group. The prognostic implications of subclinical CMR findings remain unclear and would benefit from longer follow-up.

Abstract AB0653 Table 1. CMR measures in SSc patients with CV events versus SSc patients with no CV events

CMR variable	SSc patients with CV events n=12 Mean (SD)	SSc patients with no CV events, n=61 Mean (SD)	p value
LVEDV/BSA (ml/m ²)	83 (17)	76 (15)	0.158
LVESV/BSA (ml/m ²)	33(12)	30(9)	0.222
LVSF/BSA (ml/m ²)	50(7)	47(7)	0.259
LV mass/BSA (g/m ²)	49(10)	43(11)	0.043*
LVEF%	61(7)	62(5)	0.494
ECV%	31(2)	30 (4)	0.572
T1 native(ms)	1210 (78)	1238 (72)	0.262
LGE, n Scar mass	1 0.80 (1.68)	9 0.41(1.14)	0.678 (X ² test)
MPR	1.8(0.5)	2.2(0.8)	0.359 0.375

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AB0654 NAILFOLD MICROVASCULAR CHANGES IN MIXED CONNECTIVE TISSUE DISEASE: DIFFERENCES WITH SYSTEMIC SCLEROSIS

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Background: Detailed nailfold capillary abnormalities have not been described in mixed connective tissue disease (MCTD) as well as their changes over time, unlike systemic sclerosis (SSc) which microvascular damage has been classified and validated by nailfold videocapillaroscopy (NVC) in specific and progressive scleroderma patterns ("Early", "Active", "Late") (1-5).

Objectives: Aim of this study was to retrospectively compare detailed MCTD nailfold capillary abnormalities with those of SSc patients at first visit, and to monitor MCTD capillary changes over time.

Methods: Ten patients (mean disease duration 6.4±4.2 years, mean age 50±19 years), affected by MCTD (Kasukawa's criteria) were enrolled. Patients with either anti-extractable nuclear antigen positivity different from U1RNP or anti-dsDNA antibodies were excluded. Main capillary parameters (scores of enlarged capillaries, giant capillaries, microhemorrhages, capillary ramifications, as well as absolute number of normal and total capillaries per linear millimetre) were assessed in MCTD patients at their first NVC analysis (T0), and during a three year follow-up. Furthermore, NVC parameters were compared at T0 with 10 random SSc patients matched for disease duration (6.4±4.2 years) and age (51±17 years). Statistical analysis was performed by non parametric tests.

Results: The capillaroscopic scores of enlarged capillaries, giant capillaries and microhemorrhages were found significantly higher in SSc versus MCTD patients at T0 (2.50±0.5 vs 1.90±0.6 p=0.04, 1.63±0.7 vs 0.70±0.7 p<0.02, 1.25±0.7 vs 0.70±0.7 p=0.05, respectively). Moreover, the absolute number of both total capillaries and normal capillaries were found significantly lower in SSc versus MCTD patients (5.8±1.9 vs 7.6±1.6 p=0.04 and 0.45±1.0 vs 3.03±2.9 p=0.009). On the contrary, no statistically significant difference was observed at T0 for the other capillary parameters (including capillary ramifications) between the two groups of patients. With the limit of a different pharmacological background among

patients, no statistically significant variation of the scores, as well as of the absolute value of the above reported capillary parameters was observed during the 3 years of follow-up in MCTD patients. No statistically significant correlation was observed between capillary parameters and MCTD clinical aspects (Raynaud phenomenon, dysphagia, dyspnoea, sclerodactyly, sicca syndrome, teleangiectasias and arthralgia) at first visit and during follow-up.

Conclusion: In a limited cohort of MCTD patients with an average disease duration of 6.4 years and a follow-up of three years, the nailfold microvascular damage does not seem to be significantly progressive. Patients with MCTD seem to show less enlarged/giant capillaries, and larger absolute number of total and normal capillaries than SSc patients.

REFERENCES

- [1] De Holanda Mafaldo DA, et al. *Lupus*. 2007; 16:254-8.
- [2] Cappelli S, et al. *Semin Arthritis Rheum*. 2012; 41:589-98.
- [3] Cutolo M, et al. *Best Pract Res Clin Rheumatol* 2008; 22:1093-108.
- [4] Cutolo M, et al. *J Rheumatol*. 2000; 27:155-60.
- [5] Sulli A, et al. *Arthritis Rheum*. 2012;64:821-5.

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AB0655 SCLERONET®: A PATIENT-CENTERED MULTIDISCIPLINARY APPROACH TO SYSTEMIC SCLEROSIS

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Background: Systemic Sclerosis (SSc) is a rare connective tissue disease which may affect almost the whole body¹. Because of its clinical complexity and heterogeneity, a multidisciplinary approach is helpful to patients.

Objectives: The project aims at providing evidence that a multidisciplinary approach allows to early detect and rightly treat diseases linked to SSc determining an improvement of the Quality of Life (QoL) for patients.

Methods: GILS, the Italian SSc Patient Organisation, selected 4 expert centers in Milan (where over one thousand patients are treated), among those able to diagnose and cure SSc in its different and difficult aspects. Inside these hospitals excellences have been identified: immuno-rheumatologists (overall management of SSc), cardiologists (cardio-pulmonary involvement and Pulmonary Arterial Hypertension - PAH), maxillofacial and plastic surgeons (lipofilling), odontologists (difficult dental cure due to microstomia), dermatologists (prevention of skin cancer), ophthalmologists (dryness of the eye), vasculars (digital ulcers - DUs), pneumologists (lung fibrosis), gynaecologists (dryness of the vagina) and nutritionists (malabsorption). Specialists can share, care and cure inside this net. A monthly meeting is held with patient representatives (PRs). No private data are disclosed. Hospitals General and Sanitary Managers must give a positive evaluation every year in order to continue ScleroNet® project.

Results: The monthly meeting allows to understand strength and threads and find the way to improve ScleroNet®. The PRs point out the unmet needs², to keep ScleroNet® patient-centered and to focus the attention on the QoL whose improvement has been described by patients but not yet supported for all interventions by questionnaires.

Common inclusion and exclusion criteria have been established. Cardiologists performed 110 assessments through EKG, echocardiography and cardiopulmonary exercise testing. These tests gave the following diagnosis: 16 non-ischemic cardiomyopathy (after BNP and troponin dosage as well as cardiac MRI) got an immunosuppressive therapy; 22 PAHs; 34 diastolic dysfunctions; 23 respiratory disease. The rest did not receive a specific diagnosis but still in follow up.

70 perioral lipofillings have been carried out: body weight rose by 2 to 3 kg after 4 months in patients with low BMI thanks to a greater mouth opening. Moreover, a better elasticity of the perioral area led to better oral hygiene, speech and self-perception.

115 patients before Anti-TNF therapy have been screened to prevent non-melanoma skin cancer; 6 the diagnosis.

10 lipofillings for DUs nonresponsive to pharmacological therapy. UCLA/MUST questionnaires were given to selected patients in order to evaluate the GI involvement and undergo a nutritionist evaluation.

A non-rheumatologist made his first SSc diagnosis due to the personal increased knowledge.

Conclusion: ScleroNet® provides a fruitful practical support to patients in order to receive the best care and cure inside the experts centers in a