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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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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