Conclusion: In our cohort the presence of positive ANCA was associated with renal vasculitis in one case. All patients with ANCA had vascular or interstitial pulmonary involvement, as well as other associated SADs. Further studies are needed to characterize the clinical associations of the presence of ANCA in SSc.

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Disclosure of Interests: Sylle Jeria: None declared, HyeSang Park: None declared, Andrea García-Guillén: None declared, DAVID LOBO: None declared, Ana Laiz Consultant for: Lilly, Novartis, AbbVivie, MSD, UCB and Janssen, Speakers bureau: Lilly, Novartis, Abbigvie, MSD, UCB and Janssen, Berta Magallares: None declared, Patricia Moya: None declared, Ana Milena Millán Arciniegas: None declared, Cesar Díaz-Torné: None declared, Ana Laiz Consultant for: Lilly, Novartis, AbbVivie, MSD, UCB and Janssen, Berta Magallares: None declared, Patricia Moya: None declared, Andrea García-Guillén: None declared, DAVID LOBO: None declared, Ana Milena Millán Arciniegas: None declared, Cesar Díaz-Torné: None declared, Ana Laiz Consultant for: Lilly, Novartis, AbbVivie, MSD, UCB and Janssen, Berta Magallares: None declared, Patricia Moya: None declared, Andrea García-Guillén: None declared.

AB1272 TREATMENT OF RHEUMATOID ARTHRITIS WITH EXTENSION OF THE ANTI-TNF INTERDOSE INTERVALS. A MONOCENTRIC OFF-LABEL STUDY.
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Background: Since the advent of anti-TNFs a revolution has been established in the treatment of Rheumatoid Arthritis (RA).

Objectives: To evaluate the ability to safely extend the interdose intervals of the anti-TNFs in RA patients.

Methods: Eighty-six patients with early RA fulfilling the ACR/EULAR classification criteria were included. Follow-up was performed at predefined times. All patients were on conventional synthetic disease-modifying antirheumatic drugs (csDMARDs) plus an anti-TNF. At each visit, the disease activity score using the 28-joint count (DAS-28) as well as all the drug-related laboratory parameters were recorded. Clinical remission was defined as DAS-28 <2.6 for ≥12 months. RA patients in clinical remission had the possibility to extend interdose intervals.

Results: A total number of 57 females and 29 males (mean age: 62.7 ±4.1 years; disease duration: 14.9s±2.9 months) were included. 76 patients were in clinical remission, while 10 were in low disease activity. From those in clinical remission, 40 patients received adalimumab (ADA), 23 etanercept (ETN) and 13 golimumab (GOL). Regarding the extension of the interdose intervals, 29 patients were on ADA every 21 days, 15 every 21 days, and 15 every 15 days. Finally, 6 patients were on GOL at a dose interval of 35 days, 4 every 40 days, 3 every 45 days. Young, female and seronegative patients treated early with an anti-TNF had more chances of extending the interdose interval.

Conclusion: We found that the extension of the interdose intervals of the anti-TNFs is a feasible option in early RA patients and it reflects not only significant clinical benefits for the patient but also economic benefits for the healthcare systems.

Disclosure of Interests: None declared


AB1273 ESTABLISHMENT OF A PROSPECTIVE COHORT FOR RHEUMATOID ARTHRITIS PATIENTS WITH INTERSTITIAL LUNG DISEASE: COMPARISON OF BASELINE CHARACTERISTICS BETWEEN RHEUMATOID ARTHRITIS PATIENT WITH OR WITHOUT INTERSTITIAL LUNG DISEASE.
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Background: Rheumatoid arthritis-associated interstitial lung disease (RA-ILD) has a clinical significance of high mortality rate in patients with RA. Hence, we established a multidisciplinary prospective single center cohort for RA-ILD patients with multidisciplinary collaboration called the HUMANISM. Patients with RA who have checked a chest computed tomography (CT) scan within previous 2 years were eligible for the enrollment, and they were classified according to the presence of ILD by expert radiologists. All RA patients were assessed with various outcomes of RA, and reviewed for treatment pattern of medications annually.

Objectives: To introduce a prospective, non-interventional cohort of RA-ILD patients, HUMANISM cohort and to compare baseline characteristics and treatment patterns between RA patients according to the presence of ILD using the enrollment data of this prospective cohort.

Methods: We compared the baseline characteristics between RA patients with and without ILD using the Chi-square test and Student’s t-test. For RA-ILD patients, we described the ILD patterns that could be identified in high-resolution CT (HRCT) to determine their dominant radiological characteristics.

Results: A total of 74 RA-ILD patients and 239 RA patients without ILD were consecutively enrolled between May 2017 and October 2018. At the baseline, RA-ILD patients showed higher proportion of male patients and older age compared to RA patients without ILD. They also showed higher RF positivity than those without ILD. RA-ILD patients also show higher disease activity measured with DAS28. In the treatment, oral glucocorticoids (OC) are used in higher rate and higher doses in RA-ILD patients than those without ILD. Methotrexate (MTX) use rate was higher in RA without ILD patients compared to RA-ILD patients, but there was no difference in the prevalence of biological DMARDs. In HRCT findings of RA-ILD patients, usual interstitial pneumonitis (UIP) and non-specific interstitial pneumonitis (NSIP) dominant patterns were common, followed by organizing pneumonia (OP), and overlapping patterns combined with NSIP or OP.

Conclusion: We found that RA-ILD patients showed higher disease activity, male predominance and older age than those without ILD. Treatment patterns were different in the use of MTX or OCs. In our HUMANISM cohort, common HRCT findings of RA-ILD patients were UIP and NSIP.