patients) and 12 months (6 of 7), and at last available evaluation (6 of 8); all other patients reported stability.

Conclusion: In our experience, patients with DcSSc seem to benefit of early RTX treatment. Improvement may be seen as early as 6 months and seems to reach a plateau at 12 months.

Disclosure of Interests: I Vázquez-Gómez: None declared, J. Narváez: None declared, J. Lluch Pons: None declared, Marta Aguilar-Zamora: None declared, L. Montolio-Chiva: None declared, Ana V Orenes Vera: None declared, Eduardo Flores: None declared, Elia Valls-Pascual Grant/research support from: Roche, Novartis, and AbbVie, Speakers bureau: AbbVie, Lilly, Pfizer, MSD, Novartis, Janssen, Bristol Myers Squibb, UCB Pharma, Desamparados Ybañez: None declared, À Martínez-Ferrer: None declared, A Sendra-García: None declared, Inmaculada Torner Hernández: None declared, V Núñez-Monje: None declared, Juanjo J Alegre-Sancho Consultant of: UCB, Roche, Sanofi, Boehringer, Celltrion, Paid instructor for: GSK, Speakers bureau: MSD, GSK, Lilly, Sanofi, Roche, UCB, Actelion, Pfizer, Abbvie, Novartis

DOI: 10.1136/annrheumdis-2020-eular.5373

AB0621 TOLERABILITY AND SAFETY OF ACETYLSALICYLIC ACID IN PATIENTS WITH SYSTEMIC SCLEROSIS

L. Verardi¹, E. De Lorenzis^{1,2}, G. Natalello¹, L. Gigante¹, U. La Porta¹, E. Gremese^{1,3}, S. L. Bosello³. ¹Catholic University of the Sacred Heart, Institute of Rheumatology, Rome, Italy; ²University of Verona, Ph.D. Program in Biomolecular Medicine - Cycle XXXV, Verona, Italy; ³Fondazione Policlinico Universitario A. Gemelli IRCCS, Division of Rheumatology, Rome, Italy

Background: Systemic Sclerosis (SSc) is characterized by an increased incidence of macro- and microvascular complications. Current evidences on efficacy, safety and tolerability of acetylsalicylic acid (ASA) in SSc patients are limited, and the indication to this treatment is based on the experience of each single centre or physician. Esophagus and stomach are the portions of the digestive tract that are more frequently affected by adverse events due to ASA exposure.

Objectives: We evaluated the incidence of adverse events associated with low-dose ASA treatment in a cohort of patients affected by SSc.

Methods: Demographic data and disease features of 302 patients affected by SSc treated with low-dose ASA were collected and patients were followed-up for a median period of 6.9 years (range: 0-20 years). The proportion of patients taking ASA for secondary prevention for cardiovascular disease was also noted. The incidence of discontinuation of the drug, gastrointestinal intolerance, bleeding and death in the observation period was recorded.

Results: Patients had a median age of 54.0 years (19.6-89.4); 91.9% were female, 13.2% were smokers and 44.0% had a BMI $\geq$ 30Kg/m². The prevalence of ischemic heart disease, peripheral vascular disease and stroke was of 8.6%, 5.3% and 3.3%, respectively; 48.7% of the patient took ASA in primary cardiovascular prevention. Therapy started after a median disease duration of 4.8 years (range: 0.0- 30.1 years) since the first non-Raynaud symptom and 56.6% of patients had an early disease (less than three years of disease duration). During the observation period, 30 patients (14.3 per 1000 person-years) discontinued ASA after an average period of assumption of 4.6 years (range: 0.3-18.0 years). The main adverse events were heartburn, dyspepsia and hematochezia, recorded in 18 patients (8.6 per 1000 person-years). Eight of them (3.8 per 1000 person-years) had evidence of digestive tract bleeding. Five patients (2.4 per 1000 person-years) discontinued ASA due to recurrent epistaxis. Twenty-eight patients (13.4 per 1000 person-years) died in the follow-up period, 16 of these (7.6 per 1000 person-years) because of SSc-related causes. None of them had evidence of major bleeding. We used Kaplan-Meier analysis to evaluate the incidence of ASA discontinuation. The history of digital ulcers (Log rank test X^2 4.7, $p=0.037$) and male sex (Log rank test X^2 4.3, $p=0.03$) were associated with a higher cumulative ASA discontinuation rate due to gastrointestinal intolerance.

Conclusion: In our cohort of SSc patients, ASA resulted safe and well tolerated in most cases, despite the risk of gastroesophageal abnormalities due to disease. Although this comforting results, taking in account the lack of controlled-randomized trials about efficacy and safety, the choice to start antiplatelet therapy with ASA should be mandatorily preceded by a careful evaluation of risks and benefits. Furthermore, an attentive monitoring for possible adverse effects is needed during ASA treatment. Patients with digital ulcers and male sex could present less drug tolerability.

References:

- Valentini G et al. Ann Rheum Dis 2019. Beckett VL et al. Arthritis Rheum 1984. Kavian N et al. Vascu Pharmacol 2015. Lavie CJ et al. Curr Probl Cardiol 2017.

Disclosure of Interests: Lucrezia Verardi: None declared, Enrico De Lorenzis: None declared, Gerlando Natalello: None declared, Laura Gigante: None declared, Umberto La Porta: None declared, Elisa Gremese Consultant of:

AbbVie, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck Sharp & Dohme, Novartis, Sanofi, UCB, Roche, Pfizer, Speakers bureau: AbbVie, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck Sharp & Dohme, Novartis, Sanofi, UCB, Roche, Pfizer, Silvia Laura Bosello Speakers bureau: Abbvie, Pfizer, Boehringer

DOI: 10.1136/annrheumdis-2020-eular.6335

AB0622 ASSOCIATIONS WITH DIGITAL PITTING IN SYSTEMIC SCLEROSIS: A RETROSPECTIVE ANALYSIS.

A. Vivekanantham^{1,2}, G. Dinsdale^{1,3}, C. Heal¹, J. Manning^{1,3}, A. Herrick^{1,3}.

¹The University of Manchester, Manchester, United Kingdom; ²Manchester University NHS Foundation Trust, Manchester, United Kingdom; ³Salford Royal NHS Foundation Trust, Manchester, United Kingdom

Background: Digital pitting, the loss of tissue at the fingertip, is a cardinal feature of systemic sclerosis (SSc), contributing 3 of the 9 required points to fulfil the 2013 ACR/EULAR classification criteria. However, research into digital pitting has been scarce, despite it being painful and impacting on hand function.

Objectives: To identify factors associated with digital pitting in patients with SSc.

Methods: This was a retrospective analysis of data from patients with SSc attending a tertiary referral centre. Patients were subdivided into those with and without digital pitting, as recorded at their last documented attendance. The following variables were analysed: age, gender, age at Raynaud's onset, age at SSc onset, limited/ diffuse cutaneous subtype, history of intravenous (IV) vasodilators, amputations, debridements and autoantibody status (anti-RNA polymerase, anti-Scl70, anti-centromere and anti-RNP).

Results: Data were available from 713 patients with SSc. Digital pitting was present in approximately half of these patients (n=362, 51%). Table 1 summarises their characteristics.

Table 1. Descriptive statistics of patients with and without digital pitting

	Digital Pitting (n=362)	No Digital Pitting (n=351)
Age, mean (SD)	67.1 (14.5)	66.5 (13.6)
Females, n (%)	287 (79.3)	301 (85.8)
Age at Raynaud's onset/ Age at SSc onset, median (IQR)	39.3 (25.2, 49.3)/ 41.4 (26.2, 52.5)	47.5 (35.3, 57.3)/ 52.5 (41.9, 60.4)
Limited/ Diffuse subtype, n (%)	276/85 (76.5/ 23.6)	257/93 (73.6/ 26.6)
History of IV vasodilators, n (%)	167 (46.4)	52 (14.9)
History of amputations, n (%)	52 (14.4)	5 (1.4)
Debridements, n (%)	72 (20.2)	18 (5.1)
Autoantibody status, n (%):	13 (6.2) ¹ / 61 (17.1) ³ / 152 (42.6) ⁵	34 (14.0) ² / 41 (12.0) ⁴ / 276 (78.9) ⁶
Anti-RNA polymerase/ Anti-Scl70/ Anti-centromere/ Anti-RNP	15 (4.3) ⁷	120 (35.4) ⁸ / 22 (6.5) ⁹

Denominator populations ¹210, ²246, ³357, ⁴345, ⁵357, ⁶341, ⁷352, ⁸341

From the univariable analysis (Table 2), gender (female, $p=0.02$), age at Raynaud's onset ($p<0.001$), age at SSc onset ($p<0.001$), IV vasodilators ($p<0.001$), amputations ($p<0.001$), debridements ($p<0.001$), anti-RNA polymerase ($p=0.01$), anti-Scl70 ($p=0.05$) and anti-centromere ($p=0.05$) were found to be significantly associated (anti-RNA polymerase negatively ($p=0.20$)) with digital pitting ($p\leq 0.05$). Further analysis adjusting the p value for multiple testing (Bonferroni adjustment, $p\leq 0.0036$) found age at Raynaud's onset, age at SSc onset, history of IV vasodilators, amputations and debridements to be significantly associated with digital pitting.

Table 2. Univariable logistic regression

	Odds Ratio	95% Confidence Interval	P value ¹	Number of patients in each analysis
Age	1.000	0.998 to 1.003	0.62	713
Female	1.116	1.015 to 1.231	0.02	713
Age at Raynaud's onset	1.008	1.007 to 1.010	<0.001	713
Age at SSc onset	1.004	1.003 to 1.005	<0.001	713
Limited/ Diffuse subtype	1.039/ 1.041	1.049 to 1.127/ 1.046 to 1.139	0.39/ 0.35	710/ 711
History of IV vasodilators	1.448	1.336 to 1.553	<0.001	710
History of amputations	1.553	1.363 to 1.768	<0.001	713
Debridements	1.405	1.259 to 1.568	<0.001	707
Autoantibody status:	1.223/ 1.111/ 1.052 to 1.419/ 1.000 to 0.01/ 0.05/	456/ 702/ 698/		
Anti-RNA polymerase/ Anti-Scl70/ Anti-centromere/ Anti-RNP	1.081/ 1.114	1.234/ 1.002 to 1.162/ 1.310 to 1.786	0.05/ 0.20	693

¹ $p\leq 0.05$