compared by the log-rank test, the positive and negative predictive values, sensitivity (Se) and specificity (Sp), as well as the PSEP index of the model intrinsic prognostic value⁶.

Results: ROC analysis identified low miR200b-5p levels as the better prognostic tool from the other multifactorial models. Its predictive value was further supported by the other analyses (including PSEP index), where it ranked among the two best models, whereas it had the better combination of sensitivity and specificity (Table).

Table. Comparison of models predicting NHL development in SS

	ROC		KM		PPV	NPV	PSEP	Se	Sp
	AUC	p value	p value	p value					
Ioannidis et al	0.748	0.006	0.006	0.006	0.57	0.94	0.51	0.94	0.56
Baimpa et al, model 1	0.775	0.002	0.002	0.003	0.63	0.90	0.53	0.88	0.67
Baimpa et al, model 2	0.687	0.038	0.038	0.006	0.88	0.72	0.60	0.41	0.96
Baimpa et al, model 3	0.647	0.104	0.104	0.008	1.00	0.69	0.69	0.29	1.00
Quartuccio et al	0.794	0.001	0.001	≤0.0001	1.00	0.79	0.79	0.59	1.00
Fragkioudaki et al	0.830	≤0.0001	≤0.0001	≤0.0001	0.71	0.91	0.63	0.88	0.78
Low miR200b-5p levels	0.863	≤0.0001	≤0.0001	≤0.0001	0.87	0.86	0.73	0.76	0.93

Conclusion: Low miR200b-5p levels associated with the incidence of NHL in SS, exhibiting consistently higher values than the other multifactorial models; however, larger cohorts are required to verify its statistical and clinical significance.

REFERENCES

- [1] Kapsogeorgou et al, Ann Rheum Dis 2018
- [2] Ioannidis et al, Arthr Rheum 2002
- [3] Baimpa, et al. Medicine 2009
- [4] Quartuccio et al, J Autoim 2014
- [5] Fragkioudaki et al, Medicine 2016
- [6] Altman and Royston, Stat Med 2000

Disclosure of Interests: Efsthia Kapsogeorgou: None declared, Athanase Proterogrou: None declared, Aristeia Papageorgiou: None declared, Michael Voulgarelis: None declared, Athanasios Tzioufas Grant/research support from: ABBVIE, PFIZER, AMGEN, NOVARTIS, GSK

DOI: 10.1136/annrheumdis-2019-eular.5561

AB0528

ANALYSIS OF THE CASES OF 33 SLE PATIENTS THAT NECESSITATED CARDIOVASCULAR SURGERY

Toshio Kawamoto, Satoshi Matsushita, Hirofumi Amano, Kentaro Minowa, Mai Yoshida, Masakazu Matsushita, Ken Yamaji, Atsushi Amano, Naoto Tamura. Juntendo University, Bunkyo-ku, Japan

Background: In SLE, immune complexes are overproduced and deposited in tissues where they ultimately cause damage. The immunocomplexes, which are deposited in the myocardium, blood vessels and atrioventricular valves, have been suggested to cause damage to the relevant tissues, but it remains unclear in which cases tissue damage progresses to a point that surgical treatment is required.

Objectives: The purpose of our study was to classify heart diseases into valvular heart diseases (V), ischemic heart diseases (I) and aortic aneurysms (A), to compare each class in terms of the correlation between the activity of SLE and the progression and exacerbation of heart disease, and in the future, to use the features of the correlations to carry out the prevention and treatment of heart diseases complicating SLE.

Methods: Between the years 2012 and 2018, a total of 2852 patients diagnosed with SLE were admitted to our hospital, and 33 had heart surgery; however, 2 patients with infective endocarditis and one patient, who had not been diagnosed with SLE before surgery, were excluded from the study, therefore 30 cases were examined. Comparative studies were also carried out to examine the association between the levels of various autoantibodies and IgG and the onset of heart disease, the association between the total administered doses of steroids, the concomitant use of immunosuppressants as well as the association between DNA antibodies and complement.

Results: At the time of the surgical treatment of the heart diseases, the mean duration of illness was 25.4 years, and the age was V vs. I vs. A=56.7 (44-79, median value: 56.2) vs. 55.1 (34-72, median value: 57.0) vs. 63.2 (41-78, median value: 65.5), showing that the age tended to be higher in the A group. The integrated value of the duration of illness and the level of anti-DNA antibodies, which served an index of activity, was calculated, and the findings revealed that V vs. I vs. A was (14020 vs. 32966 vs. 29444), showing that the values tended to be slightly lower in valvular heart diseases. As for antiphospholipid antibodies, the rate of positivity of either CLβ2GPI or anti-CL antibodies or LA was as follows: V vs. I vs. A (58% vs. 28% vs. 33%), showing that the rate tended to be higher in valvular heart diseases and that anti-CL antibody-positive patients were particularly higher in number among those with valvular heart diseases (V). The maximum preoperative levels of IgG were as follows: V vs. I vs. A (2803 vs. 1889 vs. 1708), which showed that the levels were higher with valvular heart diseases (V); those of SS-A antibodies were as follows: (36% vs. 43% vs. 42%), which showed high positive rates in all cases; and RNP antibody-positivity rates were as follows: (9% vs. 29% vs. 25%), and were relatively lower in valvular heart diseases (V). Regarding the medical treatment, the total administered doses of steroids were (25g vs. 39g vs. 63g) and tended to be lower in valvular heart diseases (V); use of immunosuppressants was found in 5 of 30 patients (16%); and concomitant use of both was particularly low in valvular heart diseases (V) as it accounted for only one case.

Conclusion: Our study findings suggested that in SLE patients, prolonged duration of illness, positivity of SS-A antibodies and the absence of intake of immunosuppressants were highly likely to lead to cardiovascular diseases that need surgical treatment. Low integrated DNA antibody levels and the absence of concomitant use of immunosuppressants, despite high levels of IgG and the positivity of SS-A antibodies and anti-CL antibodies, might be risk factors for valvular heart diseases necessitating surgical treatment.

REFERENCES

- [1] Yasuhiro Sakaguti, et al. Journal of Cardiology. 1995;25:181-188
- [2] Stephane Zuily, et al. Curr Rheumatol Rep (2013) 15:320
- [3] Zawadowski GM, et al. Lupus. 2012;21(13):1378-84

Disclosure of Interests: Toshio Kawamoto: None declared, Satoshi Matsushita: None declared, Hirofumi Amano: None declared, Kentaro Minowa: None declared, Mai Yoshida: None declared, Masakazu Matsushita: None declared, Ken Yamaji: None declared, Atsushi Amano: None declared, Naoto Tamura Grant/research support from: Astellas Pharma Inc., Asahi Kasei Pharma, AYUMI Pharmaceutical Co., Chugai Pharmaceutical Co. LTD, Eisai Inc., Takeda Pharmaceutical Company Ltd., Speakers bureau: Janssen Pharmaceutical K.K., Bristol-Myers Squibb K.K., Mitsubishi Tanabe Pharma Co.

DOI: 10.1136/annrheumdis-2019-eular.1506

AB0529

SICC SYNDROME DURING CHRONIC HEPATITIS C: PREVALENCE AND CHARACTERISTICS

KOCHIR hela¹, Ons Gharbi², Dhilel Issaoui², Dhoha Cherif², Faten Limaiem³, Mejda Essid², Nadia Maamouri². ¹La Rabta Hospital, Gastroenterology B, Tunis, Tunisia; ²La Rabta Hospital, Gastroenterology B, Tunis, Tunisia; ³Mongi Slim Hospital, Pathology, Tunis, Tunisia

Background: The prevalence of Sicca Syndrome (SS) in patients with Chronic Hepatitis C (CHC) ranges from 5% to 33%. A link between hepatitis C virus (HCV) and SS was evoked given the strong association of these two pathologies with mixed cryoglobulinemia (MC) on one hand and with the salivary tropism of HCV on the other hand.

Objectives: To study the prevalence and the characteristics of Sicca Syndrome during CHC.

Methods: All patients suffering from CHC followed over a period of 11 years (2002 – 2012) were retrospectively included. Only patients having clinical SS (xerostomia and/or xerophthalmia) were selected. We have analyzed all data concerning the patient, the hepatitis and the SS.

Results: Two hundred and four patients affected by CHC were included. A clinical SS was found in 17 patients (8.39%). There were 15 women and 2 men with an average age of 45.6 years. A High viral load and an advanced hepatic fibrosis were respectively found in 94 and 88% of cases. Cryoglobulinemia and antinuclear antibodies were found in 37.5% and 53% of patients, respectively. Four patients (3 women and 1 man) had also presented the criteria of Sjogren Syndrome. Their average age was 47 years. MC was positive in all 4 patients whereas anti-SSA and