between AS pts and HC (10.5; 8.3-18.0 mg/ml vs 11.9; 8.2-18.3 mg/ml, p=0.05). The same levels of IL-6 and IL-8 were detected in AS with IBD and AS without signs of IBD (p>0.05). In AS pts, serum IL-6 concentration was positively correlated with ASDAS ESR (r = 0.3), ASDAS CRP (r = 0.3) and CRP (r = 0.3) (p <0.05); IL-8 was negatively associated with presence of fecal calprotectin (r = -0.3) (p <0.05).

**Conclusion:** Elevated serum concentration of IL-6 in AS is associated with clinical and laboratory markers of high inflammatory activity of the disease. The levels of IL-8 in the sera of AS patients were negatively correlated with the concentration of fecal calprotectin. Data on the relationship of IL-8 with the activity of the pathological process in AS require further study.

**Disclosure of Interests:** Elena Aleksandrova: None declared, Alexander Novikov: None declared, Polina Kulakova: None declared, Aleksey Dorofeev: Disclosure of Interests: of fecal calprotectin. Data on the relationship of IL-8 with the activity of the pathological process in AS require further study.

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