converting enzyme (ACE), liver enzyme test, chest radiography, chest computed tomography scan, treatment and biopsy if performed.

TABLE. Demographic and clinical features of the 50 patients with ocular sarcoidosis.

	Patients (n=50)
Age, mean (SD) years	45.5 (16.7)
Sex, men/women, n/n	23/27
Affected organs, n (%)	
Lung	30 (60)
Skin	14 (28)
Liver	4 (8)
Kidney	3 (6)
Musculoskeletal system	3 (6)
Central nervous system	3 (6)
Hearth	2 (4)
Ocular signs, n (%)	
Bilaterality	22 (44)
Snowballs/strings of pearls	19 (38)
Mutton-fat KPs	12 (24)
Multiple chorioretinal peripheral lesions	7 (14)
Periphelebitis	5 (10)
Anterior synechiae	1 (2)
Optic disc granulomas	1 (2)
IWOS criteria, n (%)	
Definite	22 (44)
Presumed	13 (26)
Possible	4 (8)
Treatment, %	
Prednisone (oral)	44 (88)
Methylprednisolone (bolus)	5 (10)
Conventional IS	
.....MTX	21 (42)
.....AZA	9 (18)
.....CsA	2 (4)
.....MMF	2 (4)
Biologic therapy	
.....IFX	5 (10)
.....ADA	4 (8)
.....GLM	2 (4)

Abbreviations: ADA, adalimumab; AZA, azathioprine; CsA, cyclosporine A; GLM, golimumab; IFX, infliximab; IS, immunosuppressor; KPs, keratic precipitates; MMF, mycophenolate mofetil; MTX, methotrexate; SD: standard deviation.

Results: We selected patients with ocular inflammation from a cohort of 381 patients with sarcoidosis (n=50, 13%). Most of the cases were women (54%) and median age was 45.5±16.7 years. In these 50 cases, the most affected organ was lung (60%), followed by skin (28%). Forty patients had uveitis, 32 of them with ocular symptoms. Thirty-nine out of 50 patients (78%) met one of the 4 IWOS diagnostic categories: 22 with definite (44%), 13 presumed (26%) and 4 with possible (8%) sarcoidosis. Eleven patients did not meet IWOS criteria. The most common ocular signs were bilaterality (44%), snowballs or strings of pearls (38%), mutton-fat KPs (24%), multiple chorioretinal peripheral lesions (14%) and periphelebitis (10%). The median value of ACE was 69 U/l. Forty-four patients (88%) received oral corticosteroids, 21 (42%) received methotrexate, 11 (21%) received another conventional immunosuppressor and 11 (21%) a biological treatment. TABLE shows demographic and clinical features.

Conclusion: In our population the IWOS Criteria had a sensitivity of 78%. Even though there is no gold standard for diagnosing ocular sarcoidosis yet, IWOS signs can help clinicians suspect it.

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THU0567

POLYMYALGIA RHEUMATICA-LIKE SYNDROME FROM CHECKPOINT INHIBITOR THERAPY: CASE SERIES AND SYSTEMATIC REVIEW OF THE LITERATURE

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Background: Checkpoint inhibitor therapy has caused a paradigm shift in the field of oncology, producing significant survival benefits in patients with an ever-growing list of malignancies, but their use is attended by a spectrum of immune related adverse events (irAEs). Many rheumatic irAEs have been described. A critical and presently unanswered question is what proportion of these rheumatic irAEs represent new appearances of classic rheumatic diseases or, alternatively, represent new clinical variants with potentially different pathogenesis, clinical course and treatment responsiveness. Little is known about the PMR-like entity that has been described in the setting of ICI therapy.

Objectives: To assess whether the polymyalgia rheumatica (PMR)-like syndrome reported as an irAE from checkpoint inhibitor therapy is consistent with the 2012 EULAR/ACR provisional criteria for PMR¹.

Methods: The cases were derived from two sources. Group 1 represents reported cases from three contributing centers. Group 2 was derived from a systematic review of the literature searching for all cases reported as PMR or PMR-like illness associated with checkpoint inhibitor therapy. Cases were assessed for the quality of reporting and then analyzed to determine whether they fulfilled the 2012 EULAR/ACR provisional criteria for PMR.

Results: A total of 49 patients were included for analysis, including 9 cases from Cleveland Clinic (Table 1), 4 cases from Johns Hopkins University, and 7 cases from University Hospital of Bordeaux, in addition to the 29 separate cases found by systematic review. Among the entire group, 37 (75%) were designated "complete" indicating that they had sufficient data to reliably apply the 2012 EULAR/ACR criteria of which 28 (75%) cases fulfilled complete criteria for PMR. A number of cases also demonstrated some clinical features unusual for idiopathic PMR.

Conclusion: This study suggests a high proportion of reported cases of checkpoint inhibitor-related PMR fulfill preliminary criteria for PMR yet in one quarter clinical details were incomplete making verification problematic. Furthermore, in the absence of a gold standard for the diagnosis of PMR, the relationship of checkpoint inhibitor-related PMR to the idiopathic form remains unclear.

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THU0568

CLINICAL CHARACTERISTICS OF SEVEN RELAPSING POLYCHONDROITIS CASES MISDIAGNOSED AS ARTHRITIS

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Background: Relapsing polychondritis (RPC) is a rare autoimmune disease. It mainly affects the tissue abundant of cartilage, such as ear, nose, and tracheoles. The multiple systems including eye, joint, mucocutaneous, and kidney could be involved¹. As the presentation of arthritis was nonspecific and could appear in several connective tissue diseases,