RA and DAS28-CRP ($p = 0.0104$), Fig. 2. No significant correlation was seen between sPD-L1, birth weight and preterm delivery. For sPD-L1 we focused on 3rd trimester and postpartum, however, there was no difference between healthy controls and RA patients and no correlation with disease activity or pregnancy outcome.

Conclusion: In healthy pregnancy, we observed an increase of sPD-L1, which decreases after delivery. This supports the hypothesis, that PD-1 pathway may be involved in shaping the physiological fetal-maternal tolerance. In RA higher sPD-L1 values are measured already in non-pregnant patients compared to healthy controls and there is no physiological decrease postpartum. Intriguing, sPD-L1 correlates positively with RA disease activity, reflecting a possible functional antagonism towards the inhibitory function of membrane bound PD-L1 molecules. However, the detailed function of sPD-L1 need to be further delineated. Nevertheless, sPD-L1 may have the potential to serve as prognostic marker for flares in RA pregnancy. Regarding the rather rarely observed adverse pregnancy outcome, larger cohorts need to be investigated.

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Fig.1 sPD-L1 in pregnant healthy donors and RA patients compared with controls (non-pregnant healthy donors and RA patients). Control = non pregnant; 1.TT = 1st trimester; 2.TT = 2nd trimester; 3.TT = 3rd trimester; pp = postpartum. * $p \leq 0.05$; ** $p \leq 0.01$

Fig. 2. sPD-L1 correlates positively with DAS28-CRP in RA pregnancy and postpartum.

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AB0106

THE SERUM N-ACETYLGUCOSAMINE CONCENTRATIONS IN RHEUMATOID ARTHRITIS PATIENTS ARE ASSOCIATED WITH JOINT DESTRUCTION AND RELATED METABOLISM MORE THAN INFLAMMATORY CONDITION

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Background: In rheumatoid arthritis (RA) patients, synovitis causes severe articular cartilage damage. N-acetylglucosamine (Nac-Glc) is a component of glucosaminoglycans (GAG) such as hyaluronic acid (HA) and keratan sulfate (KS), heparan sulfate (HS). Nac-Glc concentration in plasma is thought to reflect the balance between biosynthesis and destruction of articular cartilage, however, few studies had examined the relationship between plasma Nac-Glc concentration and RA activity.

Objectives: Nac-Glc concentrations in RA patients were measured, and association with clinical indicators was assessed.

Methods: A cross-sectional study was carried out including 60 RA cases. Using N-acetylglucosamine-d3 as standard, the serum of subjects were deproteinized by protein precipitation method with acetonitrile, then concentration of Nac-Glc was measured with high-speed liquid chromatography mass spectrometer (LC-MS / MS). Clinical evaluation items: basic metabolism, presence or absence of exercise habit, Larsen score of knee and wrist joint, therapeutic agents (csDMARDs, biologics and PSL), DAS28, CRP, MMP-3, modified HAQ score (mHAQ). Statistically analyzed by Spearman non parametric test.

Results: The age of 60 RA cases was 59.7±16.4 years, and the duration of the disease was 10.4±8.7 years. Biologics were used in 29 cases (TNF inhibitors in 16 cases, IL-6 inhibitors in 4 cases, Abatacept in 9 cases), MTX in 32 cases, and prednisolone in 15 cases.

Plasma Nac-Glc concentration was 113±41 (ng/dl), DAS28CRP was 3.04±1.2, and mHAQ was 0.863±0.891. Plasma Nac-Glc concentration showed positive correlation with age (correlation coefficient 0.644), knee joint destruction (0.425), HAQ score (0.340), BUN (0.412), and RF (0.287). Plasma Nac-Glc concentrations also negatively correlated with eGFR (-0.597), MTX use (-0.389), basal metabolism (-0.313), and sex difference (-0.272). There was no correlation between plasma Nac-Glc concentration and body weight, BMI, DAS28, CRP, MMP-3, NTX, serum creatinine, hand joint disease, and transaminase. In this study, plasma Nac-Glc concentration had increased with age, and had have a negative correlation with basal metabolism. Considering these results, it is unlikely that Nac-Glc is released into plasma as a metabolite of synthesis promotion. Further, since Nac-Glc had a negative correlation (-0.389) with MTX as a folic acid inhibitor, it was supposed to be affected by protein synthesis reduction. Because no correlation between Nac-Glc and inflammation or bone metabolism markers was observed, Nac-Glc may represent removal of GAG from the cell membrane (shedding).

In previous GAGs studies, in RA patients, HA, KS, CRP, DAS28, was very associated with arthritis, such as MMP-3. The concentration of Nac-Glc in plasma was more relevant to dysfunctions such as destruction and HAQ due to arthritis such as HAQ than inflammatory indicators such as DAS28, MMP-3 and CRP. It is appearing in the plasma by destruction by shedding, as an index to see the joint destruction, it was presumed to be a better indicator than the GAGs. It was also thought that there is a possibility that MTX affects cartilage substrate metabolism.

Conclusion: Serum Nac-Glc concentration in rheumatoid arthritis patients may represent cartilage metabolism and joint destruction.

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AB0107

INVESTIGATION OF THE EFFECTS OF KYNURENIC ACID ANALOGS IN RHEUMATOID ARTHRITIS

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Background: The investigation of anti-inflammatory and immunosuppressive functions of kynurenic acid (KYNA) is now in focus. Previously, we demonstrated the opposite effects of KYNA and different KYNA analogs on tumor necrosis factor- α (TNF- α) production and tumor necrosis factor-stimulated gene-6 (TSG-6) expression in U-937 monocytic cells. The potential effect of KYNA analogs on further immune mediators including alarmins (S100A12=EN-RAGE and S100A8/9=calprotectin), and on human neutrophil peptide 1-3(α -defensin) production has not been investigated.

Objectives: Therefore, in the present study, we compared the effects of newly synthesized KYNA analog on the TNF- α , alarmins and α -defensin production, correlation with the effects on the TSG-6 expression in rheumatoid arthritis (RA).

Methods: 93 RA patients were involved and divided subgroups based on DAS28 activity score. Peripheral blood mononuclear cells (PBMC) was isolated from RA patients and healthy controls. As cytokine inducers heat inactivated *Staphylococcus aureus* (SA1) were used. In parallel in vitro experiments, the SA1 induced PBMCs were pretreated with a newly synthesized KYNA analog (compound SZR-72 was synthesized by direct amidation of KYNA). The concentrations of the above mentioned inflammatory mediators in the supernatants were quantified by using ELISA kits and the TSG-6 expression was also determined by RT-qPCR method.

Results: The SA1 induced TNF- α , EN-RAGE, calprotectin and α -defensin production was significantly higher in RA patients' group than in healthy controls. KYNA analog attenuated the SA1 induced TNF- α , EN-RAGE, calprotectin and α -defensin production, and increased TSG-6 production and TSG-6 mRNA expression in PBMC cells from RA patients. The SA1 induced TNF- α and TSG-6 production correlated with the DAS28 activity score. The TNF- α inhibitory effect of the KYNA analog correlated inversely with the TSG-6 stimulatory effect in all subgroups of RA patients based on DAS28 activity score.

Conclusion: TSG-6 expression could participate in the suppression of inflammatory cytokines, such as TNF- α , EN-RAGE, calprotectin and α -defensin. We suppose that the elevation of the TSG-6 expression by KYNA and especially by new KYNA analogs might be one of the mechanisms that are responsible for their suppressive effect on TNF- α production as a feedback mechanism in RA. KYNA and KYNA analogs have an important role in influencing TSG-6 expression, and there is a possible benefit with potential therapeutic consequence of targeting TSG-6 expression by kynurenines in inflammatory conditions in RA.

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AB0108

IRAK4 INHIBITION SUPPRESSES PROINFLAMMATORY CYTOKINE PRODUCTION FROM HUMAN MACROPHAGES STIMULATED WITH SYNOVIAL FLUID FROM RHEUMATOID ARTHRITIS PATIENTS

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Background: Rheumatoid arthritis (RA) is characterized by chronic, uncontrolled joint inflammation and tissue destruction. Macrophages are thought to be key mediators in both the initiation and perpetuation of this pathology.^{1,2} The RA synovium contains a complex inflammatory milieu that can stimulate macrophage-dependent production of proinflammatory cytokines through multiple signaling pathways.^{1,2} Existing evidence indicates that toll-like receptors (TLRs) and interleukin-1 receptors (IL-1R) along with their agonists, damage-associated molecular patterns (DAMPs) and IL-1 β , are highly expressed in RA joints and are important mediators of synovial macrophage activation and proinflammatory cytokine production.¹⁻⁹ IRAK4 (interleukin-1 receptor-associated kinase 4) is a serine/threonine kinase that facilitates TLR and IL-1R signaling in many cell types, including macrophages.¹⁰ IRAK4 inhibition represents an opportunity to reduce proinflammatory cytokine production in the joints of patients with RA.

Objectives: To investigate the effect of a highly selective IRAK4 inhibitor on proinflammatory cytokine production from human macrophages stimulated with synovial fluid from patients with RA.

Methods: Primary human monocytes from 2 independent donors were differentiated for 6 days with granulocyte-macrophage colony-stimulating factor (GM-CSF) to generate human monocyte-derived macrophages (hMDMs).

hMDMs were then pretreated with an IRAK4 inhibitor for 1 hour and subsequently stimulated for 24 hours with RA synovial fluid from 5 patients. Culture supernatants were then assessed for secretion of proinflammatory cytokines by MesoScale Discovery.

Results: RA synovial fluid stimulation of hMDMs resulted in the production of several proinflammatory cytokines, including IL-6, IL-8, and TNF α . Pretreatment of hMDMs with an IRAK4 inhibitor resulted in the dose-dependent inhibition of IL-6, IL-8, and TNF α production, with an average EC₅₀ $\pm$ SD of 27 $\pm$ 31, 26 $\pm$ 41, and 28 $\pm$ 22 nM, respectively. Maximal percent suppression $\pm$ SD of IL-6, IL-8, and TNF α were 76 $\pm$ 8.8, 73 $\pm$ 15, and 77 $\pm$ 13, respectively. To evaluate the specific IRAK4-dependent signaling pathways mediating this response, hMDMs were pretreated with inhibitors of TLR4 (TAK242) and IL-1R (IL-1RA) prior to stimulation with RA synovial fluid. Both TAK242 and IL-1RA inhibited proinflammatory cytokine production. For TAK242, maximal percent suppression $\pm$ SD of IL-6, IL-8, and TNF α were 39 $\pm$ 25, 48 $\pm$ 24, and 50 $\pm$ 21, respectively. For IL-1RA maximal percent suppression $\pm$ SD of IL-6, IL-8, and TNF α were 18 $\pm$ 18, 20 $\pm$ 23, and 16 $\pm$ 18, respectively. The broad range of inhibition across each stimulation highlights the complexity and variability in the signaling pathways mediating proinflammatory cytokine production from hMDMs stimulated with RA synovial fluid, but demonstrates that RA synovial fluid can stimulate proinflammatory cytokine production in hMDMs, at least partly, through IRAK4-dependent pathways.

Conclusion: This work demonstrates that IRAK4 inhibition can suppress proinflammatory cytokine production from macrophages stimulated with synovial fluid from patients with RA and supports a potential pathophysiological role for IRAK4 in perpetuating chronic inflammation in RA.

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AB0109

THE ROLE OF CD70 IN THE DEVELOPMENT OF RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a progressive, chronic inflammatory autoimmune disease. Pro-inflammatory molecules, activated lymphocytes, and the migration of inflammatory cells are important in the development of RA. There are many unknown causes of RA. And there are many patients who are refractory to treatment with known disease-modifying anti-rheumatic drugs. So, unknown cause of RA needs to be elucidated.

CD70 is a member of the tumor necrosis factor (TNF) superfamily and a ligand for CD27. The interaction of CD70 with its receptor CD27 promotes expansion and differentiation of memory and effector T cells as well as B-cell expansion and plasma cell differentiation. Hypoxia is an important micro-environmental factor in RA synovium. Hypoxia induces activation of hypoxia inducible factor (HIF). The expression of HIF-2 α is up-regulated in human RA synovium. Reactive oxygen species (ROS) has been implicated in the pathophysiology of RA.

Objectives: In this study, we tried to examine the presence of CD70 in RA synovium and investigate the role of CD70 in the development of RA associated with HIF-2 α and ROS.

Methods: Fibroblast-like synoviocyte (FLS), peripheral blood (PB) and synovial fluid (SF) were used for experiments. FLS was stimulated with recombinant human (rh)-IL-17 and rh-TNF- α . N-acetyl-L-cysteine (NAC) was used as a ROS scavenger. HIF-2 α inhibitor (PT-2385) was used to examine the effect of HIF-2 α in RA-FLS. RT-PCR, qPCR, western blotting, flow-cytometry, ELISA, cell migration assay, and scratch wound assay were performed.

Results: CD70 mRNA is present and elevated by stimulation with IL-17 and TNF- α in both RA-FLS and osteoarthritis (OA)-FLS (Fig 1). CD70 also expresses on the surface of RA-FLS and OA FLS (Fig 2). CD70 expression on the surface of FLS is elevated by stimulation with IL-17 and TNF- α in both