According to our results, self-reported adherence appears to be a cost and time effective method to care for patients.

References:

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Table 1. Characteristics of studies included in the systematic review

<table>
<thead>
<tr>
<th>Authors</th>
<th>Location</th>
<th>Sample</th>
<th>DAMARD</th>
<th>Outcome</th>
<th>Method</th>
<th>Design</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akintayo et al.</td>
<td>Nigeria</td>
<td>50 women with RA and 50 women without RA</td>
<td>MTX</td>
<td>Infertility or history of infertility</td>
<td>Interviewer-administered questionnaire</td>
<td>Retrospective study</td>
<td>MTX was associated with a negative history of infertility, bDMARD treatment short-</td>
</tr>
<tr>
<td>Shinada et al.</td>
<td>Japan</td>
<td>25 pregnancies in 19 patients with RA</td>
<td>MTX</td>
<td>TTP (time to pregnancy)</td>
<td>Medical records</td>
<td>Retrospective study</td>
<td>MTX was associated with a negative history of infertility, bDMARD treatment short-</td>
</tr>
<tr>
<td>Brouwer et al.</td>
<td>The Netherlands</td>
<td>72 women with recent-onset RA compared to 509 healthy women</td>
<td>MTX</td>
<td>Level of serum AMH</td>
<td>Medical records, serum samples (2 time points)</td>
<td>Retrospective study</td>
<td>AMH levels were not lower with MTX.</td>
</tr>
<tr>
<td>Brouwer et al.</td>
<td>The Netherlands</td>
<td>245 women with RA</td>
<td>MTX and SSZ</td>
<td>TTP</td>
<td>Questionnaires and interviews</td>
<td>Prospective cohort study</td>
<td>MTX and SSZ did not prolong TTP</td>
</tr>
</tbody>
</table>

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AB1210 THE IMPACT OF EXAMINATION STRESS ON AUTOIMMUNE DISEASES AMONG UNIVERSITY STUDENTS

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Background: Stress is a risk factor of various diseases including autoimmune diseases. Autoimmune diseases are one of the leading causes of morbidity in young adults. 1 Examination stress is a main concern nowadays due to the study style, lack of preparation, doctor- student relationship and family pressure. 2 The previous studies declared that stress may cause neuroendocrine changes leading to immune dysregulations and cytokines production. 3

Objectives: The aim of study is to scope the light on the importance of stress as a predisposing factor in autoimmune disease flares particularly Examination stress.

Methods: A three-year (2017-2019) cross-sectional prospective study conducted on 1365 students who presented to the Alexandria University rheumatology clinic during examinations. Clinical assessments, routine investigations, activity markers, activity indices, stress and anxiety questionnaires and perceived stress scale (PSS) were applied to all patients during consecutive visits.

Results: Through 5800 visits in three years during examination sessions, patients age ranged from (17-25) years with 76% females and 24% males. They grouped into SLE (31.3%), Rheumatoid arthritis (RA) (37.28%), Fibromyalgia (13.91%), FMF (2.63%), Ankylosing Spondylitis (1.75%), Psoriatic arthritis (0.73%), systemic sclerosis (0.58%), and undifferentiated connective tissue (11.73%). According to SLE patients, 43.92% were newly diagnosed whilst 54.16% of previously diagnosed SLE presented with Flare in particular lupus nephritis (56.33%), arthritis (43.22%), hematological (49.76%) and serositis (21.8%). Interestingly, RA patients who newly diagnosed were 35.16% of total RA patients while 42.42% of previously diagnosed RA patients presented with moderate and high DAS-28 due to incompliance with treatment (64.37%) of patients, (11.53% on biological, 88.47% on conventional treatment). In addition, (49.36%) of FMF presented in recent attacks. It was also found that Arthralgia, bone aches and sleep deprivation are the main complaints. Concerning, A High perceived stress scale (PSS) was associated with High DAS28 and SLEDI-2K scores, (r = 0.723, 0.865) (P<0.001)

Conclusion: Examination stress is one of triggering factor for autoimmune disease flares. It is associated with high disease activities and ruthless outcomes.

References:

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AB1211 IMMUNE-RELATED ADVERSE EVENTS IN PATIENTS RECEIVING PD-1/PD-L1 INHIBITORS: PRELIMINARY RESULTS FROM A PROSPECTIVE COHORT STUDY

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Background: Recent introduction of immune checkpoint inhibitors (ICIs) revo-
lutionized oncological guidelines. Immune-related adverse events (irAEs) may occur in as many as 85% of patients (10% with toxicity grade 3/4), but detailed epidemiology of irAEs is still lacking, mostly because of data collection and analysis vary widely.

Objectives: The purpose of our study is to establish a prospective cohort of patients treated with PD-1/PD-L1 inhibitors in order to determine incidence, risk factors and characteristics of irAEs in a real-world setting.

Methods: We conducted a prospective cohort study enrolling patients receiving anti-PD-1/PD-L1 agents for the treatment of metastatic or locally advanced non-
small cell lung cancer, renal cell carcinoma, squamous cell carcinoma of the head and neck, Hodgkin lymphoma. Detailed recommendations have been implemented for cases fulfilling criteria for suspected irAEs, including procedures for evaluation and diagnosis, specific treatments and rules for drug discontinuation. IrAEs have been defined and graded according to Common Terminology Criteria for Adverse Events vs 5.0. Management strategies have been adapted by a multidisciplinary panel, basing on the oncological guidelines, which represent the current best clinical practice. AE screening, physical examination, ECG and clinical laboratory evaluation have been performed at baseline visit and follow up (4, 8, 12 weeks).

Results: Fifty-two patients have been enrolled from Jan 2019 to Dec 2020. Characteristics are reported in the Table below. Twelve patients developed irAEs (23%), 6 treated with nivolumab, 1 with pembrolizumab and 1 with durvalumab. Mild-to-moderate (G1-G2) irAEs were hepatitis, hypothyroid-
ism, III-V-VII cranial nerve palsy, polymyalgia-like syndrome, skin psoriasis and type-1 diabetes mellitus. Severe cases (G3) of bullous dermatitis, Lichen Planus, interstitial pneumonia and myocarditis occurred. One patient developed three differ-
ent irAEs. Median time of onset was 4.5 weeks. IrAEs were successfully treated according to established guideline, but 4 patients stopped anti-neoplastic therapy due to irAEs and 11 for disease progression. Five patients died.

Conclusion: Cancer patients receiving PD-1/PD-L1 agents are being prospect-
ively followed. Preliminary results confirm that 1/4 patients may develop irAEs. Innovative tools are required in order to manage irAEs, prevent potential relapse and avoid useless interruption of therapy. Further research needs to get insights into pathophysiological mechanisms and risk factors.

Disclosure of Interests: None declared

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novement to RM: 10.1136/annrheumdis-2020-eular.2850