rheumatic and musculoskeletal diseases (RMDs). HPRs’ competencies have never been systematically evaluated, nor international recommendations provided. A EULAR Task Force (TF) was formed for this purpose.

**Objectives:** To perform a systematic literature review (SLR) on the core competences of HPRs with a focus on nurses, physiotherapists (PT) and occupational therapists (OT) to inform the “EULAR recommendations for the generic core competences of Health Professionals in Rheumatology”

**Methods:** Thirteen main themes identified by the TF and translated into research questions, formed the basis of the SLR. Existing literature was systematically evaluated using the following databases (PubMed/Medline, Embase, Cochrane library, CENTRAL, Emcare, PsyCINFO, Academic Search Premier, Web of Science, Google Scholar, ERIC and National Science Digital Library) from 1/1/1990 to 20/02/2018. Relevant search terms for competences, RMDs and HPRs were used. In addition, EULAR HPR national presidents were invited to share any documents describing HPRs’ competences. Inclusion criteria were: studies on competences or roles, knowledge, attitudes, skills or educational needs relevant for the management of people with RMDs, of HPRs in general or specifically of nurses, PTs or OTs, at post-graduate level. Exclusion criteria were: HPRs’ competences for children’s care or for concuring co-morbidities; extended roles of HPRs; a very specific clinical intervention or an intervention clearly attributable to documents describing HPRs.

The TF agreed a list of 39 key references. Relevant questions were formed, using new search terms, to identify any relevant studies missed by the initial search. Using the reference lists, 20 additional documents were identified and retrieved. A total of 591 unique references were screened. Of these, 79 studies were included for full text evaluation. A total of 25 studies were excluded for the reasons below: no competences identified or defined; research performed in a population different from the target population; not related to HPRs competences; abstract only, not a full paper; did not address RMDs; data not directly applicable to RMDs; not a research paper; had no scientific content. The full text of 197 articles were evaluated and 96 were kept for thematic analysis. Thirteen main themes identified by the TF and translated into research questions, formed the basis of the SLR. Existing literature was systematically evaluated using the following databases (PubMed/Medline, Embase, Cochrane library, CENTRAL, Emcare, PsyCINFO, Academic Search Premier, Web of Science, Google Scholar, ERIC and National Science Digital Library) from 1/1/1990 to 20/02/2018. Relevant search terms for competences, RMDs and HPRs were used. In addition, EULAR HPR national presidents were invited to share any documents describing HPRs’ competences. Inclusion criteria were: studies on competences or roles, knowledge, attitudes, skills or educational needs relevant for the management of people with RMDs, of HPRs in general or specifically of nurses, PTs or OTs, at post-graduate level. Exclusion criteria were: HPRs’ competences for children’s care or for concuring co-morbidities; extended roles of HPRs; a very specific clinical intervention or an intervention clearly attributable to documents describing HPRs.

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**Conclusion:** High-quality literature is available on the competences of HPRs for the management of people with RMDs. This literature supports the formulation of evidence-based recommendations for the core competences for HPRs by a EULAR Task Force.

**Disclosure of Interests:** None declared

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**SLE, SJÖGREN’S and APS – etiology, pathogenesis and animal models**

**OP0275**

**THE PI3Kδ INHIBITOR INCBO50465 AMELIORATES SALIVARY GLAND PATHOLOGY AND REDUCES AUTOANTIBODY FORMATION IN A MURINE MODEL OF SJÖGREN’S SYNDROME**

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**Background:** Sjögren’s syndrome (SS) is a chronic autoimmune exocrinopathy affecting the glands that produce tears, saliva and vaginal and bronchial secretions. SS represents a complex interaction between the adaptive immune system and specific tissue regions of exocrine glands. Germinal ectopic lymphoid structures that are rich in autoimmune B-cells are thought to play an important role in local chronic B-cell activation and clonal expansion, autoantbody production, and Ig class switching in SS. Genetic deletion or pharmacological inhibition of PI3Kδ leads to defective B-cell activation, reduced proliferation and functional suppression. INCBO50465, an oral small molecule selective PI3Kδ inhibitor, is currently being evaluated in clinical trials for the treatment of B-cell driven autoimmune diseases. SS and autoimmune hemolytic anemia NCT03627065 & NCT03538041

**Objectives:** To evaluate INCBO50465 efficacy as a monotherapy in a spontaneous murine model of Sjögren’s syndrome.

**Methods:** The NOD.sHiJU mice develop progressive autoimmunity primarily targeting salivary glands that share many disease characteristics with SS. Histological assessment of salivary glands constituted a primary efficacy endpoint. Additional readouts included autoantibody and cytokine quantification in serum and saliva. INCBO50465 efficacy was also assessed in a mechanistic dinitrophenol-keyhole limpet hemocyanin (DNP-KLH) mouse model of B-cell activation and de novo anti-specific immunoglobulin production. Serum tissue was collected to quantify DNP-specific immunoglobulin levels. Spleen tissue was investigated for B-cell subsets using flow cytometry.

**Results:** INCBO50465 treatment (0.1-1 mg/kg, b.i.d.) dose-dependently ameliorated the severity of salivary gland inflammation (p<0.0001) and reduced circulating levels of anti-SS-related antigen A (anti-SSA/Ro) and anti-SS-related antigen B (anti-SSB/La) (p<0.0001). Reduced lymphocytic infiltration of salivary glands in INCBO50465-treated groups coincided with lowered B-cell activating cytokine (BAFF) levels in saliva (p<0.05). In the DNP-KLH model, INCBO50465 treatment dose-dependently reduced the proportion of germinal center B-cells (CD19+PNA+CD95++ cell subset) (p<0.0001) and decreased DNP-specific IgM and IgG antibody titers (p<0.0001).

**Conclusion:** INCBO50465 administration ameliorated germinal center formation, inhibited salivary gland inflammation and reduced autoantibody titers as a single agent in a dose-dependent manner. Together, the data suggest that INCBO50465, a selective PI3Kδ inhibitor, may have potential as a therapeutic agent for the treatment of Sjögren’s syndrome.

**REFERENCE:**


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