reason why, supporting this study, vaccination status must be checked in the daily practice.

References:

- [1] 2019 update of EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. Furer V, et al. *Ann Rheum Dis.* 2020;79:39-52.
- [2] Inmunización y quimioprofilaxis en pacientes con artritis reumatoide. Begazo A. *J Sem Reu.* 2013;14(2):36-42.

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SAT0075

ABATACEPT IN COMBINATION WITH METOTREXATE IN PATIENTS WITH RHEUMATOID ARTHRITIS ASSOCIATED TO INTERSTITIAL LUNG DISEASE: NATIONAL MULTICENTER STUDY OF 263 PATIENTS

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Background: Interstitial Lung Disease (ILD) is an extra-articular complication of rheumatoid arthritis (RA) that is associated with increased morbidity and mortality. Conventional disease-modifying drugs (DMARDs) such as methotrexate (MTX) have been implicated in the development and exacerbation of a pre-existing ILD.

Objectives: The aim of our study was to check the influence of combined MTX treatment in patients with RA-ILD treated with abatacept (ABA).

Methods: National multicentre retrospective registry of 263 patients with RA-ILD treated with ABA. RA was diagnosed according to the ACR classification criteria of 1987 or by the EULAR/ACR criteria of 2010. ILD was diagnosed by high resolution computed tomography (HRCT). In this study we have done a subanalysis of the 46 patients treated with ABA in combination with MTX (ABA+MTX) vs. 217 patients treated with ABA in monotherapy or in combination with other synthetic DMARDs. Efficacy was evaluated according to the following parameters: a) Dyspnoea (MMRC) considering variations ≥ 1 ; b) Lung function test (LFT) considering variations $\geq 10\%$ in FVC and a variation of DLCO $\geq 10\%$; c) Imaging test (HRCT) d) DAS28 score e) prednisone dose. Variables were collected at the beginning of the study and at months 3, 6, 12 and then every 12 months until a maximum of 60 months.

Results: 263 patients with ILD associated with RA were included in the study with mean age 64.64 ± 10 years. RF or CCPA were positive in 235 (89.4%) and 233 (88.6%) cases, respectively, with a mean follow-up of 22.7 ± 19.7 months. Baseline characteristics of both groups are shown in table 1, while data obtained during evolution of this complication are presented in Figure 1.

Conclusion: Despite the baseline differences of both groups, the good evolution in the ABA+MTX subgroup suggests that this therapeutic strategy can be a safe combination for patients with RA-ILD.

	ABA with MTX (n=46)	ABA w/t MTX (n=217)	P
Sex (F/M)	28/18	122/95	0.625
Age (years)	65.11 ± 10.21	62.2 ± 9.8	0.202
RF/CCPA + (%)	91.3/91.3	89.8/90.1	0.810
Smoking or past smoking (%)	47.8	55.1	0.417
Follow-up (months)	22.73 ± 18.00	22.3 ± 20.85	0.916
DAS28 at baseline	4.08 ± 1.51	4.61 ± 1.47	0.056
DAS28 at last visit	3.00 ± 1.46	3.13 ± 1.31	0.642
Prednisone at baseline, median (IQR) (mg)	5 (5-7.5)	7.75 (5-15)	0.008*
Prednisone at the end of study, median (IQR) (mg)	5 (1-5)	5 (5-7.5)	0.032*
DLCO at baseline (%)	66.85 ± 19.04	65.43 ± 18.21	0.823
DLCO at the end of study (%)	66.05 ± 20.95	65.17 ± 19.72	0.831
FVC at baseline (%)	90.06 ± 17.77	85.40 ± 21.56	0.164
FVC at the end of study (%)	90.58 ± 15.45	84.21 ± 21.49	0.038*

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, CLARA AGUILERA CROS: None declared, Ignacio Villa-Blanco Consultant of: UCB, Speakers bureau: Novartis, MSD, Lilly, Sergi Ordoñez: None declared, Susana Romero-Yuste: None declared, C. Ojeda-García: None declared, Manuel Moreno: None declared, Gemma Bonilla: None declared, I. Hernández-Rodríguez: None declared, Mireia Lopez Corbeto: None declared, José Luis Andréu Sánchez: None declared, Trinidad Pérez Sandoval: None declared, Alejandra López Robles: None declared, Patricia Carreira Grant/research support from: Actelion, Roche, MSD, Consultant of: GlaxoSmithKline, VivaCell Biotechnology, Emerald Health Pharmaceuticals, Boehringer Ingelheim, Roche, Speakers bureau: Actelion, GlaxoSmithKline, Roche, Natalia Mena-Vázquez: None declared, C. Peralta-Ginés: None declared, ANA URRUTICOECHEA-ARANA: None declared, Luis Marcelino Arbolea Rodríguez: None declared, J. Narváez: None declared, DESEADA PALMA SANCHEZ: None declared, Olga Maiz-Alonso: None declared, J. Fernández-Leroy: None declared, I. Cabezas-Rodríguez: None declared, Ivan Castellví Consultant of: Boehringer Ingelheim, Actelion, Bristol-Myers Squibb, Roche, A. Ruibal-Escribano: None declared, JR De Dios-Jiménez Aberásturi: None declared, Paloma Vela-Casasempere: None declared, C. González-Montagut Gómez: None declared, J M Blanco: None declared, Noelia Alvarez-Rivas: None declared, N. Del-Val: None declared, M. Rodríguez-Gómez: None declared, Eva Salgado-Pérez: None declared, Carlos Fernández-López: None declared, E.C. Cervantes Pérez: None declared, A. Devicente-DelMas: None declared, Blanca García-Magallon Consultant of: MSD, Speakers bureau: Pfizer, Amgen, Celgene, MSD, Cristina Hidalgo: None declared, Sabela Fernández: None declared, Edilia García-Fernández: None declared, R. López-Sánchez: None declared, S. Castro: None declared, P. Morales-Garrido: None declared, Andrea García-Valle: None declared, Rosa Expósito: None declared, L. Exposito-Perez: None declared, Lorena Pérez Albaladejo: None declared, Ángel García-Aparicio: None declared, Ricardo Blanco Grant/research support from: AbbVie, MSD, and Roche, Speakers bureau: AbbVie, Pfizer, Roche, Bristol-Myers, Janssen, and MSD, Miguel A González-Gay Grant/research support from: Pfizer, Abbvie, MSD, Speakers bureau: Pfizer, Abbvie, MSD

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SAT0076

VERY ELDERLY ONSET RHEUMATOID ARTHRITIS (VEORA): CLINICAL CHARACTERISTICS AND THERAPEUTIC IMPLICATIONS

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Background: There are differences in the characteristics of patients with Rheumatoid Arthritis (RA) depending on their age at onset with two traditional groups: YORA (young onset RA) and EORA (elderly onset RA). These aspects have not been studied in cases of very late onset (≥ 80 years)

Objectives: To describe the clinical characteristics, treatments and evolution at one year in "very elderly onset RA" (VEORA). Compare these characteristics with YORA (40-50 years) and EORA (60-70 years).

Methods: Retrospective and longitudinal study of RA patients from 2 spanish hospitals. From their databases, VEORA patients were identified and their clinical characteristics were analyzed at onset, treatments at diagnosis and in the first 12 months, as well as DAS28-ESR activity after 1 year. These variables