Table 2.

	Patients diagnosed with sarcoidosis (N=381)
LABORATORY TESTS	
CRP (mg/dl), median [ICR]	0.2 [0.0-1.2]
ESR (mm/1h), median [ICR]	22.0 [10.0-38.0]
ACE, mean±SD	78.7 ± 46.2
Calcium, mean±SD	9.4 ± 0.9
Thrombocytosis, n (%)	9 (2.4)
Lymphopenia, n (%)	43 (11.3)
Hypercalciuria, n (%)	29 (7.6)
CD4/CD8 > 3.5, n (%)	122 (32.0)
IMAGING TESTS	
Patients with abnormal radiological patterns:	319 (83.7)
- Stage I, n/N (%)	156 (41.4)
- Stage II, n/N (%)	122 (32)
- Stage III, n/N (%)	29 (7.6)
- Stage IV, n/N (%)	14 (3.8)
Confirmed lymphadenopathy in CT, n (%)	300 (78.7)
Pathological scintigraphy, n (%)	114 (29.9)
Pathological PET, n (%)	40 (10.5)
Non-caseating granulomas in biopsy, n (%)	290 (75.7)
- Mediastinum, n (%)	166 (43.3)
- Lung, n (%)	67 (17.5)
- Liver, n (%)	9 (2.4)
- Skin, n (%)	45 (11.7)
- Lymphadenopathy, n (%)	3 (0.8)
TREATMENT	
Not treated, n (%)	122 (32.0)
Glucocorticoid treatment	
- Topical treatment, n (%)	39 (10.2)
- Prednisone, n (%) / mean dose (mg/day), mean±SD	206 (54.1) / 43.4±19.1
- Bolus MTP, n (%)	15 (3.9)
Conventional immunosuppressants	
- Methotrexate, n (%) / mean dosage (mg/week), mean±SD	53 (13.9) / 15.4±5.5
- Azathioprine, n (%) / mean dosage (mg/day), mean±SD	17 (4.5) / 91.6±32.2
- Cyclophosphamide, n (%)	2 (0.5)
- Mycophenolate mofetil, n (%)	2 (0.5)
Biological agents	
- Infliximab, n (%)	14 (3.7)
- Adalimumab, n (%)	19 (5.0)
- Etanercept, n (%)	1 (0.3)
- Golimumab, n (%)	2 (0.5)
- Tocilizumab, n (%)	3 (0.8)
- Rituximab, n (%)	3 (0.8)
- Secukinumab, n (%)	1 (0.3)

Conclusion: Results obtained were similar to other national and international series, with the exception of non-predominance of female sex and the highest percentage of ocular involvement in our study. Currently, biological treatment (especially anti-TNF-alpha) is used more frequently.

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FRI0605 EFFECTIVENESS AND SAFETY OF OFF-LABEL USE OF TOCILIZUMAB IN AUTOIMMUNE DISEASES : A MULTICENTER STUDY IN INTERNAL MEDICINE DEPARTMENTS

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Background: Tocilizumab (TCZ) is a recombinant humanized anti-interleukin-6 receptor monoclonal antibody. There is increasing evidence of TCZ efficacy in refractory auto-immune diseases.

Objectives: To describe off-label use, efficacy and tolerance of TCZ use in Internal Medicine Departments.

Methods: This is a retrospective, descriptive and multicenter study from 9 departments of Internal Medicine. Data were reported using a standardized case report file in January 2019.

Results: Fifty one patients were included (19 men, 32 women). Mean age was 55.6 ± 17 years (range 23 - 80). TCZ was used in:

- 12 connective tissue diseases (23.5%): relapsing polychondritis (n=6), systemic sclerosis (n=3), anti-synthetase syndrome (n=1), and unclassified connective tissue disease (n=3).
 - 10 vasculitis (19%): Takayasu arteritis (n=7), Cogan disease (n=1), pan-arteritis nodosa (n=1), unclassified vasculitis (n=1).
 - 10 ophthalmologic conditions (19%): non infectious posterior uveitis (n=8), sympathetic ophthalmia (n=1), Basedow orbitopathy (n=1).
 - 8 adult-onset Still's diseases (16%).
 - 5 cases of polymyalgia rheumatica (10%).
 - 3 miscellaneous diseases (6%): idiopathic AA amyloidosis, multicentric non HHV8 Castlemann disease, Erdheim Chester disease (1 case each).
- Mean disease duration was 7.5 ± 6.4 years. In 44 cases (86%) TCZ was administered for refractory disease to corticosteroids and immunosuppressive drugs. Previous therapies included corticosteroids (83%), methotrexate (66%), TNF inhibitor drug (44%), azathioprine (20.8%), mycophenolate (12%), cyclophosphamide (8%), rituximab (10%), hydroxychloroquine (6%), anakinra in 2 patients and interferon, dapsone, etoposide, leflunomide, abatacept, salazopyrin or intra-venous immunoglobulin in 1 patient each.

TCZ was initiated as first-line therapy (15.5%), second-line therapy (17.5%), third-line therapy (31%), fourth-line therapy (19%), fifth-line therapy (14%), sixth-line therapy (12%) or as seventh line therapy in one case. TCZ was associated with methotrexate in 3 cases (6%). Treatment route was intravenous (96%).

At the end of the follow up, 41 patients (80%) were still using TCZ, with a mean follow up period of 22 ± 23 months (range 1-90). In these patients, daily corticosteroid use significantly decrease from 16.5 ± 18 mg to 5.7 ± 13.7 mg (p<0.005, using paired T test). Considering the 28 patients using TCZ since more than 6 months, short term efficacy was 93% (2 cases of loss of efficacy).

TCZ was interrupted in 10 patients (19%), because of treatment failure (n=2), loss of efficacy (n=2) or side effect (=6). Side effects were infection (2 pneumonias, zona, sinus infection), pruritus (n=1), urticaria (n=1), dyslipidemia (n=1), high blood pressure (n=2), infusion-related reaction (n=1), bullous dermatitis (n=1), acute renal failure (n=1), angioedema (n=1), mouth ulcers (n=1).

Conclusion: TCZ is used in various autoimmune diseases. TCZ allowed a significant corticosteroids reduction and short term efficacy was 93% in patients using TCZ for more than 6 months. Nevertheless TCZ was interrupted in 19% of the patients. TCZ use will probably be more common in the future to treat refractory autoimmune diseases.

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FRI0606 AUTOIMMUNE MANIFESTATIONS IN A COHORT OF PATIENTS WITH TYPE 1 DIABETES MELLITUS

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Background: Type 1 diabetes mellitus (T1D) is an organ-specific autoimmune disease characterized by the presence of circulating, islet-specific, pancreatic auto-antibodies against glutamic acid decarboxylase (GAD65) and the destruction of insulin-producing pancreatic beta cells. An increased risk of developing other serological manifestations and autoimmune diseases has been described, mainly of the thyroid (20% with antithyroid antibodies) and celiac disease (5%). In addition, it has also been described in association with Addison's disease, autoimmune polyglandular syndrome, psoriasis and other systemic autoimmune comorbidities diseases such as rheumatoid arthritis (RA), systemic juvenile idiopathic arthritis and Sjogren's syndrome. It also has been suggested that T1D might have a genetic factor, pathogenic pathways with pleiotropic effects, and cytokines such as interferon type I, among others.

Objectives: 1) Study the prevalence of autoimmune comorbidities in patients with T1D. 2) Describe the clinical-immunologic profiles of these patients.

Methods: A descriptive, retrospective study of a cohort of patients diagnosed with T1D, according to ADA (American Diabetes Association), follow-up by Endocrinology and Rheumatology Units of a 3rd level hospital from June 1975 to July 2018. Clinical and analytical-immunologic

variables were collected. Statistical analysis was performed with SPSS.25.

Results: We included 116 patients from which 55% were women, with a mean age at diagnosis of T1D 18.7 ($\pm$ 12.3 SD) years. Average age at autoimmune disease diagnosis was 38.8 ($\pm$ 12.2 SD) years. Average time of evolution between onset of T1D and autoimmune comorbidity was 10.1 ($\pm$ 10.6 SD) years, except one patient with autoimmune thyroiditis 10 years before T1D. Autoimmune manifestations were showed by 19/116 patients (16.4%), with the following diagnoses: autoimmune hypothyroidism: 10 patients (8.6%); autoimmune polyglandular syndrome: 3 patients (2.6%), RA in 2 patients (1.8%). As well, 1 patient with celiac disease, 1 with cutaneous lupus erythematosus (CLE), 1 with psoriasis and another one with IgG4-related orbital inflammatory disease, (0.9% respectively). Three patients developed articular manifestations (2 rheumatoid polyarthritis and 1 with limited joint mobility or cheiroarthropathy). 4/19 patients (21%) showed cutaneous lesions (2 with vitiligo, 1 CLE and 1 with psoriasis.. Hematological alterations type pernicious anemia in one patient. No visceral involvement was found. Antibodies were detected to be organ-specific: 7/17 antibodies to thyroid peroxidase (TPO) (+) and 3/17 antibodies to thyroglobulin (+) and one with anti-gliadin IgA (+). ANA (+) was detected in four patients (two fine granular pattern, one nucleolar and one homogeneous) with negative specificities and 1 patient RF (+). No Anti-CCP antibodies were detected.

Conclusion: 1) 16% of patients with T1D presented autoimmune comorbidity at 10 years after the onset of endocrinopathy. 2) Autoimmune hypothyroidism was the most prevalent autoimmune manifestation (8.6%), followed by autoimmune polyglandular syndrome and RA, similar to other studies. 3) We highlight the unusual finding of IgG4-related orbital inflammation as comorbidity of T1D. 4) The cutaneous lesions (21%) were the most common clinical manifestation in patients with T1D and autoimmunity. We emphasize the absence of visceral involvement.

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FRI0607

IDENTIFICATION OF UNMET NEEDS RELATED TO RARE AND COMPLEX CONNECTIVE TISSUE AND MUSCULOSKELETAL DISEASES (RCTDS) ACROSS EU: THE EXPERIENCE OF THE ERN RECONNET

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Background: The European Reference Network on Rare and Complex Connective Tissue and Musculoskeletal Diseases (ERN ReCONNET) is a virtual Network that aims to improve and standardize the quality of care offered to rCTDs patients in Europe, empower patients, share knowledge and expertise, enhance research, support efficient use of resources. ERN ReCONNET covers 10 rCTDs: APS, UCTD, Idiopathic Inflammatory myopathies, IgG4, MCTD, Systemic sclerosis, Relapsing Polychondritis, SLE, Sjogren and EDS.

Objectives: Identification of unmet needs in diagnosis, monitoring and management of rCTDs after literature review of existing clinical practice guidelines (CPGs).

Methods: After the review of existing CPGs, the most relevant unmet needs, both for clinicians and patients, were identified by discussion among the members of the network.

Results: A considerable number of unmet needs were identified. In particular, the lack of shared classification criteria, of evidence-based CPGs, validated tools for the assessment of treatment response and disease activity/damage are the major unmet needs especially for the rarest rCTDs. Transversal topics for all rCTDs that need to be addressed are the scarcity of EU/international randomised controlled trials, the identification of patient-reported outcomes and non-adherence to treatment, quality of life indicators, the need to develop composite disease activity scores for all rCTDs and specific (inter)national web-based registries. Patients highlighted the need of a more holistic approach to rCTDs, demanding more attention to pain, fatigue and psychological aspects related to the diseases and the promotion of an early diagnosis.

Conclusion: The identification of rCTDs unmet needs provided a very useful picture on future actions to be undertaken in order to provide a better care to patients. Many activities are ongoing towards these goals in ERN ReCONNET. These will be possible as a result of a EU collaboration among rCTDs stakeholders, the main added value of ERN ReCONNET.

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