and serological parameters (RF, ACPA, aCVM) were collected. A 3rd visit scheduled around week 22 (M6) and change of DAS28-CRP value from the baseline to illustrate some statistical characteristics.

**Table 1. Patient characteristics with RF and ACPA positivity**

<table>
<thead>
<tr>
<th>Age</th>
<th>44.86 (12.32)</th>
<th>44.94 (12.47)</th>
<th>p = 0.54</th>
<th>37.90 (8.07)</th>
<th>45.26 (12.58)</th>
<th>0.008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (%)</td>
<td>5659 (49.3)</td>
<td>57009 (49.4)</td>
<td>p = 0.845</td>
<td>11 (52.4)</td>
<td>834 (50.7)</td>
<td>1</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>23.3 (3.32)</td>
<td>23.5 (3.40)</td>
<td>p = 0.021</td>
<td>21.64 (3.28)</td>
<td>22.34 (3.37)</td>
<td>0.346</td>
</tr>
<tr>
<td>Smoker, total (%)</td>
<td>4509 (38.9)</td>
<td>45738 (38.7)</td>
<td>p = 0.722</td>
<td>12 (53.7)</td>
<td>642 (39.0)</td>
<td>0.115</td>
</tr>
<tr>
<td>Current smoker (%)</td>
<td>1955 (17.1)</td>
<td>20487 (17.3)</td>
<td>p = 0.114</td>
<td>8 (38.1)</td>
<td>277 (16.8)</td>
<td>0.017</td>
</tr>
<tr>
<td>Previous smoker (%)</td>
<td>2550 (22.2)</td>
<td>2550 (21.8)</td>
<td>p = 0.277</td>
<td>4 (19.5)</td>
<td>365 (22.2)</td>
<td>1</td>
</tr>
<tr>
<td>C-reactive protein (CRP)</td>
<td>114.90 (20.92)</td>
<td>145.2 (20.3)</td>
<td>p = 0.897</td>
<td>289.9 (40.9)</td>
<td>145.9 (20.3)</td>
<td>0.041</td>
</tr>
<tr>
<td>Number of cigarettes (day)</td>
<td>17.7 (18.5)</td>
<td>17.4 (13.3)</td>
<td>p = 0.166</td>
<td>19.8 (12.0)</td>
<td>174 (12.1)</td>
<td>0.511</td>
</tr>
</tbody>
</table>

**Smoking (years)**

| 7.43 (11.68)  | 7.45 (11.66)  | p = 0.851 | 13.3 (14.11) | 7.49 (11.68)  | p = 0.023 |

**Alcohol Drinker (%)**

| 6972 (60.7)   | 70010 (60.4)  | p = 0.418 | 10 (47.6)     | 1005 (61.1)   | 0.261 |

**Alcohol Intake (g/day)**

| 13.67 (21.88) | 13.38 (21.32) | p = 0.676 | 16.70 (26.89) | 14.06 (22.16) | 0.590 |

**Exercise ≥3 times/week (%)**

| 2792 (24.3)   | 28293 (24.4)  | p = 0.882 | 5 (23.8)      | 402 (24.4)    | 1      |

**White blood cell (10³/μL)**

| 5.32 (1.46)   | 5.35 (1.50)   | p = 0.13   | 5.59 (2.05)   | 5.37 (1.54)   | 0.520 |

**Hemoglobin (g/dL)**

| 13.82 (1.44)  | 13.82 (1.45)  | p = 0.753 | 14.13 (1.03)  | 13.83 (1.43)  | 0.366 |

**Creatinine (mg/dL)**

| 0.73 (0.20)   | 0.73 (0.25)   | p = 0.194 | 0.76 (0.16)   | 0.73 (0.18)   | 0.586 |

**Uric Acid (mg/dL)**

| 5.23 (1.42)   | 5.33 (1.42)   | p = 0.623 | 5.76 (1.34)   | 5.34 (1.42)   | 0.172 |

**Discussion of Interests:** None declared

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**Table 3. Three models containing gene expression + clinical data sets**

<table>
<thead>
<tr>
<th>Modell</th>
<th>Accuracy</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building_ID</td>
<td>Verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>00232</td>
<td>0.1000</td>
<td>0.1000</td>
<td>0.1000</td>
</tr>
<tr>
<td>00249</td>
<td>0.9882</td>
<td>0.9655</td>
<td>0.1000</td>
</tr>
<tr>
<td>00270</td>
<td>0.9882</td>
<td>0.9655</td>
<td>0.1000</td>
</tr>
</tbody>
</table>

**Conclusion:** Our preliminary analysis shows that this set of genes and selected clinical parameters are predictive markers for infliximab specific response in RA patients. Ongoing work involves the clinical validation of these results in an independent patient cohort (n=60). This approach provides the opportunity to develop an in vitro diagnostic test method for the prediction of infliximab treatment responsiveness in bioactive rheumatoid arthritis patients, hence to personalize infliximab therapy for these patients.

**Disclosure of Interests:** Emese Kiss Consultant of: EK has received consultancy fees from Egis., Gyula Poor Consultant of: GyP has received consultancy fees from Egis and he was the coordinating investigator in this study, Gábor Zahuczky Grant/research support from: Egis, Katalin Tauberné Jakab Employee of: Egis, Miklós Sebeszta Employee of: Egis, Tamás Ponyi Employee of: Egis, Zsolt Holői Employee of: Egis.

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**References:**


**Disclosure of Interests:** None declared

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**AB0200 SHORT AND MEDIUM-TERM OUTCOME OF FOREFOOT SURGERY FOR PATIENTS WITH RHEUMATOID ARTHRITIS**

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**Background:** Patients with rheumatoid arthritis (RA) have frequently painful foot deformities. These deformities including hallux valgus, dorsal dislocation of the metatarsal phalangeal (MTP) joints and hammer toe deformity of the lesser toes are associated with disability in daily activities.

**Objectives:** The aim of this study is to investigate short and medium-term outcome of forefoot surgery for patients with RA.

**Methods:** We investigated 28 patients with 39 feet who underwent forefoot surgery between January 2010 and December 2016 and followed for more than one year after surgery. Swanson implant arthroplasty or metatarsal osteotomy was performed for big toe, and shortening oblique osteotomy (SOO) was performed for the II-V toes. Examination items were as follows; plain X-ray changes in the angle of hallux valgus (HVA), the angle between the first and second metatarsal bones (M1/2), and the angle between the first and fifth metatarsal bones (M1/5) after surgery. The progress of painful hyperkeratosis and bunion, Japanese Society for Surgery of the foot standard rating system (JSSF scale), the recurrence of deformity and bone fusion, complications, and patient satisfaction were also examined.

**Results:** The patients followed were 24 women with 34 feet and 4 men with 5 feet, and average age at the time of surgery was 66.1 years. HVA improved from average of 39.7 degrees to 20.2 degrees one month after surgery, but increased slightly to 23.5 degrees one year after surgery. Painful hyperkeratosis and bunion tended to disappear one month after surgery, and JSSF scale significantly improved at the final observation. One year after surgery, the bone fusion rate of big toe was 100%, but 7.8% of the metatarsal bone underwent SOO had non-union. The complications after surgery were one infection at the surgical site, one necrosis at the tip of the toe, and one infection of Swanson implant. Patient satisfaction at the final observation was high.

**Conclusion:** Forefoot surgery for RA has problems such as recurrence, non-union, and infections, but it is considered to be a useful treatment because that pain by hyperkeratosis and bunion disappear and ADL improves.

**Disclosure of Interests:** None declared

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