Results: We included FOI scans of patients with PsA/Pso (n=80), patients with RA (n=78) and healthy controls (n=25). Significantly more PsA/Pso patients showed subclinical skin enhancement on the back of their hands than RA and healthy individuals (PsA/Pso: 72.5%; RA: 20.5%; healthy controls: 29.0%; p<0.001). By using the pattern of skin enhancement, it was possible to categorize 58 of 80 patients correctly as PsA/Pso (72.5%), 60 out of 78 as RA and healthy individuals (PsA/Pso: 72.5%, RA: 20.5%, healthy controls: 29.0%; p<0.001). With the use of the atlas. The inter-reader reliability was moderate and better in the 2nd round of readings. Readings improved with the atlas. Details are shown in table 1.

<table>
<thead>
<tr>
<th>Table 1</th>
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<tr>
<td>Intraobserver reliability Weighted Kappa:</td>
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<td>Weighted Kappa, reader 1-3</td>
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<td>Reading 1 without atlas vs. reading 1 with atlas</td>
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<td>Reading 2 without atlas vs. reading 2 with atlas</td>
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<td>Reading 1 without atlas vs. reading 2 without atlas</td>
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<tr>
<td>Reading 1 with atlas vs. reading 2 with atlas</td>
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Conclusion: The results of the inter- and intra-reliability showed a moderate to almost perfect agreement respectively, of scoring SGUS in patients with pSS and especially in the 2nd round of readings indicating that training and the SGUS atlas increased the reliability.

References:

Disclosure of Interests: Nanna Suriemont Schmidt: None declared, Viktoria Fane: None declared, Hanne Merete Lindegaard: None declared, Lene Terslev Speakerbureau: LT declares speakers fees from Roche, MSD, BMS, Pfizer, AbbVie, Novartis, and Janssen.

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Fractures, more than bone alone: the role of sarcopenia

OP0312

THE IMPACT OF AN ULTRASOUND ATLAS FOR SCORING SALIVARY GLANDS IN PRIMARY SJÖGREN’S SYNDROME: A RELIABILITY EXERCISE

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Background: Salivary gland ultrasound (SGUS) may have the potential of facilitating diagnosis and therapy monitoring of salivary gland disease in patients with primary Sjögren’s syndrome (pSS). A novel consensus based OMERACT SGUS scoring system for the parotid and submandibular glands has recently been developed.(1)

Objectives: To assess the reliability of 3 readers using the written definition to score the SGUS system provided by the OMERACT group and subsequent the impact of a SGUS-atlas based on the OMERACT SGUS scoring system.

Methods: 3 sonographers with 6 months to 10 years US experience performed a US exercise of 30 SGUS images of patients with SS. 16 images were of the submandibular gland (SMG) and 14 images of the parotid gland (PG) ranging from normal to varying degrees of abnormalities. The images were scored using the US scoring system provided by the OMERACT group and subsequently using a SGUS atlas made for the study consisting of 4 images of every grade 0-3 of both the SMG and the PG. The readings were performed over 4 rounds: the first reading without using the atlas and second reading using the atlas 1 week later. The 30 images were scrambled by a physician not included in the readings and a third and fourth reading were performed without and with the atlas respectively – with 1 week in between. Inter- and intra-reader reliability were calculated by kappas-tests.

Results: Light weighted Kappa for intra- and inter-reliability was determined for each reading. The results of the intra-reader reliability was ranging from moderate to almost perfect with improvement in the 2nd round of readings and

Figure. Left picture: The enhancement is mostly yellow on green ground classified as grade 1. Middle picture: The enhancement is red with minimal white signals classified as grade 2. Right picture: The enhancement in the marked area shows more white than red signals which presents grade 3.

Disclosure of Interests: Angélique Schmidt Speakers bureau: Speakers fee from Novartis, Roche, Abbvie, BMS, ANM- Marie Gilim: None declared, Paula Hoff: None declared, Gabriella Schmitt: None declared, Gerd Rüdiger Burmester Consultant of: AbbVie Inc, Eli Lilly, Gilead, Janssen, Merck, Roche, Pfizer, and UCB Pharma, Speakers bureau: AbbVie Inc, Eli Lilly, Gilead, Janssen, Merck, Roche, Pfizer, and UCB Pharma, Jens Klotzsche: None declared, Sarah Ohndorf: None declared DOI: 10.1136/annrheumdis-2020-eular.1827

OP0313

THERAPEUTIC APPROACHES TO OSTEOSARCOPENIA: DENOSUMAB EFFECT ON FALLS RISK, PHYSICAL PERFORMANCE AND WALKING SPEED

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Background: There is a strong association between osteoporosis and skeletal muscle dysfunction. Heparan-sulfate proteoglycans are abundant in skeletal muscles and may represent a target for RANKL inhibitor. It was noted that patients who completed their planned denosumab therapy course (5-years) started to sustain falls.

Objectives: To assess the effect of Denosumab on falls risk, physical performance, grip strength and gait speed and whether there is a relation with bone mineral density.

Methods: 127 osteoporotic patients treated with denosumab were assessed prior to starting denosumab therapy for: baseline BMD using DXA scan, blood test for osteoporosis bone profile, self-reported falls risk using (FRAS score [1]), fracture risk using FRAX, handgrip strength using a calibrated dynamometer (the best of three trials of the dynamometer testing was recorded), the patient’s physical performance assessed by testing for: Short Physical Performance Battery (SPPB), Timed Up and Go (TUG), and the 4 Meter Walk Gait Speed. Same measures were assessed again after completing 5-years of denosumab therapy. Comparison groups included 112 patients diagnosed to have osteoporosis and treated with zoledronate (Zol), once yearly IV injection, for 3-years; and 134 patients treated with once weekly oral alendronate (Aln) 70mg for 5-years. The patients were assessed for the same parameters as in the denosumab therapy. All the measures were reassessed 1-year after stopping the osteoporosis therapy.

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Clinical symposium axSpA: Treat-to-target in axSpA: myth or reality?

OP0314 FACTORS ASSOCIATED WITH 5-YEAR DRUG-FREE REMISSION IN EARLY ONSET AXIAL SPONDYLOARTHRITIS PATIENTS: DATA FROM DESIR COHORT

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Background: It is recommended to target remission when treating a patient with a chronic inflammatory rheumatism. To date, drug-free (DF) remission has been poorly investigated in axial Spondyloarthritides (axSpA).

Objectives: 1/To estimate the frequency of patients in DF remission after 5 years of follow-up in a cohort of early axSpA and 2/to assess the factors associated with 5-year DF Remission

Methods: Patients: All patients included in DESIR (DEvenir des Spondyloarthritides Indifférenciées Récentes) cohort were selected for this analysis. Definition of 5-year DF Remission: 1/all patients in ASAS partial remission and/or ASDAS-c1<1.0 at 5 year visit and 2/ not initiating any anti-tNF therapy after the 5-year follow-up visit. After multivariate analysis, the variables that remained associated with 5-year DF remission were lower symptom duration (OR[95%CI]=0.58[0.36-0.88], p=0.01), lower baseline ASDAS-CRP (OR[95%CI]=0.50[0.32-0.76], p=0.002) or NSAIDs score (OR[95%CI]=0.54[0.34-0.81], p=0.004) and not initiating an anti-tNF during the 5 years of follow-up (OR[95%CI]=0.09[0.00-0.14], p<0.0005). Conclusion: DF remission is rare, 5 years after onset of axSpA. Patients with longer symptom duration, higher baseline ASDAS-CRP and NSAIDs scores were less often in DF remission, while imaging and biological data did not predict DF remission.

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OP0315 WHICH RESPONSE OR STATUS CRITERION DISCRIMINATES BEST IN AXSPA?

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Background: Response criteria and disease activity status used to assess treatment efficacy in axial spondyloarthritis (axSpA) are: the ASAS response criteria (ASAS20; 40; 5/6 and partial remission - PR), BASDAI50 and ASDAS-based criteria (clinically important/major improvement –CI/MI; low disease activity/ inactive disease –LDA/ID). These outcomes are variably used in RCTs testing biological (b) and targeted-synthetic (ts)DMARDs. However, it remains unknown which are the most discriminant.

Objectives: To compare the ability of different criteria to discriminate between the response to active treatment and placebo in axSpA.

Methods: A systematic literature review was performed in Medline and Embase to identify RCTs of b- and tsDMARDs. Placebo-controlled RCTs meeting the primary endpoint were included provided they reported ≥2 response/status criteria. Outcomes were collected at the timepoint of primary endpoint assessment (PEA). Risk of bias was evaluated by The Cochrane tool. Meta-analysis with the Mantel-Haenszel method was conducted to calculate the Chi-square ($\chi^2$) between percentages of patients fulfilling each criterion in the treatment arm versus the placebo arm (higher $\chi^2$, better discrimination). Comparisons among criteria were conducted evaluating their performances across RCTs reporting the exact same outcomes at the PEA. Different sets of RCTs were used for the comparison depending on the availability of outcomes depending on the source of data.

Results: 29 RCTs fulfilled inclusion criteria. In total, 23/29 RCTs with PEA at 12, 14 or 16 weeks, all at a low risk of bias, could be considered for meta-analysis. Other 6 RCTs had later (e.g 24 weeks) or earlier (e.g. 6 weeks) PEA. Out of the 23 RCTs, only 16 reported at least a minimum set of ASAS20,-40,-PR and BASDAI50 (Table 1); discriminative performances for ASAS40 were >ASAS20>BASDAI50>ASAS-PR. In 11/16 RCTs ASAS5/6 was also included (Table 2); this criterion showed the best performance among ASAS-based responses criteria. 8/16 RCTs additionally included some ASDAS-based criteria (Table 3). ASDAS-CII and -MI showed a much higher discrimination compared to the ASAS-based criteria. In only 3 trials could all criteria be compared, with the ASAS-CII and -MI appearing as the most discriminative criteria, followed by BASAS 5/6 (Table 4).

Disclosure of Interests: None declared, Philippe Goupille Grant/research support from: AbbVie, Biogen, BMS, Celgene, Chugai, Lilly, Janssen, Medac, MSD France, Nordic Pharma, Novartis, Pfizer, Sanofi and UCB. Sanofi-Genzyme, Vanessa Rousseau: None declared, Agnès Sommet: None declared, Arnaud Constantin: None declared.

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