Skin	Sclerodactyly mRSS 11/51 Telangiectasia	Sclerodactyly Telangiectasia Leukocytoclastic Vasculitis	Sclerodactyly mRSS 2/51 Acroosteolysis Digital ulcers Telangiectasia ESR y CPR	Digital ulcers Telangiectasia
Acute-phase reactant				ESR
Capillaroscopy	ACTIVE	NONSPECIFIC (irregular enlargement Ramified dilated)	LATE	LATE (moderate avascular, disorganisation)
Treatment	MMF/ Macitentan	MMF CYC/ MMF CYC	NO/ CS AZA	HCQ/CS
sPAP systolic pulmonary artery pressure/mmHg	TAPSE	tricuspid annular plane systolic excursion	PCP pulmonary capillary pressure	TPG transpulmonary pressure gradient
TDG transpulmonary dyastolic pressure	NSIP	Nonspecific interstitial pneumonia	LIP	Lymphocytic interstitial pneumonia
UIP usual interstitial pneumonia	TRV	Tricuspid regurgitation peak velocity	AZA	Azathioprine

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

REFERENCES

- [1] J Rheumatol 21:864–870
- [2] Rheumatol Int (2006) 26: 369–375

Disclosure of Interests: Sycille Jeria: None declared, HyeSang Park: None declared, Andrea García-Guillén: None declared, DAVID LOBO: None declared, Ana Laiz Consultant for: Lilly, Novartis, AbbVie, MSD, UCB and Janssen, Speakers bureau: Lilly, Novartis, AbbVie, MSD, UCB and Janssen, Berta Magallares: None declared, Patricia Moya: None declared, Ana Milena Millán Arciniegas: None declared, Cesar Díaz-Tomé: None declared, Susana P. Fernandez-Sanchez: None declared, Hector Corominas: None declared, Ivan Castellví Consultant for: I received fees less than 5000USD as a consultant for Kern and Actelion, Paid instructor for: I received fees less than 2000USD as an instructor for Boehringer - Ingelheim, Novartis and Gebro, Speakers bureau: ND

DOI: 10.1136/annrheumdis-2019-eular.5453

AB1272 TREATMENT OF RHEUMATOID ARTHRITIS WITH EXTENSION OF THE ANTI-TNF INTERDOSE INTERVALS. A MONOCENTRIC OFF-LABEL STUDY.

Evrpidis Kaltsonoudis¹, Eleftherios Pelechas¹, Paraskevi V. Voulgaris¹, Alexandros Drosos¹. ¹University of Ioannina, School of Medicine, Greece, Rheumatology Clinic, Ioannina, Greece

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 and followed-up at predefined times. All patients were on conventional synthetic disease-modifying antirheumatic drugs (csDMARDs) plus an anti-TNF. At every 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: 14.9±2.4 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, 11 every 30 days. Regarding the extension of the interdose intervals in patients receiving ETN: 15 patients were on ETN every 10 days, 8 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

DOI: 10.1136/annrheumdis-2019-eular.4861

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

Juyeon Kang¹, Hyoungyoung Kim¹, Ga Young Ahn¹, Seung-Ah Jeong¹, Hye Won Kim¹, Chan-Bum Choi¹, Tae-Hwan Kim¹, Jae-Bum Jun¹, Sang-Cheol Bae¹, Daehyun Yoo¹, Dong Won Park², Jang Won Sohn², Ho Joo Yoon², Su Jin Hong³, Yo Won Choi⁴, Youkyung Lee³, Sang-Heon Kim², Soo-Kyung Cho², Yoon-Kyoung Sung¹. ¹Hanyang University Hospital for Rheumatic Diseases, Rheumatology, Seoul, Korea, Rep. of (South Korea); ²Hanyang University College of Medicine, Internal Medicine, Seoul, Korea, Rep. of (South Korea); ³Hanyang University College of Medicine, Hanyang University Guri Hospital, Radiology, Guri, Korea, Rep. of (South Korea); ⁴Hanyang University College of Medicine, Radiology, Seoul, Korea, Rep. of (South Korea)

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.

Figure 1. Patient selection flow of HUMANISM cohort

Figure 1

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 have 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 pneumonia (UIP) and non-specific interstitial pneumonia (NSIP) dominant patterns were common, followed by organizing pneumonia (OP), and overlapping patterns combined with NSIP or UIP.

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.