patient outside of a hospital. In this study, the patients with early RA (less than 2 years of disease duration) who participated in the survey for the first time from 2001 to 2012 were included and observed for five years from the date of the initial survey. We classified patients into group A (enrolled in 2001-2006) and B (enrolled in 2007-2012). Five-year survival rate and standardized mortality ratio (SMR) were calculated for each group. SMR was calculated using the life tables in Japanese general population reported by the Ministry of Health, Labour and Welfare, Japan. The effects of loss to follow-up cases were evaluated by multiple imputation method as a sensitivity analysis of SMR.

Results: A total of 3,217 patients with early RA were analyzed. The number of patients was 1,609 (79.4% female) in the group A and 1,608 (81.8% female) in B. The median age at baseline was 55 in both groups. Among a total of 3,217 patients, 486 (15.1%) patients were lost during 5-year follow-up; 213 (13.2%) in the group A and 273 (17.0%) in B, respectively. During the observational period, deaths were confirmed in 47 cases (2.9%) in the group A and 45 (2.8%) in B. Major causes of death included malignancies (28% in the group A, 38% in B), respiratory involvement (23% in the group A, 40% in B), cerebrovascular disorders (11% in the group A, 2% in B), and cardiovascular disorders (11% in the group A, 0% in B). The five-year survival rate was 88.8% for the group A and 87.8% for B, and the SMR was 0.81 (95%CI: 0.59-1.08) for the group A and 0.78 (0.57-1.04) for B when assuming all the lost to follow-up patients were alive for 5 years. In the sensitivity analysis assuming that the mortality rate of patients who were lost to follow-up was twice as that of the general population, the SMR was 0.90 (0.68-1.19) for the group A and 0.92 (0.68-1.23) for B.

Conclusion: The mortality of patients with early RA in the past twenty years has been comparable to that of the Japanese general population. In addition, the SMR and the five-year survival rate did not change overtime.

References:

- [1] Cobb, S., et al. *N Engl J Med* 1953; 249(14): 553-556.
- [2] Nakajima, A., et al. *Scand J Rheumatol* 2010; 39(5): 360-367.
- [3] Smolen, J. S., et al. *Ann Rheum Dis* 2014; 73(3): 492-509.
- [4] Singh, J. A., et al. *Arthritis Care Res* 2016; 68(1): 1-25.
- [5] Lacaille, D., et al. *Ann Rheum Dis* 2017; 76(6): 1057-1063.
- [6] Humphreys, J. H., et al. *Arthritis Care Res* 2014; 66(9): 1296-1301.

Disclosure of Interests: Naohiro Sugitani: None declared, Eiichi Tanaka Consultant of: Abbvie, Asahi Kasei Pharma Co., Bristol Myers Squibb, Chugai Pharmaceutical, Daiichi Sankyo Co., Eisai Pharmaceutical, Janssen Pharmaceutical K.K., Nippon Kayaku, Pfizer, Takeda Pharmaceutical, Taisho Toyama Pharmaceutical Co., and UCB Pharma., Eisuke Inoue Speakers bureau: EI has received speaker fee from Bristol-Meyers, Pfizer, Merck serono., Mai Abe: None declared, Eri Sugano: None declared, Kumiko Saka: None declared, Moeko Ochiai: None declared, Yoko Shimizu: None declared, Rei Yamaguchi: None declared, Naoki Sugimoto: None declared, Katsunori Ikari Speakers bureau: Asahi Kasei Pharma Corp., Astellas Pharma Inc., AbbVie Japan GK, Ayumi Pharmaceutical Co., Bristol Myers Squibb Co., Ltd., Chugai Pharmaceutical Co., Ltd., Eisai Co., Ltd., Eli Lilly Japan K.K., Janssen Pharmaceutical K.K., Kaken Pharmaceutical Co. Ltd., Mitsubishi Tanabe Pharma Corp., Pfizer Japan Inc., Takeda Pharmaceutical Co. Ltd., Teijin Pharma Ltd and UCB Japan Co. Ltd., Ayako Nakajima Grant/research support from: AN has received research grants from Chugai Pharmaceutical Co., Ltd., Mitsubishi Tanabe Pharma Co., Pfizer Japan Inc., Consultant of: AN has consultant fee from Nippon Kayaku Co. Ltd., Speakers bureau: AN has received speaker's fee from AbbVie Japan GK, Actelion Pharmaceuticals Japan LTD., Asahi Kasei Pharma Co., Astellas Pharma Inc., Ayumi Pharmaceutical Co., Bristol Myers Squibb Co., Ltd., Chugai Pharmaceutical Co., Ltd., Eisai Co., Ltd., Eli Lilly Japan K.K., GlaxoSmithKline K.K., Hisamitsu Pharmaceutical Co. Inc., Kyorin Pharmaceutical Co. Ltd., Mitsubishi Tanabe Pharma Co., Otsuka Pharmaceutical Co. Ltd., Pfizer Japan Inc., and Teijin Pharma Ltd., Atsuo Taniuchi: None declared, Hisashi Yamanaka Grant/research support from: HY has received research grant or speaker fee from AbbVie, Astellas, Ayumi, Behringer, Bristol-Meyers, Chugai, Daiichi-Sankyo, Eisai, Kaken, Nippon-Shinyaku, Novartis, Ono, Pfizer, Taisyo-Toyama, Takeda, Tanabe-Mitsubishi, Teijin Pharma, Torii, UCB, YLbio., Speakers bureau: HY has received research grant or speaker fee from AbbVie, Astellas, Ayumi, Behringer, Bristol-Meyers, Chugai, Daiichi-Sankyo, Eisai, Kaken, Nippon-Shinyaku, Novartis, Ono, Pfizer, Taisyo-Toyama, Takeda, Tanabe-Mitsubishi, Teijin Pharma, Torii, UCB, YLbio., masayoshi harigai Grant/research support from: AbbVie Japan GK, Ayumi Pharmaceutical Co., Bristol Myers Squibb Co., Ltd., Eisai Co., Ltd., Mitsubishi Tanabe Pharma Co., Nippon Kayaku Co., Ltd., and Teijin Pharma Ltd. MH has received speaker's fee from AbbVie Japan GK, Ayumi Pharmaceutical Co., Boehringer Ingelheim Japan, Inc., Bristol Myers Squibb Co., Ltd., Chugai Pharmaceutical Co., Ltd., Eisai Co., Ltd., Eli Lilly Japan K.K., GlaxoSmithKline K.K., Kissei Pharmaceutical Co., Ltd., Oxford Immotec, Pfizer Japan Inc., and Teijin Pharma Ltd. MH is a consultant for AbbVie, Boehringer-Ingelheim, Kissei Pharmaceutical Co., Ltd. and Teijin Pharma.

DOI: 10.1136/annrheumdis-2020-eular.1134

OP0222

IS REFERRING EARLY ARTHRITIS PATIENTS WITHIN 6 WEEKS ASSOCIATED WITH BETTER LONG-TERM OUTCOMES THAN REFERRING WITHIN 12 WEEKS AFTER SYMPTOM ONSET? – INVESTIGATING THE EVIDENCE FOR THE FIRST EULAR RECOMMENDATION FOR EARLY ARTHRITIS IN TWO OBSERVATIONAL COHORTS

E. Niemantsverdriet¹, M. Dougados², B. Combe³, A. Van der Helm - van Mil¹.

¹Leiden University Medical Center (LUMC), Leiden, Netherlands; ²Hospital Cochin, Paris, France; ³Chu Montpellier St Eloi, Montpellier, France

Background: EULAR- recommendations for management of early arthritis formulated that patients should be referred to, and seen by a rheumatologist, within 6-weeks after symptom onset. The mentioned period of ≤ 6 -weeks after symptom onset is shorter than ≤ 12 -weeks, the period that is generally considered as the 'window-of-opportunity'. Because implementation provides challenges, and evidence supporting that referral ≤ 6 -weeks is better than e.g. < 12 -weeks is missing, we investigated if ≤ 6 -weeks relates to improved long-term outcomes.

Objectives: We used an observational study design to investigate in two cohorts if time-to-encounter (TtE) a rheumatologist ≤ 6 -weeks, compared to 7-12-weeks, results in better disease long-term outcomes, measured with sustained DMARD-free remission (SDFR) and radiographic progression.

Methods: Consecutive 1987-RA patients of the Leiden EAC (n=1025) and ESPOIR (n=514) were studied during median 7 and 10 years follow-up. Patients were categorized on duration between symptom onset and first encounter with a rheumatologist; ≤ 6 -, 7-12-, and > 12 -weeks. Multivariable Cox regression (SDFR), linear mixed models (radiographic progression), and meta-analyses were used.

Results: Leiden RA-patients encountered the rheumatologist within 6-weeks obtained SDFR more often than patients seen within 7-12-weeks (HR 1.59, 95%CI:1.02-2.49), and > 12 -weeks (HR 1.54, 95%CI:1.04-2.29). In ESPOIR, similar but non-significant effects were observed; meta-analysis showed that within 6-weeks was better than 7-12-weeks (HR 1.69, 95%CI:1.10-2.57, Figure 1-A) and > 12 -weeks (HR 1.67, 95%CI:1.08-2.58). Patients encountered the rheumatologist within 6-weeks had similar radiographic progression than those seen 7-12-weeks, in any cohort, or meta-analysis (Figure 1-B).

Figure 1 Meta-analyses of time-to-encounter the rheumatologist and the chance of achieving sustained DMARD-free remission (A) and radiographic progression (B)

Conclusion: Scientific evidence underlying the first EULAR recommendation depends on the outcome of interest; visiting a rheumatologist within 6-weeks of symptom-onset had clear benefits for achieving SDFR, but not for radiographic progression.

References: None.

Disclosure of Interests: Ellis Niemantsverdriet: None declared, Maxime Dougados Grant/research support from: AbbVie, Eli Lilly, Merck, Novartis, Pfizer and UCB Pharma, Consultant of: AbbVie, Eli Lilly, Merck, Novartis, Pfizer and UCB Pharma, Speakers bureau: AbbVie, Eli Lilly, Merck, Novartis, Pfizer and UCB Pharma, Bernard Combe Grant/research support from: Novartis, Pfizer, Roche-Chugai, Consultant of: AbbVie; Gilead Sciences, Inc.; Janssen; Eli Lilly and Company; Pfizer; Roche-Chugai; Sanofi, Speakers bureau: Bristol-Myers Squibb; Gilead Sciences, Inc.; Eli Lilly and Company; Merck Sharp & Dohme; Pfizer; Roche-Chugai; UCB, Annette van der Helm - van Mil: None declared

DOI: 10.1136/annrheumdis-2020-eular.1179