AECG ACR	AECG
No. of patients	1010	1115	573	332	153
Females (%)	937 (93%)	1067 (95.7)	524 (91.5)	315 (94.9)	135 (88.2)
Mean age (yrs)	53.8±0.5	57.5±13.7	39	44.5±10.6	47±11.6
Disease duration (months)	74.9±4	72	-	62.6 ±65.67	35±41
Xerostomia (%)	975 (96)	1033 (92.6)	484 (84.5)	313 (94.3)	146 (95.4)
Xerophthalmia (%)	968 (96)	1054 (94.5)	401 (70)	295 (88.9)	148 (96.7)
Ocular test positive (%)	898 (94)	982 (88.1)	-	-	149 (97.4)
Sialadenitis (%)	269 (27)	346 (31)	-	28 (8.4)	42 (27.5)
Arthralgia/arthritis (%)	640 (63)	806 (72.3)	274 (47.8)	275 (82.8)	90 (58.8)
Skin involvement (%)	91 (9)	106 (9.5)	-	35 (10.5)	48 (31)
Raynaud's phen (%)	187 (18)	239 (21.4)	101 (17.6)	1 (0.3)	2 (1.3)
Lung involvement (%)	112 (11)	60 (5.4)	221/522 (42.3)	40 (12.1)	27 (17.6)
Renal involvement (%)	48 (5)	-	192 (33.5)	49 (14.8)	22 (14.4)
Neurological inv (%)	131 (13)	59 (5.3)	68 (11.9)	32 (9.6)	21 (13.7)
GI involvement (%)	5 (0.5)	-	188 (32.8)	29 (8.7)	6 (3.9)
Lymphoma (%)	-	50 (4.5)	-	-	2 (1.3)
ANA (%)	859 (85)	941 (84.4)	474/565 (83.9)	206/312 (66)	151/151 (100)
Anti-Ro (SS-A) (%)	518 (52)	762 (68.3)	474/568 (83.5)	148/232 (63.8)	137/141 (97.2)
Anti-La (SS-B) (%)	343 (34)	410 (36.8)	231/568 (40.7)	88/231 (38.1)	108/119 (90.8)
RF (%)	467 (48)	582 (52.2)	292/476 (61.3)	180/301 (59.8)	95/106 (89.6)
Hyperglobulinemia (%)	-	530 (47.5)	-	50/261 (15.4)	56/135 (41.5)

Conclusion: Indian pSS patients are younger than their European counterparts. Majority of these patients show organ system involvement. Raynaud's phenomenon is rare in Indian patients. Lung, renal and gastrointestinal involvement in Indian patients is more prevalent than in European patients, but less prevalent than in Chinese patients. Musculoskeletal and neurological involvement is similar across different populations.

REFERENCES

[1] Ramos-Casals M, Solans R, Rosas J, et al. GEMESS Study Group. Primary Sjögren syndrome in Spain: clinical and immunologic expression in 1010 patients. Medicine (Baltimore) 2008; 87: 210-9.
[2] Sandhya P, Jeyaseelan L, Scofield RH, Danda D. Clinical Characteristics and Outcome of Primary Sjogren's Syndrome: A Large Asian Indian Cohort. The Open Rheumatology Journal. 2015;9:36-45.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.6399

AB0527

PREDICTIVE VALUE OF MIR200B-5P IN THE LYMPHOMAGENESIS IN SJÖGREN'S SYNDROME (SS): COMPARISON WITH THE PUBLISHED PREDICTION MODELS. PRELIMINARY RESULTS

Efstathia Kapsogeorgou, Athanase Protogerou, Aristea Papageorgiou, Michael Voulgarelis, Athanasios Tzioufas. *School of Medicine, National and Kapodistrian University of Athens, Pathophysiology, Athens, Greece*

Background: miR200b-5p expression levels are decreased in the minor salivary glands of SS patients who have or will develop non-Hodgkin's lymphoma (NHL), discriminate them from those who will not (p<0.0001) and independently predicted NHL development (p<0.0001)[1].
Objectives: To compare the predictive performance of low miR200b-5p levels with the previously published multifactorial predictive models.
Methods: 27 SS patients who didn't develop NHL during follow up (median follow up time upon biopsy performance, range: 8.9yrs, 1.33-14yrs) and 17 diagnosed with NHL during follow up (pre-lymphoma, median follow-up till lymphoma diagnosis, range: 3.67yrs, 0.42-8.5yrs) were studied. The multifactorial predictive models examined were: 1. Ioannidis et al[2] who defined patients expressing at least one of low C4 levels, salivary gland enlargement (SGE) and purpura as high-risk, 2. Baimpa et al[3] who designed 3 models (1, 2 and 3) based on the expression of at least 1, 2 or ≥3, respectively, of neutropenia, cryoglobulinemia, splenomegaly, lymphadenopathy and low C4 levels, 3. Quartuccio et al[4] who identified as high risk patients those having SGE and at least two of the following: low C4 levels, cryoglobulinemia, anti-La antibodies and leukopenia, and 4. Fragkioudaki et al[5] that defined as high-risk group those carrying ≥3 of the independent risk factors including SGE, lymphadenopathy, Raynaud phenomenon, anti-Ro/SSA and/or anti-La/SSB antibodies, rheumatoid factor positivity, monoclonal gammopathy and low C4 levels. Analyses were performed by estimating the area under the ROC curve (AUC), Kaplan-Meier (KM) lymphoma-free survival curves