Most European patients would agree to change treatment to lower pain. Almost 82% stated they would accept rare adverse events in order to avoid invalidity, to confirm a better future outcome. US patients were more prone to stick to current treatments, despite increased clinical response. However, asked about novel therapies, Romanians were reluctant to changing treatment despite insufficient benefit, if the risk of cancer was noted. There was a high agreement that a delay in treatment would be unsatisfactory for both familial and professional chores.

**Conclusion:** There are regional differences in knowledge and perceptions about RA treatment. Romanian patients know less on T2T algorithm. Improving awareness of the T2T strategy among RA patients may need different types of support depending on the patient’s place of residence.

**References:**

**Disclosure of Interests:** CLAUDIA COBILINSCHI Speakers bureau: novartis, Maria Danila Speakers bureau: as personally stated, Daniela Opris-Beilinski Speakers bureau as declared, Ioana Saulescu Speakers bureau: Eli-Lilly, Pfizer, Laura Grosseau Speakers bureau: novartis, Eli-silly, ucB, pfizer,sandoz, Sanziana Daia-Illescu Speakers bureau: sandoz, Catalin Codreanu Consultant of: Speaker and consulting fees from AbbVie, Accord Healthcare, Alfasigma, Egis, Eli Lilly, Ewopharma, Genesis, Mylan, Novartis, Pfizer, Roche, Sandoz, UCb, Speakers bureau: Speaker and consulting fees from AbbVie, Accord Healthcare, Alfasigma, Egis, Eli Lilly, Ewopharma, Genesis, Mylan, Novartis, Pfizer, Roche, Sandoz, UCb, Razvan Ionescu Speakers bureau: as personally stated, Magda Parvu Consultant of: Speaker fee and consultant: Pfizer, Novartis, Roche, Abbvie, UCb, Eli-Lilly, Speakers bureau: Speaker fee and consultant: Pfizer, Novartis, Roche, Abbvie, UCB, Eli-Lilly, Horatius Popovicu Speakers bureau: as personally stated, CODRINA ANCUTA Consultant of: AbbVie, Pfizer, Roche, Novartis, UCb, Ewopharma, Merck Sharpe and Dohme, and Eli Lilly, Speakers bureau: AbbVie,Pfizer, Roche, Novartis, UCB, Ewopharma, Merck Sharpe and Dohme, and Eli Lilly, Elena Rezus: None declared, Claudia Mihaiov Speakers bureau: as personally stated, Ruxandra Ionescu Consultant of: Consulting fees from Abbvie, Eli-Lilly, Novartis, Pfizer, Roche, Sandoz, Speakers bureau: Consulting and speaker fees from Abbvie, Eli-Lilly, Novartis, Pfizer, Roche, Sandoz

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**RHEUMATOLOGY WORKFORCE IN LATIN AMERICA: TRAINING AND CURRENT STATUS**

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**Background:** The demand for rheumatology care has been steadily increasing over the last few years. However, supply seems to be insufficient, according to previous research. This situation may be at least partly explained by less physicians beginning a rheumatology residency program.

**Objectives:** We aim to identify baseline data, room for change, and to strengthen functional processes associated with the rheumatology workforce in order to improve care offered to patients living with rheumatic diseases.

**Methods:** Descriptive cross-sectional study. We obtained data on each country and within PANLAR.

**Results:** 19 Latin American countries were included in this study, globally 1 rheumatologist was available per 106,838 inhabitants. The highest rates were found in Uruguay (1 per 23,695 inhabitants) and Argentina (1 per 40,384 inhabitants). The lowest rates were found in Nicaragua (1 per 640,648 inhabitants) and Guatemala (1 per 559,902 inhabitants). The ratio between women and men rheumatologists was 0.99 women per each man. The lowest proportions were found in Paraguay (43.1 SD10.77) and the highest age averages were found in Peru (56.23 SD12.93). The average monthly compensation was USD $2,382.62 (SD$1,462.5). Venezuela had the lowest salary ($197), the highest salary was found in Costa Rica ($4,500). The proportion of rheumatologists trained abroad was 26.7%, ranging between 0% in Uruguay and 90% in Bolivia.

The countries with more rheumatology training programs were Brazil n = 50 and Mexico n = 20, while Ecuador, Honduras and Nicaragua don’t have any. The countries with the greatest amount of active residents were Brazil (n = 232) and Argentina (n = 100). The educational level required to enter the program was postgraduate studies in internal medicine in 42.11% of the programs. Currently, 108 residency programs in Latin America are active. Duration of residency programs is variable: 2 years (79.63% of cases), 3 years (16.67%), 4 years (1.85%), 5 years (0.96%) or 6 years (0.96%). The median monthly compensation for residents was $ 528 USD (IQR $ 774), the country with the highest payment was Costa Rica ($ 2637). Contrarily, in Cuba, Chile and Colombia there is no payment to residents. Finally, in 8 countries (42.11%) residents must not pay for their post-graduate studies. The average annual tuition expense in the rest of countries is $ 1548 (SD $ 2749).

**Conclusion:** The rate of rheumatologists per inhabitant is low. The demographic characteristics and the current status of the rheumatology workforce, as well as rheumatology training in Latin-America varies widely among countries. For instance, relevant differences can be found regarding payment to rheumatologists and residents, and tuition fees. The collected information will be useful when planning regional-based strategies, as well as for future research projects in each country and within PANLAR.

**References:**

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