Results: One hundred and seventy-four patients were included, 142 (81.6%) patients from the outpatient clinic and 32 (18.4%) patients hospitalized. The mean age was 45.1 (SD±15.8) years, 135 (77.6%) were females, 54 (31%) patients were under initial diagnosis evaluation, 30 (17.2%) had RA, 25 (14.4%) patients had SLE, 15 (8.6%) patients had psoriatic arthritis, 12 (6.9%) patients had systemic sclerosis, 6 (3.4%) patients had dermatomyositis. The main reasons for consultation in hospitalized patients were acute lupus (15.6%), subacute lupus (12.5%), purpura (12.5%), cutaneous vasculitis (9.4%), urticarial dermatitis (9.4%), dermatomyositis (6.3%) and others (34.3%). The consultation requested was: 156 (89.7%) to Dermatology and 18 (10.3%) to Rheumatology. The type of treatment prescribed was topic/local in 37 (21.3%) patients, systemic in 25 (14.4%) and both in 92 (52.9%) patients. The final diagnoses were related to the underlying disease in 102 (77%) patients and unrelated in 40 (23%) patients. The agreement between initial clinical suspicion and final diagnoses reached 75.9% between Rheumatology and Dermatology services. Figure 1.

Conclusion: The collaboration between Rheumatology and Dermatology services are very important. Most of the patients were under initial evaluation. All the rheumatologists and dermatologists should be aware of the interdependence from both specialties to give the best quality of care to the patients.

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Figure 1.

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POS1495-HPR THE EXPERIENCE OF A RHEUMATOLOGY UNIT DURING THE COVID19 LOCKDOWN: TELEMEDICINE ALLOWS A SAFE FOLLOW UP OF PATIENTS WITH RHEUMATIC DISEASES

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Background: In March this year, most of the routine activities were cancelled during the streaming of the pandemic in Italy. This prompted a pragmatic reorganization of the traditional care model of nursing and medicine, to quickly give an efficient clinical response. During the first phase of the pandemic, outpatient visits dropped by more than 60%, forcefully shifting to telemedicine to assure continuity of care despite the lockdown.

Objectives: The aim of the present work was to describe the strategy adopted during and immediately after the lockdown to assure the follow up of patients and the maintenance of their treatment in an outpatient "virtual" telemedicine clinic dedicated to RDs.

Methods: the patient flow to a rheumatology division during the lockdown was evaluated retrospectively from March to September 2020 in accordance with local restrictions, and three periods are described.

Results: 653/913 (71.5%), 542/542 (100%) and 1.048/1.048 (100%) infusion activities scheduled were performed at the centre for daily infusion and pre-infusion assessment, respectively during the 1st, 2nd and 3rd period. In the outpatient clinic during the 1st period, 96.96% of the cases was shifted to Telemedicine, which decreased to 52.45% in the 2nd period; while in the 3rd period, 97.6% of the performances were carried out at the clinic. Diagnostic procedures, such as ultrasound, capillaroscopy, and joint injection were generally postponed during the 1st period, reduced drastically during the 2nd and performed regularly during

3rd period. Ulcer treatment and the Clinical Trial Unit never stopped their activity. The flow of the activity of the outpatient clinic and the day hospital is represented as monthly trends in graph 1 (See Graph 1).

Conclusion: Our data show the feasibility of Telemedicine in a lockdown condition. Shifting stable patients to Telemedicine has the potentiality to minimize the risk of contagion and allow continuity of care. In the future, the use of Telemedicine for specific clinical uses might assure patient assistance also in non-pandemic conditions.

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Graph 1. Monthly trend for telemedicine and visits during the SARS Cov2 emergency

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POS1496-HPR IS NUTRITIONAL FOLLOW-UP IN PATIENTS LIVING WITH RHEUMATOID ARTHRITIS BETTER WITH TELECONSULTATION? - EXPERIENCE BEFORE AND AFTER PANDEMIC

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Background: Nutritional follow-up as part of the integral attention for patients living with rheumatoid arthritis (RA) has been limited due to the COVID-19 pandemic. It made necessary to implement a remote monitoring for the care of the patients and to evaluate the outcomes of the changes in the care model.

Objectives: To identify the effects of the telemonitoring intervention within the pandemic scenario and the outcomes of the traditional face-to-face nutrition consultation.

Methods: A retrospective analysis of health records and the administrative data base of the patient's follow-up, between 2019 and 2020, was developed at the arthritis specialized center of the Santa Fe de Bogotá Foundation in Bogotá, Colombia. The outcomes measured include the number of visits per year and the proportion of patients who attend their nutritional follow-up by telemonitoring in 2020 vs patients attending to face-to-face nutrition consultation. Differences in the Body Mass Index (BMI) and the changes based on eating habits, defined by the quality of food consumption per day, were also measured.

Results: A total of 212 patients from 2020 and 179 from 2019 were analyzed; An increase of 61.5% in the number of consultations, using nutritional telemonitoring per year, was identified in 2020 (n=412) compared to 2019 (n=255). In patients followed from 2019 to 2020, 13% (10/77) experienced an increase of more than 2 units of their BMI, while 22% (17/77) showed a decrease; in 2% of patients was not possible to evaluate their current weight; in the same way, 49% (103/212) in 2020 showed a positive change in their feeding habits compared with a 12% (21/179) in 2019. 135 new patients were recruited for nutritional telemonitoring 2020.

Conclusion: Nutritional telemonitoring to follow-up patients with RA has increased considerably in terms of consultations per year and changes in the feeding habits. However, more evaluation is required for this model.

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Patient information and education

POS1497-PARE POST-TRIAL SURVEY OF PARTICIPANTS OF A PHASE 3 CLINICAL TRIAL IN SSC-ILD

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Background: The SENSISCIS® trial (2015–18) was a large clinical trial (n=576) investigating the efficacy and safety of nintedanib in patients with systemic sclerosis-associated interstitial lung disease.1 The clinical research sponsors (CRS) collaborated with the scleroderma patient community advisory board (CAB) regarding the design, implementation and conduct of the trial.2 As part of this collaboration, the CRS and CAB developed a post-trial survey for SENSISCIS® participants. The use of the developed patient-centric materials was optional for the sites.

Objectives: The objectives of the SENSISCIS® post-trial survey were to gain experience in collecting real-world information and trial satisfaction data from patients to inform and improve future patient centric clinical research.

Methods: SENSISCIS® trial participants who were involved in the extension trial SENSISCIS®-ON completed a post-trial survey covering nine multiple-choice questions about three main topics:

- [1] Recruitment – Where do patients usually search for clinical trials and how did they become aware of SENSISCIS®?
- [2] Motivation & Retention – What motivated patients to start and continue participation in SENSISCIS®?
- [3] Challenges & Wishes – What were the challenges during trial participation and how can future clinical trials be improved regarding patient centricity?

Results: A total of 125 participants completed all survey questions. Participants could select more than one option. A total of 51 patients reported that they are usually not actively looking for trials. For those actively searching, the most common sources to learn about trials were specialists/general practitioners (GPs) (46 patients) and internet search engines (20 patients), followed by patient organisations (12 patients). Of note, 78 patients would pay attention to printed materials, such as a card/flyer/poster in a doctor's office and get in touch with a trial/study site. Back in 2015–2017, during recruitment for the SENSISCIS® trial, the majority of the patients who answered the survey were made aware via their specialist/GP (116 patients), whereas 5 were made aware via patient organisations and 4 via the internet.

The most frequent motivations to join the trial were 'hope to receive an improved therapy' (98 patients), to help other patients (64 patients), and on the recommendation of their specialist/GP (81 patients). Similarly, the most liked aspects of the trial were the 'opportunity to receive an improved therapy' (92 patients) and 'to support the development of an improved therapy for my illness' (90 patients). More than half of patients reported 'continuous observation of general health' (72 patients) and 'advice from GPs/specialists' (71 patients) as motivation to stay in the trial (Figure 1).

'Concerns about side effects' (72 patients) and 'not knowing whether the trial medication will work for me' (63 patients) were reported as the least liked aspects of the trial. Travel to the site was reported as a challenge by 21 patients.

To improve clinical trials, patients requested more patient-friendly information (50 patients) and multiple formats of information material (46 patients). Finally, 48 patients expressed the desire to communicate with other trial participants.

Conclusion: The SENSISCIS® post-trial survey is a unique approach to receive real-world feedback from trial participants, and these pilot data will help improve future clinical trials and communication. The results highlight the importance of reaching patients who may not be actively looking for clinical trials.

Figure 1. Motivation to stay in the SENSISCIS® trial^{1,2}

¹More than one option could be selected.

²Data collected on 9th January 2021

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Building patient led organisations

POS1498-PARE LAUNCHING A NEW RELAPSING POLYCHONDRIITIS ("RP") PROGRAM

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Background: In 2011, I was diagnosed with relapsing polychondritis ("RP"), a debilitating and sometimes fatal rheumatic disease that is characterized by inflammation of cartilage and other tissues. The disease affects multiple organs, particularly cartilaginous structures such as the ears, nose, airways, and joints as well as eyes, skin, heart valves and brain. The cause of RP remains unknown and there currently is no cure for the disease.

As a patient, I had the opportunity to be evaluated by an incredible team of multidisciplinary expert medical professionals. While interacting with these experts, it was evident that there were tremendous unmet needs in the areas of diagnosis and treatments. As a retired Registered Nurse, it was clear that targeted research initiatives would be required to combat RP.

Objectives: After diagnosis, I realized that I could focus on my specific case or combat RP more broadly and help others. I decided to live my life with the purpose of helping others.

Methods: While fighting RP, I met many highly skilled, collaborative research scientists, especially at annual gatherings of rheumatology professionals. In 2017 in San Diego, I participated in an RP study group that received a tremendous response from participating clinicians, clinical and basic scientist researchers, patients, and patient advocacy groups.