Objectives: To analyze the clinical features of patients of SSc with lung cancer.

Background: Malignant neoplasms is the second most common non-SSc associated cause of death in SSc patients, only second to infection. Among all the neoplasms, lung cancers are the most common, which is in the urgent need of attention from clinicians.

Methods: Medical records of inpatients admitted in Peking Union Medical College Hospital from March 1992 to December 2018, were collected and analyzed, including the clinical manifestation, laboratory data, radiological images, pathological and clinical features.

Results: Nineteen SSc patients with complete medical records were identified, 13 males (68.4%) and 6 females (31.5%), mean age 59.4±12.1 years. Six (31.6%) were unknown. The median survival of the case group were 31.4 years, while the median survival of the control group was not reached. Eight patients tested EGFR gene mutation or ALK gene rearrangement, and only 2 were positive.

Conclusion: It is not uncommon that SSc could be concomitant with lung cancer, especially for those with long disease duration and family history of malignancy. Due to the subtle onset of lung cancer, clinicians should pay attention to it during clinical practice.

References:

Disclosure of Interests: Hui Zhong: None declared, Jiaxin Zhou: None declared, Shuxing Zhang: None declared, Yan Xu: None declared, Yong Hou: None declared, Mengtao Li: None declared, Dong Xu: None declared, Mengzhao Wang: None declared, Xiaofeng Zeng Consultant of: MSD Pharmaceuticals

DOIs: 10.1136/annrheumdis-2020-eular.5163

THE CLINICAL CHARACTERISTICS OF SYSTEMIC SCLEROSIS WITH LUNG CANCER: DATA FROM SINGLE CENTER IN CHINA

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AB0631

AB0632

EFFECTIVENESS OF ETANERCEPT BIOSIMILARS IN REACTIVE ARTHRITIS: RETROSPECTIVE CASE CONTROL

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Background: There is a paucity of evidence based therapies for reactive arthritis (ReA). Data is limited for anti-TNF drugs usage [Table 1] with even less data on biosimilars.

Table 1. Anti-TNF use in reactive arthritis

<table>
<thead>
<tr>
<th>Place (year)</th>
<th>Anti-TNF</th>
<th>N</th>
<th>Outcomes</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania, USA (2005)</td>
<td>Etanercept</td>
<td>16</td>
<td>completed trial: 9 responders</td>
<td>Synovial histology improvement but not normalized</td>
</tr>
<tr>
<td>France (2011)</td>
<td>Inflimab(5)</td>
<td>10</td>
<td>Rapidly effective in 9 patients (90%)</td>
<td>Relapses responded to re-initiation</td>
</tr>
<tr>
<td>France (2016)</td>
<td>Etanercept(4) Adalimumab(1)</td>
<td>15</td>
<td>had DFR</td>
<td>9 developed chronic SpA</td>
</tr>
<tr>
<td>India (2019)</td>
<td>Inflimab(10), Adalimumab(3) Etanercept(1)</td>
<td>9</td>
<td>At median of 3.5 months: 4 had remission, 3 relapse, 1 adverse reaction</td>
<td>Biologicals were not given regularly</td>
</tr>
<tr>
<td>Current study</td>
<td>Etanercept biosimilars</td>
<td>10</td>
<td>At median 7 months: All patients had DFR</td>
<td></td>
</tr>
</tbody>
</table>

Current study: Etanercept biosimilars

Objective: To find out the outcomes of etanercept biosimilars (ETN-b) use in ReA

Methods: A retrospective review of patients meeting the Braun criteria for probable ReA helped identify patients on ETN-b. Patients with less than 1 year follow-up and those who had received less than 5 doses of ETN were excluded. Biological naïve patients who had completed at least 1 year follow-up were included as controls. Baseline and current status was compared between these two groups.

Results: Of 94 identified ReA patients, 11 (11.7%) had received ETN-b and 10 met the case definition. Five each had received one of two ETN-b. 30 were naïve patients who had completed at least 1 year follow-up were included as controls. Baseline and current status was compared between these two groups.

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