knee arthroplasty (TKA) and undergo surgery at a later stage of the disease than men, which could lead to worse postoperative outcomes (1). These differences have been attributed to differences in the interpretation of symptoms between men and women (2), yet little is known about expectations of the postoperative outcomes of TKA.

Objectives: To compare the duration of symptoms before TKA and the preoperative expectations of postoperative outcomes of TKA between men and woman.

Methods: Preoperative data from a multicenter cohort study on outcomes of primary TKA were used. Preoperatively, patients were asked to indicate the duration of symptoms to TKA (<1 year, 1-5 years, 5-10 years and >10 years). The Hospital for Special Surgery (HSS) Knee Replacement Expectations Survey was used to obtain information on expectations regarding postoperative pain relief, mobility and daily activities and improvement of quality of life (score range 0-100), with lower scores indicating higher expectations. In addition, the Knee injury and Osteoarthritis Outcome Score (KOOS), pain (Numeric Rating Scale, NRS), comorbidities and work-status were gathered. Differences between men and women regarding the duration of symptoms and preoperative expectations were examined by the means of the Chi-Square test and independent t-test and difference with the 95% Confidence Interval (CI) respectively.

Results: A total of 1543 patients, 556 men (mean age 71 (SD 8), 32.3% paid employment) and 987 women (mean age 71 (SD 9), 20.3% paid employment) were included. Women had more pain preoperatively than men, 5.3 (SD 3) versus 4.3 (SD 3) at rest and 7.1 (SD 2) versus 6.2 (SD 3) during activity, respectively. Furthermore, men scored better on each KOOS subscale compared to women. Overall the duration of symptoms was longer in men than women: <1 year: 11.3% versus 9.6%, 1-5 years: 38.8% versus 49.7%, 5-10 years: 18.3% versus 20.0% and > 10 years: 31.5% versus 20.7%. Finally, women had significantly higher expectations of postoperative TKA outcomes than men, 67.4 (SD 19) and 70.2 (SD 19), respectively (Mean Difference; 2.79, 95% CI 0.84-4.75).

Conclusion: Preoperatively, men reported a longer duration of symptoms and had lower expectations of TKA outcomes than women. However, men seemed to perceive less symptoms and restrictions in daily activities despite a longer duration of symptoms.

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AB0799

ART- QUALIVIE: ASSESSMENT OF THE QUALITY OF LIFE OF PATIENTS WITH KNEE OSTEOARTHRITIS SIX MONTHS AFTER TREATMENT WITH THREE INTRA-ARTICULAR INJECTIONS OF ARTHRUM H 2%

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Background: Knee osteoarthritis (KOA) is a chronic condition affecting mainly the elderly and considered as the leading cause of disability after cardiovascular disease. KOA is characterized by functional discomfort and deformities, leading to a deterioration in the quality of life (QoL) of patients.

Objectives: The main objective was to demonstrate that 3 intra-articular injections of ARTHRUM H 2% improves the physical QoL of patients over a 6-month period.

Methods: A French observational, prospective, multi-centre study was conducted between 02/2016 and 07/2017 in patients over 40 suffering from Kellgren and Lawrence (KL) grade I, II or III primary KOA and treated with 3 intra-articular injections of ARTHRUM H 2%. The variables included a questionnaire completed by a physician and the validated 12 items Short Form Health Survey (SF-12), completed by patients at baseline (right before the injections), and then at 90 and 180 days. The primary endpoint was the change in physical summary score from baseline

to 180 days (paired Student t-tests). Logistic regression analyses were used to identify the main drivers of significant increase of physical summary score, adjusted for sociodemographic and health covariates.

Results: Of the 134 patients treated with ARTHRUM H 2% included in the study, 115 were evaluable for the primary outcome (non-exploitable data for 19 patients).

The baseline characteristics of the analysable population were as follows: mean age of 66.4 years (± 10.7); majority female (66.4%); mean BMI of 28.7 (± 5.3) kg/m² (43.3% overweight and 35.1% obese); KL grade KOA grade: I 13.6%, II 40.2%, III 46.2%; localization: uni-compartmental 53.0% (78.6% medial, 15.7% lateral, 5.7% patellofemoral), bi-compartmental 40.2% and tri-compartmental 6.8%. Regarding management history, respectively 6.7% and 44.8% of patients had previously received physical therapy or rehabilitation, and a visco-supplementation (2.2 treatments on average). Comorbidities observed in 73.9% of patients were metabolic-related in 54.5%, cardiovascular-related in 46.3%, gastrointestinal-related in 20.9%, and neurological-related in 8%.

A clinically and statistically significant improvement in the QoL of patients was observed with an increase from 40.0 at baseline to 44.8 at 6 months ($p < 0.001$). A significant improvement was achieved during the 3 months following visco-supplementation (D0: 40.0 vs. D90: 44.8) and maintained from three to 6 months from baseline (D90: 44.8 vs. D180: 44.9).

The factors significantly associated with an improvement in QoL were: grade III KOA (OR=5.254, $p=0.032$), grade II KOA (OR=3.507, $p=0.100$), lateral femorotibial osteoarthritis (OR=3.175, $p=0.029$) and a single history of visco-supplementation (OR=2.936, $p=0.044$).

Conclusion: ART-QUALIVIE is a French study providing real-world data on the evolution of QoL of visco-supplemented KOA patients. It has demonstrated the positive impact of ARTHRUM H 2% on the QoL of patients over the 3 months following injections maintained until 6 months after treatment.

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AB0800

ESTABLISHMENT OF TECHNICAL PERFORMANCE CRITERIA AND REFERENCE INTERVALS FOR OSTEOARTHRITIS-RELATED SOLUBLE BIOMARKERS: THE APPROACH CONSORTIUM

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Background: Disease modifying therapy of osteoarthritis (OA) represents an unmet clinical need, and appropriate outcome measures are required that can robustly identify patients with different OA phenotypes who may benefit from specific and more targeted therapies. APPROACH is an exploratory, 5-centre, 2-year prospective follow-up European cohort study. It entails extensive clinical, imaging, biomechanical and biochemical parameters, in a cohort recruited using machine learning models based on retrospective patient data to display a high likelihood of radiographic joint space width loss, MRI changes and/or knee pain over the course of the study. Biochemical markers (biomarkers) can be used to understand